

Appendix A
Fiscal Year 2022-2023

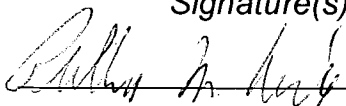
COUNTY HUMAN SERVICES PLAN

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 153 of 2016, 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 assures that it and its providers 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 (relating to contract compliance):
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

Signature(s)	Please Print Name(s)	
	Phillips M. Armstrong	Date: 8/14/22
		Date:
		Date:

Appendix B
Lehigh County Human Services Plan Template

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 feels it is important to note that Human Services Planning encompasses all HS offices and agencies under that umbrella, regardless of inclusion in the HSBG program. Lehigh County utilizes an on-going planning process through regular meetings of the Directors of each Human Services Agency as well as the Advisory Boards of each Agency. Agencies included under the umbrella of Human Services in Lehigh County include Aging and Adult Services, Children and Youth, Drug and Alcohol, Mental Health/Intellectual Disabilities/Early Intervention, and HealthChoices. 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 more complete listing is provided in question #3).

Members of the Executive's Cabinet meet regularly and hear of issues in Human Services, as well as have the opportunity to bring their concerns and questions to the attention of the Human Services Director. Finally, the Director is in regular communication with the County's Board of Commissioners to both share information and hear questions and concerns. All items of concern and/or interest from these meetings are rolled into general discussion with all Agency Directors in the Human Services Department for group processing and problem solving.

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 the Advisory 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/providers, and staff.

In addition, there are monthly meetings with HealthChoices, the Managed Care Organization (MCO), MH, D&A, ID, and Integrated Services 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.

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. Finally, this position frequently attends PACHSA meetings and calls in order to gather information.

3. Please list the advisory boards that participated in the planning process.

Ongoing planning takes place throughout the year. Planning and advice solicited from our Advisory Boards, Councils, community collaboratives, and other stakeholders 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
IBHS 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
Lehigh Valley Coordinated Entry for Homelessness Leadership Team
Lehigh & Northampton Link
Lehigh County Opioid Task Force
Lehigh County Outpatient Mental Health Provider Forum
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)
School-Based Mental Health Collaborative
Sex Trafficking Council
St. Luke’s University Hospital Bi-County Meeting
Suicide Prevention Coalition of Lehigh County
Team MISA
United Way- Challenge 5
Upper Macungie Community HUB
Whitehall Coplay Communities That Care (CTC)*

In addition, the Lehigh County Board of Commissioners and Executive Team 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, always with an eye to available transportation. Important to note is the creation of two Drug and Alcohol Recovery Centers, both within the city limits, in order to support those in recovery.

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, utilizing Kinship Care whenever possible. 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 continue to be limited in the city, which comprises one third of the county's population.

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

CARES funding designated by the county toward DHS providers was allocated to the Department and providers in need of funding submitted applications. DHS staff reviewed and suggested awards, which allowed DHS needs to be represented by those with daily interaction with consumers and the community.

While the Department has always maintained a strong collaborative with Courts, Corrections, the District Attorney, and local Law Enforcement, that has been increased to provide support,

training, and assistance for consumers and clients, including veterans, in the various stages of the forensic system.

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 needed for non-block grant counties.

1. Proof of publication;
 - a. Please attach a copy of the actual newspaper advertisement(s) for the public hearing(s).
See Appendix E, attached.
 - b. When was the ad published? *April 17, 2022.*
 - c. When was the second ad published (if applicable)? *N/A*
2. Please submit a summary and/or sign-in sheet of each public hearing.

Two hearings were conducted and made available through in-person meeting and via zoom. Unfortunately, no one showed up for either meeting. All County Human Services Agencies were available to present and discuss, as mentioned earlier. The powerpoint is always available on the County website.

Proof of Publication Notice in the *Morning Call*

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

Sold To:

Lehigh County Government Center - CU00622051
17 S 7th St
Allentown, PA 18101-2401

Bill To:

Lehigh County Government Center - CU00622051
17 S 7th St
Allentown, PA 18101-2401

STATE OF PENNSYLVANIA)
COUNTY OF LEHIGH) SS:

Timothy Titus

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

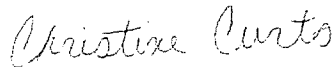
Apr 17, 2022.

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

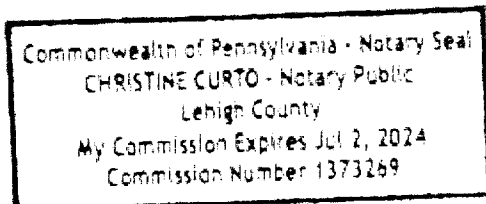


Designated Agent, THE MORNING CALL, LLC.

Sworn to and subscribed before me on this 18 day of April, 2022



Notary Public



Order # - 7183418

Proof of Publication Notice in the *Morning Call*

NOTICE OF PUBLIC HEARING

THE COUNTY OF LEHIGH
DEPARTMENT OF HUMAN
SERVICES
WILL HOLD TWO PUBLIC
HEARINGS FOR
HUMAN SERVICES PROGRAMS
ON

Wednesday, April 27, 2022,

10:30 a.m. and 6:00 p.m.

Lehigh County Government
Center, Rm 123

17 South 7th Street

Allentown, PA 18101

Hearings will also take place
using Zoom.

Anyone interested in participating
should

Email melaniehahn@lehighcounty.org.

THE LEHIGH COUNTY
DEPARTMENT OF HUMAN
SERVICES
WELCOMES PUBLIC
COMMENT.

AVISO DE AUDIENCIA
PUBLICA

EL DEPARTAMENTO DE
SERVICIOS
HUMANOS DEL CONDADO DE
LEHIGH
REALIZARÁ DOS AUDIENCIAS
PUBLICAS SOBRE
PROGRAMAS DE SERVICIOS
HUMANOS

Miércoles, 27 de abril de 2022

10:30 a.m. y 6:00 p.m.

En el Centro de Gobierno del
Condado de Lehigh, sala de
conferencia 123

17 South 7th Street

Allentown, PA 18101

Las audiencias también se
llevarán a cabo a través del
programa de videoconferencias
de Zoom. Cualquier persona
interesada en participar debe
enviar un correo electrónico a
melaniehahn@lehighcountyh.org.

EL DEPARTAMENTO
DE SERVICIOS HUMANOS
DEL CONDADO DE LEHIGH
DA LA BIENVENIDA A LOS
COMENTARIOS DEL PUBLICO.
7183418 4/17/22

Order # - 7183418

PART III: CROSS-COLLABORATION OF SERVICES

For each of the following, please explain how the county works collaboratively across the human services programs; how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities; and provide any updates to the county's collaborative efforts and any new efforts planned for the coming year. (Limit of 4 pages)

As Lehigh County Human Services believes very strongly in collaboration, both within the Department as well as the Community at large, the focus transitioned years ago to working, planning, and collaborating with all systems, internal county agencies, private groups, non-profits, and community advocates. The concept of collective impact hinges on the idea that in order for organizations to create lasting solutions to social problems on a large-scale, they need to coordinate their efforts and work together.

In addition, Lehigh County now has management and administrative staff trained in trauma awareness with the goal of being able to train and instruct internally. It is our collective intent to become more trauma awareness by bringing trauma informed care internally to our organization and we work toward that goal.

Integrated Services continues to ramp up training opportunities and now allows other county entities to attend. Staff from such diverse areas of the county as Corrections and Community Development have attended the trainings to become more aware of human services. Integrated Services has also included other groups as part of the training. County Assistance Office, Office of Vocational Rehabilitation, Lehigh and Northampton Transit Authority, CareerLink, Domestic Relations, Court Appointed Special Advocates, Supports Coordination Agencies, Probation/Parole, Sheriff's Department, the County HealthChoices Managed Care Organization, among others, have all participated in these trainings. A new push is to begin to have provider agencies present in trainings. The goal is to provide cross-system training across all County Offices.

Integrated Services also coordinates the Cross Systems Teams, integral in planning for hard to place children in meeting needs. Included is a cross system network for working with adults in need of these services.

The Department of Human Services continues to offer an integrated pathway to human services. The DHS Information & Referral Unit's cross-trained caseworkers receive referrals for all DHS services, provide information about county and community resources, and interface with Crisis Intervention and other offices to ensure a coordinated and collaborative response.

1. Employment

Lehigh County works with the Pennsylvania Office of Vocational Rehabilitation (OVR) in obtaining vocational rehabilitation services for persons with disabilities that include diagnostic services, vocational evaluation, counseling, training, restoration services, placement assistance, and assistive technology. As part of this, OVR has a vocational counselor who is physically located at the Clubhouse of Lehigh County two days a week.

The county also works with CareerLink in having individuals provided with information, employment opportunities, training, and education opportunities. The county is committed to the evidenced based practice of providing supported employment for people through the conversion of day treatment to supported employment.

In this document the individual agencies detail the various work and programs to support and generate consumer employment. Both the Offices of Mental Health and Intellectual Disabilities have active and viable programs for employment and some are showcased below:

Lehigh Valley Center for Independent Living (LVCIL), a non-profit organization based in Allentown, PA, that provides services and support to people with all types of disabilities. They believe every individual has the right to live a healthy, happy, and productive life in a community that is free from all barriers. They help people achieve or maintain their independence through an array of supportive services and programs, including employment services.

Pennsylvania CareerLink in Allentown provides adult basic education, career counseling and resources, job search assistance, and skill assessment and aptitude testing to best match qualified candidates to the requirements of local businesses and to provide follow-up and support to make sure both the employee and employer are satisfied. They also aid in helping employers benefit from hiring individuals from targeted groups who face significant barriers to gaining employment.

People supported by Lehigh County, who are Social Security beneficiaries, are connected to the Social Security Work Incentives Planning and Assistance (WIPA) program to support them in transitioning into employment.

Associated Production Services (APS) - provides for the vocational needs of adults who have been identified as employable challenged. APS is a community-based work setting operating a labor-intensive contract packaging enterprise. Participation in this work setting yields the highest level of both support and vocational achievement, while maintaining a responsible stewardship of public funds.

Goodwill Keystone Area - provides employment services: preparation, search, placement, follow-along and retention. Goodwill Keystone Area also manages the Clubhouse of Lehigh County which offers a caring employment environment for individuals with disabilities.

Office of Vocational Rehabilitation (OVR) - the goal of OVR is to assist Pennsylvanians with disabilities to prepare for, obtain, or maintain employment.

Private Industry Council of Lehigh Valley, Inc. - PICSEP (Private Industry Council Supported Employment Program) serves individuals with disabilities, who are motivated to work, offering job training, placement, supportive employment counselors, and job retention as well as Long-Term Follow-Along.

Lehigh County contracts with three Assertive Community Treatment Teams that each have an employment specialist to support people in obtaining employment if the individual chooses to do so.

The Offices of Mental Health and Intellectual Disabilities housing activities and challenges are shared regularly with other Human Services Agencies, including Integrated Services and Children and Youth, at monthly meetings, as well as at regularly scheduled DHS Cross System Team meetings. Children and Youth supports employment and training through their Independent Living Skills programs.

2. Housing

Major barriers to obtaining safe and affordable housing are financial (low income, waiting for government benefits, and bad credit), criminal history and stigma. Lehigh County works with a variety of community partners, the county departments of corrections and probation as well as within the Department of Human Services in addressing these barriers.

As with employment, individual activities and efforts are detailed in the various sections below. Integrated Services has a Program Specialist 1 on hand who attends RHAB and interfaces with County DCED. The work through this individual is passed to all other agencies. The Program Specialist 1 also coordinates and facilitates the DHS Housing Team which comprises representatives from all DHS offices and the DCED to ensure cross-system work and impact on the housing/homelessness issues impacting DHS. The Human Services Director and the Community and Economic Development Director meet twice monthly to discuss concerns and issues. DCED recently initiated blight control and hoarding groups, of which DHS in part.

The DHS housing committee (comprises representation from all DHS offices and Lehigh County DCED) meets quarterly to address the lack of housing availability in Lehigh County, to coordinate information, to share resources, to discuss budgetary and funding opportunities as a department and to ensure that information regarding housing and homelessness flows up and down DHS offices. The DHS housing team identifies training needs and shares training resources. DHS and DCED have begun to work together to add resources and share information. Lehigh County also refers consumers to 211 which is a dialing code for community information and referral services. The Integrated Services Program Specialist is a member of the Allentown and Bethlehem Homeless Commissions and Catasauqua Borough Community Team to identify and address housing needs.

The county provides funding to Ripple Community, Inc. (RCI) whose housing program, the RCI Village, brings community members (neighbors) who have struggled with homelessness or housing instability home to stay. With funding from the county and other community partners, RCI Village housing program will be growing by purchasing their first building, and will provide safe, healthy housing for more than 20 households.

The Allentown Housing Authority provides safe, decent and affordable housing for low-income families, senior citizens and disabled residents in Allentown. Fourteen years ago, the county entered into a capital project agreement with the Pennrose Management Company, developer of Overlook Park at the site of the former Hanover Acres housing project. This arrangement allows for the mental health office to have access to twenty apartments for a thirty-year period.

Lehigh Conference of Churches housing program builds a path in which those who are homeless, threatened with homelessness, or re-entering society from jail or prison can find stability in their lives. They offer rental assistance, utility deposits, furniture, and supports enabling families and individuals to obtain or main housing.

In 1970, in response to requests from many boroughs and municipalities within Lehigh County, the commissioners of Lehigh County created the Lehigh County Housing Authority (LCHA) to assist all Lehigh County communities in providing adequate housing for all types of people. The LCHA provides many opportunities for people in need of affordable housing. The Housing Choice Voucher Program (formally the Section 8 Program) provides funding for 1,400 apartments throughout the county.

Valley Housing Development Corporation VHDC) is a division of the LCHA that provides affordable housing for low to moderate income families, older adults and individuals with disabilities. Apartments are located throughout the county in Allentown, Bethlehem, Emmaus, and Coopersburg. Some of the apartments are for people 55 and over and some are for people 62 and over. Under VHDC, there are the Gordon Street apartments providing housing for twenty individuals with a serious and persistent mental illness. These apartments were built on land that was part of the former Allentown State Hospital with funding from Lehigh and Northampton Counties. There was an initial agreement between the two counties that each county would have ten apartments available to them and that the individuals would remain under the oversight of the referring county. With the advent of HealthChoices, all individuals fell under the oversight of Lehigh County leading to a decision being made that Lehigh County would be the sole county to make referrals to Gordon Street Apartments. Seneca House Apartments are 91 apartments that are primary single room occupancy units for 97 individuals.

