

Lehigh County MH/ID/EI/D&A

**County Mental Health Plan
For Adults, Older Adults and Transition-Age Youth
with Serious Mental Illness and Co-occurring Disorders**

Fiscal Years 2013-2017

Year One Plan FY 2012-2013

**Lehigh County Government Center
17 S. 7th Street
2nd Floor
Allentown, PA 18101**

Table of Contents

	Page(s)
Section 1 Executive Summary	1-2
Section 2 Vision and Mission Statement	3-4
Section 3 Process Used for Completing the Plan	5-6
Attachment A Signatures of Local Authorities	7-8
Attachment B Notice of Public Hearings	9-10
Attachment C PATH Intended Use and Budget	11-19
Attachment D Community Support Program County Plan Development process	20-24
Attachment Focus Group Results	25-36
Section 4 Overview of the Existing Mental Health Service System	37-43
Attachment E Existing Mental Health Services	44-45
Attachment F Evidenced Based Practices Survey	46-47
Attachment G Recovery-Oriented/Promising Practices Chart	48
Section 5 Identification and Analysis of Service System Needs	49-52
Attachment H Service Area Plan Chart	53
Section 6 Identification of the Recovery-Oriented Systems Transformation Priorities	54
Attachment J Top Four Transformation Priorities	55-56
Section 7 Fiscal Information	57
Attachment K Expenditure Charts & Funding Requests	58-66
Section 8 Supplemental Plans	67
Attachment I Older Adults Program Directive	68-71
Attachment L Housing Plan	72-90
Attachment M Forensics Plan	91-94
Attachment N Employment Plan	95-108

Section 1

Executive Summary

Executive Summary

The Lehigh County Mental Health Plan for FYs 2013/2017 reflects the continued focus to enhance existing Mental Health Services as well as develop additional services that are planned and delivered in a manner that promotes recovery, facilitates the individual's recovery process and transforms the existing system of care. This is a transformational process for the system of care in Lehigh County which has placed an increased emphasis on natural and community-based services. We are looking to improve our consumer and advocacy initiatives, develop recovery education for providers and increase opportunities for people receiving services to not only make decisions about what works for them but to help shape and redefine the service delivery system.

Lehigh County has worked effectively with community stakeholders including persons in recovery, family members, service providers, advocacy agencies, and others in enhancing and improving our system as we strive together to have a truly recovery oriented model of services in Lehigh County.

Lehigh County uses focus groups to obtain information from stakeholders to use in the development of the mental health plan. We utilized Advocacy Alliance to meet with consumers, families, providers, county employees, and advocacy groups to help plan for the future of our system.

Our county program continues to promote the recruitment, training and hiring of Certified Peers. To further enhance our desire to expand recovery based services, we continue to fund Certified Peer Specialist training. This training was completed on February 25, 2011 and seventeen graduates were eligible positions with our local providers of mental health services. In addition, the Bi-County Peer Mentoring Program, offered through Recovery Partnership, has expanded and now offers additional mentoring services to consumers in Lehigh County.

The work of our Bi-County Recovery Committee remains very active in developing and refining initiatives that continue to provide system improvements. This committee continues to support and refine our community education initiative. Referred to as our sensitivity training, this training promotes interactions that are more sensitive and respectful to consumers. The presentation includes educational information from a consumer, mental health service provider and crisis intervention staff. This committee also recognized the importance of providing an opportunity for all employed peers to support one another. Monthly peer support groups were held and open to all employed peers. As this group membership increased, members identified the need to restructure the group to better define its purpose and to identify methodologies for effective peer support self-help. Recovery Partnership hosted a workshop for all peers entitled "Basics of Peer Self-Help Group Facilitation Tools".

Lehigh County Mental Health through ongoing inclusive and collaborative partnerships with the County's provider network, consumer groups, Wernersville State Hospital, County DHS, and the County Criminal Justice system will enter the next year striving for system reform that delivers high quality and fiscally responsible and sustainable services in the spirit of recovery and resiliency.

Section 2

Vision and Mission Statement

VISION STATEMENT

The recovery journey for transition-age youth, adults, and older adults with mental illness and co-occurring disorders will embrace each individual's hopes and dreams for the future and encourage individual empowerment and independence. Each person will have burden free access to a network of high quality community supports and services that include safe and affordable housing, flexible transportation options, and a broad variety of educational, employment, and self-advocacy opportunities.

MISSION STATEMENT

To create the greatest potential for successful, enriching and complete lives for transition-age youth, adults, and older adults with mental illness and co-occurring disorders, we will provide easily accessible and recovery-oriented community services and supports that rely upon a collaborative partnership of persons in recovery, families, and community stakeholders to develop and insure that these supports are culturally sensitive and emphasize a whole live approach to each person's recovery journey.

