Appendix A
Fiscal Year 2018-2019

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: LEHIGH

A. The county assures that services will be managed and delivered in accordance with the county Human Services Plan submitted herewith.

B. The county assures, in compliance with Act 80, that the county Human Services Plan submitted herewith has been developed based upon the county officials' determination of county need, formulated after an opportunity for public comment in the county.

C. The county and/or its providers assures that it will maintain the 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

Signatures	*Please Print*	
Phillips M. Armstrong	Phillips M. Armstrong	Date: 5/31/18
		Date:
		Date:

Appendix B
County Human Services Plan Template

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

PART I: COUNTY PLANNING PROCESS (Limit of 3 pages)

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds by answering each question below.

1. Please identify the critical stakeholder groups, including individuals and their families, consumer groups, providers of human services, and partners from other systems, involved in the county's human services system.

   Lehigh County utilizes an on-going planning process through the Advisory Boards of each Human Services Agency, those being Aging and Adult Services, Children and Youth, Drug and Alcohol, and Mental Health/Intellectual Disabilities/Early Intervention. The various agency Advisory Boards have members representing the provider community as well as stakeholders, families and consumers, and general citizens interested in the wellbeing of others. In addition, many organizations meet regularly, among them the Community Healthcare Alliance, the Consumer Supports Program, and the Criminal Justice Advisory Board, as well as county, city, and local organizations working on social issues (a complete listing is provided in question #3). All items of concern and/or interest from these meeetings are rolled into general discussion with all Agency Directors in the Human Services Department.

2. Please describe how these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement efforts.

   At each meeting of these Boards, opportunity exists to discuss issues and topics concerning needs, services available, and future opportunities. Board meetings include the agency's director and, when able, the Director of Human Services. In addition, all agency directors attend a monthly planning meeting for the Department of Human Services and have the opportunity to discuss needs and concerns from their advisory boards, contractors, and staff.

   In addition, there are monthly meetings with HealthChoices, the Managed Care Organization (MCO),MH, D&A, ID, and CMHU along with the Director of Human Services. This allows for increased communication, problem solving, and planning between DHS and the MCO. Meetings of the Community Healthcare Alliance (CHA) enable more input from consumers, families, and professionals.

   In addition, the presence of the County Integrated Services Administrator at all Department meetings helps to ensure that coordination is facilitated, as this individual hears topics and issues first-hand and is able to assimilate the combined knowledge into the integration effort. This position has also been an attendee at the monthly HealthChoices Operations meetings in order to further coordinate services.

The Systems of Care Leadership group has the required representation of youth, professionals, and county staff. Each Advisory Board is set forth as dictated by regulation and/or By-Laws, and all have representation by professionals in the field, concerned citizens, past and/or present service recipients or families, and county staff.

3. Please list the advisory boards that were involved in the planning process.

   Ongoing planning takes place throughout the year, and planning and advice solicited from our Advisory Boards and Councils is not limited to a single "planning event". The Boards and Councils represented are as follows:

   Ongoing planning takes place throughout the year. Planning and advice solicited from our Advisory Boards, Councils, anc community collaboratives is not limited to a single "planning event." The Boards and Councils represented are as follows:

   Advisory Board, Children and Youth
   Advisory Board, Drug and Alcohol
   Advisory Board, HealthChoices
   Advisory Board, Mental Health, Intellectual Disabilities, and Early Intervention
   Advisory Council, Area Agency on Aging and Adult Services
   Autism Action Committee
   BHRS Collaborative
   Children's Roundtable
   Community Healthcare Alliance
   Community Support Program
   Consumer Satisfaction Team
   Criminal Justice Advisory Board
   Early Intervention Deaf and Hard of Hearing Task Force
   Family Center's Governor's Board
   Greater Lehigh Valley Foster Care Coalition
   Lehgh Valley Coordinated Entry for Homelessness Leadership Team
   Lehigh & Northampton Link
   Lehigh County Opioid Task Force
   Lehigh County Suicide Prevention Task Force
   Lehigh Valley Health Network Bi-County Meeting
   Lehigh Valley Homeless Youth Task Force
   Lehigh Valley Mental Health Provider Group
   Lehigh Valley Permanency Project
   Lehigh/Northampton Counties Early Intervention Interagency Coordinating Council
   Magellan Member Advisory Work Group
   President Judge Committee on Homelessness and Mental Health
   Regional Homeless Advisory Board (RHAB)
   Sex Trafficking Council
   St. Luke's University Hospital Bi-County Meeting
   System of Care, Youth Leadership Team
   Team MISA

United Way- Challenge 5
Upper Macungie Community HUB
Whitehall Coplay Communities That Care (CTC)

In addition, the County Board of Commissioners regularly brings thoughts, concerns and ideas to the attention of the Human Services Director and the Agency Directors, as does the local healthcare system which consists of two hospital systems.

County staff are closely involved with consumers in their daily work and encourage consumer feedback on services and community needs. If the consumer is not comfortable coming directly to the Department, agency staff bring forth ideas and thoughts presented to them in the course of their daily work.

4. Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. (The response must specifically address providing services in the least restrictive setting.)

   Historically, Lehigh County has always maintained a philosophical and programmatic approach toward least restrictive setting and services for all consumers, regardless of the program or its involvement in the Human Services Block Grant. Services in the lower levels of care are made available to consumers, including Clubhouse, drop in centers, and outpatient services. We ensure that services are located in the city, to facilitate transportation, as well as in the surrounding townships and municipalities.

   Adult Day Care, Family Support Services, and Life Sharing are some of the many community based services offered in the Intellectual Disabilities program. The Office of Aging, though not part of the HSBG, is committed to Home and Community Based Services including Nursing Home Transition. These services and mindsets were all in place before the announcement of the move toward Community HealthChoices. Although the program has been removed from the HSBG, Children and Youth focuses on keeping families strengthened and intact, or utilizing Kinship Care as necessary. Traditional foster care and other out of home settings are always a last option.

   A continual concern of County Human Services is having sufficient and appropriate settings in which to move consumers as they progress in their recovery. Affordable, permanent, supportive housing settings are limited in the city, which comprises one third of the county's population.

5. Please list any substantial programmatic and/or funding changes being made as a result of last year's outcomes.

   The Department has entered into an agreement with the Moravian Development Corporation (MDC) to purchase and hold sites where needed programming and treatment/housing opportunities can be started. This arrangement was explored several years back with the closure of Allentown State Hospital, when County engaged MDC to purchase and renovate a property where a provider agency could start an Enhanced Personal Care Boarding Home for 16 people. This arrangement was very successful and as at this writing, MDC is again searching for suitable properties in the Allentown area. Initial

plans for the first two properties are to expand setting for individuals in the Medically Fragile Persons program. These two properties will provide housing and treatment for six individuals. County is also working with MDC on the purchase of an apartment unit for consumers.

Lehigh County has, in April 2018, been approached by a local municipality to assist with concerns that local staff are finding in calls from citizens. This HUB is being designed to work with local municipalities and professionals in recognizing citizen concerns and making appropriate referrals. The program has been successful in Canada and is currently being piloted in another PA county. The District Attorney's Office has asked if the Department can begin to consider this to be a County-wide program.

As a result of greater need in housing, Lehigh transferred $150,000 to the HAP program in late winter of 2018 in order to assist with rental assistance. That transfer will be annualized for FY 2018-19.

PART II: PUBLIC HEARING NOTICE

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

1. Proof of publication;
    a. Please attach a copy of the actual newspaper advertisement for the public hearing (see below). *Please see Appendix E*
    b. When was the ad published? *May 14, 2018*
    c. When was the second ad published (if applicable)? *N/A*

Please attach proof of publication(s) for each public hearing.

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

A sign in sheet is attached for both Public Hearings, please see Appendix F. Attendance in the past few years has been very light. In the initial years of the Block Grant process it seemed that many came out with the intention of "protecting" their funding. Since Lehigh County has not redirected funding in such a manner as to create "cuts" to service, coupled with the fact that planning is an on-going, cross system, feature, county believes that this has lead to the light turnout we have seen in the past few years. One individual who is a county employee in Human Services attended the morning session; there were no attendees at the evening meeting.

The sole attendee at the hearing expressed concerns on treatment availability, housing, and transportation. Discussion followed on the chanllenges in these three areas and what County has done and intends to do as a result.

NOTE: The public hearing notice for counties participating in local collaborative arrangements (LCA) should be made known to residents of all counties. Please ensure that the notice is publicized in each county participating in the LCA.

PART III: CROSS-COLLABORATION OF SERVICES (Limit of 4 pages)

For each of the following, please explain how the county works collaboratively across the human services programs. Please explain how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities. Lastly, please provide any updates to the county's collaborative efforts and any new efforts planned for the coming year.

Employment:

Housing:

Lehigh County Department of Human Services (DHS) strives to meet the needs of all residents of the county in a culturally competent fashion. The changing population levels, poverty, and unemployment trends are significant as they relate to people in need and the planning and delivery of service needs. The various county human services agencies of Lehigh County are sensitive to the shifting demographic indicators in the county and have taken proactive steps to respond. Lehigh County DHS has been committed to collaborations across all services dating back to 1997, and the collaboration continues to expand and finesse with each year. County maintains strong relationships with the provider community, as some internal staff are organized and operate mainly as administrative service organizations. Case Management and Service Planning for consumers is predominantly the only direct service provision conducted by county staff; most other consumer services are delivered by contracted provider agencies.

Lehigh County has a strong history of collaboration with families, other agencies, and providers for a more effective service delivery, demonstrating that we have made the paradigm shift necessary for a block grant program and concurrent program and fiscal planning. Nearly 15 years ago the Human Services program recognized the need to focus on how best to address the complex needs of families and allow for an internal structure of centralization, and began moving toward that end by implementing numerous initiatives and structural changes.

A centralized Information and Referral (I&R) Unit provided for a "no wrong door" entry, allowing residents to receive timely referral by cross-trained staff that take referrals for all DHS offices, provide information about county and community resources and emergency services, and facilitate the initial stage of multi-office collaboration. In the ensuing years I&R, CASSP, and Lead Case Management have been folded into the Integrated Services Unit, under the direction of a single manager to best facilitate the coordination necessary for cross systems families and initial service direction.

From the inception of the Integrated Children's Services Planning initiatives, Lehigh carried the concept further by concentrating on promoting changes to the traditional categorical approach to service delivery. Work began to turn a fragmented system into a single, comprehensive, community-oriented system, with the intent of enabling access to all appropriate services. Lehigh adjusted this initiative to one that was family-based and coined it the "Integrated Family Services Plan" (IFSP). This team approach included the AAA, C&Y, D&A, MH, I&R, EI, and ID, as well as Juvenile Probation (JPO), and CASSP. Lehigh self-designated as a Tier One County at the start of that DPW program, and fully incorporated the CASSP principles and Cross System Values in the development of integrated approaches in county practices and services.

DHS began cross planning and collaboration with County Corrections and Parole and TEAM MISA and SPORE was founded, programs that will be explained in the Mental Health program narrative.

Lehigh AAA collaborates with the other DHS Offices and community partners through the Lehigh County Link to Aging and Disability Resources (LINK), a statewide initiative providing education, information, and linkages to long term services and supports for people over 60 and persons between the ages of 18 and 59 with disabilities.

The Children's Roundtable, in tandem with the Pennsylvania Supreme Court, works to improve the management of dependency cases across the state. This is a local tier of the Pennsylvania Children's Roundtable Initiative and is comprised of representatives from every county Human Service office, judiciary, education, and community stakeholders. Through the efforts and support of the CRT, Lehigh applied to be a Tier One county for the Pennsylvania Permanency Practice Initiative (PPI). The efforts of the Education, Truancy, Service Provider, Court Policy and Procedure, and Youth Advisory Board sub-committees have resulted in a variety of additional collaborative initiatives that involve the larger community working together to address the needs of our children and families.

Lehigh County applied for and was chosen to be an early implementer of High Fidelity Wraparound (HFW), funded through an approved HealthChoices reinvestment plan. HFW will enhance our methods in working with children and families in the development of individualized plans that incorporate natural supports while using an outcome based approach. Since September 2009 we have focused on implementing the HFW process, providing community outreach and education of the strengths and benefits, and creating a strong base of community and natural supports for the transitional age population of 8-21 year old youth. Support for the HFW program continues.

Lehigh County has partnered with the Pennsylvania System of Care Partnership for a System of Care grant. Through the grant, Lehigh continued the transformation of the system into a comprehensive community-oriented delivery system for youth and family. To ensure that this became a way of standard operation, rather than merely a superficial mission or even adding another operational layer, we made internal changes and provided training to facilitate this change. While the System of Care grant has ended, the lessons learned continue and Lehigh maintains ongoing contact and collaboration with other System of Care counties.

Lehigh County maintains a presence in other areas of Human Services' needs, not just the categorical structure. In 2008 HC applied and was approved for a multi-million dollar Housing reinvestment plan in conjunction with the Mental Health Housing Plan. As such, we have created a Clearinghouse for County citizens to obtain assistance with and stabilization of housing needs. The Plan provides for bridge subsidy and master leasing opportunities. Project based operating assistance subsidies and the County assumption of the Local Lead Agency concept helps to flesh out the palette of assistance and opportunities for Affordable and Supportive Housing. In addition, there was collaboration with the Allentown Housing Authority to renovate units in a HOPE VI project. County Mental Health, through collaboration and funding from HealthChoices reinvestment dollars, has 30 year set aside rights to ten apartments. Mental Health workers provide case management and supports as needed. Funding was incorporated in the Pennsylvania Housing Finance Authority to provide bridge funding to those individuals who are on the HUD waiting list. Further details on Housing efforts are in the body of this document.

Lehigh has shifted to cross system values and has made the service delivery shifts while operating within the strict funding silo structure dictated by the Commonwealth. This would not have been possible without the organizational changes and adjustments that have been made in our County. All DHS program agencies report to a single Department Director, who in turn reports to the County Executive. In addition, all agency fiscal units report to a single DHS fiscal officer, also a member of

the DHS Director's Administrative staff. A single reporting structure both programmatically and fiscally is required to properly administer human service programs and funding.