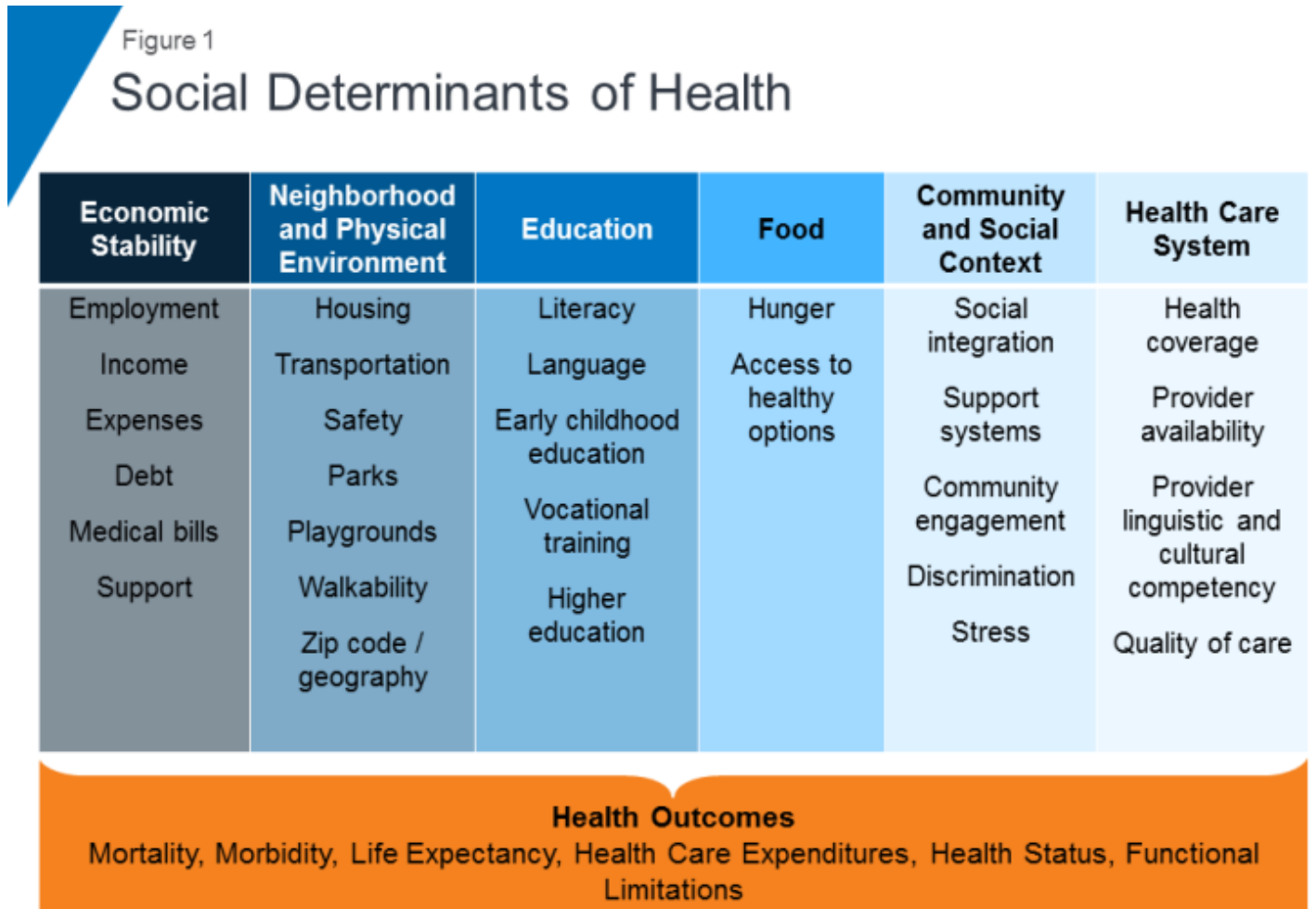
In 2010 the county's HealthChoices office used one million dollars of reinvestment for Project-Based Operating Assistance with PFHA to provide critical affordable housing to low-income individuals with a serious and persistent mental illness. This rental assistance allows tenants to live in an affordable unit and pay rent based upon their income. The units are tied to particular units, and do not travel with individual tenants. This provides a source of long-term affordability that is particularly critical in Allentown where we are experiencing gentrification neighborhoods that previously had affordable housing.

Children and Youth works with housing and families through various programs supporting safe stays in the community. This Office also recently received a SHIFT grant to develop a program to help families facing homelessness as a means of deterring contact with OCYS. Aging and Adult Services regularly works with others on subsidized senior housing, as well as general subsidized housing. HealthChoices continues to support our overall housing efforts through an extensive Housing Reinvestment Plan which encompasses Bridge, Master Leasing, Clearinghouse, and Contingency Funding.

The Office of Aging and Adult Services operates a ten story high rise for subsidized housing. The facility, Cedar View Apartments, has 199 apartments and operates a waiting list. Apartments are designated for seniors in need and adults with disabilities. The facility also has a Senior Center operating on site and offers many entertainment opportunities for residents.

Finally, all County Human Services staff have the supports and knowledge to refer consumers and families to supports, including supports providing basic household furniture, goods, and supplies.

Lehigh County's plan addresses the five primary Social Determinants of Health as indicated in the chart below.



Areas that will be covered are as follows:

People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. The County's plan includes what is currently in place to support people in obtaining employment as well as how the county will be proceeding with implementing SAMHSA's EBP Employment initiative.

The County has implemented the Credible Messenger initiative which is focused on implementing cross-sector strategies to improve health in neighborhoods with poor health outcomes.

The County is working with all the school districts in the county to support students in addressing their mental health needs to help ensure they can obtain the highest quality education to support them as they proceed into adulthood.

Lehigh County contracts with the Goodwill Clubhouse with measured outcomes that include time to find full-time employment, earnings, and workplace integration; life satisfaction; psychiatric hospitalization; social integration; educational attainments, and physical health. Clubhouse participation helps people avoid psychiatric hospitalization, improves quality of life, and improves social integration.

Lehigh County has taken the lead in developing and implementing Roommate round-up, an initiative with a goal to make housing more affordable and attainable for individuals served by the county.

PART IV: HUMAN SERVICES NARRATIVE

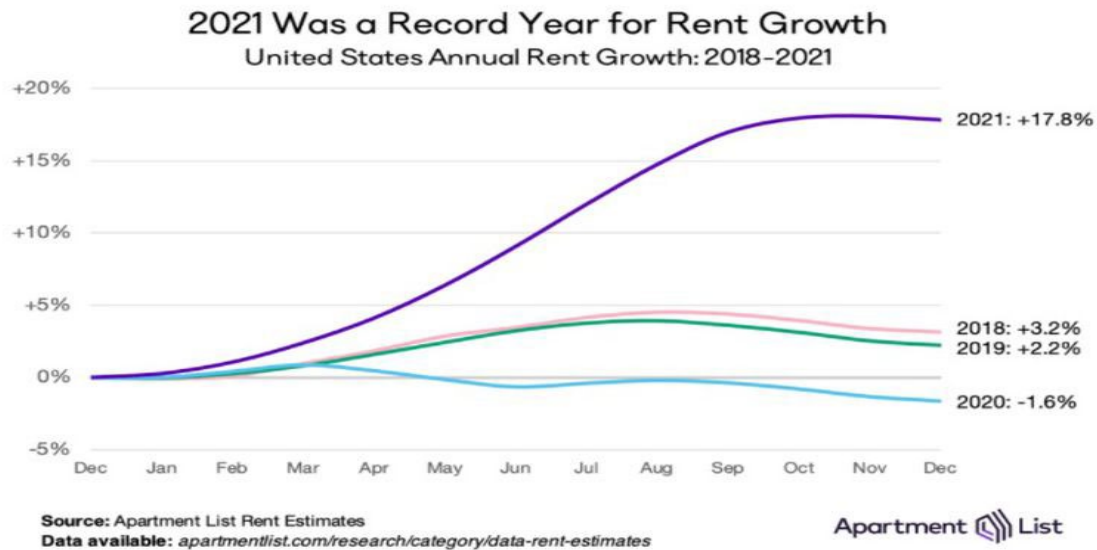
MENTAL HEALTH SERVICES

The discussion 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, and other funding.

a) Program Highlights: (Limit of 6 pages)

Lehigh County has been working with the reality of balancing available funding to operate programs at the level needed. The impact of runaway inflation has made this worse for providers and the people we serve. Budgets for residential supports have not been able to keep up with the impact of inflation, providers cannot hire enough staff, are operating with less staff than is ideal and are relying on temp agencies to fill vacancies. Any increases the county can provide to providers have a limited impact on staff salaries due to being needed to address the rising cost of food, fuel and other essential items. CRR's have not been able to discharge people who have progressed in their recovery due to there not being safe and affordable housing in the community. When this occurs, inpatient behavioral health units (BHU's) are not able to discharge people to residential programs due to a lack of capacity. This, in turn, reduces bed space in BHU's leading to individuals remaining in emergency rooms for extended periods of time. As a top priority for 2022, Lehigh County, in conjunction with other counties across the Commonwealth and the County Commissioners Association of Pennsylvania (CCAP), have been calling for increased state funding to support the crumbling mental health system.

In Lehigh County, housing officials say rising costs of living, inflation, high demand and low supply all contribute to increased rental costs. Renters experiencing the situation firsthand are attributing spikes to greedy landlords taking advantage of the market and bumping up prices without updating or cleaning units, leaving tenants footing a larger bill for sub-par properties. More than half, or 57%, of apartments across the region, cost \$1,000 or more per month, compared to 43% of units for previous years. Simply put, there is a supply and demand problem with rental properties in the Lehigh Valley, and it does not look like it's going to get better anytime soon.



Staffing of residential programs is at a crisis point with most providers reporting they are experiencing a 50% vacancy rate. To manage this, supervisors are working double shifts, and temporary staff agencies are being utilized. One agency has started using two on-call staff due to the fact that one will inevitably need to cover a shift. Residential providers have all reported that they need to improve staff to client ratios to adequately meet the needs of the people who have significant mental health issues. They have all stated it is very taxing with only one or two staff on duty to monitor and assist people, especially at mealtimes. Staffing patterns allow for some double coverage but due to the severity of some individuals' symptoms, a higher level of supervision is really needed in most programs.

Lehigh County has worked with our providers to adjust our operations to address the problems facing the system to deal with these crises. We have chosen to adhere to the words of William Arthur Ward, “The pessimist complains about the wind; the optimist expects it to change; the realist adjusts the sails.” We have and will continue to ask for adequate funding and will continue to hope things will get better but we have come to the realization that we need to reset our sails in order to continue being able to support some of the most vulnerable residents of Lehigh County.

To address the need for staff, The County works with the Lehigh Valley Employment Taskforce, which is composed of members from the workforce investment board, Department of Human Services staff for Lehigh and Northampton Counties, Magellan Healthcare and other health and human services provider partners. Our 2022-2023 goal is to support the hiring and retention of staff within Health and Human Services across the Lehigh Valley. The aim of the taskforce is to educate students at Lehigh Valley Regional high schools, colleges, and universities about career pathways in healthcare and human services. We will also be hosting a Lehigh Valley jobs fair.

We have created and maintained a network of local constituency groups to include individuals in recovery, families, advocates, providers, health providers, and the surrounding community. Along with our partners we have created “out-of-the-box” ideas. By doing this we have created

a culture that emphasizes high quality care that encourages recovery and resiliency and ensures services are consistent, engaging, and relevant to the individuals served. We have a continuum of behavioral health services that include comprehensive outpatient services and community-based programs. We have developed collegial working relationships with providers and work together with them in promoting effective outcomes, ensuring services are being effectively provided and comply with licensing and regulatory requirements. The mental health staff participate in continuing education programs/trainings that are offered through the DHS Integrated Services office, including those specific to the treatment of seniors, adults, adolescents, children, and families. The mental health office maintains appropriate fiscal management insuring operation within budgetary constraints.

An example of “resetting the sails” is our work this past year with a provider to address both staff shortages and the need for people to be able to be discharged from a CRR. This was accomplished by changing an eight bed CRR into a minimally staffed “bridge” program that houses 8 people who are ready to leave a CRR but do not have housing. This allowed for movement of people out of CRRs so that individuals on inpatient units can be discharged to a CRR. It also freed up money in the provider’s budget allowing them to be able to increase starting wages to \$18 per hour.

The county has also worked at leveraging funds by developing services that have three people receiving residential treatment in homes and apartments. By doing this, the sites are not licensed and are considered to be the residence of those living there. This allows the residents to receive additional services and supports beyond what county base funding can support by having the individuals eligible to receive waiver services. Because there is no licensing of the programs, the county provides oversight ensuring the programs are operated safely and are meeting the needs of the people living there.

In response to the COVID epidemic, our BCM program navigated the system ensuring all participants received needed services and supports while reducing the waiting list to the lowest level in years. Face to face contacts were conducted as needed with tele-health being used to protect staff and participants. Full field contacts resumed in June 2021.

Staff have been trained in utilizing the Columbia-Suicide Severity Rating Scale (C-SSRS) and are using this tool for individuals who are clients of the county’s BCM program and for individuals who are involved with the county’s crisis intervention program.

In August 2021, through a grant agreement between Lehigh County and the Center for Police Innovation and Community Engagement, Cedar Crest College began the task of completing an assessment of the crisis intervention and response plan being used in Lehigh County. This assessment was used to improve the county’s efforts around suicide prevention, the utilization of the C-SSRS community stabilization and to identify changes in community risk over time, and the utilization of involuntary mental health commitments (302’s), the number of calls involving police assistance. Starting on June 1, 2022 the crisis unit began the consistent data collection process as recommended by the researchers at Cedar Crest College.

The county has entered into a contract with PeerStar to have two Certified Peer Specialists (CPS) assigned to the crisis intervention unit starting in August 2022. The CPS will respond as needed by phone, in person for individuals who come to the Government Center and as part of

a team in the community. CPS will also be going to local hospital emergency rooms to meet with individuals who are under commitment status and who have been waiting for an extended period of time to be transferred to an inpatient behavioral health unit.