Section 3

Process Used for Completing the Plan

Includes:

Attachment A-Signature of Local Authorities

Attachment B-Public Hearing Notice

Attachment C-PATH Intended Use and Budget

Attachment D-CSP Plan Development Process Review Form

Attachment -Focus Group Results

Process Used for Completing the Plan

The planning process for Lehigh County is ongoing throughout the year and includes input from numerous committees, partners and stakeholders. These groups include consumers, family members, community providers, and county staff. The groups include:

Community Support Program (CSP) Committee
Service Area Plan Committee
Bi-County Recovery Committee
Bi-County ROSI Committee
Consumer and family Satisfaction Teams (CSFT's)
QI Committee
Provider Committee
Magellan Operations Meetings
Housing Committee

Lehigh County in conjunction with the Advocacy Alliance utilized a focus group process to assist in the development of the 2012-2013 Plan. The focus groups were used to solicit input from persons with a mental illness, persons in recovery, family members, and other stakeholders to obtain their comments and concerns related to the delivery of services and supports in the county. The process and questions that were used in the focus groups were reviewed with and approved by the CSP Committee. The results of the focus groups are attached to the Plan.

Lehigh County continues to maintain a close working relationship with our local CFST and utilizes consumer feedback from their satisfaction surveys for CHIPP consumers and HealthChoices members in developing and improving services.

Lehigh County works with the CSP Committee in reviewing and approving the Recovery Oriented Systems Indicators (ROSI) Measure, which provides an opportunity to review the feed back that is received from the focus groups. Lehigh County conducts a public hearing to review the draft Program's Goals and Objectives as developed for inclusion in the Plan.

The MH/ID office works closely with all County agencies within the Department of Human Services in developing services and supports for persons involved in mutual systems of care.

Lehigh County MH/ID/IE/D&A
County Program

SIGNATURES OF LOCAL AUTHORITIES

INTENT OF SECTION

The intent of this section is to provide the necessary signatures of the local authorities as required by Chapter 4215 of the Pennsylvania Code. “Local authorities” are defined as, “the county commissioners or county executives of a county, or the city councils and the mayors of first class cities, or two or more of these acting in concert.”

REQUIREMENT

Please provide appropriate signatures on the attached form (Form I or Form II) that best corresponds with your county program structure. If the counties are not able to send the signature page(s) electronically they may indicate that here. The hard copy of the plan must contain the Attachment A with all the required signatures.

Attachment A
Form I
Lehigh County MH/ID/IE/D&A
County Program

-LOCAL AUTHORITY SIGNATURES: COUNTIES

I/We assure that I /we have reviewed and approved the attached FY **FY2012-2013** County Mental Health Plan.

Lehigh County Executive:

Name: Donald Cunningham **Signature**



Date

6/16/11

Lehigh County MH/ID/IE/D&A
County Program

FY2012-2013 County Plan

Flyer that was posted and distributed in the community

NOTICE OF PUBLIC HEARING

THE COUNTY OF LEHIGH OFFICE OF MENTAL HEALTH
WILL HOLD A PUBLIC HEARING FOR STATE FISCAL YEAR 2012/2013
REGARDING ADULT MENTAL HEALTH PRIORITIES

March 31, 2011

From 1:00 p.m. – 3:00 p.m.

at

The Recovery Education Center
1427 Chew St
Allentown, PA 18102

THE LEHIGH COUNTY OFFICE OF MENTAL HEALTH INVITES PUBLIC COMMENT

AVISO DE AUDIENCIA PÚBLICA

EL CONDADO DE OFICINA LEHIGH DE SALUD MENTAL
SOSTENDRÁ UNA AUDIENCIA PÚBLICA DURANTE AÑO FISCAL ESTATAL 2012/2013
EN CUANTO A PRIORIDADES DE SALUD MENTAL de ADULTOS

El 31 de marzo de 2011

A partir de las 1:00 p.m. hasta las 3:00 p.m.

en

El Centro de Educación de Recuperación
1427 Chew St
Allentown, PA 18102

LA OFICINA DE CONDADO LEHIGH DE SALUD MENTAL INVITA COMENTARIO
PÚBLICO

Proof of Publication Notice in The Morning Call

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

STATE OF PENNSYLVANIA

COUNTY OF LEHIGH

} ss:

COPY OF NOTICE OR ADVERTISEMENT

Glenn Adams, Credit Manager of THE

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

..... and the 14th day of March 2011.....

Affiant further deposes that he is the designated agent duly authorized by THE MORNING CALL, INC., 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.

Glenn Adams

Designated Agent, THE MORNING CALL, INC.