Lehigh County Human Services works closely with other county entities, such as Courts, Corrections, District Attorney, and Coroner, as well as outside entities, such as providers, schools, and medical systems. Lehigh has placed a Drug and Alcohol case manager and a Mental Health case manager with the Allentown City Police Department. Mental Health First Aid and Crisis Intervention trainings have been conducted with all willing county municipal police departments as well as school personnel, provider staff, and county citizens.

Consumers are supported in their efforts toward employment through opportunities with various entities, from school and Intermediate Units through collaboration with a local hospital system to develop job skills through internships and later employment opportunities. Work is on-going with the Goodwill Clubhouse to provide job skills and opportunities to individuals. Further detail can be found throughout this document.

Lehigh is committed to trauma informed care and services. DHS staff have been trained in trauma and Lehigh is spearheading a collective response to childhood trauma by establishing the Lehigh Valley Trauma Collaborative. All DHS upper management staff sit at the monthly HealthChoices operations meeting to give input and reflection to the Managed Care Organization. Coordinated Entry Services have been initiated by the I&R staff to further enhance housing opportunities.

As mentioned earlier, Lehigh County is partnering with Moravian Development Corporation in the purchase of homes and apartments within the county limits to convert into treatment facilities. Partnering with MDC allows for the continuation of services, as well as the flexibility of County staff to re-focus treatment as needs arise.

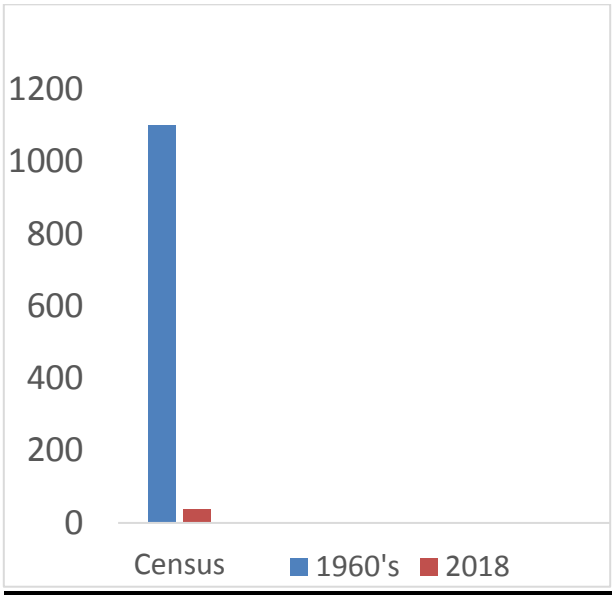
Also mentioned above is the collaboration with communities witnin our county, in a HUB function, to assist with needs and prevent higher levels of intervention or treatment being required, up to and including involvement with corrections and courts.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

Lehigh County continues to make the return of county residents in the state hospital system to Lehigh County or the community of their choosing a top priority. In fiscal year 17-18 the county received CHIPP funding from the state to permanently close eleven beds at Wernersville State Hospital and have those individuals return to the community. As the chart below shows, this commitment has greatly reduced the utilization of the state hospital system from 1,100 people being placed there in the 1960's to 37 people in FY 18-19.



We recognize that having people live successfully in their neighborhoods takes a community and not a program. It is not enough to have people leave the state hospital, we must do more to have people included as full members of society. If all we do is place people in programs, this is like a person in the Army saying they spent two years in Germany when they never left the US Base to explore and experience the country. In reality, they were never in Germany but only in a piece of the US located in Germany. In fiscal year 18-19 we will be looking at the services we provide with a more critical eye to question whether the services/supports provided promote community inclusion or are we just providing institutional services in the community?

In a "Ted Talk" By Susan Pinker, she spoke on the secret to living a longer life being your social life. She stated that it is often thought that social determinants such as air quality, hypertension, being overweight, exercise, a cardiac event, and smoking were what would affect life expectancy. She stated that number one factor is actually social relationships, both real and strong. She stated it is not just the people who are close to you but the coffee shop guy, the postman, the woman walking her dog and people in the neighborhood. We must support people in natural environments that support their being part of their community—environments that support inclusion and not exclusion.

This will take thinking outside of the box. One example of this is the Neighborhood Health Center of the Lehigh Valley (NHCLV), a Federally Qualified Health Center. NHCLV provides a one-stop-shop for physical and behavioral health services in the community that is a natural support open to all community members. We have been working with an individual who frequently interacted with the police, was not participating in recommended mental health treatment, and was at risk of losing his Autism waiver due to having fired every provider that had worked with him. His becoming involved with NHCLV has provided him with a "drop-in center" of sorts. He knows the staff and enjoys stopping by to visit them. He has not been involved with the police, is seeing the psychiatrist at the NHCLV, and is no longer at risk of losing his waiver.

Another example is "roommate roundup" which strives to create ways for individuals to meet in order to share resources to secure safe, decent and affordable housing. While Lehigh County is just starting to pilot this idea, two individuals have already benefited from it. One man was referred from the county's mental health office and the other was involved with the Center for Independent Living.

The men met and agreed to share a two-bedroom apartment for $850 that neither man could have afforded alone.

None of this occurs in a vacuum. Lehigh County has a strong CSP committee that meets two out of three months specifically for Lehigh County matters and then joins with the Northampton County CSP committee on the third months to discuss items that involve the Lehigh Valley. The Lehigh County MH/ID Advisory Board meets on a bi-monthly basis. This board reviews the work being performed by the Mental Health Office and offers suggestions on improvements that can be made. The county also actively participates with the Lehigh Valley Provider and regularly with individual providers.

The county will continue to monitor and evaluate programs and services based on the reality that the state has not provided an increase in funding in recent years. Current funding is 78.6% for services connected to residential treatment. This includes supported housing, CRRs and enhanced personal care homes. 18.7% of the current funding is for community-based treatment such as ACT, BCM, outpatient, psychiatric rehab, etc. 2.7% is for miscellaneous services such as mental health hearings, the drop-in center, and a social rehab program. 65% of the county budget is for programs and services from community providers and 35% is for county provided services, salaries, benefits and other expenses. County provided services include Crisis Intervention, BCM and Specialized Program for Offenders in Rehabilitation and Education (SPORE) program. The challenge that lays ahead is how to allocate what are becoming limited financial resources in a manner that creates community and effectively supports people in their recovery.

Lehigh County HealthChoices continues to contract with the Lehigh Conference of Churches for the operation of a Clearinghouse. The Clearinghouse provides individuals with a serious and persistant mental illness with the following services: Master Lease, Bridge Subsidy Program, Housing Support Services, and Contingency Funds. The County Mental Health Office utilizes these services to assist in securing housing for individuals served by the office.

Lehigh County manages the referrals and facilitates the arrangement of leases for 20 individuals residing at Overlook Park in a permanent tenancy arrangement that guarantees individuals can maintain their apartments during periods of hospitalization, incarceration or when receiving inpatient drug and alcohol treatment.

Two rooms are maintained for individuals referred by the mental health office at an SRO operated by New Bethany Ministries known as Grace House. This SRO was a collaborative effort between New Bethany and our HealthChoices program.

Through a Project Based Operating Assistance program, the county oversees leases for seven people who live in two apartment complexes in the county.

82 people are supported by the housing program's housing grants program through Valley Housing Development Corporation's Shelter Plus, Supportive Houisng, Seneca House,, and Gordon Street Apartments.

The Mental Health Office, through Salisbury Behavior Health, operates a bridge apartment that provides short-term stays for up to two people at a time who are homeless for a brief time and who have a housing arrangement established.

Through a contract with Step by Step, the county maintains eight aprtments for individuals in long-term leases. While the individuals live indepenedently, there is a live-in site manger available who is an individual in recovery.

Step by Step also provides supported housing for ten individuals in shared apartment living with long-term leases.

Team MISA meets on a weekly basis to address the needs of individuals with a mental illness who have come into contact with the criminal justice system. Part of the planning process that occurs is obtaining appropriate housing as needed.

The mental health office works in conjunction with the Lehigh County Jail as part of the reentry committee in securing housing for returning citizens who are facing homelessness and have been identified has having a serious mental illness.

To accomplish this, in addition to the regular planning process that has been occurring, the county will be implementing a formal planning process to develop a three-year strategic plan that will go into effect for FY 19-20. Working with a consultant, a planning team of high level administrators and individuals in recovery, we will develop the plan by holding focus groups, utilizing surveys, and phone interviews. The proposed plan will then be presented to the CSP committee and MH/ID advisory board for final approval.

a) Program Highlights: (Limit of 6 pages)

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 17-18.

Below are some of the achievements and other programmatic improvements that have enhanced the behavioral health system in Lehigh County.

- *Approximately 1,800 unduplicated county residents received county-funded mental health services. This is a reduction from last year and is based on the Medicaid expansion providing Magellan funded services for people previously supported with county dollars.*
- *Eleven individuals from Wernersville State Hospital were or are in the process of being returned to the community. This was a major undertaking and is part of Lehigh County's commitment to have County residents receive supports in the community. There were 108 Lehigh County residents at Allentown State Hospital the day of the announcement of the closure in January 2010. With these new CHIPPs, there will only be 37 county residents still in the state hospital system.*
- *Lehigh County Mental Health Court Team is continuing to conduct all commitment hearings for individuals at Wernersville State Hospital via teleconference allowing for one more connection with the local community.*
- *Successfully converted two All Inclusive Residential programs (AIRs) to regular CRRs. By doing this, the individuals supported in these programs now receive their mental health treatment from community providers rather than from onsite agency staff.*
- *Nulton Diagnostics will be opening an outpatient mental health clinic in Slatington (the northern part of the county). This is an unserved part of the community that now requires residents to travel 40 minutes by car or a minimum of 2 hours by bus to go to an outpatient provider.*

- *Sharing Lives continues to meet on a monthly basis at St Mark's Church in Allentown. This initiative provides an opportunity for people to see old friends who may have lived with them at a state hospital and allows for social activities.*
- *Warmline expanded its hours of operation from 12 to 20 hours per day and will now be available between the hours of 6am and 2am daily.*
- *Mental Health has a case manager out stationed in a soup kitchen two days a week and at the jail one day every other week. This has allowed for people who would otherwise not come to the Government Center to receive County funded outpatient treatment and expedites services for individuals returning to the community.*
- *Haven House continues to support returning citizens in maintaining their medications by offering expedited appointments specifically for this population.*
- *15 law enforcement personnel, 12 municipal police officers, 2 college police officers and one county Sheriff, were trained as Crisis Intervention Team (CIT) officers*
- *The Fairweather Lodge is operating at full capacity. The Coalition for Community Living (CCL), a national organization that promotes the Fairweather Lodge model and monitors the lodge programs, has certified the Step by Step Lodge as a Lodge in Development.*
- *SPORE, a specialized unit that partners a mental health case worker with a probation officer continues to successfully work with offenders who have a serious and persistent mental illness. The SPORE Unit served over 160 people with a recidivism rate for new charges for the intensive teams of 6% and 2% for the forensic resource team.*
- *28 people were diverted from going to Wernersville State Hospital by being effectively supported in the community with case management and residential supports*
- *The Blended Case Management program (BCM) provides case management to 115 adults on an ongoing basis. The program has reduced inpatient hospitalizations and homelessness while improving community independence and quality of life. The average length in the program before being successfully connected with community supports has been reduced to an average of two years*
- *The Lehigh County MH/ID Advisory Board Mental Health sub-committee has at least a 50% representation of people in recovery as members/participants at all meetings.*
- *Lehigh County meets regularly with administrative staff from the Lehigh County Behavioral Health Managed Care Organization (BHMCO) Magellan, to discuss services and supports that are needed. This is a collaborative effort with Magellan reviewing ideas presented by the County and offering their suggestions on services that are needed.*
- *Lehigh County participates on several multidisciplinary committees to address the needs of people who are homeless. A complete listing of these committees is provided in question #3. Information from these committees is used in formulating new services and improving existing services.*
- *Our Crisis Intervention/I&R office is one of 3 entities in the Lehigh Valley, along with 211, who provide coordinated entry for homelessness. This process involves a standardized screening and referral to needed services and supports including mental health treatment.*
- *Staff from the mental health office participate in weekly Youth Cross-System Team meeting that provide collaboration to support youth involved in multiple systems. The committee also makes recommendations on how to best support youth who are transitioning from the children's to the adult system.*
- *The mental health office participates on the CJAB Team MISA (Mental Illness & Substance Abuse) subcommittee.*
- *The mental health office participates on the Lehigh County Veterans' Mentor Program (VMP) which addresses the issues faced by a growing number of veterans involved in the criminal*

justice system. The VMP uses a collaborative approach to criminal justice proceedings. The VMP works in conjunction with the District Attorney's Office, defense attorneys, mental health, D&A, probation, and the Veterans Administration to give each program participant the best possible chance of getting back on track as a healthy, productive veteran and citizen.