Lehigh County received a grant from the United Way of the Lehigh Valley enabling the Children's Mental Health Unit to partner with the County's Office of Children and Youth Services (OCYS) to develop and implement a "Family Navigator Program". Families are referred to the program from OCYS when a referral to their office does not meet criteria child welfare issues but where the family needs support to prevent further involvement. Utilizing an "early detection-early treatment" model, the Family Navigator assists families in getting connected with mental health services for their child in an effort to prevent worsening of symptoms and further involvement with OCYS. The Family Navigator will follow the family from assessment to launch of service/supports.

Family Navigators listen and learn about the family's strengths and needs, connect them with appropriate resources, and answer any questions they may have. Our Family Navigators can help families learn more about: school issues, intervention and therapies, health insurance, recreation and after-school programs, nutrition and wellness, and transitioning to adulthood.

Lehigh County, in partnership with Magellan, NAMI of the Lehigh Valley, and Northampton County, hosted a valley-wide event featuring the documentary film, My Ascension, a feature length documentary that chronicles Emma Benoit's inspiring story. A suicide attempt left the 16-year-old varsity cheerleader paralyzed, but propelled her on a mission to use her painful experience to help others find hope, and shine more light on the fact that 20 young people die every day by suicide in the United States. Emma was present at the event to talk with students, families and community members. One of our objectives for scheduling this event was to start a community dialogue on student mental health and suicide prevention.

Lehigh County Mental Health works collaboratively with Magellan Behavioral Health of Pennsylvania to ensure high-quality behavioral health care is provided in helping individuals and their families achieve their goals. The county and Magellan work together to facilitate and accelerate transformation of the behavioral health system in the county by supporting individuals toward recovery, building resilience in their lives and securing a healthier future.

Lehigh County Integrated Services was created to support Pennsylvania's 2012 Systems of Care Initiative to increase collaboration with children and families involved in multi-systems, including all Department of Human Services offices and Juvenile Probation. Integrated Services supports this initiative by providing mental health case consultation, leadership, and coordination, while identifying and bridging services and ensuring communication between the child-serving systems. Integrated Services also expanded this support to the adult mental health system in 2019. Lehigh County Children's Mental Health and the Child and Adolescent Service System Program (CASSP) are housed under the Office of Integrated Services.

The Children's Mental Health Unit provides a Children's Mental Health Program Specialist service to assist youth between the ages of 16-21 in finding the most effective services to meet their mental health needs. This Program Specialist provides advocacy and leadership to ensure cross-system collaboration and communication in identifying and securing community services to meet the youth's needs including vocational goals, employment, housing and

securing benefits and entitlements. The case manager will facilitate meetings to develop and oversee the success of the youth's identified service plan, coordinate and facilitate transition to the Adult Mental Health System and other Department of Human Services offices as well as participate in Individualized Educational Planning with the youth to ensure a good transitional plan while exiting school.

There is a growing teen mental health crisis because of the pandemic. The county has prioritized students' mental health by working with Magellan and behavioral health providers in having mental health clinics placed in school districts in the county. The county has also worked with Aevidum, a student led organization that shatters the silence that surrounds depression, suicide and other issues facing youth. Aevidum clubs strive to create healthy communities where everyone feels accepted, appreciated, acknowledged, and cared for in school.

b) Strengths and Needs by Populations: (Limit of 8 pages-items b) #1-11 below)

Please identify the strengths and needs of the county/joiner 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>.

1. Older Adults (ages 60 and above)

- Strengths:
 - a) *Lehigh County has developed a Medically Fragile Person (MFP) program consisting of two three-bedroom homes. The MFPs reduce the use of institutionally-based services enabling Medicaid-eligible individuals age 60 and older to receive appropriate and necessary long-term services and supports in a community home. The individuals in the MFP are able to participate in activities in the community at a greater level than if they were in a skilled nursing facility.*
 - b) *Lehigh County has two Enhanced Personal Care Homes that foster connection and recovery among residents by offering amenities and programming like creative arts classes, movie nights, shared mealtimes, and shopping trips. Staff aid with daily living, transportation and scheduling medical appointments.*
 - c) *Lehigh County is a member of the oversight committee for **Pennsylvania Link to Aging and Disability Resources**, commonly referred to as the PA Link.*
 - d) *Lehigh County participates on the DA's Elder Abuse Task Force (EATF). This group is made up of personnel from the Lehigh County Office of Aging and Adult Services, mental health, members of the District Attorney's Office, the Lehigh County Coroner, the Temple University Institute on Protective Services, police departments, financial institutions, social service agencies, health care professionals, and area hospitals. The mental health office is able to provide input and facilitate services for people experiencing an SMI.*

- Needs:

- a) *Easier access to personal care and/or nursing home resources.*
- b) *More resources for the population of 60 and older in order to maximize health outcomes and empower clients to manage their chronic conditions*
- c) *Safe, affordable and permanent housing*
- d) *Adequate funding for residential providers is needed to pay staff a living wage and to reduce, and hopefully eliminate, the extreme staff shortages that are being experienced in the County.*

2. Adults (ages 18 to 59)

- Strengths:

- a) *Lehigh County has a robust continuum of care that enables individuals to be served in residential and housing supports that include Supported Living, Supportive Apartment Living, an accredited Fairweather Lodge, Full Care and Moderate Care CRRs, Forensic Step Down, Specialized Medical Programs for people over 60 who are assessed as being skilled nursing facility eligible, Enhanced Supportive Living, Enhanced CRR, Enhanced Personal Care Homes, Long Term Structured Residence, Extended Acute Care, Wernersville State Hospital for civil commitments, and Norristown State Hospital for forensic commitments.*
- b) *Lehigh County utilizes community support plans (CSP) to assess, plan, implement, coordinate, monitor, and evaluate options and services to meet an individual's needs. Lehigh County's Adult Mental Health Unit (AMHU) focuses on recovery by managing risk and complexity for people living with a serious and persistent mental illness (SMI). The AMHU provides person-centered services focusing on prevention and wellbeing with a goal of reducing demand for more intensive services. The AMHU is always looking to create new and innovative practices by working alongside individuals, their families and community partners to provide the right supports and to increase access to services in the community. The AMHU strives to reduce dependency rather than solely focusing on case co-ordination or case management to ensure services are appropriate and sensitive to the needs of the individual.*
- c) *Lehigh County recognizes there are many barriers for people living with a mental illness in finding employment. They include: the debilitating impacts of mental illness; the fear of having to explain a spotty resume due to multiple hospitalizations; the prospect of having to start over; the stigma that causes people to believe they cannot work. To help people overcome these barriers, Lehigh County funds the Goodwill Clubhouse where people are given the opportunity to rejoin the worlds of friendships, family, important work, employment, education, and to access the services and supports they may individually need. The county also contracts with three ACT teams which utilize an employment specialist who contributes expertise to the ACT team in providing vocational program elements within the team and/or in collaboration with other community resources. All the different pieces of the program, including employment activities, are incorporated into the person's overall treatment plan. The county also encourages having a Certified Peer Specialist (CPS) work with*

individuals to help them understand and believe recovery is possible and to encourage them in entering or reentering the workforce.

▪ Needs:

- a) A residential respite program to provide family caregivers with a temporary break or when there is an emergency involving a caregiver. Respite would also provide non-clinical crisis support to help people find new understanding.
- b) For people facing homelessness, who are forensically involved, finding shelter in a homeless facility is almost impossible. Lehigh County would benefit from having a location where people in this situation could find a place to receive shelter.
- c) Better collaboration and access with DHS (formally DPW) and Social Security, including having the SOAR process work more efficiently and more effectively.
- d) Safe, affordable and permanent housing
- e) Adequate funding for residential providers is needed to pay staff a living wage and to reduce, and hopefully eliminate, the extreme staff shortages that are being experienced in the County.

3. 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:

- a) *Adult and Juvenile Spore serves all ages in our system including 18 – 26-year-olds. The Cross-System Team operates like Team MISA and serves multi-system engaged youth. SPORE has a great working relationship with Integrated Services.*
- b) *The MH office assures that quality services and continuity of care are consistently provided to all individuals in a way that makes efficient use of available public funding.*
- c) *The county contracts with four outpatient provider agencies that can meet the needs of those needing this level of care who do not have insurance.*
- d) *In 2015, Lehigh County Health Choices in conjunction with Magellan, under a contract with Access Services, continues to provide the **Transition to Independence Program (TIP)** for young people between the ages of 16-26. 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.*
- e) *Lehigh County Health Choices in conjunction with Magellan, under a contract with Step by Step, provides Transitional Age Youth **Mobile Psychiatric Rehabilitation Services** for youth between the ages of 18-26.*
- f) *Lehigh County Integrated Services in collaboration with Magellan, their provider network, school districts and the community, identify young adults with complex*

needs. Referrals are frequently made for the CMH program specialist services via CASSP System Coordination meetings or by direct contact.

- g) In recognition of the fact that treatment of first-episode psychosis has an impact on the course of the illness and that a first psychotic break is terrifying, both for the person experiencing it and those who are close to them, the county, in conjunction with Magellan has contracted with On My Way to provide a First Episode Psychosis program. This is an evidence-based program that targets young people (ages 15-30) who have experienced their first psychotic episode in the past year, and have a diagnosis on the Schizophrenia Spectrum or Bipolar with psychotic features.*

- Needs:

- a) Often times youth transitioning from the children's serving system are unprepared for life in the adult system and have not had life experiences and training to make the transition successful. They also will often choose not to engage in services now that they are able to choose services rather than having them mandated. We need to do a better job in preparing youth for the transition process.*
- b) Specialized respite and or crisis residence to adequately meet the needs of individuals in this age group. It is not unusual for a young person to not engage in treatment or services because they feel they do not look like older people who are in the program.*
- c) Vocational supported employment to provide services for those who are looking to work and who do not need a lot of support to be successfully employed.*
- d) Due to an increase in transition age youth being referred for BCM services, staff would benefit from training to address the specific needs of this population.*
- e) Safe, affordable and permanent housing*
- f) Adequate funding for residential providers is needed to pay staff a living wage and to reduce, and hopefully eliminate, the extreme staff shortages that are being experienced in the County.*

4. Children (under age 18)- Counties are encouraged to include services like Student Assistance Program (SAP), respite services, and Child and Adolescent Service System Program (CASSP) coordinator services and supports, System of Care (SOC) as well as the development of community alternatives and diversion efforts to residential treatment facility placements.

- Strengths:

- a) Juvenile SPORE collaboratively works with SAP, CASSP, CST and other entities that serve this population. Staff are trained that, while trauma does not excuse unexpected behavior, it is often an explanation. They receive training in the relationship between adverse childhood experiences (ACEs) and justice system involvement, how trauma awareness can lead to healing, and thoughts on how the trajectory for those who struggle with unresolved trauma can be changed.*
- b) Studies have consistently identified a significant number of children reared in the most adverse circumstances who develop into competent and productive adults.*

Subsequent studies of resilience have sought to uncover individual, family, and other contextual mechanisms and processes by which these children overcome adversity. Lehigh County's CMHU utilizes what has been learned to date about the developmental pathways of risk and resilience. In doing this, CMHU works with Magellan Behavioral Health (Lehigh County's Behavioral Health Managed Care Organization) in the implementation of school-based prevention/intervention programs to foster resilience and ameliorate risk.

- c) Compeer Youth Program, in partnership with Big Brothers Big Sisters of the LV as an OJJDP subrecipient through Compeer, Inc., matches children with a mental health diagnoses with volunteers.*
 - d) The crisis office provides school in-services to explain crisis services, available options for staff when there is a crisis and general information about the mental health process in the county.*
 - e) County staff are training to provide Youth Mental Health First Aid to the community*
 - f) Respite is provided as a break from care for families in their home or community, if they have a child with a documented mental health diagnosis.*
 - g) Lehigh County Integrated Services partners with the Center for Humanistic Change to collaborate on Student Assistance Programs (SAP) for every school district in the county.*
 - h) High-Fidelity Wraparound, a structured, team-based process that uses an evidence-based, nationally-recognized model that partners with families to use their voice and strengths to develop a family-driven plan that promotes self-advocacy.*
 - i) Lehigh County Integrated Services promotes use of CASSP System Coordination Meetings to help (1) explore and identify resources for children and their families, (2) improve communication between systems working with children/families, (3) solve problems/address barriers to services, (4) develop a coordinated plan to keep children at home and in their communities.*
 - j) Lehigh County, funded by Magellan and under contract with Valley Youth House, has a Certified Peer Specialist Program for young people ages 14-18.*
- Needs:
- a) Crisis residence for juveniles*
 - b) Less restrictive, community-based levels of care (Non-JACHO) to support children/youth "step down" from RTF or to be utilized as a diversion to more restrictive residential settings.*
 - c) RTFs willing and skilled to work with challenging youth.*

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

5. Individuals transitioning from state hospitals

- Strengths:

- a) *The county believes it is better to prevent a state hospital admission than it is to have someone transition to the community from a state hospital. To do this, the county has obtained grants and special funding to initiate programs and services to divert people from hospital admissions. They include: receiving a grant from the Pennsylvania Commission on Crime and Delinquency (PCCD) to have case workers assigned to local police departments to identify people needing supports in the community; obtaining a Pennsylvania Emergency COVID Relief grant (PaECR) funded by SAMHSA through OMHSAS to utilize credible messengers to identify people of color in the community needing mental health treatment and to support them in getting connected to appropriate services; utilizing ACLU lawsuit funds to develop an array of services covering all six areas of the Sequential Intercept Model (SIM), community services, law enforcement, initial detention/initial court hearings, jails/courts, reentry, community corrections, to divert people from a forensic state hospital admission.*
- b) *The county's CHIPP unit has a case manager who is assigned to work with individuals admitted to Norristown State Hospital (NSH) forensically and Wernersville State Hospital (WeSH) civilly. This case worker works closely with staff from the hospitals in identifying community resources that are available to meet the individual's desires and needs.*
- c) *Community Support Plans (CSPs) are developed for each person returning to the community identifying their desires for being successful in the community.*
- d) *On a monthly basis, the treatment team from NSH has a call with the County's CJAB team MISA (Mental Illness Substance Abuse) to discuss the status of individuals currently in the hospital to discuss discharge planning.*

- Needs:

- a) *The county is proposing a process to utilize a Plan of Care (CPC) meeting to review all 304 commitments for inmates who are being considered for a Norristown State Hospital (NSH) admission. The meeting would involve NSH staff, jail staff, county staff, and appropriate community providers. During this meeting, all community services and supports would be discussed and only when the team agrees there are no viable community options will the referral to NSH be recommended to proceed.*
- b) *Safe, affordable and permanent housing*

6. Individuals with co-occurring mental health/substance use disorder

- Strengths:

- a) *Lehigh County mental health has developed contacts with outpatient providers (Pyramid and the Hispanic American Organization (HAO)) who provide co-occurring services. This enables individuals to receive services in a seamless manner improving outcomes.*
- b) *The Mental Health office has a Pathways to Treatment case manager who works across departments to connect individuals not receiving services with the services and supports needed.*

- Needs:

Safe, affordable and permanent housing

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

- Strengths:

- a) *Lehigh County's Criminal Justice Advisory Board (CJAB) identifies the strengths, weaknesses, and needs of the local criminal justice system and, by means of communication, cooperation, and collaboration, enhances and improves the system and services in the most effective, efficient, and cost-effective manner possible. Under the CJAB are several committees including CJAB-Reentry, which takes a system approach to evaluating and improving the re-entry process, and Team MISA, which develops intervention strategies and individualized action plans for the disposition of criminal cases and safe re-entry into the community for selected special needs defendants.*
- b) *Lehigh County's forensic services, known as the Special Program Offering Recovery and Education (SPORE), focuses on programs and resources for both adolescents and adults with a serious mental illness involved in the Lehigh County criminal justice system. As a result, the individuals served in SPORE gain greater responsibility, self-reliance and productivity as they successfully avoid and/or exit the criminal justice system.*
- c) *For persons in the Lehigh County Jail, Corrections Assessment Re-entry Endeavor. (CARE) provides a menu of services for inmates in the Lehigh County Jail who need mental health services. The services consist of psychiatric evaluations,*

counseling, psychiatric-rehabilitation, and forensic peer specialists. In FY-21-22, 40 individuals received these services to help provide stability and recovery.