SWORN to and subscribed before me this 15th day of

March 2011

Joanne Reiss
Notary Public

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal

Joanne Reiss, Notary Public
City of Allentown, Lehigh County

My Commission Expires Nov. 22, 2011

Member, Pennsylvania Association of Notaries

NOTICE OF PUBLIC HEARING
THE COUNTY OF LEHIGH OFFICE OF MENTAL HEALTH WILL HOLD A PUBLIC HEARING FOR STATE FISCAL YEAR 2012/2013 REGARDING ADULT MENTAL HEALTH PRIORITIES. March 31, 2011 From 1:00 p.m. - 3:00 p.m. at The Recovery Education Center, 1427 Chew St., Allentown, PA 18102. THE LEHIGH COUNTY OFFICE OF MENTAL HEALTH INVITES PUBLIC COMMENT.
AVISO DE AUDIENCIA PUBLICA
EL CONDADO DE OFICINA LEHIGH DE SALUD MENTAL SOSTENDRA UNA AUDIENCIA PUBLICA DURANTE AÑO FISCAL ESTATAL 2012/2013 EN CUANTO A PRIORIDADES DE SALUD MENTAL de ADULTOS. El 31 de marzo de 2011 A partir de las 1:00 p.m. hasta las 3:00 p.m. en El Centro de Educacion de Recuperacion, 1427 Chew St., Allentown, PA 18102. LA OFICINA DE CONDADO LEHIGH DE SALUD MENTAL INVITA COMENTARIO PUBLICO.
#30508 — 3/14

PUBLISHER'S RECEIPT FOR ADVERTISING COSTS

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

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

By

Record #32487

Lehigh County MH/ID/IE/D&A
County Program

FY2012-2013 County Plan

Lehigh County MH/MR/D&A Intended Use Plan
FY 2011-12

1. **Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.**

Lehigh County MH/MR/D&A/HealthChoices Program is the sole recipient of PATH funding. The Mental Health Program manages federal, state, and local funds to provide comprehensive community-based recovery oriented services including but not limited to outpatient, partial hospitalization, residential, vocational, and specialized case management services to individuals with severe mental illness. The region served is Lehigh County which includes the City of Allentown, part of the City of Bethlehem in addition to numerous smaller municipalities.

2. **Indicate the amount of federal PATH funds the organization will receive.**

Lehigh County's allocation for 2011-12 is \$70,835.00 with a county match of \$2,438.00 our total comes to: \$73,273.00.

3. **Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including**

- a. **The projected number of adult clients to be contacted using PATH funds.**

In FY 2011/12, we project serving about 250 consumers.

- b. **Projected number of adult clients to be enrolled using PATH funds.**

In FY 2011/12, we project enrolling about 100 consumers.

- c. **Percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness)**

From recent years, we have found that about 15% of the consumers served with PATH funds are "literally" homeless.

- d. **Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.**

The Lehigh County Housing Case management staff work closely with the agencies in our community that are doing outreach and working with the literally homeless population. We have developed relationships and made them aware of PATH funds. The other case managers in our agency also work with our Housing staff to discuss situations they are working with when they have a consumer who is homeless.

e. Strategies that will be used to target PATH funds for street outreach and case management as priority services.

Our priority at initial contact is to provide case management services. Our county case managers work with the Conference of Churches housing Clearinghouse case manager to provide maximum use of PATH money and other available resources.

f. Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

In our community, we support the agencies that are entering data into HMIS systems. These agencies include but are not limited to Conference of Churches, the Allentown Rescue Mission and the Veteran's Administration. The agencies work directly with people who are "literally" homeless and provide outreach.

g. Indicate whether the provider provides, pays for, or otherwise supports evidenced-based practices and other training for local PATH-funded staff. Our PATH staff are involved in ongoing trainings offered through the

county, community and most recently through webinars.

h. Indicate whether the provider provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS. The community providers are entering data in to the HMIS system. Our

case managers work with each other on being sure consumers are led to access any available applicable services for them. One of the providers is currently working to make HMIS more meaningful by working with the Department of Community and Economic Development to change the redundancy of HMIS.

- i. Community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe coordination activities and policies with those organizations.

Outreach: Conference of Churches Homeless Support Services

Primary Health: The Caring Place, Sacred Heart Hospital Parish Nurse Program, medical clinics at Sacred Heart, Lehigh Valley and St Luke's Hospitals.

Behavioral Health (MH/D&A): Magellan Health Services, Lehigh Valley Hospital Mental Health Clinic, St Luke's Behavioral Health, Hispanic American Organization Counseling Services, Haven House, CedarPoint Family Services, Lehigh Valley Drug and Alcohol Unit.

Housing: Conference of Churches Homeless Support Program, Salisbury Behavioral Health Transitional Housing, Robbins-Bowers Crisis Residence, Allentown Rescue Mission, Salvation Army Shelter, Valley Housing Development Corporation, Transitional Living Center, Step by Step.

Employment: The Clubhouse of Lehigh County, Daybreak, VIA, PIC, APS, Office of Vocational Rehabilitation

Material Needs/Life skills: Pathways, Ecumenical Food Bank and Soup Kitchens, Daybreak.