- *Mental Health staff participate on the Lehigh County Jail's reentry committee in developing the most appropriate community outcomes for people with a mental illness who are returning to the community.*
- *Lehigh County facilitates Community Support Plans (CSPs) for all individuals at the County's Extended Acute Care (EAC) program, individuals returning to the community from WeSH, and other individuals in the community who are going through transitions in their lives. The CSP process follows the format established by the PA Office of Mental Health & Substance Abuse Services OMHSAS. It is developed by the individual and includes, as appropriate, input from family members and friends. The plan is used to guide the services that are put in place for the individual. This document is updated at Recovery Update Meetings as needed.*
- *The Consumer Satisfaction Team, which is comprised of persons in recovery, collected and analyzed approximately 1,000 surveys with individuals in recovery. This information was then collated to be able to be utilized in the planning process and are reviewed on a monthly basis at an accountability meeting and corrective action is quickly implemented to address any areas of concern.*
- *Lehigh County has initiated a complex case review process, Community Based Intervention Team (CBIT) that brings service providers and family members together via a conference call to develop strategies to effectively support people involved with numerous providers and systems.*
- *Mental Health office meets regularly with the D&A and Intellectual Disabilities offices to discuss specific cases as well as to identify trends and discuss means of working more efficiently together.*
- *The Pathways to Treatment case manager continues to support adults who may have a mental health need that has not yet been diagnosed making them ineligible to engage in services, individuals who do not know how to access the services and others with complex cases that are not yet involved with other case management services and supports. This case manager will also serve as a resource for children's mental health for transitioning youth with complex needs who will be entering the adult system.*
- *Mental Health's embedded staff with the Allentown Police is currently funded through a grant from the Pennsylvania Commission on Crime and Delinquency (PCCD). This grant ends December 2018 at which time the program will convert to 100% county funding. Mental health treatment with a rapid connection to appropriate services is viewed by the County as critical to improving criminal justice reform and reducing the jail population.*
- *In an effort to maximize housing for individuals experiencing or at risk of homelessness, Lehigh County Mental Health partners with the Lehigh County Housing Authority and their subsidiary, Valley Housing Development Corporation, the Allentown Housing Authority and participates in SAMHSA's Projects for Assistance in Transition from Homelessness (PATH) program. The services are all overseen by a county mental health case manager.*
  The services provided in each area are:
    - *Lehigh County Housing Authority- The program formally known as Shelter Plus Care and now part of the HUD Continuum of Care, serves homeless individuals with a serious mental illness and requires that they have a case manager at the time of the referral but does not mandate they maintain this service as a condition of tenancy.*

- *Valley Housing Development Corporation (VHDC) operates two site-based programs that are located in Lehigh County—Gordon St Apartments and Seneca House. At the time of the referral the individual needs to have a case manager but ongoing treatment is not a condition of tenancy. They also do not need to meet HUD's definition of homelessness and are not bound by the restrictive nature of Section 8 exclusionary conditions, such as having a criminal background. VHDC also operates supportive housing which is similar to Shelter Plus Care in that you need to meet the HUD definition of homelessness but are not bound by the exclusionary conditions of a criminal background.*
- *Lehigh County's participation as a PATH provider, allows the County to provide first month's rent or security deposits as well as contingency funds for people who are homeless but who do not necessarily meet the HUD definition of homelessness.*

b) <u>Strengths and Needs:</u> (Limit of 8 pages)

Please identify the strengths and needs of the county/joinder service system specific to each of the following target populations served by the behavioral health system. When completing this assessment, consider any health disparities impacting each population. Additional information regarding health disparities is available at https://www.samhsa.gov/health-disparities.

- **Older Adults (ages 60 and above)**

  Strengths:

  - *Mental Health and Aging offices have built a successful collaboration in addressing the needs of senior citizens who are experiencing a mental illness. The Mental Health office participates as a partner with PA Link to collaboratively provide supports to individuals who need long term services and supports. The coordinated network of partners allows a consumer to initiate contact with any PA Link partner and access needed information, assistance, and resources. The "no wrong door" approach attempts to minimize duplication of efforts by both consumer and provider.*
  - *On an ongoing basis, a little more than half of the people living at the two Enhanced Personal Care Homes and slightly less than 50% of the people living in the All Inclusive Residential (AIR) programs are age 60 and over.*
  - *Ongoing training on the psychiatric complications of aging is provided to staff in the Mental Health office.*
  - *Mental Health in collaboration with the county's AAA, operates two homes for people who are 60+ and who qualify for the aging waiver. These six individuals, who would otherwise be in a skilled nursing facility, are able to age in place in one of two homes that they share with two other individuals.*

  Needs:

  - *There is a continued need to find personal care homes that are willing to support individuals who have a severe and persistent mental illness and that accept the Medicaid supplement.*
  - *Continued collaboration is needed to ensure mental health services are designed and implemented in a manner that does not preclude the utilization of services offered by the AAA. This will involve having people reside in homes for three or fewer people in unlicensed settings.*

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

  - Strengths:

Lehigh County provides numerous programs to meet the needs of adults living with a significant mental illness in the county. These include:

- *Peer Support Services are available*
- *Advocacy Alliance Consumer Satisfaction Team (CST) conducts surveys of individuals receiving services in the County and reviews the results monthly with County staff. The data collected is then used to enhance and modify services.*
- *Assertive Community Treatment Teams (ACT) - Lehigh County works with three ACT providers. Services are targeted for individuals who have experienced a poor outcome with more traditional outpatient services, have not been effectively served by traditional services, have frequent use of crisis services, are at risk for long term placement at a State Hospital, and those who would continue to experience hospitalization, incarceration, psychiatric emergencies, and/or homelessness without team services*
- *Psychiatric Rehabilitation Programs - Individuals requiring more intensive treatment are referred to one of two Psychiatric Rehabilitation programs. These programs teach skill development and provide structured activities that assist individuals in areas of life skills, education, vocational training, and socialization.*
- *Outpatient Mental Health Services are provided under contract with Lehigh Valley Hospital Mental Health Clinics, Hispanic American Organization Counseling Services, Haven House, and OMNI.*
- *Extended Acute Care (EAC) - Sacred Heart Hospital operates a hospital-based EAC to support individuals in need of extended hospitalization who were receiving services in a traditional acute care setting. The EAC promotes interdependence and affords cooperative and collaborative interactions with individuals, families, staff and community groups. Services are provided to assist individuals develop, enhance, and/ or retain emotional and behavioral well-being, physical and mental health wellness, social quality of life, and community re-integration*
- *Community Residential Rehabilitation (CRR) - Lehigh County contracts with three providers to support a total of seventy-nine (79) individuals in CRR settings. The county is continuing to work with two of the providers to change their apartment-based CRR's to unlicensed supported housing programs that will enable the individuals to select the services and supports they need rather than being in a "one-size fits all situation. Among other benefits, this will also allow for individuals age 60 and over to receive services from the County AAA that cannot be provided to people residing in a CRR.*
- *The consumer run Drop-in Center provides a stress-free atmosphere for persons 18 and older who have experienced mental health issues. This drop-in center averages 12 people per night.*
- *NAMI of the Lehigh Valley provides a Family-to-Family Education Program. This is a free 12-week course for families of individuals with a mental illness that is taught by trained family members.*
- *Lehigh County utilizing Magellan funding has Developmental Disability Treatment Teams (DDTT) to support individuals with developmental disabilities who have a co-*

occurring psychiatric disorder severe enough to require treatment that would benefit from this treatment team model approach.

- *OVR has a contract with the Clubhouse to support people with transitional employment as they prepare for independent employment. An OVR counselor is at the Clubhouse one day per week to facilitate employment opportunities for members.*
- *OVR pays for individualized employment supports and for career exploration*
- *Individuals who are seeking employment are referred to Career Link (Workforce Development)*

▪ Needs:

- *Career Link (Workforce Development) funding is needed to increase efforts to have young adults who are out of school and, therefore, do not qualify for the OVR transition program, to gain employment.*
- *A closer working relationship needs to be developed with Career Link (Workforce Development) and community employment partners.*
- *The two greatest needs are for quicker access to psychiatric care and safe and affordable housing.*
- *It was determined that individuals who are in a CRR do not always transfer the skills they learn to their new living arrangement. For instance, people who learn to use an electric stove and have a washer and dryer in their house, are sometimes not able to use a gas stove or a community laundromat. It is hoped that the conversion of apartment-based CRR's to supported housing with supports being implemented on a person-by-person basis, will improve this situation.*
- *The Acorn Enhanced Personal Care Home has a capacity of 20 which exceeds the limit of 16 established by the State as part of the Olmstead plan. The County needs to work at reducing this capacity to 16.*
- *Because of the geographic configuration of the Lehigh Valley, there tends to be a fair amount of movement for individuals between Lehigh and Northampton Counties. More work needs to be done to ensure that there is no break in services for individuals who change their county of residence.*

- **Transition-age Youth (ages 18-26)-** Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.

▪ Strengths:

- *The Clubhouse of Lehigh County offers a young adult transition program that provides training in life skills, including self-management and personal conduct.*
- *The county actively participates with the MY LIFE program, which is made up of youth between the ages of 13 and 23 who have experience with mental health, substance abuse, juvenile justice, foster care.*
- *Lehigh County Children's Mental Health office works with transitional age youth who have complex situations and needs and who are transitioning to the adult system. This case management service is provided by a program specialist from the Children's' Mental Health Office who works in conjunction with the Adult Mental Health Unit's CHIPPs supervisor and BSU program specialist to facilitate case*

consultation services, participation in Individualized Educational Plans, treatment planning meetings, and referrals to housing and ancillary resources.

- *Lehigh County HealthChoices in conjunction with Magellan under a contract with Access Services provides the Transition to Independence Process (TIP) for young adults between 16-26 years old. TIP is an empirically supported, youth driven, model developed to work with young adults experiencing emotional and/or behavioral difficulties. TIP works to engage and support young adults in their own future planning process across five transition domains: educational opportunities, living situation, employment and career, community life functioning, and personal effectiveness and wellbeing.*
- *Transitional-age youth are a target population for Lehigh County's High Fidelity Wraparound initiative.*
- *In 2017, Lehigh County joined multiple stakeholders and youth to conduct a landscape analysis of homeless youth in the Lehigh Valley. The Lehigh Valley Homeless Youth Task Force was created, working goals developed and is now a sub-committee of the larger Regional Homeless Advisory Board.*
- *Created an Inter-Departmental Transition Team – a collaboration between CHM/AMH/OCYS to ensure smooth transitions for youth in the custody of OCYS or open with OCYS for services.*

  - Needs:

- *There is a need for more independent living and supportive housing programs for this population.*
- *Youth Leadership – the need to partner with existing Leadership Teams and/or state organizations and to resurrect Youth Leadership Teams in Lehigh County to ensure a forum of youth voice to help inform systems who work with youth.*

- **Children (under 18)-** Counties are encouraged to include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.

  - Strengths:

  - *Lehigh County continues to operate an Integrated Services Unit. Integrated Services works to increase collaboration and communication between county offices and community partners with a focus on multi-system involved cases. The Integrated Services Unit includes Children's Mental Health and CASSP. The Integrated Services Unit supports all DHS offices and probation with mental health case consultation, coordination, and support for individuals involved in multiple systems. In an effort to increase cross-system and community collaboration, Integrated Service staff participate in a wide range of professional and community workgroups, committees, and taskforces.*

  - *Youth Cross System Team (YCST) is made up of management level representatives from all DHS offices and Juvenile Probation. The team has met on a weekly basis for*

over 6 years to review complex multi-system cases, facilitate coordination between offices, reduce duplication of effort, enhance continuity of care, and maximize fiscal and staff resources.

- *YCST is supported by a caseworker who ensures coordination, makes referrals, conducts outreach, and provides advocacy on behalf of consumers. The Youth Cross System Team review process has assisted in utilization of community and natural supports, worked to prevent out of home placements, prevent homelessness, divert youth from adjudication, and to refer cases to youth and family driven planning processes such as High Fidelity Wraparound, CASSP, Family Group Conferencing, Family Finding, and Transition to Independence Process (TIP).*

- *Lehigh County continues to provide High Fidelity Wraparound (HFW) services to children & youth with mental health issues between the ages of 8 – 21 years old. HFW has been funded through HealthChoices reinvestment since 2009. We continue to promote this program in the community and recommend it for children involved in Children & Youth and/or Juvenile Probation.*

- *Another resource of the Integrated Services Unit is CASSP Coordination services. Any child recommended for out-of–home treatment is required to have a CASSP meeting to ensure that all possible community services have been considered prior to submission of authorization request. CASSP coordination is also available to all children within the county struggling with mental health, behavioral, development, or education challenges. The CASSP Coordinator facilitates meetings to determine the effectiveness of current services as well as to identify gaps and limitations within children's system. The CASSP coordinator also works with youth and families to identify natural supports and community resources.*

- *Lehigh County continues to offer Youth Mental Health First Aid in schools, to community groups and local social service agencies. Our goals for YMHFA is to increase awareness of mental health issues, decrease stigma, increase early intervention and connection to treatment, and to increase the number of adults who can effectively support youth in crisis and non-crisis situations.*

- *Student Assistance Programs (SAP) are active in all middle, high schools, and are expanding in elementary schools. SAP teams are supported by a liaison from a community provider. Lehigh County SAP teams receive an average of 3000 referrals per year resulting in 700 mental health / D&A evaluations. Lehigh County has provided leadership on school based mental health by advocating for services, providing information, and assisting our largest school district with coordination of school based services and supports. There are currently 7 school buildings with outpatient mental health services. Information about our SAP program is also in the D&A section.*

- *In 2016, we sponsored a Trauma Sensitive Schools training for county school districts and in 2017 we launched a pilot Trauma Sensitive Schools toolkit with the American Institute for Research. We also launched the Lehigh Valley Trauma Awareness Collaborative which now has over 100 members with representation from multiple sectors including schools, hospitals, colleges, philanthropy, child welfare, law enforcement, housing, and more. This collaborative is currently moving through a*

strategic and collective impact planning process. In the firsts 5 months of 2018, the collaborative trained over 400 people on childhood trauma.