- d) *Lehigh County continues to partner with Haven House, an outpatient provider, to have weekly mental health appointments available on an immediate basis for returning citizens.*
- e) *The county has worked with Magellan in integrating a Magellan care manager into the county's forensically related flows/processes to improve identification and reentry for members.*

- Needs:

- a) *Better understand how people with serious mental illnesses are moving through the criminal justice system to include: the number of people who have mental illnesses in the jail; their average length of stay; their connection to care; and their recidivism rate.*
- b) *Expand the successful Crisis Intervention Team (CIT) model to other first responders including the Allentown Fire Department and Emergency Medical Services.*
- c) *Safe, affordable and permanent housing*

8. Veterans

- Strengths:

The DA's Veterans Mentor Program and collaboration with VA system are effective

- Needs:

Safe, affordable and permanent housing

9. Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI)

- Strengths:

The county has worked with the Bradbury-Sullivan LGBT Community Center to train staff and to provide information on county services to the LGBT community.

- Needs:

Safe, affordable and permanent housing

10. Racial/Ethnic/Linguistic Minorities (RELM) including individuals with Limited English Proficiency (LEP)

▪ Strengths:

- a) *Allentown is a majority minority city. To address the behavioral health needs of un/underserved populations, the County implemented a public health awareness campaign in partnership with Promise Neighborhoods of the Lehigh Valley (PNLV), a Black-led, anti-racist, liberation-based grassroots community organization that is led and staffed by neighborhood residents in Allentown, and the Hispanic American Organization (HAO), a mental health treatment provider founded to serve the Latino community of the Lehigh Valley. PNLV utilizes outreach workers called “credible messengers,” who are from the community being served, to deliver public health awareness and support to address the mental health and SUD needs in Allentown’s Center City neighborhoods. Individuals who need non-emergent mental health treatment, including those who have a prescription that has run out, are supported in getting to HAO where they will be seen by a clinician and, if appropriate, by a prescriber on a walk-in basis. These individuals will then be scheduled for ongoing treatment.*
- b) *The county has a bi-lingual pool of staff to support people who speak various languages. When needed, Propio Language Services is utilized for remote translation services for over 300 languages.*

▪ Needs:

Safe and affordable housing

11. Other populations, not identified in #1-10 above (if any, specify) (including tribal groups, people living with HIV/AIDS or other chronic diseases or impairments, acquired brain injury (ABI), fetal alcohol spectrum disorders (FASD), or any other groups not listed)

Lehigh County has been working with several individuals who are undocumented or on deportation status. One is at Wernersville State hospital, one was in the county jail then moved to the LTSR and one is in the community.

▪ Strengths:

The county has maintained a good working relationship with Catholic Charities, an agency that will work with people who are undocumented. When individuals who are in the country on a green card have been arrested, the county Mental Health office has been able to work with the District Attorney to have charges reduced to a level that will not cause the individual to be deported.

▪ Needs:

An ability to fund/provide community services for people who are undocumented.

c) **Strengths and Needs by Service Type:** (items-c) #1-7 below)

1. Describe telehealth services in your county (limit of one page):

a. How is telehealth being used to increase access to services?

The below chart and graph demonstrate the volume of paid claims for behavioral health services. The demonstration compares telehealth to all places of service for Lehigh County Individuals in Calendar Years 2020, and 2021, and the first six months of 2022.

Year	Telehealth Place of Service Claims	All Place of Service Claims	% of Claims that were Telehealth
CY2020	118,374	550,274	21.51%
CY2021	149,470	534,222	27.98%
2022 (1/1/22 – 6/30/22)	64,474	273,230	23.60%

Lehigh County's preference is for individuals to receive outpatient mental health treatment in the location of their choosing, which is primarily in person at a mental health clinic. If, for medical reasons related to Covid this is not possible, telehealth is utilized. All residential programs have the required technology to allow for individuals to meet with their therapists and/or doctor in a private setting. Telehealth services are never utilized for the convenience of the residential or treatment provider. Additionally, the county adheres to Magellan's guidelines for using telehealth services, which are outlined below.

Telehealth may be used when on-site services are not readily available due to distance, location, time of day, availability of resources, or other situations which would prevent or delay service delivery/treatment. Licensed practitioners or providers who deliver services through telehealth within their service area must ensure that they can arrange for services to be delivered in-person as clinically appropriate or as requested by the individual served who resides within 60 minutes or 45 miles (whichever is greater) of the area served.

Individuals must consent to receive telehealth services. Providers must allow individuals to elect to receive in-person service delivery at any time. Individuals may refuse to receive services through telehealth. When telehealth is being used to deliver services to an individual who is at a clinic, residential treatment setting, or facility setting, the originating site must have staff trained in use of telehealth equipment and protocols to

provide adequate operating support. The clinic or facility must have staff trained and available to provide clinical intervention in-person if a need arises.

Services delivered through telehealth may also be provided outside of a clinic, residential treatment setting or facility setting. With the consent of the individual served and when clinically appropriate, licensed practitioners and provider agencies may deliver services through telehealth to individuals in community settings, such as in their home.

Telehealth equipment, the individual and provider, must meet all state and federal requirements for the transmission or security of health information and comply with the Health Insurance Portability and Accountability Act (HIPAA).

All existing privacy requirements and protections that apply to written medical records shall likewise apply to services delivered by telecommunications, including the actual transmission of the service, any recordings made during the time of transmission, and any other records. As with services delivered in-person, providers must obtain consent from the individual served or their legal guardian, as applicable, to make any recordings of the individual during the provision of services through telehealth appointments.

It is highly recommended that an individual who requests telehealth and who does not have access to appropriate audio/video equipment with secure connectivity be seen initially in-person to assess the clinical appropriateness of telehealth services. An individual's request for a form of virtual behavioral health services other than real-time, two-way interactive audio-video transmission does not alleviate a provider of the responsibility to ensure that treatment services are appropriate and of sufficient quality as to be reasonably expected to be of benefit to the individual. Licensed practitioners and provider agencies are responsible to ensure that any modified virtual behavioral health services comply with MA Bulletin OMHSAS-21-09 and the standards of practice set by their licensing board for telehealth where applicable.

Providers must maintain the same individual confidentiality that the provider offers to individuals receiving in-person services, without compromise, when services are offered to individuals via telehealth.

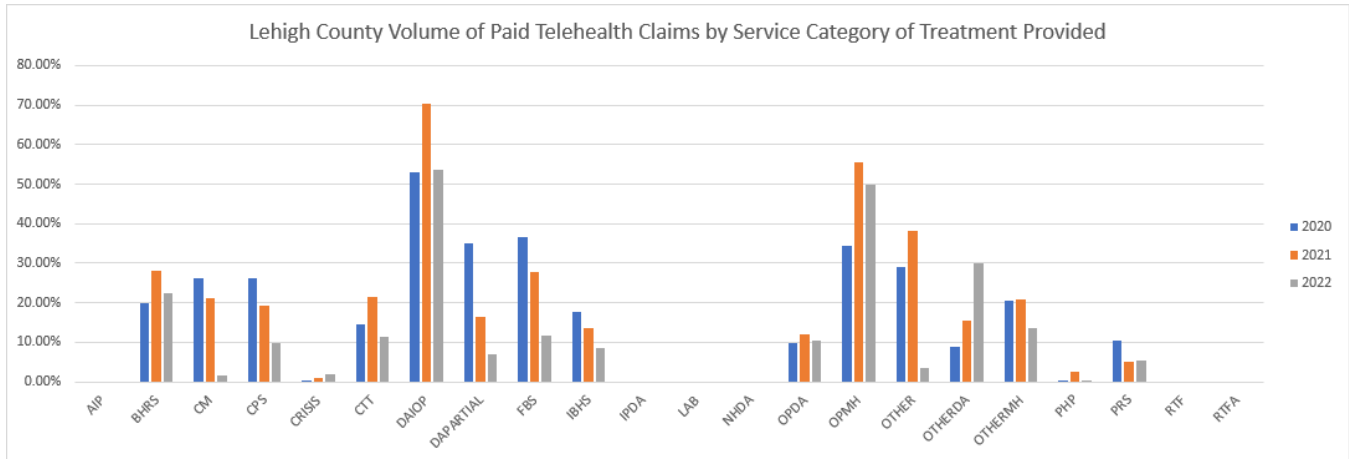
- b. Is the county implementing innovative practices to increase access to telehealth for individuals in the community? (For example, providing technology or designated spaces in the county for telehealth appointment.) **(limit of one page).**

(Limit of 1 page)

In March 2020, OMHSAS began providing guidance to community-based providers on the COVID-19 pandemic that included Bulletins and guidance documents promoting and supporting the use of telehealth as a way to continue services and engagement of clients and their families when face-to-face interactions are not a viable option.

The chart below shows the utilization of telehealth services by category over the two-year period involving the COVID pandemic. This data is used to determine the

availability of mental health services for community members to then be able to support providers and individuals in having the required equipment to partake in treatment via telehealth.



Residential providers needed to purchase new telehealth-enabling equipment. These expenditures forced additional unanticipated fiscal burdens on providers who were already troubled by fears of fiscal viability during this uncertain period of workforce availability. For individuals who lacked the necessary equipment to participate in treatment services via telehealth, community partners including Ripple Community, Inc and the Conference of Churches Day Break program created safe and private spaces allowing community members to have access to telehealth equipment (iPads, laptops, etc.) or telehealth platforms such as ZOOM.

2. Is the county seeking to have service providers embed trauma informed care initiatives (TIC) into services provided?

☒ Yes ☐ No

If yes, please describe how this is occurring. If no, indicate any plans to embed TIC in FY22-23. (Limit of 1 page)

Lehigh County DHS is a founding member of Resilient Lehigh Valley, a cross-sector, collective impact effort dedicated to increasing youth resiliency through creating a trauma-informed and resilient community. To date, Resilient Lehigh Valley has trained more than 4,000 educators, health and human service professionals and law enforcement members in trauma informed practices and secured commitment to taking a trauma-informed approach with 7 of the region's school districts.

The United Way of the Greater Lehigh Valley and Resilient Lehigh Valley are partnering with the Lehigh County District Attorney and the Lehigh County Department of Human Services to pilot the Handle With Care model of enhanced police-school communication to better support students exposed to traumatic events and support the implementation of trauma informed school practices.

Lehigh County DHS provided funding to the United Way to produce videos explaining

the Handle with Care initiative. One is brief for social media and the other is longer and intended to be used for law enforcement training and or roll calls. Our plan is to share the 8-minute video with all of our police departments, school districts and the IU, and to ask each police chief to share the video with their officers at roll call and training sessions. We will ask that school districts share this with staff along with the Handle with Care school training video, that is one hour in length and meets Act 18 requirements. This will also be posted on the Handle with Care page of the Resilient Lehigh Valley website.

Links to the two videos are: for the 8 minute version, <https://vimeo.com/722272788/f12e194161> and for the short version, <https://vimeo.com/722312930/e9e940d449>

Lehigh County encourages providers to utilize trauma informed care. To date, two providers have become trauma informed agencies utilizing the Sanctuary Model.

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

☐ Yes ☒ No

If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of plans to implement CLC trainings in FY22-23. (Limit of 1 page)

The City of Allentown is a majority minority city. It is important, therefore, for all DHS staff to have the ability to understand and respond effectively to the cultural and linguistic needs of those served by the county and for staff to adapt to diversity and the cultural contexts of individuals and communities served.

In FY 22-23, Lehigh County will be implementing a training that focuses on skills and knowledge that: value diversity: teach staff to understand and respond to cultural differences; and increase staff awareness of individuals' and care organizations' cultural norms

The goal of the Cultural and Linguistic training will be to educate staff on how to provide necessary services to all community members in a culturally and linguistically appropriate manner regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, or sexual orientation. The training will include awareness of one's own cultural worldview, attitude towards cultural differences, knowledge of different cultural practices and worldviews, and cross-cultural skills.

Lehigh County provides readily available, culturally appropriate oral and written language services to limited English proficiency (LEP) members through such means as bilingual/bicultural staff, trained medical interpreters and qualified translators.

4. Are there any Diversity, Equity, and Inclusion (DEI) efforts that the county has completed to address health inequities?

☒ Yes ☐ No

If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY22-23. (Limit of 1 page)

Allentown is a majority minority city. To address the behavioral health needs of un/underserved populations, the County implemented a public health awareness campaign in partnership with Promise Neighborhoods of the Lehigh Valley (PNLV), a Black-led, anti-racist, liberation-based grassroots community organization that is led and staffed by neighborhood residents in Allentown, and the Hispanic American Organization (HAO), a mental health treatment provider founded to serve the Latino community of the Lehigh Valley.