The PATH staff routinely meets with key agencies to coordinate, develop and preserve relationships to benefit the homeless with mental illness/co-occurring disorders. Consumers are referred to the appropriate agency for specific needs identified by the consumer during the assessment process and are monitored through the case management process.

j. Gaps in current service systems.

Some of the gaps in the housing system are the lack of affordable low income housing in the area; the continued lack of Section 8 vouchers leaving individuals without additional sustainable source of rental assistance and identifying reputable landlords that will accept tenants with poor credit histories, poor references or criminal records. There is a lack of rental assistance for persons with felony records or past issues with Section 8.

k. Services available for clients who have both a serious mental illness and substance abuse disorder.

The PATH program provides case management, screening, and referral to individuals with mental illness and/or substance abuse disorders who are homeless or in danger of becoming homeless. Additionally there are many community programs that we refer to. Some of those include: Step-by-Step who offers a dual program where consumers can access treatment and case management services, The Lehigh Valley D&A Intake Unit who assesses dual consumers, makes recommendations regarding D&A treatment or rehabilitation placement, and provides intensive case management services, The Allentown Rescue Mission who offers a D&A residential program in addition to shelter services and Haven House on-site psychiatric rehabilitation which includes a Drug & Alcohol group component.

l. Strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

PATH funds as they are available are utilized for security deposits and with rental assistance to prevent eviction. The Lehigh County PATH case manager maintains an extensive list of landlords and constantly updates lists of available housing. Lehigh County has used reinvestment dollars to fund some new housing programs partnering with PHFA, Allentown Housing Authority and Pennrose Management. We have so far been able to provide about 40 subsidized housing units.

The Fountain Street Bridge Program continues to offer a transitional housing program and allows consumers the ability to have access to decent, safe and affordable housing on a short-term basis while waiting for a more permanent housing option. The PATH case manager works with each individual Intensive Case Manager to ensure that housing goals are met.

4. Describe the participation of PATH local providers in the HUD Continuum Care program and any other planning, coordinating or assessment activities.

PATH staff is an active participant in the LV LHOT meetings that utilize the combined wealth of experience and knowledge of each member/agency that attends to seek out better ways to serve the homeless community and to provide more comprehensive treatment of the issue of homelessness. Lehigh County actively participates in the First Lady's Commission to End Homelessness in the city of Allentown. We track all outreach referrals received through Homeless Support Services. Additionally, The Lehigh County Reinvestment Housing Plan has been approved and entails a comprehensive housing plan to address the need for decent, safe, and affordable housing for mental health consumers in our community. Consumer representatives actively participate in the planning process.

5. Describe: (These demographics were gathered using 10/11 tracking)

a. the demographics of the client population:

52% of consumers enrolled by PATH were Caucasian,
28% were Hispanic or Latino,
19% were Black or African American.

As you can see many consumers fall in to more than one race category. All individuals served were between the ages of 18 to 64 years, with 70% being 35 years of age or older, with the majority of these being female (66%).

b. the demographics of the staff serving the clients:

Staff serving these consumers at the various community organizations listed above are primarily female, an equal mix of ethnic background and between the same age ranges as the consumers they serve.

c. how staff providing services to the target population will be sensitive to age; gender and racial/ethnic difference of clients:

PATH staff provides services sensitive to age, gender, racial/ethnic diversity by being seasoned workers who have been trained in gender/age/cultural competency. We have the ability to use other case managers to do translating and to use a telephone service that allows us to translate for most all languages. We have paperwork that is printed in English and Spanish as those are the languages that are most consistent with the population we are serving.

d. the extent to which the staff receive periodic training in cultural competence.

Staff has received training in cultural competency and sensitivity and is encouraged to attend “refresher” courses on an annual basis. PATH staff is well versed on the unique needs of the mentally ill and are able to assist staff of other agencies in their sensitivity to this population.

6. Describe how persons who are homeless and have serious mental illness and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH funded services. For example, indicate whether persons who are PATH-eligible are employed as staff or as volunteers or serve on governing or formal advisory boards. (See Appendix G: Guidelines for Consumer and Family Participation.)

Persons who are homeless and have serious mental illness and family members are involved in the planning, implementation, and evaluation of PATH funded services through active participation in Mental Health Planning process. Consumers and/or family members are represented on the Mental Health and HealthChoices Advisory Boards and are well represented on the Mental Health Planning Committee. Consumers will continue to provide the actual direction of the Reinvestment Plan Housing Initiatives by identifying their needs and collaborating with the stakeholders regarding their services. Our contract with Conference of Churches includes them hiring a Peer Specialist to work with their consumers. PATH eligible individuals have been trained and employed as certified Peer Specialists and Peer Mentors.