- *Lehigh County offers two options of in-home respite services for children ages 3 through 18 (18 through 21 if still in school). One option is provided through a contracted agency that coordinates the service and provides respite care staff and the other option is Family Driven. In the Family Driven option, the family chooses the caretakers and manages the schedule. In-home respite provides specialized childcare for children who have been identified with a DSM diagnosis, including the Autism Spectrum Disorder, and/or pending or receiving behavioral health services. In-home respite works in conjunction with the child's behavioral health therapy. The objective is to provide respite in the family's home in order to maintain stability for the family, identified child or children, and to prevent the need for a temporary out-of-home placement.*

- *Lehigh County partnered with Drexel University and the PA Garrett Lee Smith grant to offer Attachment-Based Family Therapy (ABFT) training. ABFT is the only manualized, empirically informed family therapy model specifically designed to target family and individual processes associated with adolescent suicide and depression. There are currently 8 clinicians who received advanced training and are now moving towards certification with weekly group supervision on the model.*

- *Lehigh County partnered with the PA Garrett Lehigh Smith grant to pilot the use of BH-Works screening in our Crisis Intervention Office. BH-Works is a mental health screening administered with a tablet computer that covers 16 domains of mental health and psychosocial risk factors.*

- *Integrated Services has partnered with Lehigh County MDJ's to make connections for children and families who have come in contact with their offices, but are not connected to larger formal systems. By way of short-term case management, an Integrated Services Caseworker facilitates connections to services and supports for the child and family in an effort to avoid further contact with the criminal system.*

- *Integrated Services facilitated the creation of a collaborative of outpatient treatment providers who serve children. The purpose of the collaborative is to share best practices, resources, expertise, and discuss challenges and opportunities.*

- Needs:

- *Continue to Increase community awareness of mental health issues and resources.*
- *There is a need for more child psychiatrists to meet the current demand.*
- *We experience great difficulty finding RTF and CRR placements for some children—especially those with a history of aggression.*
- *Small therapeutic living arrangement for children who struggle to find permanency in the child welfare system and/or with family due to extensive, complex trauma and/or other mental health issues. This specialized setting would help children recover and learn how to develop meaningful relationships in order to achieve permanency.*

- *A "step-down" settings for children leaving RTF – to better transition them back into the community, yet provide more support than in a family setting (non-JACHO placements). The goal of which would be to avoid future RTF placement by doing graduated discharge from out-of-home MH treatment.*

Identify the strengths and needs of the county/joinder service system (including any health disparities) specific to each of the following special/underserved populations. If the county does not currently serve a particular population, please indicate and note any plans for developing services for that population.

- **Individuals transitioning out of state hospitals**

  - Strengths:

- *Lehigh County has identified ten individuals who have been residents of the state hospital system for extended periods of time and is requesting CHIPP funding for Fiscal Year 17-18 to support them in returning to the community.*
- *Lehigh County continues to work on discharging people to the community in existing programs and through the utilization of previous CHIPP project funds.*
- *Lehigh County's state hospital liaison focuses on individuals who have been in Wernersville State Hospital (WeSH) longer than two consecutive years and coordinates with county housing and community staff to ensure these individuals experience a successful transition into the community. Lehigh County has an effective CSP process to ensure individuals receive the most appropriate supports when they return to the community.*
- *As part of the diversion process, the CHIPP Coordinator works with community resources, in particular the EAC and ACT services, to divert people from going to WeSH.*

  - Needs:

- *Lehigh County has identified an individual with a significant reputation who has lived in the state hospital system for over twenty years. The seriousness of his background has prevented the County from locating an appropriate community placement for him in spite of conducting a state-wide search. Additionally, a provider in another state has declined an admission into their program. Lehigh County will need to be creative in securing an appropriate residential placement for this individual.*
- *There is a need to address the All Inclusive CRRs during the coming year. Presently, these two homes have all behavioral health services incorporated in their program descriptions. A plan needs to be developed to remove the psychiatric time as well as other mental health services that can be provided in the community for them.*

- **Co-occurring mental health/substance use disorder**

  - Strengths:

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

▪ Needs:

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

- **Justice-involved Individuals-** Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for justice-involved individuals to include diversionary services that prevent further involvement within the criminal justice system as well as reentry services to support successful community reintegration.

  ▪ Strengths:

  - *The Mental Health office participates on the CJAB subcommittee on Mental Illness and Substance Abuse (MISA). MISA continues to meet weekly to identify defendants with a significant mental health diagnosis to divert them from prison and or to secure their release into treatment programs when appropriate.*
  - *S.P.O.R.E-Special Program for Offenders in Rehabilitation and Education provides services for offenders with a mental illness. Probation officers and mental health workers jointly supervise clients. A psychiatrist and psychologist are available for consultation and evaluations.*
  - *Community Based Intensive Treatment (CBIT) is utilized to support individuals age 18 and older who are impacted by the corrections system in their recovery through increased collaboration of the treatment providers and systems involved with their supports. The goal is a decrease in inpatient days, total hospitalizations, 30-day readmission rates, and incarceration.*
  - *To better support the efforts to provide housing for people with a mental illness leaving the jail, we have assigned a MH caseworker assigned to work out of the jail one day a week. They meet with the jail case managers regarding individuals they have on their pods and more proactively address the needs of people with a mental illness who are incarcerated.*

- *Forensic Peer Services are provided by PeerStar utilizing Magellan funding.*
- *Lehigh County and Upper Macungie Police are collaborating on a new initiative called the HUB. The HUB is a process to identify individuals in the community who've had contact with law enforcement and appear to have unmet social service needs. Once an individual is identified, assistance can be offered with the ultimate goal of avoiding future criminal justice involvement.*

- Needs:

- *Safe and affordable housing is needed for individuals who are justice involved.*
- *Have county-funded Forensic Certified Peers Specialists to support returning citizens. It is essential to engage individuals while they are still incarcerated, which is not a service that is covered by Magellan.*

- **Veterans**

  - Strengths:

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

  - Needs:

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

- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers**

  - Strengths:

  - *Lehigh County has worked at meeting with various groups representing the LGBT community and makes information pertaining to general mental health services as well. This includes participating in the Lehigh County Pride in the Park and the William Allen High School Gay Straight Alliance meetings.*
  - *One of the CSP committee meetings was held at the Bradbury-Sullivan LGBT Community Center. Attendees were given the opportunity to learn about the services offered and tour the program.*
  - *In 2017, all Lehigh County DHS staff received LGBT training.*

- Needs:

- *Having Certified Peers who are specifically trained to work with people who are part of the LGBT community*

- **Racial/Ethnic/Linguistic Minorities (including Limited English Proficiency)**

  - Strengths:

  - *Lehigh County has bi-lingual staff (Spanish/English) available in all of our units within the mental health office.*
  - *Lehigh County has a bi-lingual pool consisting of 8 staff who are available to serve as interpreters for people whose primary language is Spanish or Arabic. The County also has a contract for telephonic interpreting. Additionally, the County's BHMCO, Magellan, is committed to ensuring that members receive information and counseling in a language they understand. Lehigh County utilizes these providers in cases where an individual does not have medical assistance and receives their services through county funding.*
  - *Lehigh County recently updated its Limited English Proficient policy and training will be provided to all staff in 2018.*

  - Needs:

  - *More outreach to identify and support racial/ethnic and linguistic minority groups.*

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

  - Strengths:

  - *A positive working relationship has been developed between the County and the AIDS Activity Office at Lehigh Valley Health Network. This relationship enables the two entities to address the mental health needs of individuals living with HIV/AIDs.*
  - *Lehigh County works with Action Recovery, a part of New Vitae Wellness and Recovery. They offer a continuum of residential and behavioral health options dedicated to achieving lasting and positive changes for adults who are encountering challenges associated with acquired or traumatic brain injuries. The program provides Long-term and Transitional Living services.*
  - *Lehigh County has access to interpreter services to support people who are deaf and come to the Government center for services.*
  - *Lehigh County also has access to PAHrtners Deaf Services that offers a wide-range of behavioral, developmental and therapeutic support programs to Deaf and Hard of Hearing (HoH) individuals in an environment free of cultural or language barriers. Most of their staff members are Deaf/HoH. All PAHrtners employees are fluent in*

American Sign Language (ASL) and versed in Deaf culture. PAHrtners offers an array of services that are available to residents of Lehigh County. The services include Blended Case Management, a partial hospitalization program, a Residential Treatment Facility, an adult residential program, and outpatient services. All services are operated out of their Montgomery County location and outpatient is also offered at their satellite location in Lehigh County two days per week.

- Needs:

- *Continued training for staff in best practices for working with people who are living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury would be beneficial.*

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

☒ Yes ☐ No

If yes, please describe the CLC training being used. Descriptions should include training content/topics covered, frequency training is offered, and vendor utilized (if applicable). If no, Counties may include descriptions of any plans to implement CLC Trainings in the future. (Limit of 1 page)

Cultural Competency: Exploring our Communities- In this course participants will develop our understanding of diversity and inclusion by getting an in depth view of cultures, beliefs, communication styles, values and more. This course will improve your abilities to understand others and deliver culturally competent service that increases customer service. Join us as we cover the topics of collectivist and individualist societies, gender, religion, African American, Hispanic, Asian, people with disabilities, sexuality, and generations.
This is Your Brain on Diversity- This engaging and experiential program approaches diversity from a practical and science-based perspective. Attendees' knowledge, awareness and skills will be increased through the exploration of the neurobiomechanics of multicultural competence. Participants often head into diversity training with a critical eye fearing that it will be a futile exercise in political correctness. This workshop effectively teaches tangible skills that will improve one's professional performance.
LGBT Cultural Linguistic Competency Training- This two and half hour training will examine the following: review definitions, language and symbols important to the LGBT community; current legal context for LGBT Americans / LGBT Pennsylvanians; discussion of usage of pronouns and language with regard to same-sex couples, LGBT families and Transgender individuals; understanding privilege and minority stress; discussion of best practices for diversity and inclusion.

Does the county currently have any suicide prevention initiatives?

☒ Yes ☐ No

If yes, please describe. Counties without current suicide prevention initiatives may also describe plans to implement future initiatives in the coming fiscal year. (Limit of 1 page)

With the assistance of a grant provided by the Pool Charitable Trust, Lehigh County has formed a suicide prevention task force. Currently, there is a core group consisting of representatives from the Pool Trust, The Allentown Health Bureau, Lehigh Valley University Health Network, Pinebrook Family Answers, the Lehigh County Coroner, and staff from Lehigh County Mental Health. This coalition of providers is building a backbone organization to support suicide prevention based on data utilizing Collective Impact methodology. The coalition is collecting and analyzing data that will be used to put into place programs that will target suicide prevention in specific areas of need based on various demographics.

c) Supportive Housing:

DHS' five- year housing strategy, *Supporting Pennsylvanians through Housing*, is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing.

This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation.

Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

SUPPORTIVE HOUSING ACTIVITY *Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not.* ***Include any program activity approved in FY 17-18 that is in the implementation process. Please use one row for each funding source and add rows as necessary.*** **(*Note: Data from the current year FY17-18 is not expected until next year*)**

1. Capital Projects for Behavioral Health	☐ Check if available in the county and complete the section.

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.

Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17 (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 16-17	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
MFP	CHIPP		$500,000		6				2018
Quad	CHIPP		$650,000		8				2018

Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health	☒ Check if available in the county and complete the section.

Short term tenant based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Vouchers.

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
	Reinvestment	$200,000	$235,000	19	24	19	$815	5	2011
Notes:	There is a lack of housing vouchers and permanent housing subsidies available to members								

3. Master Leasing (ML) Program for Behavioral Health	☒ Check if available in the county and complete the section.

Leasing units from private owners and then subleasing and subsidizing these units to consumers.

	*Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18 –19	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
	Reinvestment	$120,000	$147,000	10	15	10	10	$9,400	2011
Notes:									

4. Housing Clearinghouse for Behavioral Health	☒ Check if available in the county and complete the section.

An agency that coordinates and manages permanent supportive housing opportunities.

	*Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
	Reinvestment	$1,700,000	$1,900,000	379	350			6.7	2011
Notes:									

5. Housing Support Services for Behavioral Health	☒ Check if available in the county and complete the section.

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.

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
	Reinvestment	$1,800,000	$1,900,000	379	350			2.0	2011
Notes:									

6. Housing Contingency Funds for Behavioral Health	☒ Check if available in the county and complete the section.

Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Average Contingency Amount per person	Year Project first started
	Reinvestment	$1,000,000	$1.269,000	350	350			$3,000	2011

Notes:	

7. Other: Identify the Program for Behavioral Health	☒ Check if available in the county and complete the section.

Project Based Operating Assistance (**PBOA** 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); **Fairweather Lodge** (**FWL** 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); **CRR Conversion** (as described in the CRR Conversion Protocol), **other.**

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 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Year Project first started
PBOA	Reinvestment			27	27			2008
FWL	CHIPP, Base	$126,275	$126,275	8	8			2013
Notes:								

d) <u>Recovery-Oriented Systems Transformation:</u> (Limit of 5 pages)

Based on the strengths and needs reported above in section (b), identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 18-19 at current funding levels. For **<u>each</u>** transformation priority, provide:

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

1. *CRR Conversion*

Narrative including action steps: *As part of Lehigh County's CRR conversion project, we will work with our provider of congregate care CRRs to convert one of their programs to a Fairweather Lodge and serve the individuals who would have been in the CRR in supported housing.*

Timeline: *June 30, 2019. A strategy meeting will be held with the provider by 8/31/18. The provider will submit a proposal for the transition by October 31, 2018. The plan will be reviewed and approved by the County by 11/30/18. The transition will commence after 1/1/19.*

Fiscal and Other Resources: *The supported housing can be placed in an existing apartments with staffing being provided by the provider agency. The cost of the housing and the Lodge should be neutral based on the current cost allocation for the CRR.*

Tracking Mechanism: *Meetings will be scheduled throughout the year to evaluate the progress of the plan.*

2. Forensic State Hospital/Jail Diversion Program

Narrative including action steps: We will be combing a CRR conversioln plan with a plan to divert people involved in the criminal justice system from jail and the State Hospital System.
As part of Lehigh County's CRR conversion project, we will work with our provider of congregate care CRRs to convert one of their programs to a forensic program to divert people from Norristown State Hospital's forensic unit. The eight individuals in the current congregate care setting will be supoted in a supported apartment setting.

Timeline: *June 30, 2019. A strategy meeting will be held with the provider by 9/3/18. The provider will submit a proposal for the transition by October 31, 2018. The plan will be submitted to the State OMHSAS for approval and funding by 11/15/18*

Fiscal and Other Resources: *The supported housing will be moved to apartments that will be owned by the Moravian Development Corporation with staffing being provided by the provider agency. The cost of the supported housing will be the same or less than the current budget for the*

congregate care CRR. The operation of the forensic program will be with funding provided by the stae as part of the Norristown forensic diversion initiative.