PNLV successfully engages people from disenfranchised communities in public health and safety by utilizing a coalition of trusted credible messengers to support who are the most affected by unhealthy or unsafe conditions. Messengers are known as influencers and dedicate their time and talents to build healthier, stronger connections for wellness and power. Individuals who need non-emergent mental health treatment, including those who have a prescription that has run out, are supported in getting to HAO where they will be seen by a clinician and, if appropriate, by a prescriber on a walk-in basis. These individuals will then be scheduled for ongoing treatment.

The Department of Human Services is creating a Diversity, Equity, and Inclusion (DEI) Committee starting in fall 2022 that will explore DEI issues and make recommendations to DHS administration.

5. Does the county currently have any suicide prevention initiatives which addresses all age groups?

☒ Yes ☐ No

If yes, please describe the initiatives. If no, counties may describe plans to implement future initiatives in the coming fiscal year. (Limit of 1 page)

The Suicide Prevention Coalition (SPC) of Lehigh County is a backbone organization that supports social service organizations, communities and other groups concerned about the rising number of deaths by suicide. The SPC encourages the use of shared data, reports, best practices and local stories to inform and enlighten the conversation and strategies for suicide prevention and other deaths of despair. The SPC promotes cross-sector collaboration to develop and implement strategies that will reduce deaths by suicide. The coalition strives to create situations that influence and energize others as they refine their efforts to prevent suicides and other deaths of despair.

To facilitate this, the SPC activities are: Facilitating/attending/participating in conversations, efforts, meetings, events, activities for prevention, intervention, postvention of wellness and promotion of positive trends for social determinants of health. The SPC maintains a social media presence and maintains current information and connections for prevention, intervention, postvention, and community activism. The Coalition is structured with a Steering Team as the coordination center. The Steering Team focuses on data and community trends needing to be addressed. Two (2) different action teams communicating back to the steering team have been organized: Action Team Prevention and Intervention focuses on the needs and components of prevention and intervention across all systems and entities and Action Team Awareness and Engagement highlights how and where to provide awareness of suicide prevention, intervention and postvention and how to engage the community around those efforts. All Teams have nonprofessional, lived experience people of all ages and diversities as members to better address all age and cultural needs.

The SPC also coordinates Lehigh County's involvement in the PA Garrett Lee Smith grant. We are currently conducting a community needs assessment survey. After survey results are tabulated, a multi-sector community team will develop a strategic suicide prevention plan.

6. Employment First:

The Employment First Act (Act 36 of 2018) requires county agencies to provide services to support competitive integrated employment for individuals with disabilities who are eligible to work under federal or state law. For further information on the Employment First Act, see the [Employment-First-Act-three-year-plan.pdf](#).

- a. Please provide the following information for your county employment point of contact (POC).
 - Name(s): *Jeremy Shutts*
 - Email address(es): *jeremyshutts@lehighcounty.org*
- b. Please indicate if your county follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):
☐ Yes ☒ No
- c. Please complete the following table for all county mental health office-funded supported-employment services.

County MH Office Supported Employment Data		
<ul style="list-style-type: none"> • Please complete all rows and columns below with FY 20-21 data. • If no data available, list as N/A. • If data is available, but no individuals were served within a category, list as zero (0). <p>Include additional information for each population served in the Notes section. (for example, 50% of the Asian population served speaks English as a Second Language or number served for ages 14-21 includes juvenile justice population).</p>		
Data Requested	County Response	Notes
i. Total Number Served	898	3 individuals are waiting to be assigned job coaches through OVR
ii. # served ages 14 up to 21	22	
iii. # served ages 21 up to 65	541	
iv. # of male individuals served	446	
v. # of females individuals served	397	
vi. # of non-binary individuals served	3	
vii. # of Non-Hispanic White served	533	
viii. # of Hispanic and Latino served	131	
ix. # of Black or African American served	116	
x. Asian	11	
xi. # of Native Americans and Alaska Natives served	1	
xii. # of Native Hawaiians and Pacific Islanders served	0	
xiii. # of multiracial (two or more races) individuals served	4	
xiv. # of individuals served who have more than one disability	61	
xv. # of individuals served working part-time (30 hrs. or less per wk.)	163	
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	3	

Data Requested	County Response	Notes
xvii. lowest hourly earned wage of individuals served (ex: minimum wage)	7.25	
xviii. highest hourly earned wage of individuals served	18.25	Amazon Warehouse
xix. # of individuals served who are receiving employer offered benefits; (i.e., insurance, retirement, paid leave)	1	

7. Supportive Housing:

- a. Please provide the following information for the county housing specialist/point of contact (POC).

- **Name(s):** Veronica Lefurgy
- **Email address(es):** veronicalefurgy@lehighcounty.org

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 with the Office of Mental Health and Substance Abuse Services (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, or at risk of, experiencing homelessness.

- b. SUPPORTIVE HOUSING ACTIVITY** *includes Community Hospital Integration Projects Program funding (CHIPP), Reinvestment, County base-funded projects and others that were planned, whether funded or not. **Identify Project Name, Year of Implementation, and Funding Source for all housing projects operationalized in SFY 20-21 and 21-22. Next, enter amounts expended for the previous state fiscal year (SFY 20-21), as well as projected amounts for SFY 22-23. If this data isn't available because it's a new program being implemented in SFY 21-22, do not enter any collected data. Please note: Data from projects initiated and reported in the chart for SFY 21-22 will be collected in next year's planning documents.***

1. Capital Projects for Behavioral Health				<input checked="" type="checkbox"/> 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).									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (Including grants, federal, state & local sources)	4. Total Amount for SFY20-21 (only County MH/ID dedicated funds)	5. Projected Amount for SFY22-23 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23	8. Number of Targeted BH United		9. Term of Targeted BH Units (e.g., 30 years)
Overlook	2008	Reinvestm ent	\$2.5 MM initial investment, no recurring costs	\$0	20	20	20		30 years
New Bethany Ministries	2009	Reinvestm ent	\$150,000 initial investment, no recurring costs	\$0	2	2	2		30 years
Totals			\$2.65 MM initial investment, no recurring costs	\$0	22	22	22		
Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health				<input checked="" type="checkbox"/> 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.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY20-21	10. Number of Individuals Transitioned to another Subsidy in SFY20-21
Clearinghouse	2009	Reinvestment	\$27,000	\$50,000	12	15	12	\$890	12
Totals			\$27,000	\$50,000	12	15	12		12
Notes:	Due to the lack of housing vouchers available in Lehigh County, members utilizing Bridge Rental Subsidy are those that can transition to independent housing options within 3 months. As such, the number of members was reduced.								

3. Master Leasing (ML) Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY20-21	10. Average Subsidy Amount in SFY20-21
Totals									
Notes:	Due to a lack of referrals for the Master Lease program, this option was removed for the Clearinghouse to focus on options that could better serve Lehigh's member needs.								

4. Housing Clearinghouse for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. <i>Total</i> \$ Amount for SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21			7. Projected Number to be Served in SFY22-23	8. Number of Staff FTEs in SFY20-21
Clearinghouse	2009	Reinvestme nt	\$1,050,000	\$1,250,000	140 across all Clearinghouse program options			160 across all Clearinghous e program options	8 FTEs
Totals			\$1,050,000	\$1,250,000					8 FTEs
Notes:	This is the budget for the Clearinghouse as a whole. This budget comprises the Bridge program, contingency funds, housing support services, and operational costs.								

5. Housing Support Services (HSS) for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21			7. Projected Number to be Served in SFY22-23	8. Number of Staff FTEs in SFY20-21
Clearinghouse	2009	Reinvestment	\$0	\$0	140 (offered to all members accessing Clearinghouse)			160 offered to all members accessing Clearinghouse	8 FTEs
Totals			0	0	140			160	
Notes:	Due to how the contract is structured with the provider, housing support services are offered to all members that access the various Clearinghouse services. There is not a specific line item in the budget though for housing support services.								

6. Housing Contingency Funds for Behavioral Health				<input checked="" type="checkbox"/> 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, and other allowable costs.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. <i>Total</i> \$ Amount for SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21			7. Projected Number to be Served in SFY22-23	8. Average Contingency Amount per person
Clearinghouse	2009	Reinvestment	\$518,000	\$750,000	130			150	\$3000-4500
PATH	2009	PATH Grant	\$68,907	\$68,907	38			40	2,088.09
Totals			\$506,907	\$818,907	168			190	
Notes:									

7. Other: Identify the Program for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.				
<p>Project Based Operating Assistance (PBOA) is a partnership program with the 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.</p>								
1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. <i>Total</i> \$ Amount for SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21			7. Projected Number to be Served in SFY22-23
PBOA	2008	Reinvestment	\$43,580	\$32,500	6			5
CRR Conversion	2018	Base Funds	\$470,590	\$511,958	10			10
Totals			\$514,170	\$544,458	16			15
Notes:								

c) Recovery-Oriented Systems Transformation: (Limit of 5 pages)

- i. Provide a brief summary of the progress made on the priorities listed in the FY21-22 plan.

a. Priority 1

Lehigh County's CSP committee adopted a goal of identifying individuals who have the most hospitalizations and would, therefore, benefit from having a Mental Health Advanced Directive (MHAD). Providers working with these individuals were encouraged to support those who would want a MHAD to create one for themselves. The goal was for completed plans to be scanned into the Lehigh County MH database where Crisis Intervention staff could access it if the individual was experiencing a crisis and needed to have the MHAD utilized to "speak" on their behalf. Lehigh County also encouraged providers to have individuals develop a Wellness Recovery Action Plan (WRAP)

A certified trainer from Magellan was utilized to conduct trainings on MHADs and WRAPs. All Lehigh County staff in the mental health office received the MHAD training and case managers in the CHIPP and BCM encouraged people returning to the community from a state hospital to complete a MHAD. This information was also shared with everyone at their discharge CSP from a state hospital. Unfortunately, no individuals chose to create a MHAD. The general response was it was too lengthy and was something they did not think would be useful. This goal will continue informally with MHAD's being offered as a tool for individuals returning to the community from a state hospital or for those experiencing a large number of hospitalizations.

b. Priority 2

Due to there not being a limited number of staff trained as clinicians in the jail and there not being funding in the jail budget to offer this treatment, individual therapy was not being provided in the county jail. As a result of this, the mental health office contracted with a community mental health provider, Step by Step, to provide individual therapy to designated individuals who were 60 to 90 days from returning to the community. Due to the clinicians having limitations on access to the jail because of the COVID pandemic, this goal did not achieve the level of success that was hoped for. It was beneficial, even at a reduced level, in engaging people in starting in the therapeutic process that would then lead to their continuing in treatment in the community. These sessions also included a psycho-social intake eliminating the need for one at a community provider and expediting the treatment process. This goal will continue on an informal basis.

c. Priority 3

Lehigh County has implemented elements of the SAMHSA Supported Employment Evidence Based Practice (EBP) Toolkit but have not worked specifically with it. For FY 21-22 a staff was assigned to work on the implementation of the toolkit in the County. This was an overly optimistic goal as the staff assigned was the BCM supervisor who

did not have adequate time beyond his normal work duties to work on this project. This goal will be reworked and will continue in FY 22-23

d. Priority 4

The underutilization of mental health services by people of color is one of the most persistent health disparities. Lehigh County received a PaECR grant from OMHSAS allowing us to contact and provide mental health services for people of color in a culturally relevant manner that involve ethnic and cultural matches between therapists and clients.

A community Outreach/ Public Health Awareness Campaign utilizing credible messengers (CM) canvassing identified neighborhoods in Allentown to engage residents was established. To date, CM's have been engaged with fifty-six individuals who expressed some level of wanting or needing behavioral health services. Ten of these individuals were supported in going to HAO where they were able to meet with a clinician and a prescriber on a walk-in basis. This is less than the goal of having 90 individuals engage in treatment during the fiscal year. Part of the problem with this was establishing contracts with all parties, which was not accomplished until April 2022. SAMHSA, who is providing funding to OMHSAS for the PaECR grant, has granted an extension until May 31, 2023 for funding. This goal will continue in FY 22-23.

e. Priority 5

SSI/SSDI Outreach, Access, and Recovery (SOAR) is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults and children who are experiencing, or are at risk of, homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder. Three staff from the County's BCM program will be certified by taking the SOAR online course for adults. The skills that are learned will enable the case managers to support people in applying for Social Security benefits as well as supporting people who are denied these benefits when they first apply. The goal was to support 10 people in obtaining benefits during the fiscal year using the SOAR process. Due to a requirement that an individual be homeless in order to qualify for SOAR, the BCM unit was unable to identify ten people meeting this criterion in their program. Some of the tools learned, however, were beneficial in working with BCM clients who were not homeless in obtaining benefits. This goal will continue in an informal basis within the County's BCM program. Individuals who are homeless, will be referred to the Conference of Churches homeless outreach program where staff are trained in using the SOAR process.

- ii. Based on the strengths and needs reported in section (b), please identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY22-23 at current funding levels.

For **each** transformation priority, please provide:

- a. A brief narrative description of the priority including action steps for the current fiscal year.
- b. A timeline to accomplish the transformation priority including approximate dates for progress steps and priority completion in the upcoming fiscal year. Timelines which list only a fiscal or calendar year for completion are not acceptable and will be returned for revision.
- c. Information on the fiscal and other resources needed to implement the priority. How much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding and any non-financial resources.
- d. A plan mechanism for tracking implementation of the priorities.

1. MHAD

☐ Continuing from prior year ☒ New Priority

- a. Narrative including action steps:

The City of Allentown has a model of using the fire department to respond with the city ambulance on calls rather than having the police do this. Because these calls sometimes involve individuals experiencing a mental health emergency, the County will provide mental health response training for the Allentown Fire Department and Allentown Emergency Medical Services.

- b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)

A four-hour training module was developed for EMS and fire department staff. Each department will be trained separately with six training sessions being held for each one. All personnel will be trained by 12/31/22

- c. Fiscal and Other Resources:

These trainings will be conducted within the current Mental Health budget.

- d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided-)

2. (Identify Priority)

☐ Continuing from prior year ☒ New Priority

- a. Narrative including action steps:

To better serve the needs of “familiar faces” – individuals with complex health and behavioral health conditions who frequently cycle through jails, homeless shelters, emergency departments and other crisis services- Lehigh County will be implementing the National

Association of Counties (NACo) Familiar Faces Initiative to identify and prioritize services for those who come into frequent contact with local justice and health systems.