**Lehigh County MH/MR Program
PATH Budget
FY 2011/2012**

2011/2012 PATH Funding \$70,835.00
Federal Portion \$46,456.00
State Portion \$24,379.00

Personnel

Position	Annual Salary	PATH – Funded FTE	PATH Funded
Caseworker	\$65,126.00	0.9 FTE	
Federal Portion			\$26,322.00
State Portion			\$13,813.00
Caseworker Benefits	\$18,931.00		
Federal Portion			\$ 8,555.00
State Portion			\$ 4,489.00
Casework Supervisor	\$71,448.00	0.1 FTE	
Federal Portion			\$ 1,727.00
State Portion			\$ 906.00
Supervisor Benefits	\$20,769.00		
Federal Portion			\$ 561.00
State Portion			\$ 295.00
Total Salaries & Benefits			\$56,668.00
Federal Portion			\$37,165.00
State Portion			\$19,503.00

Other

Travel		
Federal Portion	\$ 754.00	
State Portion	\$ 396.00	
Rental Assistance		
Federal Portion	\$ 2,951.00	
State Portion	\$ 1,549.00	
Security Deposits		
Federal Portion	\$ 5,137.00	
State Portion	\$ 2,696.00	

Hook-ups	
Federal Portion	\$ 197.00
State Portion	\$ 103.00
Postage	
Federal Portion	\$ 66.00
State Portion	\$ 34.00
Trainings	
Federal Portion	\$ 186.00
State Portion	\$ 98.00
Total Other	\$14,167.00
Federal Portion	\$ 9,291.00
State Portion	\$ 4,876.00
TOTAL	\$70,835.00
Federal Portion	\$46,456.00
State Portion	\$24,379.00

Lehigh County MH/MR/D&A –Budget Narrative
FY 2011-12

Personnel:

90 % of the housing caseworker and 10% of the supervisor's salaries are PATH funded.

Fringe benefits (30%)

30% of both PATH funded employees fringe benefits are PATH funded. Fringe benefits in Lehigh County include Life and health insurance, workers comp, retirement and FICA tax.

Travel:

Includes travel to meet with possible PATH eligible consumers. Travel to housing meetings, to give presentations at provider meetings and other community agencies.

Rental assistance: Used to assist eligible PATH individuals for the purpose of preventing eviction and subsequent homelessness.

Security Deposits: One-time payments made directly to the landlord or housing manager.

Hook ups: Used to assist eligible PATH individuals with the costs involved in the hook up or payment of telephone, gas, electric, etc. It is also used to assist the consumers who have to decide between paying the months rent to prevent homelessness or paying the utility bill. We use this fund sparingly and encourage the consumers to work out payment plans with the utility providers.

Postage: Postage is used to send out information on the PATH program. To mail rental and security deposit checks. To send correspondence to consumers and mail housing grant information.

Training: Covers the registration costs accrued as the housing case manager attends necessary workshops, trainings and conferences that will enhance the ability of the housing case manager to provide PATH effective services.

FY 2012-2013 County Plan

COMMUNITY SUPPORT PROGRAM (CSP) COUNTY PLAN DEVELOPMENT PROCESS

Instructions: The following checklist should be completed by County CSP Committees to guide and document their input into the development of the County Annual Mental Health Plan. Check the appropriate (Yes) or (No) column to indicate sources of information or completion of each task. Use the (Comments) section to qualify your answers.

1. Representatives of what group (s) below provided reports/information to help the CSP develop its recommendations for the County Mental Health Plan?

<input type="checkbox"/> YES	<input type="checkbox"/>	Consumer Satisfaction Team
<input type="checkbox"/> YES	<input type="checkbox"/>	County Office of Mental Health
<input type="checkbox"/> YES	<input type="checkbox"/>	Consumer groups
<input type="checkbox"/> YES	<input type="checkbox"/>	Family groups
<input type="checkbox"/> YES	<input type="checkbox"/>	Provider organizations
<input type="checkbox"/>	<input type="checkbox"/> NO	Mental Health Association
<input type="checkbox"/> YES	<input type="checkbox"/>	Other (see comment)

Comments:

Collaboration occurred on many levels. NAMI, CFST, and County MH Administrators have been active members of our CSP committee. Information and feedback was gathered from many sources, including focus groups conducted by the Advocacy Alliance. Area Agency on Aging, VIA, OVR, and providers of employment services participated in CSP meetings to assist with development of the county plan.

2. The CSP Committee prioritized at least one or more CSP service components and exemplary practices they would like the county to develop.

☐ YES ☐

Comments:

Prioritized areas: Expand Peer Support Services to include forensic, bi-lingual and culturally competent peer specialists, to meet the needs of the diverse population of Lehigh County; Expand Housing and Housing Support Services; Expand Forensic Services/Collaboration with Criminal Justice System; Increase Employment Opportunities and Support Services.

3. The CSP Committee held meetings with county Office of Mental Health representatives to discuss CSP recommendations for the mental health plan prior to public hearing sessions.

☐ YES ☐

Comments:

The Deputy MH Administrator is a regular presence at our CSP meetings.

4. The CSP Committee received written notification of when and where the public hearings on the mental health plan will be held.