Tracking Mechanism: *monthly meetings will be held with thee provider to monitor the CRR conversion and the development of the new forensic program.*

3. *Provide county funded mobile psych rehab (MPR)*

Narrative including action steps: *There are individuals receiving Mobile Psych Rehab who lose their insurance. Without county funding being available, they unable to continue receiving this service. Additionally, the county is committed when possible and appropriate to provide supports for people in their own home rather than a residential setting. As part of our realization that 78% of the budget being allocated to support 20% of the people is not sustainable and is not always the most beneficial setting for a person's recovery. In combination with models like Roommate Roundup, people will be supported in their own home. The goal is to have more individuals supported in non-congregate care settings. A concern with CRRs is that skills are learned in an environment where the person will not be living and then need to be transferred to a new setting when they obtain housing.*

Timeline: *Utilize an RFI to identify a provider or providers by 8/3/18. Select the provider(s) by 10/31/18. Have the model operational by 12/31/18.*

Fiscal and Other Resources: *Use County Base Funding.*

Tracking Mechanism: *monthly monitoring of the program.*

4. *Provide specialized forensic County-funded peer supports*

Narrative including action steps: *Lehigh County has provided peer mentor services but has not provided certified peer supports. In particular, it has been noted that individuals who will be returning to the community, especially those who will be maxing out would benefit greatly from having peer supports. Magellan cannot pay for this service pre-release which has people leaving the jail without getting connected with a peer.*

Timeline: *10/31/18*

Fiscal and Other Resources: *The cost of the peer service would be covered utilizing county dollars. A budget would have to be developed with the provider.*

Tracking Mechanism: *The forensic unit (SPORE) would track and oversee the progress of the report through monthly contacts with the provider.*

5. *Continue developing/exploring means to support people in obtaining safe and affordable housing*

Narrative including action steps: *Develop a strategic plan that addresses the need of the county MH system and promotes resiliency and recovery utilizing the current funding provided by the state. An overarching need identified in multiple areas is the need to have safe, decent and affordable housing.*

The roommate roundup model is being developed and needs to be expanded to become truly operational and available to those looking for this support. Additionally, working relationships with other providers, such as the Conference of Churches Lazarus House and the CIL need to be formalized.

Timeline: *The Roommate Roundup will have its implementation plan in place by 7/31/18 and the first "roundup" will occur by 8/31/18. Roommate Roundup get together will be held on a monthly basis at the Clubhouse of Lehigh County. Meetings to formalize working relationships and referral processes with the CIL and Lazarus House will take place by 8/31/18. This information will be put in a written format and will be distributed to agencies at the September provider meeting.*

Fiscal and Other Resources: *There is no cost for this project.*

Tracking Mechanism: *A condition of being part of the roommate roundup is that the person have a CPS or a case manager for at least the first six months of their being in their new home. During this time, the designated person will report to the steering committee on success and problems that arise to not only assist the person but to also enhance the model.*

6. *Employment Assistance*

Narrative including action steps: *We all need some form of meaningful activity in our lives and a means of supporting ourselves, but having a mental illness can be an obstacle. A mental illness can impact different people in various ways. Some people may never stop working; others find that their condition interrupts their career, and still others may be able to do only limited work. As people recover from a mental illness, they also face varied challenges in relation to work. Some people find that they are able, with minor accommodations to work in the same way they did before. Others may have to re-enter work gradually. And people on disability benefits will need to observe back-to-work rules when employed. Lehigh County believes employment should not be accomplished through coercion but should be as the result of the individual choosing to seek a job. The county has recognized that this is best accomplished in a supportive and nurturing environment and as a result has relied on the Clubhouse of Lehigh County as the primary source of employment opportunities for people. Not only does the Clubhouse provide employment opportunities it also serves as a local community center that offers individuals with mental illness hope and opportunities to achieve their full potential. Much more than simply a program or social service, the Clubhouse is most importantly a community of people who are working together to achieve a common goal. Using a "snapshot in time" at the end of FY 17-18, the Clubhouse of Lehigh County had 104 members who were competively employed with reported incomes totaling over $300,000 per year, 9 members who were in supported employment with reported incomes of over $50,00 and five people in transitional employment with income of over $1,000. While these reults are good, the county would like to see improved employment opportunities for individuals. Additional work needs to be done in conjunction with Magellan regarding the employment components of the ACT teams and other resources and opportunities need to be explored and put in place.*

Goal: Lehigh County will establish a collaborative and integrated process informed by increased data sharing that supports individuals to successfully obtain employment in their community. The three ACT teams as well as Magellan will be part of this process.

Timeline: *A meeting of community partners will be held by 10/31/18 to develop a plan to collect data on what employment services are currently available and how many people are participating in each.* The team will establish a system to build capacity within the county that promotes employment and that

uses the Supported Employment Evidence-Based Practices (EBP) KIT. A survey will be utilized to determine what services are needed most and what the demographic is that is seeking that support by 11/30/18. This information will then be used to shape the employment services that will provided for ACT recipients specifically as well as other community partners.

Fiscal and Other Resources**:** *Existing County and Magellan funding for the ACT programs and other community partners will be utilized for this goal.*

Tracking Mechanism**:** *Monthly meetings will be held between the ACT providers, other community partners, Magellan, and County staff to review the progress of this goal.*

e) <u>Existing County Mental Health Services:</u>

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	☒	☒ County ☒ HC ☐ Reinvestment
Psychiatric Inpatient Hospitalization	☒	☒ County ☒ HC ☐ Reinvestment
Partial Hospitalization		
Adult	☒	☐ County ☒ HC ☐ Reinvestment
Child/Youth	☒	☐ County ☒ HC ☐ Reinvestment
Family-Based Mental Health Services	☒	☐ County ☒ HC ☐ Reinvestment
ACT or CTT	☒	☒ County ☒ HC ☐ Reinvestment
Children's Evidence Based Practices	☒	☐ County ☒ HC ☐ Reinvestment
Crisis Services		
Telephone Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Walk-in Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Mobile Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Crisis Residential Services	☒	☒ County ☒ HC ☐ Reinvestment
Crisis In-Home Support Services	☐	☐ County ☐ HC ☐ Reinvestment
Emergency Services	☒	☒ County ☒ HC ☐ Reinvestment
Targeted Case Management	☒	☒ County ☒ HC ☐ Reinvestment
Administrative Management	☒	☒ County ☐ HC ☐ Reinvestment
Transitional and Community Integration Services	☒	☒ County ☐ HC ☐ Reinvestment
Community Employment/Employment Related Services	☒	☒ County ☐ HC ☐ Reinvestment
Community Residential Services	☒	☒ County ☐ HC ☐ Reinvestment
Psychiatric Rehabilitation	☒	☒ County ☒ HC ☐ Reinvestment
Children's Psychosocial Rehabilitation	☒	☐ County ☒ HC ☐ Reinvestment
Adult Developmental Training	☒	☒ County ☐ HC ☐ Reinvestment
Facility Based Vocational Rehabilitation	☒	☒ County ☐ HC ☐ Reinvestment
Social Rehabilitation Services	☒	☒ County ☐ HC ☐ Reinvestment
Administrator's Office	☒	☒ County ☐ HC ☐ Reinvestment
Housing Support Services	☒	☒ County ☐ HC ☒ Reinvestment
Family Support Services	☒	☒ County ☒ HC ☐ Reinvestment
Peer Support Services	☒	☐ County ☒ HC ☐ Reinvestment
Consumer Driven Services	☒	☒ County ☐ HC ☐ Reinvestment
Community Services	☒	☒ County ☒ HC ☐ Reinvestment
Mobile Mental Health Treatment	☐	☐ County ☐ HC ☐ Reinvestment
BHRS for Children and Adolescents	☒	☐ County ☒ HC ☐ Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	☒	☒ County ☒ HC ☐ Reinvestment
Outpatient D&A Services	☒	☒ County ☒ HC ☐ Reinvestment
Methadone Maintenance	☒	☒ County ☒ HC ☐ Reinvestment
Clozapine Support Services	☒	☐ County ☒ HC ☐ Reinvestment
Additional Services (Specify – add rows as needed)	☐	☐ County ☐ HC ☐ Reinvestment

*HC= HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	Yes	160	TMACT and PA Bulletin	Agency, County, MCO, & state	Every 6 month to 1 year	Yes	Yes	
Supportive Housing	Yes	100	TMACT	Agency & County	Every 6 month to 1 year	Yes	Yes	
Supported Employment	Yes	170	ICCD/TMACT	ICCD	ICCD – 1-3 yrs; ACT – 6 mo – 1 yr	Yes	Yes	Include # Employed 30
Integrated Treatment for Co-occurring Disorders (MH/SA)	Yes	160	TMACT	Agency, County, MCO, & state	Every 6 month to 1 year	Yes	Yes	
Illness Management/ Recovery	Yes	160	TMACT/Illness Mgmt and Fidelity Site	Agency, County, MCO, & state	Ongoing	Yes	Yes	
Medication Management (MedTEAM)	No	N/A	N/A	N/A	N/A	N/A	N/A	
Therapeutic Foster Care	Yes	30	Licensing, QI surveys	Agency, MCO, & state	Annual	No	Yes	
Multisystemic Therapy	Yes	40	Licensing, QI surveys	Agency, MCO, & state	Annual	No	Yes	
Functional Family Therapy	Yes	30	Licensing, QI surveys	Agency, MCO, & state	Annual	No	Yes	
Family Psycho-Education	No	N/A	N/A	N/A	N/A	N/A	N/A	

***Please include both county and Medicaid/HealthChoices funded services.**

To access SAMHSA's EBP toolkits:

http://store.samhsa.gov/list/series?name=Evidence-Based-Practices-KITs

g) Additional EBP, Recovery Oriented and Promising Practices Survey:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	300	Operated by Advocacy Alliance with surveys also conducted by Recovery Partnership under a contract with MCO
Compeer	Yes	15	
Fairweather Lodge	Yes	8	
MA Funded Certified Peer Specialist- Total**	Yes	30	
CPS Services for Transition Age Youth	No		
CPS Services for Older Adults	No		
Other Funded Certified Peer Specialist- Total**	No		
CPS Services for Transition Age Youth	No		
CPS Services for Older Adults	No		
Dialectical Behavioral Therapy	Yes	120	
Mobile Meds	No		
Wellness Recovery Action Plan (WRAP)	Yes	200	
High Fidelity Wrap Around/Joint Planning Team	Yes	76	
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	350	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	No		
Consumer Operated Services	Yes	60	Drop In Center
Parent Child Interaction Therapy	No		
Sanctuary	Yes	210	
Trauma Focused Cognitive Behavioral Therapy	Yes	140	
Eye Movement Desensitization And Reprocessing (EMDR)	No		
First Episode Psychosis Coordinated Specialty Care	No		
Other (Specify)			

***Please include both County and Medicaid/HealthChoices funded services.**
****Include CPS services provided to all age groups in Total, including those in the age break outs for TAY and OA below**

Reference: Please see SAMHSA's National Registry of Evidenced Based Practice and Programs for more information on some of the practices at the link provided below.

http://www.nrepp.samhsa.gov/AllPrograms.aspx

h) 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
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- Medicaid-funded peer support programs
- consumer-run organizations
- residential settings
- ACT, PACT, or FACT teams

Total Number of CPSs Employed	**30**
Number Full Time (30 hours or more)	**9**
Number Part Time (Under 30 hours)	**21**

INTELLECTUAL DISABILITY SERVICES

The Office of Developmental Programs (ODP), in partnership with the county programs, is committed to ensuring that individuals with an intellectual disability and autism live rich and fulfilling lives in their community. It is important to also ensure that the families and other stakeholders have access to the information and support needed to help be positive members of the individuals' teams.

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

With that in mind, describe the continuum of services to enrolled individuals with an intellectual disability and autism within the county. In a narrative format, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. In completing

the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditures should be included for both base/block grant and waiver administrative funds.

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

Individuals Served

	Estimated Individuals served in FY 17-18	*Percent of total Individuals Served*	*Projected Individuals to be served in FY 18-19*	*Percent of total Individuals Served*
Supported Employment	35	2.56%	37	2.64%
Pre-Vocational	11	0.78%	11	0.85%
Community participation	17	1.21%	25	1.78%
Base Funded Supports Coordination	288	20.57%	241	17.21%
Residential (6400)/unlicensed	4	0.28%	3	0.21%
Life sharing (6500)/unlicensed	16	1.14%	12	0.85%
PDS/AWC	0	0.00%	0	0.00%
PDS/VF	0	0.00%	0	0.00%
Family Driven Family Support Services	301	21.5%	316	22.57%

Supported Employment: “Employment First” is the policy of all commonwealth executive branch agencies under the jurisdiction of the governor. Therefore, ODP is strongly committed to competitive integrated employment for all.

- Please describe the services that are currently available in your county such as discovery, customized employment, etc.
- Identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may assist the county in establishing employment growth activities.
- Please add specifics regarding the Employment Pilot if your county is a participant.

Intellectual Disabilities is involved in many activities that promote and develop community employment opportunities for individuals with intellectual disabilities. At the current time, the following employment services are available in Lehigh County: Advanced Supported Employment, Supported Employment, Small Group Employment, and Companion Services. Advanced Supported Employment services, which are an enhanced version of supported employment services which includes; discovery, job development, systematic instruction to learn the key tasks and responsibilities of the position and intensive job coaching and supports that lead to job stabilization and retention. Supported Employment services are also utilized to support participants in obtaining and sustaining competitive integrated employment. This service consists of three components: career assessment, job finding or development, and job coaching and support. Small Group Employment services consist of supporting participants in transitioning to completive integrated employment through work that occurs in a location other than a facility subject to 55 Pa. Code Chapter 2380 or Chapter 2390 regulations. Small Group Employment service options include mobile work force, work station in industry, affirmative industry, and enclave. The goal of this services is competitive integrated employment. Some of the sites in which local providers support individuals in the Small Group Employment service include; Cigars International, Easton YMCA, and the Army Reserve in Forks Township, PA. Companion services may also be utilized in the competitive integrated employment setting to support the individual's personal care needs while working when the needs are not able to be reasonably and appropriately met by resources and experiences existing within the workplace.