- b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)

Lehigh County Mental Health in conjunction with the Lehigh County Jail, will identify the ten individuals who have experienced the highest number of incarcerations over the past two years. A team of community partners that includes drop-in centers, homeless outreach, treatment providers, hospital crisis staff, and others as needed will be assembled. This committee will meet on a monthly basis to identify and connect with this target population. The result will be a 50% decrease in homelessness and incarceration by promoting wellness and recovery.

- c. Fiscal and Other Resources:

This initiative will be conducted within the current Mental Health budget.

- d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)

The identification of the ten individuals who have experienced the highest number of incarcerations will be completed by 9/2/22.

The committee will be formed and will hold its first meeting by 9/16/22.

Data will be maintained and tracked for each individual by the director of SPORE. This data will be reviewed at each meeting to identify and to develop plans to address barriers to successful community tenancy for these individuals.

3. (Identify Priority)

- ☐ Continuing from prior year ☒ New Priority

- a. Narrative including action steps:

A partnership with Lehigh Valley Health Network's (LVHN) Warm Handoff Program (WHP) will be implemented to identify adults from Lehigh County who have been hospitalized at LVHN following a suicide attempt. Hospital case management staff will offer these individuals the opportunity to participate in the WHP. A case worker from Lehigh County Crisis Intervention will then engage with the individual and will support them through the process of connecting with recommended follow-up care in the community.

- b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)

The warm hand off program will be implemented by September 30, 2022. Once implemented, the crisis unit will work with a minimum of two people per month. Once individuals are connected with treatment, the crisis unit will continue to monitor their community tenancy for 12 months to determine if they make additional attempts to die by suicide.

c. Fiscal and Other Resources:

The WHP will utilize current county funding

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)

Regular communication will be maintained with LVHN staff to identify individuals who would be appropriate and willing to be part of the WHP. The goal is to provide needed services that will enable individuals to remain in the community for twelve months without having further suicide attempts.

4. (Identify Priority)

☒ Continuing from prior year ☐ New Priority

a. Narrative including action steps:

Refine, implement, and sustain evidence-based supported employment programs and mutually compatible and supportive evidence-based practices for transition-aged youth/young adults (ages 16-25) with serious emotional disturbance (SED), and adults with serious mental illness (SMI) or co-occurring mental and substance use disorders (COD). Capacity to implement and sustain Supported Employment Program models and integrated supports to improve competitive employment outcomes for individuals with SED, SMI, or COD.

b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)

A staff person is being hired in the BCM unit with part of their job being to support the BCM director in implementing and enhancing evidenced-based practices for employment for people served by the mental health office. This person will be in place by 8/31/22. An advisory group consisting of champions from key stakeholders who will be affected by the EBP will be assembled by 10/3/22. The work group will utilize SAMHSA's Supported Employment Evidenced-Based Practices Kit to develop an EBP action plan for Lehigh County by 1/3/23. Training for agency staff, that includes basic information on EBP for stakeholder groups, will commence in February 2023. A minimum of five stakeholder groups will have their staff trained by 6/30/23.

c. Fiscal and Other Resources:

This priority will be conducted within the current Mental Health budget.

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)

The advisory committee will meet monthly to evaluate the success of the above stated goals

- a. Narrative including action steps:
- b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)
- c. Fiscal and Other Resources:
- d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)

5. (Identify Priority)

☒ Continuing from prior year ☐ New Priority

- a. Narrative including action steps:

The underutilization of mental health services by people of color is one of the most persistent health disparities. Lehigh County will make interventions more culturally relevant. Lehigh County will provide mental health services for people of color in a culturally relevant manner that involve ethnic and cultural matches between therapists and clients.

Community Outreach/ Public Health Awareness Campaign will have credible messengers canvassing identified neighborhoods in Allentown to engage residents. They will distribute door hangers and brochures with QR codes and post weekly social media messages. We anticipate views by 1500 community members/week.

PNLV team members will utilize brief clinically sound screenings, such as the PHQ2, under the guidance of the medical director of LVHN's community health department. The goal is to identify and have 90 individuals engage in treatment during the fiscal year. While individuals will be presented with an option for where they would like to receive their treatment, Lehigh County will add Preventive Measures, a Black owned mental health agency, as one of the options.

- b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)

The goal is for the credible messengers to identify 8 people per month who are un/underserved in the mental health system and for these individuals to be supported in going to the outpatient provider to engage in treatment. A further goal is for at least 75% of program participants to complete the GPRA process.

- c. Fiscal and Other Resources:

This priority will be conducted using PaECR grant funding

- d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)

Bi-weekly meetings will be held between the county and the agencies providing the credible messenger services. The goal is for eight people per month from August 2022 through May 2023 to be connected to outpatient treatment.

Outcomes will be reviewed during the bi-weekly team meetings.

d) Existing County Mental Health Services

Please indicate all currently available services and the funding source(s) utilized.

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Adult	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Child/Youth	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Assertive Community Treatment (ACT) or Community Treatment Team (CTT)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence-Based Practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Telephone Crisis Services	X	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment-Related Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility-Based Vocational Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer-Driven Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Behavioral Health Rehabilitation Services for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient Drug & Alcohol (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient Drug & Alcohol Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

Note: HC= HealthChoices

e) Evidence-Based Practices (EBP) Survey*:

(Below: if answering Yes (Y) to #1. **Service available**, please answer questions #2-7)

Evidenced-Based Practice	1. Is the service available in the County/ Joinder? (Y/N)	2. Current number served in the County/ Joinder (Approx.)	3. What fidelity measure is used?	4. Who measures fidelity? (agency, county, MCO, or state)	5. How often is fidelity measured?	6. Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	7. Is staff specifically trained to implement the EBP? (Y/N)	8. Additional Information and Comments
Assertive Community Treatment	Yes	160	TMACT and PA Bulletin	Agency, County, MCO & State	Every 6 mo to 1 year	Yes	Yes	3 providers operate a total of 4 ACT teams
Supportive Housing	Yes	100	TMACT	Agency & County	Every 6 mo to 1 year	Yes	Yes	
Supported Employment	Yes	70	ICCD/TMACT	ICCD	ICCD- 1-3 years. ACT 6 mo – 1 year	Yes	Yes	Include # Employed 198
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Yes	U/K	TMACT	Agency, County, MCO & State	Every 6 mo to 1 year	Yes	Yes	
Illness Management/ Recovery	Yes	160	TMACT/Illness Mgmt & 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 HealthChoices funded services.

To access SAMHSA's EBP toolkits visit:

<https://store.samhsa.gov/product/Supported-Education-Evidence-Based-Practices-EBP-KIT/SMA11-4654>

f) Additional EBP, Recovery-Oriented and Promising Practices Survey*:

(Below: if answering yes to #1. service provided, please answer questions #2 and 3)

Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	200	
Compeer	Yes	8	
Fairweather Lodge	Yes	8	
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	18	
CPS Services for Transition Age Youth (TAY)	Yes	6	
CPS Services for Older Adults (OAs)	Yes	8	
Other Funded CPS- Total**	No	0	
CPS Services for TAY	Yes	6	
CPS Services for OAs	Yes	8	
Dialectical Behavioral Therapy	Yes	110	ACT Teams
Mobile Medication	Yes	2	
Wellness Recovery Action Plan (WRAP)	Yes	N/A	
High Fidelity Wrap Around	Yes	57	
Shared Decision Making	Yes	U/K	
Psychiatric Rehabilitation Services (including clubhouse)	Yes	400	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in OAs	Yes	U/K	
Consumer-Operated Services	No		
Parent Child Interaction Therapy	Yes		
Sanctuary	Yes	190	Merakey & Pinebrook
Trauma-Focused Cognitive Behavioral Therapy	Yes	N/A	
Eye Movement Desensitization and Reprocessing (EMDR)	Yes		Not coded specifically by MCO
First Episode Psychosis Coordinated Specialty Care	Yes	6	
Other (Specify)			

*Please include both county and HealthChoices funded services.

**Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.

Reference: Please see SAMHSA's National Registry of Evidenced-Based Practices and Programs for more information on some of the practices. <https://www.samhsa.gov/ebp-resource-center>

g) Certified Peer Specialist Employment Survey:

Certified Peer Specialist" (CPS) is defined as:

An individual with lived mental health recovery experience who has been trained by a Pennsylvania Certification Board (PCB) approved training entity and is certified by the PCB.

In the table below, please include CPSs employed in any mental health service in the county/joinder including, but not limited to:

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- HealthChoices peer support programs
- consumer-run organizations
- residential settings
- ACT or Forensic ACT teams

Name and email of county CPS Point of Contact (POC)	Jeremy Shutts jeremys Shutts@lehighcounty.org
Total Number of CPSs Employed	25
Average number of individuals served (ex: 15 persons per peer)	7.2
Number of CPS working full-time (30 hours or more)	15
Number of CPS working part-time (under 30 hours)	10
Hourly Wage (low and high)	\$13.79 to \$20.00
Benefits (Yes or No)	FT CPS receive benefits

h) Involuntary Mental Health Treatment

1. During CY2021, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
 - ☒ No, chose to opt-out for all of CY2021
 - ☐ Yes, AOT services were provided from date: _____ to date: _____ after a request was made to rescind the opt-out statement
 - ☐ Yes, AOT services were available for all of CY2021
2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY2021 (check all that apply):
 - ☐ Community psychiatric supportive treatment
 - ☐ ACT
 - ☐ Medications
 - ☐ Individual or group therapy
 - ☐ Peer support services
 - ☐ Financial services
 - ☐ Housing or supervised living arrangements
 - ☐ Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
 - ☐ Other, please specify: _____
3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY2021:
 - a. Provide the number of written petitions for AOT services received during the opt-out period. # _____ 0 _____
 - b. Provide the number of individuals the county identified who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c)). # _____ 0 _____
4. Please complete the following AOT/IOT chart as follows:
 - a. Rows I through IV fill in the number
 - i. **AOT services column:**
 - 1) Available in your county, BUT if no one has been served in the year, enter 0.
 - 2) Not available in your county, enter N/A.
 - ii. **IOT services column:** if no one has been served in the last year, enter 0. (Row V) Administrative costs of AOT and IOT

	i. AOT	ii. IOT
I. Number of individuals subject to involuntary treatment in CY2021	N/A	618
II. Number of inpatient hospitalizations following an involuntary outpatient treatment for CY2021		0
III. Number of AOT modification hearings in CY2021	N/A	
IV. Number of 180-day extended orders in CY2021	N/A	123
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2021	N/A	\$136,848

i) CCRI Data reporting

DHS requires the County/Joinder to submit a separate record, or "pseudo claim," each time an individual has an encounter with a provider. An encounter is a service provided to a Member. This would include, but not be limited to, a professional contact between an individual and a provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the DHS with accurate and complete encounter data. DHS' point of contact for encounter data will be the County/Joinder and no other Subcontractors or Providers. It is the responsibility of the County/Joinder to take appropriate action to provide DHS with accurate and complete data for payments made by County/Joinder to its subcontractors or providers. DHS will validate the accuracy of data on the encounter.

File/Report Name	Description	Date Format Transfer/Mode	Due Date	Reporting Document
837P Reporting	Reports each time consumer has an encounter with county/provider. Format/data based on HIPAA compliant 837P format	ASCII files via FTP	Due within 90 calendar days of the county/joinder accepting payment responsibility; or within 180 calendar days of the encounter	HIPAA implementation guide and addenda. PROMISE™ Companion guides.

Have all available claims paid by the county/joinder during CY 2021 been reported to the state as a pseudo claim? ☒ Yes ☐ No

j) Categorical State Funding-FY 21-22 (ONLY to be completed by counties not participating in the Human Services Block Grant)

1. Does the county currently receive state funds for Respite services?

☐ Yes ☐ No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

2. Does the county currently receive state funds for Consumer Drop-in Centers?

☐ Yes ☐ No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

3. Does the county currently receive state funds to be used for the Direct Service Worker Initiative?

☐ Yes ☐ No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

4. Does the county currently receive state funds to support the closure of Philadelphia State Hospital closure?

☐ Yes ☐ No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

5. Does the county currently receive state children's funds to support the closure of the Eastern State School & Hospital?

☐ Yes ☐ No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

6. Does the county currently receive state funding to support the closure of the Mayview Children's Unit Closing?

☐ Yes ☐ No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

7. State Categorical Funding Chart (ONLY to be completed by counties not participating in the Human Services Block Grant)

State Categorical Funding			
Please complete the following chart below for all funding received. Funding expended can be estimated for fourth quarter expenditures of FY 21-22. If no funding received for a line, please indicate with n/a. These numbers will be compared to the county Income and Expenditure Reports when received to ensure accuracy.			
Program	Funding Received FY 21-22	Funding Expended FY 21-22	Balance of funds
Respite Services			
Consumer Drop-in Center			
Direct Service Worker initiative			
Philadelphia State Hospital Closure			
Eastern State School & Hospital			
Mayview Children's Unit Closing			
Student Assistance Program			

INTELLECTUAL DISABILITY SERVICES

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

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

With that in mind, please describe the continuum of services to registered 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 individuals for whom Base or HSBG funds have been or will be expended. Appendix C should reflect only Base or HSBG funds except for the Administration category. Administrative expenditures should be included for both base and HSBG 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

	<i>Estimated Number of Individuals served in FY 21-22</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 22-23</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	45	3.00%	60	4.00%
Pre-Vocational	10	0.66%	10	0.66%
Community participation	40	2.66%	50	3.00%
Base-Funded Supports Coordination	240	16.00%	240	16.00%
Residential (6400)/unlicensed	2	0.13%	2	0.13%
Lifesharing (6500)/unlicensed	9	0.60%	9	0.60%
PDS/AWC	0	0.00%	0	0.00%
PDS/VF	0	0.00%	0	0.00%
Family Driven Family Support Services	300	20.00%	300	20.00%

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

- Please describe the services that are currently available in the county such as discovery, customized employment, and other services.
- Please identify changes in the 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 the county is a participant.

Lehigh County 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, include: 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. There are currently 12 base funded individuals receiving Supported Employment services. Small Group Employment services consist of supporting participants in transitioning to competitive 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 service is competitive integrated employment. Individuals receiving this service have regular meetings to review their skills and determine if a move to competitive integrated employment will be met with success. Some of the sites in which local providers support individuals in the Small Group Employment service include: Cigars International, Zippercord, Trinity United Church of Christ, Equi-Librium, Stuffed Puffs, Reynolds and Reynolds, Wind Creek (seasonal), Martin Guitar, Habitat Lehigh Valley ReStore, US Army Reserve Center, Reynolds and Reynolds Electronics, and Bethlehem Emergency Shelter (Seasonal). 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.