[YES] []

Comments:

Public Hearing was held on March 31st, 2011 at the SBH/Recovery Education Center on Chew Street in Allentown PA. The County was responsive to consumer concerns regarding having the hearing at the government center which has increased security measures (i.e. metal detectors).

5. The CSP Committee endorses the County's Annual Mental Health Plan.

[YES] []

Comments:

6. The CSP Committee sees evidence that the CSP Recovery Model Wheel and/or "Call for Change" is used by the County Management Office to guide planning activities.

[YES] []

Comments:

County representatives continue to demonstrate the belief that recovery from mental illness is not only possible, but probable. Lehigh County is working on developing a Drop-In Center in Allentown. They have supported the plan to increase consumer representation on both governing and advisory boards. Recovery Partnership now offers a Leadership & Introduction to Boards training.

7. The CSP Committee members are invited to attend the OMHSAS review of the County's Annual Mental Health Plan if the review occurs.

[] []

Comments:

If there is a plan review, our CSP committee would like it to take place at one of our CSP meetings.

8. The county office of Mental Health responded to the County CSP Committee outlining how it intends to implement the Committee's recommendations.

[YES] []

Comments:

9. The County CSP Committee and the County Office of Mental Health have jointly developed a process to report on progress in implementing the current year's Plan.

[YES] []

Comments:

Progress on the implementation of the county plan will be presented and discussed through established meetings – CSP, Recovery Committee, Community Healthcare Alliance, Community Provider meetings.

Name of CSP Committee Lehigh/Northampton CSP

CSP Committee Co-Chair: Donna Keutmann

Address 445 Birch Road

City, State, Zip Hellertown, PA 18055

Phone 610-730-9436 Fax

E-Mail Bailey18102@aol.com Date

CSP Committee Co-Chair: Carol Johnson

Address 217 South St Cloud Street

City, State, Zip Allentown, PA

Phone 610-435-0340 Fax

E-Mail Caj7up@msn.com Date

Name of CSP Committee _____

CSP Committee Chair: _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

E-Mail _____ Date _____

SIGNATURES:

Member(s) Representing Consumers: John McAdams

Member(s) Representing Families: Polly P. Brown

Member(s) Representing Professionals: Anthony L. Callan

Kendy Heatley
Edemann

Jim Mabe
the Lodge

Names of other participants:

1. Lauri Young
2. Sarah G. Dyson
3. Donna Keckman
4. _____

As part of the process of developing the plan, consumers and family members (including the current CSP co-chair and secretary) are proposing that Lehigh/Northampton CSP committee become independent county-based CSP committees. Their desire to do this is to more appropriately address the needs and services of individuals in Lehigh County, particularly the needs of the Hispanic population.

Name of CSP Committee Lehigh/Northampton Community Support Program
CSP Committee Chair Carol G. Johnson BS CSP Co-Chair
Address 217 South Saint Cloud Street
City, State, Zip Alamogordo, PA. 18104
Phone (610) 435-0340 Fax _____
E-Mail c9j7up@verizon.net Date June 14, 2011

SIGNATURES:

(Your signature designates that you have participated in this process and does not necessarily imply endorsement of the County Plan itself)

Member(s) Representing Consumers: _____

Member(s) Representing Families: _____

Member(s) Representing Professionals: _____

Carol G. Johnson, Manager for cultural diversity. I will continue to bring to the attention of the County offices when there is a need for those of a different culture & diverse population!

Names of other participants:

1. Carol G. Johnson
2. _____
3. _____
4. _____

Focus Group Results
Lehigh County MH/ID/IE/D&A
County Program

FY 2012-2013 County Plan

Lehigh County Mental Health Program

**Mental Health Focus Groups
2011 Report**

Introduction

Lehigh County's Mental Health Program sponsored several focus group meetings facilitated by the Advocacy Alliance with individuals who receive adult mental health services, provider staff, and family members. At the focus group meetings opinions were solicited from participants as to their satisfactions and dissatisfactions regarding mental health services and supports offered in Lehigh County, as well as ideas for improvements and identified gaps in the service system.

The focus group meeting locations were identified by the Lehigh County Mental Health Program. The focus group meetings were held at the Lehigh County Annual Public Planning Meeting which included agencies' staff and consumers of mental health services, Lehigh Valley National Alliance for Mental Illness (NAMI) Board Meeting, Salisbury Health Medically Fragile Program, Step-by-Step Weil Street transitional age Community Residential Rehabilitation Program (CRR), Hispanic American Organization (HAO) and the Clubhouse of Lehigh Valley. In the Lehigh County Mental Health Public Meeting there were 3 focus group meetings held after the larger meeting: housing; employment; and 'safety net' type supports such as shelters, food, hygiene products, and other living needs. The participants shared their opinions as well as representing invited individuals who could not attend. This report summarizes the responses from the focus group meetings and will be included by the Lehigh County Mental Health Program in their Planning Process for fiscal year 2013-2015.