ID actively participates in the Lehigh Valley Employment Coalition (LVEC) which is a partnership of school districts, IU staff, SCOs, providers, advocates, Lehigh and Northampton County AEs, and ODP. The coalition develops strategic plans in order to meet program objectives, which include enhancing opportunities for the individuals in the pilot and developing opportunities for students who will be graduating and other participants who are interested in obtaining competitive employment. Lehigh County intends to continue its close partnership with LVEC to support growth in the area of competitive employment. LVEC is working to increase local employer awareness of the benefits of hiring individuals with a disability by meeting with employers at job fairs and other venues, as well as hosting an annual employer recognition breakfast to celebrate those employers who are already disability friendly. Additionally, LVEC completes case reviews for individuals who are having difficulty finding and/or maintaining competitive employment and offers resources and ideas to work through these challenges. LVEC also plans to begin hosting "Reverse Job Fairs" in which a group of provider agencies present their services and their potential pool of employees to local employers. LVEC has identified several barriers to employment services in our area, which include; lack of transportation, concerns with individual loss of benefits, and frequent provider staff turnover resulting in lack of consistency for consumers and their families. LVEC intends to work on several new projects to target two of the identified barriers; transportation and concerns with loss of benefits.

In order to address the transportation barrier, LVEC plans to target local, privately owned transportation companies and present the idea of expanding their business opportunities within our community by providing transportation services to individuals with an intellectual disability. If any of the transportation companies show interest, the Lehigh County Program Specialist responsible for provider qualifications will assist them in beginning the qualification process and provide technical assistance as needed. The LVEC partner, the Arc of Lehigh and Northampton

Counties has also agreed to provide the transportation providers with disability sensitivity training in order to better prepare them to provide this service.

LVEC is also planning an informational session in regards to benefits counseling, since an identified barrier to employment is family/individual concerns with losing their benefits. LVEC members (especially providers and school districts) will target inviting individuals who want to transition into employment in order to increase the likelihood that the event will be well attended. Additionally, the LVEC is going to be creating a benefit counseling informational sheet and other handouts related to employment and transition services to provide to individuals and their families. Supports Coordination Organizations have agreed to include this information in their Individual Support Plan Annual Review Update meeting packets and at the time of intake. Providers and school districts have also agreed to provide this information to interested parties during meetings and discussions surrounding employment. ODP would be able to assist in establishing employment growth activities by continuing to attend LVEC meetings on a regular basis to provide updates on new policy and services and connecting us with a benefits counseling professional who would be willing to offer several presentations per year on benefits counseling services.

All of the funding available through the employment pilot has been allocated for the current fiscal year, resulting in employment for ten young adults. Funding has been identified to continue employment supports for those in the pilot program. Individual progress is also followed through LVEC meetings.

Supports Coordination:

- Describe how the county will assist the supports coordination organization (SCO) to engage individuals and families in a conversation to explore the communities of practice /supporting families model using the life course tools to link individuals to resources available to anyone in the community.
- Describe how the county will assist supports coordinators to effectively engage and plan for individuals on the waiting list.
  Describe the collaborative efforts the county will utilize to assist SCO's with promoting self direction.

Supports Coordination is provided by Service Access and Management Inc. and Quality Progressions. Supports Coordinators locate, coordinate, and monitor services. The "Charting the LifeCourse" is a framework created to help individuals and families of all abilities and all ages develop a vision for a good life, think about what they need to know and do, identify how to find or develop supports and discover what it takes to live the lives they want to live. When Lehigh initially became involved in the communities of practice/ supporting families model, ID held a training for both Supports Coordination Organizations on the "Charting the LifeCourse framework", which was well attended. At the current time, the county is assisting the Supports Coordination Organizations to engage individuals and their families in conversations to explore the communities of practice/ supporting families model by utilizing the life course tools as a key component of the ISP planning process and initial intake process. These conversations supported by the use of the life course tool kit, assist to integrate services and supports within the context of the person, their family, and community. Additionally, it assists the team in problem solving any barriers the individual may encounter in achieving their vision for a good life, including linkage to available community resources. ID has further supported the community of

practice/supporting families model in co-hosting a community informational session lead by the PA Family Network on April 9, 2018. ID is currently in the process of coordinating one on one family mentoring sessions with the PA Family Network.

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

Lifesharing and Supported Living:

- Describe how the county will support the growth of Lifesharing and Supported Living as an option.
- What are the barriers to the growth of Lifesharing/Supported Living in your county?
- What have you found to be successful in expanding these services in your county despite the barriers?
- How can ODP be of assistance to you in expanding and growing Lifesharing/Supported Living as an option in your county?

The county continues to support the growth of Lifesharing as an option through the following actions. ID serves on the Lifesharing Coalition Committee which meets quarterly. Networking amongst providers is one aspect of this valuable committee which brainstorms barriers with Lifesharing for families, providers and participants. ID also ensures that Lifesharing is offered at every individuals' Individual Support Plan meeting and requires this as part of the ISP review process, whether the individual is a Waiver participant or not. ID does not preclude Lifesharing as a residential option if the individual does not have a Waiver. Currently, the county has 12 individuals in the Lifesharing program that receive Base funds.

Some of the barriers to the growth of Lifesharing in Lehigh County has been a limited number of Lifesharing providers that are interested in individuals with challenging behaviors or limited daily living skills; difficulties in the licensing process/application process/paperwork in general; as well as some misconceptions about Lifesharing amongst providers, families, and Supports Coordination Organizations.
Despite attempts to overcome barriers to expanding Lifesharing, ID has had limited success in this area. ID will host a Lifesharing event to promote expansion of our Lifesharing programs by increasing awareness of individuals and their families.

ODP could be of assistance to the county in expanding Lifesharing as an option by offering additional training to Supports Coordination Organizations on Lifesharing; providing additional promotional items to give to perspective Lifesharing Providers, as well as brochures for consumers and their families; by streamlining the application process and the enrollment process in Promise; and increasing publicity in regards to Lifesharing.

At the current time, there are no local service providers who are offering the Supported Living service. Lehigh County is actively engaging community providers in conversations in regards to becoming qualified to provide this service, as there are participants in our county who would benefit from the availability this service offering.

Cross Systems Communications and Training:

- Describe how the county will use funding, whether it is block grant or base, to increase the capacity of your community providers to more fully support individuals with multiple needs, especially medical needs.
- Describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age and promote the life course /supporting families paradigm.
- Describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging and the mental health system to ensure individuals and families are provided with the information they need to access community resources as well as formalized services and supports through ODP.

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

  ID has also been working with the local school districts to further promote the LifeCourse/ supporting families paradigm by presenting this information at transition informational fairs, family meet and greet sessions, and by increasing our outreach efforts to directors of Special Education programs and teachers, Intermediate Unit social workers and psychologists, and through participation in the Carbon-Lehigh Transition Coordinating Council. In addition, ID has assisted in coordinating a LifeCourse Presentation to occur at the Carbon-Lehigh District Council meeting in May 2018, which will reach all Special Education directors at the district level. A LifeCourse Presentation is also being coordinated for the beginning of the 2018-2019 school year for the Carbon-Lehigh Transition Coordinating Council, as well as a presentation on ODP waivers and eligibility.

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

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

ID is also involved in Lehigh and Northampton Counties LINK and LINK advisory board to further collaborate with the Area Agency on Aging and various provider agencies. The LINK offers various trainings and presentations about community resources. ID partnered with Northampton County Developmental Programs and presented on ID services at a LINK meeting to provide provider agencies and individuals with information on how to access ID services and supports.

Additionally, ID is also a member of the Aging and Intellectual Disabilities committee which organizes an annual conference on Aging with an Intellectual Disability. This year, the conference will be held on October 25, 2018 at DeSales University with various presentations ranging from substance abuse and medication misuse to compassion fatigue.

We continue to worth with the Health Care Quality units in developing trainings to support providers and families in supporting individuals with complex medical needs.

Emergency Supports:

- Describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
- Provide details on your county's emergency response plan including:
    - Does your county reserve any base or block grant funds to meet emergency needs?
    - What is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?
    - Does your county provide mobile crisis?
    - If your county does provide mobile crisis, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?
    - Do staff who work as part of the mobile crisis team have a background in ID and/or autism?
    - Is there training available for staff who are part of the mobile crisis team?
    - If your county does not have a mobile crisis team, what is your plan to create one within your county's infrastructure?
- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

When an emergent situation arises, regardless of the availability of county funding or waiver capacity, individuals are supported within the community. Supports Coordination organizations are responsible for communicating any emergencies situations that occur to the county. The county and the Supports Coordination Organizations then work within a team approach to determine effective strategies and available community, base, and/or waiver services available that would be most effective in ensuring and maintaining the individual's health and safety.

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

The office uses an on-call service system for after hour calls and a staff member is reachable around the clock to address emergencies. On-call services are available to the individual, families, service providers, and Supports Coordination Organizations so that the county can assist to best support the individuals involved in the emergency situation.

Lehigh County provides mobile crisis services. All caseworkers in this unit have a background and/or training to work with individuals with an intellectual disability and/or an autism diagnosis.

Administrative Funding: ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are person-centered trainers.

- Describe the county's interaction to utilize the network trainers with individuals, families, providers, and county staff.
- Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families.
- What kinds of support do you need from ODP to accomplish the above?
- Describe how the county will engage with the Health Care Quality Units (HCQU) to improve the quality of life for the individuals in your community.
- Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.
- Describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals in your program.
- Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc.
- How can ODP assist the county's support efforts of local providers?
- Describe what risk management approaches your county will utilize to ensure a high-quality of life for individuals.
- Describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.
- How can ODP assist the county in interacting with stakeholders in relation to risk management activities?
- Describe how you will utilize the county housing coordinator for people with autism and intellectual disability.
- Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

ID has begun to utilize the PA Family Network to provide support and training for individuals, families, providers, and county staff within our community. At the present time, all ID staff have received training on the "Charting the LifeCourse" framework on multiple occasions at ODP meetings and the Everyday Lives Conference. Additionally, Lehigh County Early Intervention has expressed an interest in learning more about the LifeCourse framework so a training with the PA Family Network is in the process of being coordinated. ID has also utilized the PA Family Network to provide support and training to individuals, families, and both Supports Coordination Organizations. ID is currently in the process of coordinating one on one family mentoring sessions with the PA Family Network to provide individualized support and training to individuals and their families. Providers, through the Lehigh Valley Supports Coalition, have also been

provided with training from ODP (Marie Craven and Nancy Richey) on the LifeCourse framework. To further support providers, ID will be working to coordinate a provider-specific training with the PA Family Network on the LifeCourse framework during the coming fiscal year.

ID partners with and will continue to partner with, the ARC of Lehigh and Northampton Counties, the ARCH (Autism Resource Community Hub), Advocacy Alliance, and convenes the ID Committee in order to provide discovery, navigation, connecting, and networking for individuals and families. The ARC of Lehigh and Northampton Counties offers various educational and networking opportunities to families. They also compile a monthly newsletter which contains information about other area events and opportunities which is mailed to individuals, families, providers, SCOs, the county, and any other interested parties. The ARCH provides resources specific to Autism. The ARCH has a resource room which is open to the public, as well as trainings offered to professionals and families. Additionally, there are support groups, recreational and social opportunities throughout the year. Advocacy Alliance also offers a wide array of training opportunities to professionals, families, and individuals. Additionally, the Advocacy Alliance has the HCQU which is another resource to monitor the overall health status, including behavioral health needs. The HCQU assists with integrating community health care resources with state and regional quality improvement structures and processes. The county's ID Committee, which is comprised of and open to county ID staff, individuals, family members of those receiving services, providers, and Supports Coordination Organizations, meets on a monthly basis as a forum to provide information, education, connecting, and networking. Supports Coordination Organizations are encouraged by the county to provide individuals, families, and providers with information regarding the aforementioned available resources. ODP could provide support to the county to accomplish these activities by attending some of the local events and by being available to answer questions and provide input and additional resources for discovery, navigation, connecting, and networking.

ID engaged with the HCQU to improve quality life for the individuals in our community by meeting quarterly with HCQU as part of the Positive Practices Committee. At this time, topics discussed are then reviewed and distributed to our Supports Coordination Organizations.ID encourages the Supports Coordination Organizations to utilize the trainings offered by the HCQU for their staff. Over this past fiscal year Lehigh County providers and Supports Coordination Organization employees completed 233 in-person trainings and 612 web-based held by the HCQU which resulted in 2426 staff trained in various topics related to the general health and safety of the individuals served in Lehigh County. There was also a significant increase in Lehigh County providers using Tele-psychiatric Consultations provided by the HCQU.

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

make this vision of an Everyday Life attainable for all persons who have developmental disabilities.

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

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

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

The county takes several Risk Management approaches in order to ensure a high-quality of life for all individuals. ID meets as part of the individual's support team for several complex cases. ID utilizes both internal and external resources such as DDTT, Youth Cross-Systems team, ODP's Risk Manager, ODP's Positive Practices Clinical Director, Advocacy Alliance and the

HCQU for assistance in these complex cases to ensure that plans are created to mitigate risks while keeping the individual safe and healthy. ID works to ensure that all individuals live in an environment that is integrated into the community so that these individuals are able to interact with people do not have disabilities and they can live an everyday life. ID reaches out to other counties and regions for collaboration of ideas and has begun to utilize the Rapid Response team for planning purposes.