Lehigh County ID actively participates in the Lehigh Valley Employment Coalition (LVEC) which is a partnership of school districts, SCOs, providers, advocates, community employers, OVR, Lehigh and Northampton County AEs, and ODP. The coalition develops strategic plans in order to meet program objectives, which include enhancing 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. LVEC has also

implemented a Disability Friendly Employer decal program, in which employers identified as disability friendly receive a window decal for their storefront.

LVEC also processes 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 has identified several barriers to employment services in our area, which include: lack of transportation, concerns with individual loss of benefits, employer apprehension, and frequent provider staff turnover resulting in lack of consistency for consumers and their families. In order to address employer apprehension, LVEC plans to continue to invite potential employers to LVEC meetings to discuss concerns and benefits of hiring individuals with disabilities. Additionally, Lehigh County ID has been working toward a potential solution to the transportation barrier by attempting to identify an appropriate model to utilize waiver funds to pay for ride sharing services such as Uber or Lyft.

Lehigh County ID also participates in the Lehigh Valley Employment Taskforce (LVET). This is a collaboration between Lehigh and Northampton County AEs, Mental Health programs, Office of Vocational Rehabilitation, Mental Health providers, and Magellan Behavioral Health. While the focus of LVEC is outreach and education to potential employers, the focus of LVET is outreach and education to consumers. LVET routinely hosts training opportunities for potential employees and assists with coordinating job fairs.

As part of our Regional Collaborative for Supporting Families (Lehigh Valley Supporting Families Collaborative), OVR presented via Zoom to an audience of approximately 35 individuals, families, and stakeholders. This presentation was so well received that our Collaborative plans to offer this opportunity on an annual basis.

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.

Supports Coordination:

- Please describe how the county will assist the supports coordination organization (SCO) to engage individuals and families to explore the communities of practice/supporting families model using the life course tools to link individuals to resources available in the community.
- Please describe how the county will assist supports coordinators to effectively engage and plan for individuals on the waiting list.
- Please describe the collaborative efforts the county will utilize to assist SCOs 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 and ongoing opportunities hosted by the PA Family Network are shared with SCOs on an ongoing basis.

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 family’s 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 assisted interested individuals in the process of coordinating one on one family mentoring sessions with the PA Family Network.

Lehigh Valley Supporting Families Collaborative has hosted multiple presentations for individuals, families, SCs and other stakeholders to educate all parties on resources available through other systems. Presentations in the past year have included: Magellan Services for Dual Diagnosed Individuals, OVR Services, Lehigh Valley Center for Independent Living, and EPSDT Services.

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 discussing 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:

- Please describe how the county will support the growth of Lifesharing and Supported Living as an option.
- Please describe the barriers to the growth of Lifesharing and Supported Living in the county.
- Please describe the actions the county found to be successful in expanding Lifesharing and Supported Living in the county despite the barriers.
- Please explain how ODP can be of assistance to the county in expanding and growing Lifesharing and Supported Living as an option in the county.

The county continues to support the growth of Lifesharing as an option through the following actions and continues to address Lifesharing as an objective on its 2022-2026 QM Plan. While data from Lehigh County’s 2019-2022 QM plan indicated a decrease in the total of number of individuals supported in Lifesharing, in reality Lehigh had eight new individuals move into Lifesharing. The decrease was due to uncontrollable circumstances such as county-to-county transfers, death and case closures.

Lehigh County ID serves on the Lifesharing Coalition Committee which meets quarterly. Networking amongst providers is one aspect of this valuable committee which brainstorms barriers with Lifesharing for families, providers and participants. ID also ensures that Lifesharing is offered at every individuals’ Individual Support Plan meeting and requires this as part of the ISP review process, whether the individual is a Waiver participant or not. ID does

not preclude Lifesharing as a residential option if the individual does not have a Waiver. Currently, the county has nine individuals in the Lifesharing program that receive Base funds.

Some of the barriers to the growth of Lifesharing in Lehigh County have 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.

There are currently 96 waiver funded individuals in the Lifesharing program and 9 base funded individuals in Lifesharing. This number has not changed from fiscal year 2020-2021.

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.

Lehigh County continues to encourage individuals to gain independence through both the Supported Living model and Housing Transition and Tenancy Sustaining Services. Lehigh has experienced a growth in both areas this past year. Currently Lehigh County has 7 individuals utilizing Supported Living which reflects an increase of one from last fiscal year. And there are currently 12 individuals receiving Housing Transition and Tenancy Sustaining services which reflects an increase of 3 individuals utilizing this service.

Lehigh County has also experienced an increase of providers offering the Housing Transition and Tenancy Sustaining service; currently there are three providers that offer this service in Lehigh county. Lehigh County will continue to promote expansion of both Supported Living and Housing Transition and Tenancy Sustaining services to allow individuals greater freedom and flexibility in their living options.

On June 22, 2022 ODP announced the availability of transition to independent living payments. These payments are directed towards providers of residential habilitation, life sharing and supported living programs to incentivize exploration and movement to Supported Living or Lifesharing living programs. All individuals receiving residential habilitation in licensed residential settings who are interested in exploring life sharing or supported living should have the opportunity to do so. The transition to independent living payments are intended to promote the use of Lifesharing and Supported Living Services for individuals who would be well served in these programs. Providers who are not currently qualified to provide Supported Living or Lifesharing can and should proceed through the qualification process to add one or both services to their service and supports offerings. In order for a provider to be eligible for transition to independent living payments the individual must transition to a Lifesharing or Supported Living Program operated by the same provider they were receiving licensed residential habilitation services from. Providers should make the request for individual teams to meet to discuss the available opportunities for transition to Lifesharing and Supported Living and determine if the individual has a desire to explore different living and service arrangements. Once the determination is made, the ISP team must support all transition activities. In order to be eligible for Transition to Independent Living Payments all licenses held by the provider must currently be in good standing and have no pending 55 Pa Code CH 6100

related enforcement actions . Payments are attached to a person one time. Providers cannot request Transition to Independent Living Payment for the same person more than once if the initial transition is unsuccessful. Providers may request transition payments for an individual only once but may apply for multiple transition payments if more than one individual successfully transitions to Supported Living or Lifesharing. Lehigh County anticipates to see a growth in LifeSharing and Supported Living providers with the initiation of this announcement.

Cross-Systems Communications and Training:

- Please describe how the county will use funding, whether it is HSBG or Base funding, to increase the capacity of the county's community providers to more fully support individuals with multiple needs, especially medical needs.
- Please 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.
- Please 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 enable individuals and families to access community resources, as well as formalized services and supports through ODP.

The county continues to support and collaborate with local school districts and the Carbon Lehigh Intermediate Unit in order to engage individuals and families at an early age. Lehigh County 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.

Lehigh County ID maintains regular phone contact with school staff to accept referrals, discuss the referral process, and invite them to have the family contact the ID eligibility specialist. ID has also provided informational overviews regarding ID eligibility and supports internally to other Lehigh County staff in various departments.

Over the past year, Lehigh County ID has made outreach attempts to developmental pediatricians and hospital emergency department staff in an effort to educate the medical community on the referral process and expanded eligibility categories. We will continue to make additional outreach attempts throughout the upcoming year.

Lehigh County ID has also been active with the Lehigh Valley Supporting Families Collaborative, a Community of Practice whose goal is to discover strengths within our local community to truly support all families. This Collaborative is made up of Lehigh County ID, Northampton County ID, Carbon Lehigh IU staff, Magellan Behavioral Health, The ARC, HCQU, other local providers, SCOs, family members, the Pa Family Network, and ODP. Our Collaborative has hosted a training series to include topics such as "what to expect during the assessment process" and "the role of supports coordination."

Lehigh County Intellectual Disabilities is a member and the County's Cross System Team. This team meets weekly to discuss complex individuals who are involved with more than one

county human service office including; Children and Youth, Area Agency on Aging, Probation, Drug and Alcohol, 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. This meeting is also used as a tracking mechanism to ensure that children in care with a diagnosis of intellectual disabilities, autism, developmental disability, or complex medical needs are identified and open with Lehigh ID and identified as priorities as they age out of Children and Youth services.

ID staff also participate in Team Misa, a diversionary team for individuals with intellectual disabilities or mental health or substance abuse concerns who are involved in the criminal justice system. The purpose of the team is to work collaboratively to identify supportive services in lieu of jail time, when appropriate. The ID office also receives the names of all individuals incarcerated at Lehigh County Jail. That list is scanned weekly to identify any individual known to the ID office.

Recently, Lehigh County Department of Human Services created a Housing Team to address housing barriers for consumers in the county. Lehigh ID has joined this team, which meets bi-monthly to share resources and brainstorm ideas to identify affordable housing options with Lehigh County.

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 an ID registered individual to a state center or state hospital in several years. A Lehigh/Northampton Systems Collaborative Team was developed, comprised of the ID, Mental Health, and HealthChoices Offices from both Lehigh and Northampton Counties, ODP, OMHSAS, and Magellan Behavioral Health MCO. This team further identifies effective ways to better support dually diagnosed individuals in community-based settings.

Lehigh County 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. 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 in person on October 27, 2022.

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

Emergency Supports:

- Please describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
- Please provide details on the county's emergency response plan including:
 - Does the county reserve any base or HSBG funds to meet emergency needs?
 - What is the county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?
 - Does the county provide mobile crisis services?

- If the county does provide mobile crisis services, 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 training available for staff who are part of the mobile crisis team?
- If the county does not have a mobile crisis team, what is the county's plan to create one within the 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 (SCOs) 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 or 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.

- Please describe the county's interaction with PA Family Network to utilize the network trainers with individuals, families, providers, and county staff.
- Please describe other strategies the county will utilize at the local level to provide discovery and navigation services (information, education, skill building) and connecting and networking services (peer support) for individuals and families.
- Please describe the kinds of support the county needs from ODP to accomplish the above.
- Please describe how the county will engage with the Health Care Quality Units (HCQUs) to improve the quality of life for individuals in the county's program.
- Please describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.
- Please describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals and families.

- Please 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, and other reasons.
- Please describe how ODP can assist the county's support efforts of local providers.
- Please describe what risk management approaches the county will utilize to ensure a high quality of life for individuals and families.
- Please describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.
- Please describe how ODP can assist the county in interacting with stakeholders in relation to risk management activities.
- Please describe how the county will utilize the county housing coordinator for people with autism and intellectual disabilities.
- Please describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

At the present time, all ID staff have received training on the "Charting the LifeCourse" framework. PA Family Network representatives participate in the Lehigh Supporting Families Collaborative and have provided guidance and support in planning our family training series. Lehigh County also continually sends PA Family Network training opportunities to SCOs and other stakeholders, as well as encouraging teams to reach out to the PA Family Network for one-on-one mentoring sessions.

At the time of referral, Lehigh ID sends the individual/family a list of helpful resources that they can access even prior to being opened with supports coordination. One of those resources is the PA Family Network. Some of the other resources include: The ARC of Lehigh and Northampton Counties, Lehigh Valley Center for Independent Living, ASERT, myodp.org, and the Lehigh Supporting Families Facebook page. The Facebook page is moderated by a dedicated parent volunteer who shares information about support group meetings, training events, and local activities to better support families. Additionally, the Lehigh Valley Supporting Families Collaborative has been working to organize the various local resource guides into one user friendly database.

ID partners with and will continue to partner with, the ARC of Lehigh and Northampton Counties, Advocacy Alliance, and convenes the ID Committee and the Lehigh Valley Supporting Families Collaborative 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 bi-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. 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 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.

Lehigh County ID engages 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. Data from the HCQU is essential to measuring progress on Lehigh County's QM plan objective to reduce the number of Hospitalizations attributed to the Fatal Four. Fatal Four includes aspiration, dehydration, constipation, and seizures and have been determined as the top causes of death for people with intellectual disabilities. Prevention can lower the probability if adequate health care measures are followed. The HCQU assists with training provider staff in interventions to prevent future Fatal Four incidents and manages HRST as well.

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 679 web-based trainings held by the HCQU which resulted in 3,215 staff trained in various topics related to the general health and safety of the individuals served in Lehigh County. Sexuality Training continues to show an upward trend in relation to other trainings that the HCQU provides. This year 836 individuals virtually attended classes and over 1,498 resource materials were distributed. This training provides a general overview on the goals and benefits of Sexuality Education and features the following: Physical Sex, Emotional Issues, and Sexual Expression; Rights and Health Benefits of Sexual Expression; Sexual Pharmacology; A Sexuality Curriculum for Persons with Developmental Disabilities. In addition to trainings, the HCQU continues to provide technical assistance in the areas of Person Centered Planning, Health Related Risk Management/Incident Management and Navigating the Healthcare System and is regularly utilized by both SCOs as an additional resource for complex case management. Due to the COVID pandemic no in-person trainings were conducted.

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 Lehigh County ID's Quality Management Plan and measure progress on a regular basis. Ensuring that the Lifecourse Framework material is reviewed with individuals and families at least annually is a measurable objective on Lehigh County's 2019-2022 QM plan. Data provided by IM4Q as well as information provided from the NCI PA Adult Family Survey is utilized to track progress on this objective.

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. Lehigh County's Quality Manager meets monthly with other Northeast Quality Managers to review data and brainstorm ideas on how to address systemic problem areas throughout the region.

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. These resources are typically part of agenda items discussed at bi-monthly Lehigh Valley Supports Coalition Meetings in which Lehigh County is in attendance. The Lehigh Valley

Supports Coalition is comprised of Lehigh County AE staff, Northampton County AE staff, the local SCOs and management from Provider agencies. In the past year, the Northeast Regional Office of Developmental Programs (ODP) has also participated in many of the meetings to answer providers' questions and offer support.

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, MISA, 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 continues to utilize the Rapid Response team for planning purposes.

The county interacts with individuals, families, providers, advocates, and the community at large in relation to risk management activities. The county's ID Incident Management liaison works closely with the Advocacy Alliance to ensure that incidents are entered in a timely manner and that the consumer's health and safety needs are immediately and adequately addressed. ID Incident Management liaison reviews all incidents and tracks incidents of Abuse, Neglect and Exploitation and provider corrective action plans to ensure that the providers take a pro-active role in decreasing the likelihood of these types of incidents from reoccurring. In addition, ID addresses Risk management in its Quality Management Plan focusing on decreasing reducing the number of Individual to Individual Abuse. Lehigh County ID also participates in regional meetings that focus on ODPs new Abuse Prevention Campaign and Provider Risk Assessment which has been established to reduce the growing number of incidents of abuse across the Commonwealth.