The participants reported feeling this focus group process as being very beneficial and giving a voice to the consumers of mental health services and supports. Most participants were very appreciative of the opportunity presented by the focus groups meetings.

Demographics

The demographic information is reported by focus group meeting location. One resident at Weil Street CRR declined to fill out a demographic sheet and many participants in the Lehigh County Mental Health Public Meeting did not fill out a demographic sheet. In the Lehigh County Mental Health Public Meeting some participants moved between focus groups. Not all individuals wanted to fill out the demographic sheets or did not fill out all information on the form; therefore, individual demographic categories may not match the number of participants at every focus group meeting.

Focus Group Locations	Gender			
	Male	Female	Transgender	Total
NAMI of Lehigh Valley (Lehigh and Lehigh County members)	3	6	0	9
Lehigh County Mental Health Program Annual Public Meeting (estimated)	9	17	0	26
Salisbury Health Community Living Medically Fragile Program (MFP)	2	0	0	2
Step-by-Step Weil Street CRR	4	1	0	5
The Clubhouse of Lehigh County	5	5	0	10
Hispanic American Organization (HAO)	9	14	1	24
TOTAL	32	43	1	76

Please indicate how you identify yourself.

Focus Group Locations	Heterosexual	Lesbian	Gay	Bisexual	Questioning	Total
NAMI of Lehigh Valley (Lehigh and Lehigh County members)	9	0	0	0	0	9
Lehigh County Mental Health Program Annual Public Meeting	Many participants did not fill out a demographic sheet					
Salisbury Health Community Living Medically Fragile Program (MFP)	2	0	0	0	0	2
Step-by-Step Weil Street CRR*	4	0	0	0	0	4
The Clubhouse of Lehigh County	8	1	0	1	1	11
Hispanic American Organization (HAO)	15	0	0	0	0	15
TOTAL	38	1	0	1	1	41

(One participant at Weil Street and nine at HAO* declined to fill out a demographic sheet.)

*Challenges occurred at HAO due to language and cultural competency issues. Future focus groups will have facilitators who are bi-lingual/bi-cultural rather than just utilizing translators.

Age Group

Focus Group Locations	18-26	27-35	36-54	55 and above
NAMI of Lehigh Valley (Lehigh and Lehigh County members)	1	0	5	3
Lehigh County Mental Health Program Annual Public Meeting	Most participants did not fill out a demographic sheet			
Salisbury Health Community Living Medically Fragile Program (MFP)	0	0	0	2
Step-by-Step Weil Street CRR	5	0	0	0
The Clubhouse of Lehigh County	0	1	7	3
Hispanic American Organization (HAO)	0	2	3	10
TOTAL	6	3	15	18

Please indicate how you identify yourself.

Focus Group Locations	White	Black	Asian/Pacific Islander	Hispanic	Biracial	Native American	Other
NAMI of Lehigh Valley (Lehigh and Lehigh County members)	9	0	0	0	0	0	0
Lehigh County Mental Health Program Annual Public Meeting (estimated)	14	4	0	4	4	0	0
Salisbury Health Community Living Medically Fragile Program (MFP)	2	0	0	0	0	0	0
Step-by-Step Weil Street CRR*	3	1	0	0	0	0	0
The Clubhouse of Lehigh County	11	0	0	0	0	0	0
Hispanic American Organization (HAO)	0	0	0	12	3	0	0
TOTAL	39	5	0	16	7	0	0

(One participant at Weil Street and nine at HAO* declined to fill out a demographic sheet.)

Please indicate where you presently live.

Focus Group Locations	Group Home	Own Apartment/home	With Family	Homeless this past year	Other
Salisbury Health Community Living Medically Fragile Program (MFP)	2	0	0	0	0
Step-by-Step Weil Street CRR	5	0	0	0	0
The Clubhouse of Lehigh County	1	9	1	0	0
Hispanic American Organization (HAO)	1	7	3	0	4
TOTAL	9	16	4	0	4

(Did not ask at NAMI group or at Public Planning Meeting.)

Please indicate if you:

Focus Group Locations	Are Registered to Vote	Have voted in the last election	Are a Veteran	Work	Volunteer
NAMI of Lehigh Valley (Lehigh and Lehigh County members)	9	6	1	7	6
Lehigh County Mental Health Program Annual Public Meeting	Unable to estimate				
Salisbury Health Community Living Medically Fragile Program (MFP)	1	0	1	0	0
Step-by-Step Weil Street CRR*	2	1	0	0	0
The Clubhouse of Lehigh County	5	4	1	3	4
Hispanic American Organization (HAO)	9	4	1	1	2
TOTAL	26	15	4	11	12

(One participant at Weil Street and nine at HAO* declined to fill out a demographic sheet.)