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

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

The county has been engaging providers of service in the development of an Emergency Preparedness Plan through the Provider Quality Assessment and Improvement (QA&I) Monitoring process. Providers are required to participate in ODP's Provider QA&I Monitoring Process for an onsite review once every three years. During this process, county staff reviews provider policies and procedures, including the providers' Emergency Disaster Response/Emergency preparedness plans to ensure that one is in place and addresses the individual's safety and protection, communications and/or operational procedures. If providers' Emergency Disaster Response/Emergency Preparedness plans are found to be non-compliant, the issues are discussed with the provider and included in a Corrective Action Plan.

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

Participant Directed Services (PDS):

- Describe how your county will promote PDS (AWC VF/EA) services including challenges and solutions .
- Describe how the county will support the provision of training to SCO's, individuals and families on self direction.
- Are there ways that ODP can assist you in promoting/increasing self direction?

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

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

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

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

Community for All: ODP has provided you with the data regarding the number of individuals receiving services in congregate settings.

- Describe how the county will enable these individuals to return to the community.

The county has successfully transitioned three individuals residing in congregate care settings back into the community over the past few years. At the current time, 22 individuals remain in a congregate setting. With the announced closure of the Hamburg Center we have been working on finding appropriate community placements for the 17 individuals that we have at Hamburg. To date two individuals from Hamburg have returned to the community while six have chosen to move to other state operated facilities. The other individuals at Hamburg have community providers identified and will be moving into the community in the coming months. ID works closely with the Supports Coordination Organizations to enable these individuals to return to the

community. ID works with the Supports Coordination Organizations to ensure that all possible statewide Community Living Arrangement and Lifesharing vacancies are explored depending upon the level of care the individual requires to be successful within the integrated community setting. Additionally, the county works closely with interested providers in increasing their capacity to support these individuals by raising their awareness of available startup funds and the processes to obtain the startup funds.

HOMELESS ASSISTANCE SERVICES

Describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction by answering each question below.

An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

Bridge Housing:

- Please describe the bridge housing services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of bridge housing services?
- Please describe any proposed changes to bridge housing services for FY 18-19.
- If bridge housing services are not offered, please provide an explanation.

Bridge Housing is offered in other areas of Human Services funding in Lehigh County. HealthChoices has a reinvestment plan in place to offer this, as well as funds with PHFA to offer apartment housing.

Case Management:

- Please describe the case management services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of case management services?
- Please describe any proposed changes to case management services for FY 18-19.
- If case management services are not offered, please provide an explanation.

Everything described is funded through the HAP funds in the Human Services Block Grant. County adheres to the five bullets as described on page seven of the Homeless Assistance Program instructions and Requirements. The program, as administered by Lehigh County, has been under the control of the same worker for over five years and has not had any programmatic changes.

Community organizations provide case management and rental assistance to approximately 1050 individuals during the 2016/2017 fiscal year. The primary goal required for use of HAP

funding is to assist homeless families and individuals become self-sufficient with the final goal being permanent living arrangements Case Management is also provided through various County Human Services agencies, including but not limited to Mental Health, Intellectual Disabilities, and Children and Youth. A HealthChoices reinvestment plan also provides services in this category, and a more recent implementation of specialized ICM has been utilized with great success by the County's BH-MCO, Magellan Behavioral Health.

Regular program monitoring and review is conducted to ensure efficacy of services. There are no planned changes to current Case Management services that will be offered for the next fiscal year.

Rental Assistance:

- Please describe the rental assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of rental assistance services?
- Please describe any proposed changes to rental assistance services for FY 18-19.
- If rental assistance services are not offered, please provide an explanation.

Everything described is funded through the HAP funds in the Human Services Block Grant. County adheres to the five bullets as described on page seven of the Homeless Assistance Program Instructions and Requirements. The program, as administered by Lehigh County, has been under the control of the same worker for over five years and has not had any programmatic changes.

HAP provides funding to three local providers, including one with close ties to the Hispanic community, to provide services to individuals and families who are at risk of becoming homeless or are homeless with the intent that with this intervention they would be able to meet their basic needs in the near future. In February it was determined that additional funding could be utilized by the providers and an additional $150,000 was slated to Rental Assistance. County staff met with the providers to determine need and contract amendments for the additional funding was awarded. Regular program monitoring and review is conducted to ensure efficacy of services.

Additionl resources have been allocated to Rental Assistance services for Fiscal Year 2018-2019.

Emergency Shelter:

- Please describe the emergency shelter services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of emergency shelter services?
- Please describe any proposed changes to emergency shelter services for FY 18-19.
- If emergency shelter services are not offered, please provide an explanation.

Shelter opportunities and supports are offered through other areas of County, City and Human Services funding.

Other Housing Supports:

- Please describe the other housing supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of other housing supports services?
- Please describe any proposed changes to other housing supports services for FY 18-19.
- If other housing supports services are not offered, please provide an explanation of why services are not offered.

County staff and agencies participate in the following:

- *LV RHAB – Lehigh Valley Regional Homeless Advisory Board*
- *Lehigh Valley Homeless Veteran Task Force*
- *HealthChoices reinvestment plan - Clearinghouse provides Bridge Housing, Master Leasing, Contingency Funding, and generalized supports.*

Regular program monitoring and review is conducted to ensure efficacy of services. There are no planned changes to Other Housing Supports services that will be offered for the next fiscal year.

Homeless Management Information Systems:

- Describe the current status of the county's Homeless Management Information System (HMIS) implementation. Does the Homeless Assistance provider enter data into HMIS?

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

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<u>SUBSTANCE USE DISORDER SERVICES</u> (Limit of 10 pages for entire section)

This section should describe the entire substance use service system available to all county residents regardless of funding sources.

Please provide the following information:

1. **Waiting List Information:**

	# of Individuals	Wait Time (days)**
Detoxification Services	3	1-3 days
Non-Hospital Rehab Services	4	0-5 days
Medication Assisted Treatment	N/A	7-14 days

Halfway House Services	0	7-14 days
Partial Hospitalization	0	0-1 day
Outpatient	0	0 days

**Use average weekly wait time

The numbers represented above are based on a point in time count that occurred on May 17, 2018. These numbers are only reflective of the referrals that the SCA is directly managing. The SCA would not have access to this information for non-contracted providers or for HealthChoices/Commercially insured who were not referred through the SCA system.

Based upon a tracking system that was put in place on September 1, 2015, the SCA can produce a daily report of all clients who were assessed and are pending placement in a residential facility. Based upon this report, individuals who wait longer than 14 days to access residential treatment is because of client choice. If and when there is a wait to access non-residential treatment, the SCA has a contract with a provider to offer support services to the individual and their families.

The SCA is aware that residents are accessing assessment providers through sources other than referral from the SCA. To address the increase in demand, five (5) providers have created "walk in hours" where clients can access treatment without having to schedule an intake appointment. Therefore, whether by referral or walk in; clients have the access to treatment.

2. **Overdose Survivors' Data**: Describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in your county. Indicate if a specific model is used.

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
989	753	236	198

The Lehigh SCA defines Overdose Survivor as "a situation in which an individual s in a state requiring emergency medical intervention as a result of the use of drugs or alcohol". The SCA provides face-to-face hospital based warm handoff services in six (6) hospitals within Lehigh County. These services are provided 16 hours per day, seven (7) days per week (Monday – Sunday, 8:00AM to 12:00AM).

The information provided above, is not reflective of the overall number of overdose victims that entered a hospital. The number of overdose survivors (989) are those individuals who met the SCA definition of an overdose survivor and agreed to meet with a clinician and completed a screening/level of care assessment. After the completion of the screening/level of care assessment, 236 individuals refused services. 753 accepted the recommendation and linkage. In speaking with hospital staff/administration, is it estimated that the number of overdose survivors listed above represent less than 1/3 of the overall volume. The data above is based on January – December 2017.

The SCA utilizes a provider contract to deliver the warm handoff services and will continue this program into 2018/2019.

3. **Levels of Care (LOC)**: Please provide the following information for your contracted providers.

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	1	0	Adult, adolescent, male, female, women with children, pregnant female and iDU
Inpatient Hospital Rehab	1	0	Adult, adolescent, male, female, women with children, pregnant female and iDU
Inpatient Non-Hospital Detox	16	1	Adult, adolescent, male, female, women with children, pregnant female and iDU
Inpatient Non-Hospital Rehab	29	4	Adult, adolescent, male, female, women with children, pregnant female and iDU
Partial Hospitalization	1	1	Adult, adolescent, male, female, women with children, pregnant female and iDU
Intensive Outpatient	8	7	Adult, adolescent, male, female, women with children, pregnant female and iDU
Outpatient	8	7	Adult, adolescent, male, female, women with children, pregnant female and iDU
Halfway House	14	1	Adult, adolescent, male, female, women with children, pregnant female and iDU

******** *In this section, please identify if there is a specialized treatment track for any specific population in any of your levels of care. For example, a program specific for adolescents or individuals with a co-occurring mental health issue.*

4. **Treatment Services Needed in County**: Provide a brief overview of the services needed in the county to ensure access to appropriate clinical treatment services. Include any expansion or enhancement plans for existing providers or any use of HealthChoices reinvestment funds for developing new services.

   The SCA has sought to identify individual intercept points. These intercepts are identifiable areas in our community where individuals who are in need of substance abuse services come into contact with a known system. These seven (7) primary access points are outlined below; and, at each point, the SCA's goal has been to create linkage or warm handoff from these intercepts into treatment or treatment related services. The goal is to engage individuals at the earliest possible intercept prior to involvement in more restrictive settings.

   By using the intercept model (referral source) the Lehigh SCA is able to strengthen the relationship with each entity and create direct access links to treatment that are customized based on the need of the intercept agency.

1.0 Criminal Justice Involvement *– these services are targeted at individuals who are incarcerated at Lehigh County Jail (LCJ) or Community Corrections Center (CCC), and/or have involvement with Pretrial Services, Adult Probation or Juvenile Probation. Linkage occurs through the following methods:*

Jail to Treatment*: these services are targeted at those who are incarcerated, identified at assessment as meeting criteria for residential level of care and are determined eligible for release directly into treatment. The SCA's office manages over 1,000 referrals (16/17) for assessment within LCJ or CCC. In 15/16 the SCA facilitated 160 releases from incarceration directly into inpatient treatment; and, in 16/17 the number of releases exceed 220. While the SCA's office has funded a majority of the assessments, almost 100% of the treatment costs are funded through HealthChoices.*

DDART/Outmate/Alternative to Violation/MISA*: the SCA continues to collaborate and support these diversionary programs. While each program slightly differs, the main goal is to quickly (within 24 hours) address the substance abuse needs thereby avoiding incarceration or prolonged incarceration.*

CRS Re-Entry*: CRS Re-Entry groups began in late 2017 and are targeted at those incarcerated individuals who will be released from incarceration directly into the community. The focus of these groups are treatment engagement, readiness and follow through. By utilizing this re-entry service, individuals receive a direct handoff from jail to a OP provider.*

Intervention*: the SCA's office is collaborating with Juvenile Probation to provide an Intervention and Treatment Readiness group that is targeting medium to high risk (based on the YLS) adolescent offenders. This program will begin 17/18.*

The Lehigh SCA continues to utilize PCCD funding for the TCAP/RIP programs for targeted individuals.

Non-Narcotic MAT Pilot (DOC funded) / Path to Recovery *– the Lehigh SCA utilizes PA DOC funds to provide Vivitrol "behind the walls" for individuals who will be released from incarceration directly into OP treatment. During the first year of this program (2017), an average of 9 referrals are received per week, 70 individuals were interested in the program, eight (8) received Vivitrol injections prior to release and 30 were transitioned to inpatient treatment.*

0.8 Law Enforcement *– Allentown Police Department has emerged as a key partner in supporting individuals who they come in contact with who are in need of substance abuse assistance. This started with distributing education materials and contact information in the community and evolved into placing Outreach support within the police department. Outreach formally began in October of 2016 and since that time, the program has made over 4,000 community based contacts. Based on the overwhelming success of the program, in 17/18 it will be expanding up 7th Street/MacArthur Blvd. into Whitehall. Organizational meetings with the Whitehall Police Department have occurred and they are excited about the program. When not working directly with the police, the Outreach worker is making contacts with community agencies, including, but are not limited to, Daybreak, Conference of Churches, Allentown Health Bureau, and the Allentown Rescue Mission.*

Emergency Medical Services (EMS) is being considered a branch of law enforcement since many of their functions are overlapping. Due to the opioid epidemic and correlating Narcan use by EMS providers, the SCA is providing warm handoff, support and education services to the county based EMS providers. The current data suggests that Narcan is being used over 3 times/day within Lehigh. The SCA, in collaboration with the Eastern PA EMS Council is creating the protocols, trainings and support mechanisms for the county based providers.

Blue Guardian – the Lehigh SCA has implemented the Blue Guardian program to increase family/individual engagement after an overdose/naloxone event. In this program, after law enforcement uses naloxone to save an individual, 48-72 hours after that event, an officer of the appropriate jurisdiction and a Certified Recovery Specialist, make a home visit. The purpose of this visit is to provide support and access to clinical services for family members and to engage the victim in treatment (if they did not accept access to treatment from the hospital).

***0.6 Hospitals** – there are three (3) physical health systems, which include six (6) hospitals within Lehigh. Anecdotal data indicated that there are over 350 monthly admissions into Emergency Departments (EDs) that are directly related to overdoses/substance abuse. As mandated by DDAP, the SCA has created a warm handoff protocol for the hospitals called HOST (Hospital Opioid Support Team). HOST had a soft opening on January 1, 2017 with all six (6) hospitals. While the program was accepting referrals during that time, the main focus was on the vendor staff credentialing and business agreements. In 2017 the HOST program received over 980 referrals (an increase of 950 referrals from 2016).*

Included in the warm handoff project is an education piece for the hospital staff. This has been a valued add-on service for our physical health partners. The education they are receiving includes referral process, community alternatives, community supports, navigation and most importantly – the same message is being received by every system. In the past, mixed messages were presented by non SCA affiliated vendors which caused system confusion and breakdown.