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, Team MISA, Upper Macungie Community HUB, and Lehigh Valley Supports Coalition. Lehigh County ID has a Human Rights Committee that meets quarterly to review and provide direction to Providers on Restrictive Procedure Plans. HCQU, providers, SCOs, families and community at large are represented on this committee. ODP can assist the county by continuing to provide trainings for AE, SCO and possibly extending trainings to family members and providers.

Lehigh County 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.

Participant Directed Services (PDS):

- Please describe how the county will promote PDS (AWC, VF/EA) including challenges and solutions.
- Please describe how the county will support the provision of training to SCOs, individuals and families on self-direction.
- Are there ways that ODP can assist the county in promoting or 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. Lehigh Valley Supporting Families Collaborative recently hosted an info session on Participant Directed Services which was attended by approximately 20 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. Local Supports Brokers have continued to provide support during the Covid-19 pandemic by offering remote services.

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 the county with the data regarding the number of individuals receiving services in congregate settings.

- Please describe how the county will enable individuals in congregate settings to return to the community.

Due to the Covid-19 pandemic, transitioning individuals from congregate care settings to the community has been slow. Lehigh County ID has successfully transitioned incarcerated individuals back to community settings. One of the individuals transitioned had been incarcerated for several years prior to his return to the community. Lehigh County ID has also assisted in the transition of multiple individuals from Skilled Nursing Facilities back into community settings. Lehigh County supports these transitions by participating transition team meetings and ensures that funding is prioritized for individuals to transition from congregate settings. Lehigh County works closely with Supports Coordination Organizations in identifying providers who may be appropriate to meet the individuals' complex needs. Additionally, Lehigh County ID participates in all transition activities for individuals who are interested in returning to the community from State Center settings.

HOMELESS ASSISTANCE PROGRAM SERVICES

Please describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Bridge Housing Services:

- Please describe the bridge housing services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of bridge housing services? Please provide a brief summary of bridge housing services results.
- Please describe any proposed changes to bridge housing services for FY 22-23.
- If bridge housing services are not offered, please provide an explanation of why services are not offered.

Bridge Housing is offered in other areas of Human Services funding in Lehigh County. HealthChoices has been offering this for many years through a long-standing reinvestment plan but that program is slowly coming to a close due to funding. HealthChoices has, through reinvestment funding, participated with PHFA to offer apartment housing. All Human Services agencies will assist clients with housing, either by supporting with funding or by direct referral to agencies providing assistance. Overall assistance to consumers is often focused in the Centralized Information and Referral Unit.

Case Management:

- Please describe the case management services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of case management services? Please provide a brief summary of case management services results.
- Please describe any proposed changes to case management services for FY 22-23.
- If case management services are not offered, please provide an explanation of why services are not offered.

Everything described above is funded through the HAP funds in the Human Services Block Grant. County adheres to the five components as listed on page five of the Homeless Assistance Program Instructions and Requirements. The program, as administered by Lehigh County, has not had any programmatic changes.

Community organizations provided case management and rental assistance to approximately 354 adults- and a total of 655 individuals when children are included -for the 2021/2022 fiscal year. This funding and the number of individuals assisted was for HAP. The primary goal required for use of HAP funding is to assist homeless families and individuals to 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 has been renewed to continue. A specialized ICM has been hired by the County's BH-MCO, Magellan Behavioral Health. This has proven to be successful. Also, the County's Children and Youth program received a SHIFT grant and partners with two local providers experienced in housing to work directly with families with children.

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 provide a brief summary of rental assistance services results.
- Please describe any proposed changes to rental assistance services for FY 22-23.
- If rental assistance services are not offered, please provide an explanation of why services are not offered.

Everything described is funded through the HAP funds in the Human Services Block Grant. County adheres to the five bullets as described on page five of the Homeless Assistance Program Instructions and Requirements. The program administered by Lehigh County 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. Regular program monitoring and review is conducted to ensure efficacy of services.

Emergency Shelter:

- Please describe the emergency shelter services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of emergency shelter services? Please provide a brief summary of emergency shelter services results.
- Please describe any proposed changes to emergency shelter services for FY 22-23.
- If emergency shelter services are not offered, please provide an explanation of why services are not offered.

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

Innovative Supportive Housing Services:

- 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 provide a brief summary of other housing supports services results.
- Please describe any proposed changes to other housing supports services for FY 22-23.
- 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:

- *LHOT – Local Housing Options Team*
- *Lehigh Valley Homeless Veteran Task Force*
- *HealthChoices reinvestment plan - Clearinghouse provides Bridge Housing, Master Leasing, Contingency Funding, and generalized supports, though as mentioned earlier in this document, the program will be ending in FY 20-21.*

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:

- Please describe the current status of the county's implementation of the Homeless Management Information System (HMIS). Does every 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.

SUBSTANCE USE DISORDER SERVICES (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:

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	6	2
Medically-Managed Intensive Inpatient Services	1	2
Opioid Treatment Services (OTS)	0	0
Clinically-Managed, High-Intensity Residential Services	8	3
Partial Hospitalization Program (PHP) Services	0	0
Outpatient Services	5	7
Other (specify)	0	N/A

*Average weekly number of individuals

**Average weekly wait time per person

Overdose Survivors' Data: Please describe below the SCA plan for offering overdose survivors

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
384	43	HOST, Police Data	113

2. Levels of Care (LOC): Please provide the following information for the county's contracted providers.

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2	0	N/A
4	2	0	0
3.7 WM	19	2	N/A
3.7	6	0	3
3.5	26	3	14
3.1	5	1	0
2.5	1	1	0
2.1	6	5	2
1	6	5	2

3. Treatment Services Needed in County: Please provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services. Include any

expansion or enhancement plans for existing providers and any use of HealthChoices reinvestment funds to develop new services.

Access to treatment and MAT for rural clients is difficult. In person IOP and OP is desperately needed potentially via a satellite office. Public Assistance teen clients have little access to residential levels of care. As new inpatient teen programs open, contracting with them is a priority. Pregnant women and women with younger children face barriers to treatment and unique clinical challenges. Expansion to access and content of programming is needed for this population.

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

Police Departments, Fire Departments, Street Medicine, our Recovery Centers, schools, probation, other agencies providing outreach services, prevention services providers, and other community agencies all have access to naloxone through the SCA and our CCE. Free naloxone training can be completed at [GetNaloxoneNow.org](https://getnaloxone.org). The Center for Humanistic Change, both recovery centers and hospitals offer virtual and in person naloxone training.

5. **County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county including challenges with the warm handoff process implementation.

The SCA contracts with Mid-Atlantic Rehabilitation Services (MARS) to provide warm handoff for all county hospitals. When a client in any hospital department reports substance use, hospital staff reach out to the Hospital Opioid Support Team (HOST) who conducts the assessment in-person or by phone and locates appropriate treatment. Our biggest challenge is capturing individuals brought to the ED for overdose. Less than a 20% of monthly overdose cases are assessed by HOST, and discerning where the breakdown in the system is proves difficult. Many of the individuals who enter treatment have some form of insurance so tracking completion of treatment is virtually impossible due to confidentiality laws.

Warm Handoff Data:

# of Individuals Contacted	1429
# of Individuals who Entered Treatment	556
# of individuals who have Completed Treatment	Unknown

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND (HSDF)

Please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures for the following categories. (Please refer to the HSDF Instructions and Requirements for more detail.)

Dropdown menu may be viewed by clicking on “Please choose an item.” Under each service category.

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: *Adult Day Care*

Description of Services: *A specialized day program of activities for adults ages 18-59. The programs provide supervision, activities, socialization and nutritious meals to participants. They also provide caregiver relief to families caring for a disabled adult.*

Service Category: Adult Day Care - Provides a program of activities within a licensed, protective, nonresidential setting to four or more enrolled adults who are not capable of full time independent living.

Adult Services: Please provide the following:

Program Name: *Home Delivered Meals*

Description of Services: *Provides hot and cold nutritious meals to individuals 18-59 who are homebound and do not have other supports to provide the meals.*

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.

Adult Services: Please provide the following:

Program Name: *Homemaker Services*

Description of Services: *Provides in-home care ranging from light housekeeping to assistance with grooming and bathing.*

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.

Adult Services: Please provide the following:

Program Name: *Information and Referral*

Description of Services: *The Agency provides information and referral services to individuals seeking such for adults 18-59. Referrals to appropriate community resources are provided.*

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.

Adult Services: Please provide the following:

Program Name: *Protective Services*

Description of Services: *Provides case management, ie., the Report of Need, for clients 18-59. The Agency takes reports of abuse, neglect, financial exploitation and abandonment and forwards the information to Liberty Health Care 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.

Adult Services: Please provide the following:

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 services.*

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.

Generic Services: Please provide the following:

Program Name: *Centralized Information and Referral Services*

Description of Services: *Direct provision of information about social programs and human services to all people requesting such.*

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**):

Consider each one of the following boxes as being check marked (✓).

☐ Aging ☐ CYS ☐ SUD ☐ MH ☐ ID ☐ HAP

Specialized Services: Please provide the following: (Limit 1 paragraph per service description)

Program Name:

Description of Services:

Interagency Coordination: (Limit of 1 page)

If the county utilizes funds for Interagency Coordination, please 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, and other allowable costs).
- how the activities will impact and improve the human services delivery system.

Other HSDF Expenditures – Non-Block Grant Counties Only

If the county plans to utilize HSDF funds for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder services, please provide a brief description of the use and complete the chart below.

Only HSDF-allowable cost centers are included in the dropdowns.

Category	Allowable Cost Center Utilized
Mental Health	
Intellectual Disabilities	
Homeless Assistance	
Substance Use Disorder	

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

Directions:	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1. ESTIMATED INDIVIDUALS SERVED	Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2. HSBG ALLOCATION (STATE & FEDERAL)	Please enter the county's total state and federal DHS allocation for each program area (MH, ID, HAP, SUD, and HSDF).
3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4. NON-BLOCK GRANT EXPENDITURES	Please enter the county's planned expenditures (MH, ID, and SUD only) that are <u>not</u> associated with HSBG funds in the applicable cost centers. <i>This does not include Act 152 funding or SUD funding received from the Department of Drug and Alcohol Programs.</i>
5. COUNTY MATCH	Please enter the county's planned match amount in the applicable cost centers.
6. OTHER PLANNED EXPENDITURES	Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, and other non-DHS funding). Completion of this column is optional.
<p>Please use FY 21-22 primary allocations, less any one-time funding and less any federal Medicaid reimbursements. If the county received a supplemental CHIPP/forensic allocation during FY 21-22, include the annualized amount in the FY 22-23 budget. If you would like to include the federal Medicaid reimbursements for more accurate budgeting, please include those amounts in column 6, "Other Planned Expenditures."</p> <p>DHS will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 22-23 are significantly different than FY 21-22. In addition, the county should notify DHS and submit a rebudget form via email when funds of 10% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).</p>	

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

County:	1.	2.	3.	4.	5.	6.
LEHIGH	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	40		\$ 625,238		\$ 18,194	
Administrative Management	3,460		\$ 1,766,550		\$ 51,407	
Administrator's Office			\$ 1,389,338		\$ 40,430	
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	23		\$ 151,284		\$ 4,402	
Community Residential Services	235		\$ 8,450,102		\$ 245,898	
Community Services	5		\$ 474,508		\$ 13,808	
Consumer-Driven Services	145		\$ 230,415		\$ 6,734	
Emergency Services	1,021		\$ 270,339		\$ 7,867	
Facility Based Vocational Rehabilitation	22		\$ 96,461		\$ 2,807	
Family Based Mental Health Services	2		\$ 2,500		\$ 44	
Family Support Services	12		\$ 22,500		\$ 655	
Housing Support Services	152		\$ 634,040		\$ 18,451	
Mental Health Crisis Intervention	1,860		\$ 844,191		\$ 24,566	
Other						
Outpatient	158		\$ 428,975		\$ 12,483	
Partial Hospitalization						
Peer Support Services	7		\$ 30,015		\$ 873	
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	21		\$ 166,532		\$ 4,846	
Social Rehabilitation Services	521		\$ 617,583		\$ 7,820	
Targeted Case Management	215		\$ 910,013		\$ 26,481	
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	7,899	\$ 17,441,964	\$ 17,110,584	\$ -	\$ 487,766	\$ -
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			\$ 1,119,512	\$ 166,212	\$ 38,536	
Case Management	246		\$ 237,871		\$ 7,129	
Community-Based Services	350		\$ 418,448	\$ 103,993	\$ 15,659	
Community Residential Services	13		\$ 860,765		\$ 25,799	
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	609	\$ 2,711,070	\$ 2,636,596	\$ 270,205	\$ 87,123	\$ -

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

County:	1.	2.	3.	4.	5.	6.
LEHIGH	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing						
Case Management	328		\$ 212,398		\$ 6,181	
Rental Assistance	328		\$ 359,371		\$ 10,458	
Emergency Shelter						
Innovative Supportive Housing Services						
Administration			\$ 6,280			
TOTAL HOMELESS ASSISTANCE SERVICES	656	\$ 418,721	\$ 578,049		\$ 16,639	\$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	1,220		\$ 274,240		\$ 7,980	
Inpatient Hospital						
Inpatient Non-Hospital	160		\$ 385,592		\$ 11,221	
Medication Assisted Therapy						
Other Intervention	28		\$ 54,094		\$ 1,574	
Outpatient/Intensive Outpatient	53		\$ 113,430		\$ 3,301	
Partial Hospitalization	1		\$ 2,008			
Prevention	3,500		\$ 228,841		\$ 6,659	
Recovery Support Services	1,800		\$ 160,708		\$ 4,677	
Administration			\$ 305,731		\$ 8,897	
TOTAL SUBSTANCE USE DISORDER SERVICES	6,762	\$ 1,524,645	\$ 1,524,644	\$ -	\$ 44,309	\$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	175		\$ 336,144		\$ 9,782	
Aging Services						
Children and Youth Services						
Generic Services	4,550		\$ 132,751		\$ 3,862	
Specialized Services						
Interagency Coordination						
Administration			\$ 43,388		\$ 1,263	
TOTAL HUMAN SERVICES DEVELOPMENT FUND	4,725	\$ 265,756	\$ 512,283		\$ 14,907	\$ -
GRAND TOTAL	20,651	\$ 22,362,156	\$ 22,362,156	\$ 270,205	\$ 650,744	\$ -