Currently, the SCA is collaborating with Lehigh Valley Health Network's (LVHN) ED and Toxicology Departments to create an ambulatory detox protocol. This is primary being created and staffed by LVHN and the SCA is developing the warm handoff protocols to community based providers.

The expansion of MAT and the identification of physicians for prescribing MAT is one of the largest needs in the County.

Additionally, the Lehigh SCA has begun the implementation of the PWWWC Case Coordinator, MAT hospital based induction for pregnant women and overdose survivors and delivers treatment related services within the physical health hospital setting for patients diagnosed with endocarditis.

***0.4 Community-at-large** – the community based access to treatment system has been expanded to eight (8) providers and two (2) Centers of Excellence. Six of the eight (8) community based providers have created and 'open access" system to accessing treatment. Creating an open access system allows individuals immediate entrance to treatment/treatment related services.*

As known throughout the State, there is a treatment bed shortage. Many times, while an individual is waiting for a treatment bed, they are experiencing detox symptoms or continued use. Unfortunately, the end result of this is the need for a higher level of treatment, ED admission or death. By creating open access to treatment related services, individuals have immediate and daily supports they can engage in during the time they are waiting admission into treatment.

The two (2) Centers of Excellence (CoE) provide immediate intake and case coordination of services for individuals suffering from a primary opioid use disorder. Both the hospital warm handoff and Outreach programs are making direct referrals to the CoEs.

Additional resources to support community based intercepts include: outreach and engagement to victims of human trafficking, addition of community based CRS, Rally in the Valley (recovery celebration), family codependency groups, family intervention groups and collaboration with local EMS agencies.

***0.3 Primary Care Practices (PCPs)** – due to increased awareness, education and the prescription drug monitoring program, PCPs are identifying substance abuse concerns in their patients and are seeking a collaborative relationship to collectively provide support. The warm handoff program has been made available to PCPs that are affiliated with each health system. If a warm handoff staff member is not available, the referral is passed to another SCA contracted provider. Currently, a majority of the PCP referrals have been for pregnant women and the commercially funded.*

Due to the increase referrals on pregnant women or women whose child was born drug impacted, the SCA is contracted with Lehigh Valley Health Network to provide case coordination for this population. Due to the acuity of this population, determining treatment options is a very time consuming and problematic process. The SCA will be utilizing PWWWC Treatment funds to provide this collaborative service.

***0.2 Schools –** Student Assistance Program (SAP) Teams - the primary referral source from Lehigh County schools are the SAP teams. In the 16/17 school year, the SCA is on pace to have facilitated almost 700 level of care assessments. The disposition of these assessments annually average a 60/40 split – 60% of the children assessed are identified as needing MH related services; whereas, 40% are identified as needed D&A or Dual services. Each year SAP teams collectively receive over 3,000 annual SAP referrals.*

Through the data collected through SAP and the Pennsylvania Youth Survey (PAYS), the SCA is able to identify the prevention and intervention programs that are most needed in individual school settings. This allows the SCA to target the use of funds and to measure their impact.

***0.0 Community Education** – through community education programs; such as, HOPE, Teen Mock Bedroom, Rally in the Valley, forums and town hall meetings – we are able to educate our community on the dangers and impact of substance use. Through these programs the SCA has been able to work with both individuals and families who are struggling with addiction or who are experimenting with substances. In addition to providing education, these forums are ideal entry points for families to be given assistance in getting individuals into treatment.*

In addition, the SCA is engaged in a SWOT (Strength, Weakness and Other Threats) analysis that is focusing on case coordination of clients as they arrive at the identified intercepts. The goal is to determine which parts of the systems are functioning as designed and where the system limitations exist.

Currently, the SCA's office is receiving over 200 referrals for assessment per month (including SAP) and is authorizing over 238 levels of treatment per month.

By utilizing an intercept approach, that includes leveraging existing resources, the Lehigh SCA is able to be more responsive to the community needs relating to access to treatment and the level of treatment clinically needed. These intercepts are not based on drug of use or level of treatment needed but are offered in a way that is inclusive of all needs. Additionally, by creating multiple access points and multiple treatment options (for individuals, for families, community based MAT induction, intervention prior to incarceration/hospitalization, bridge to treatment support services and warm handoffs) the SCA is becoming less reliant on the traditional prescriptive treatment path and is able to become more person centered.

As these systems continue to mature, additional nontraditional funding and increased flexibility is required for the SCA to remain the backbone support.

5. **Access to and Use of Narcan in County**: Include what entities have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan.

   The following entities have access to naloxone (at no cost):

   All Lehigh County Police Depts (all actively carrying)
   Volunteer Fire Companies
   Charter Schools
   Juvenile Probation
   State Parole
   County Sheriff Department
   Funeral Home Directors
   County Coroner Office
   Muhlenberg College
   Treatment Providers
   10 Public School Districts
   EMS
   Adult Probation
   Community Correction Center
   Family Support Groups
   Social Service Agencies
   Penn State Lehigh Valley
   Allentown Health Bureau

   In addition to the certificate training by www.getnaloxonenow.org, the SCA offers a 60 minute training on Overdose Prevention and Naloxone Administration. This training is facilitated by a Physician, Pharmacist, and EMS Supervisor.

   The SCA collaborates with Cetronia Ambulance Corp. as our CCE for naloxone distribution within the County.

6. **ASAM Training**: Provide information on the SCA plan to accomplish training staff in the use of ASAM. Include information on the timeline for completion of the training and any needed resources to accomplish this transition to ASAM. See below to provide information on the number of professionals to be trained or who are already trained to use ASAM criteria.

	# of Professionals to be Trained	**# of Professionals Already Trained**
SCA	4	2
Provider Network	189	120

All County SCA contracted providers will have their staff ASAM trained prior to July 1, 2018.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures (please refer to the HSDF Instructions and Requirements for more detail). ***Dropdown menu may be viewed by clicking on "please choose an item".***

Copy and paste the template for each service offered under each categorical, ensuring each service aligns with the service category when utilizing Adult, Aging, Children and Youth, or Generic Services.

Adult Services: Please provide the following:
Program Name: *Meals on Wheels*
Description of Services: *provides hot home delivered meals to clients between 18-59*
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: *Service Planning/Case Management*
Description of Services: *coordination and oversight is accomplished through intensive case management of low income and disabled adults who would otherwise probably not receive service*
Category: *Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.*

Program Name: *Homemaker Services*
Description of Services: *provides in-home care ranging from light housekeeping to assistance with bathing and dressing*
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: *Protective Services*
Description of Services: *provides case management, ie, Report of Need (RON), for clients age 18-59. This individual, based on time studies conducted by the Office of Aging, determines through the RON whether to make the referral to Liberty for investigation.*
Service Category: *Protective - A system of social service intervention activities to assist eligible persons in a crisis situation. The term includes social service activities necessary to remove the person from the dangerous situation. See Supplements A-C for detail.*

Aging Services: Please provide the following:
Program Name:
Description of Services:
Service Category: Please choose an item.

Children and Youth Services: Please provide the following:
Program Name:
Description of Services:
Service Category: Please choose an item.

Generic Services: Please provide the following:
Program Name: *Centralized Information and Referral Services*
Description of Services: *direct provision of information about social and human services to all requesting same*
Service Category: Information & 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: *Adult Placement*
Description of Services: *These charges are for the county employees who directly assist clients with their placement needs*
Service Category: Adult Placement - Provides for the placement of dependent adults, who require personal care, in sheltered residential settings, other than their own homes or with relatives, if the primary mode of care is social rather than medical. (Excl. room and board)
Please indicate which client populations will be served (must select at least **two**):

☑ Adult ☑ Aging ☐ CYS ☐ SUD ☐ MH ☐ ID ☐ HAP

Specialized Services: Please provide the following: (Limit 1 paragraph per service description)
Program Name: *Guardianship Support Services*
Description of Services: *provides the initiation and startup of guardianship services for qualifying disabled adults age 18-59. Services are provided through contract with Guardianship Support Agency to arrange and intiate the process and procedurs necessary.*

Interagency Coordination: (Limit of 1 page)
If the county utilizes funds for Interagency Coordination, describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain both:

- how the funds will be spent (e.g. salaries, paying for needs assessments, etc.).
- how the activities will impact and improve the human services delivery system.

APPENDIX E

PUBLIC HEARING ADVERTISEMENT

Order ID: 5570912

* Agency Commission not included

GROSS PRICE * : **$353.75**

PACKAGE NAME: TMC Legal/Public Notices

Product(s): The Morning Call, Affidavit, PublicNoticePA.com, classified.mcall.com_Legal

AdSize(s): 1 Column Liner

Run Date(s): Monday, May 14, 2018

Color Spec. 4C

Preview

NOTICE OF PUBLIC HEARING

THE COUNTY OF LEHIGH
DEPARTMENT OF HUMAN SERVICES
WILL HOLD TWO PUBLIC HEARINGS FOR
HUMAN SERVICES PROGRAMS ON
Wednesday, May 23, 2018,
10:30 a.m. and 6:00 p.m. at
Lehigh County Government Center
Ground Floor, 43 A&B
17 South 7th Street
Allentown, PA 18101

THE LEHIGH COUNTY
DEPARTMENT OF HUMAN SERVICES
WELCOMES PUBLIC COMMENT.

AVISO DE AUDIENCIA PÚBLICA

EL DEPARTAMENTO DE SERVICIOS
HUMANOS DEL CONDADO DE LEHIGH
REALIZARÁ DOS AUDIENCIAS PUBLICAS SOBRE
PROGRAMAS DE SERVICIOS HUMANOS
Miércoles, 23 de mayo del 2018,
10:30 a.m. y 6:00 p.m.
En el Centro de Gobierno del Condado de Lehigh
Planta baja, sala 43 A y B
17 South 7th Street
Allentown, PA 18101

EL DEPARTAMENTO
DE SERVICIOS HUMANOS DEL
CONDADO DE LEHIGH
DA LA BIENVENIDA A LOS
COMENTARIOS DEL PÚBLICO.
#5570912 — 5/14/2018

APPENDIX F

PUBLIC HEARING ATTENDANCE SHEETS

LEHIGH COUNTY DEPARTMENT OF HUMAN SERVICES

PUBLIC HEARING ATTENDANCE ROSTER

WEDNESDAY, MAY 23, 2018
10:30 a.m.

Name	Agency and/or Address	Phone/Email
[illegible]	LC MH ID	x3551
JR Reed	LC Aging	
Richard Orlemann	LC MH ID	
Matt Boyd	Lehigh Health Choices	x3526
Mike Pawlik	LC ID	
Lor. Skiba	EC EI	
Sue Lettera	LC Integrated Services	x3201
Layne Turner	LC DFA	x3559
Lisa Cozzi	LC I&R/ Crisis	
Kay Achenbach	LC DHS	3951
Sandra Salcedo	LC OCYS	x3403
Jeremy Shutts	LC MH/ID	

LEHIGH COUNTY DEPARTMENT OF HUMAN SERVICES

PUBLIC HEARING ATTENDANCE ROSTER

WEDNESDAY, MAY 23, 2018
6:00 p.m.

Name	Agency and/or Address	Phone/Email
Mike Pavlic	Lehigh County	
Leon Skiba	Leh City Ex	
Lisa Cozzi	LC Crisis/ I&E	
Wayne Turner	Lehigh County Department of Drug & Alcohol	x 3558
Sue Letters	LC Integrated Services	x 3601
Richard Ockenhouse	LC MH	
Matthew Bender	Lehigh Cty. Health Chair	x 3526
JR Reed	LC Agy	
Kay Ackenbach	LC DHS	3951
Josh Bridges	LC MH ID	3551
Melanie Hahn	DHS	3952

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	46		$ 491,576			
Administrative Management	1,014		$ 2,058,782			
Administrator's Office			$ 842,669		$ 427,876	
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	35		$ 341,988			
Community Residential Services	219		$ 5,541,577		$ 3,060	
Community Services			$ 520,055			
Consumer-Driven Services	179		$ 248,436			
Emergency Services	352		$ 25,083			
Facility Based Vocational Rehabilitation	11		$ 67,025			
Family Based Mental Health Services						
Family Support Services	18		$ 5,000			
Housing Support Services	112		$ 772,066			
Mental Health Crisis Intervention	569		$ 614,067			
Other						
Outpatient	162		$ 386,485			
Partial Hospitalization						
Peer Support Services						
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	172		$ 385,364			
Social Rehabilitation Services	273		$ 306,955			
Targeted Case Management	147		$ 1,077,242			
Transitional and Community Integration	32		$ 924,284			
TOTAL MENTAL HEALTH SERVICES	3,341	$ 14,861,151	$ 14,608,654	$ -	$ 430,936	$ -
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			$ 1,506,666		$ 45,158	
Case Management	241		$ 228,162		$ 6,838	
Community-Based Services	354		$ 560,398		$ 16,796	
Community Residential Services	15		$ 754,662		$ 22,619	
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	610	$ 3,049,888	$ 3,049,888	$ -	$ 91,411	$ -

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing						
Case Management	1,500		$ 201,530		$ 6,385	
Rental Assistance	1,300		$ 340,120		$ 9,580	
Emergency Shelter						
Other Housing Supports						
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	2,800	$ 418,721	$ 541,650		$ 15,965	$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	200		$ 643,522		$ 39,798	
Inpatient Hospital						
Inpatient Non-Hospital	212		$ 281,990			
Medication Assisted Therapy						
Other Intervention	94		$ 48,916			
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention	1,000		$ 304,501			
Recovery Support Services						
Administration						
TOTAL SUBSTANCE USE DISORDER SERVICES	1,506	$ 1,270,659	$ 1,278,929	$ -	$ 39,798	$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	675		$ 280,776			
Aging Services						
Children and Youth Services						
Generic Services	1,400		$ 33,480			
Specialized Services	50		$ 37,611			
Interagency Coordination						
Administration			$ 35,187			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	2,125	$ 265,756	$ 387,054		$ -	$ -
GRAND TOTAL	10,382	$ 19,866,175	$ 19,866,175	$ -	$ 578,110	$ -