Please indicate if you have a:

Focus Group Locations	Mental Health Advance Directive	Wellness Recovery Action Plan	Crisis/safety plan
Salisbury Health Community Living Medically Fragile Program (MFP)	0	0	0
Step-by-Step Weil Street CRR	0	0	2
The Clubhouse of Lehigh County	1	0	2
Hispanic American Organization (HAO)	9	2	1
TOTAL	10	2	5

Do you belong to:

Focus Group Locations	Community Support Program (CSP)	Community Planning Meetings	The Recovery Committee	A Self-Advocacy Group
NAMI of Lehigh Valley (Lehigh and Lehigh County members)	5	8	0	0
Salisbury Health Community Living Medically Fragile Program (MFP)	0	0	0	0
Step-by-Step Weil Street CRR	0	0	0	0
The Clubhouse of Lehigh Valley	1	0	0	0
Hispanic American Organization (HAO)	1	0	1	0
TOTAL	7	8	1	0

Have you:

Focus Group Locations	Ever used the Warm Line?	Had a crisis within the past 2 years?
Salisbury Health Community Living Medically Fragile Program (MFP)	0	1
Step-by-Step Weil Street CRR	1	1
The Clubhouse of Lehigh County	3	1
Hispanic American Organization (HAO)	1	1
TOTAL	5	4

Do you identify with any of the following disabilities?

Focus Group Locations	Hearing	Walking	Sight	Other
Salisbury Health Community Living Medically Fragile Program (MFP)	0	0	1	0
Step-by-Step Weil Street CRR	0	0	0	0
The Clubhouse of Lehigh County	0	2	0	0
Hispanic American Organization (HAO)	2	7	3	4
Total	2	9	4	4

Following are the questions and summary of responses from the focus group meetings.

WHAT EXISTING COMMUNITY SERVICES AND SUPPORTS WORK WELL AND WHY? PLEASE MENTION SPECIFIC PLACES AND SERVICES.

Housing

Residents at the MFP stated their homes are comfortable and nice and the staff are very nice. All participants reported they are treated well and like the staff. Transition age participants in the CRR reported not liking their program which includes housing because they feel they are not treated as adults. Although these younger participants reported dissatisfaction with the “rules” at the CRR and wanted to be treated more like adults, they did report many positive things about their program. Many said they would be homeless without this program and that most staff are very helpful.

Participants from HAO focus group meeting reported feeling their housing was satisfactory and all participants in the group were happy with their housing situation. People reported orally that they were homeless but did not fill out a demographic sheet.

Peer Support

None of the younger or HAO staff or participants ever heard of Certified Peer Specialists. Although the younger participants are aware of the Clubhouse, they reported not using it. Participants wish that more people would go to programs during the day and not stay in their apartments.

Participants reported that supports such as Wellness Recovery Action Plans, Warm Line, and crisis intervention services work well.

Mental Health Services

Transition age participants reported they like their Intensive Case Managers very much, with one resident stating he/she would be “lost” without his/her ICM. Younger participants were more interested in learning life skills and independent living skills along with information on how to get a general equivalency diploma, rather than mental health treatment. They suggest that the system be more helpful and less chaotic, less of a hassle, and less runaround with paperwork. They suggest that one person, such as an ICM assist with everything.

Participants reported that the Good Sheppard Program goes into the high schools to help identify older adolescents that could benefit from mental health and employment programs.

All participants from all focus group meetings reported being satisfied with crisis services. Some participants reported that the partial hospitalization programs are good but would like to see the two partial programs combined and the extra money going to the Clubhouse.

Participants reported that older adults who have a mental illness are well taken care of in Lehigh County, good services as well as a lot of activities.

All participants from the HAO are very satisfied with HAO Mental Health Outpatient Clinic. They reported they feel safe, mentally more stable, and the only time they feel part of the community. They reported they feel respected, are treated with dignity, and treated like family. They reported missing having the psych rehab program at HAO. They reported they do not have too many problems with their medications. Staff stated that the managed care organization can deny a medication from month to month and the clinic staff needs to assist the individual with regaining authorization.

Transportation

Many participants reported transportation was not a problem. What was a reported problem was the high cost of public transportation, making it prohibitive for many consumers of services. HAO focus group meeting participants reported they felt transportation was not a problem, although they did report that transportation for participating in planning meetings and Community Support Program meetings was a problem. (They also felt that there would be a language barrier as well as transportation problem)

WHAT COMMUNITY SERVICES AND SUPPORTS DON'T WORK WELL AND WHAT SHOULD BE DONE TO IMPROVE THEM?

Mental Health Services and Supports

Participants reported wishing that a drop-in center could be offered in Lehigh County. Some participants from the Clubhouse reported concerns about veterans returning from combat who are experiencing problems. They would like to see the Clubhouse expanded to address the veterans' needs and a specific facility dedicated for counseling to veterans.

Participants at the annual planning meeting discussed Peer Support Services and would like to see more individuals working in that service, especially for transition age young adults and forensic peers to help people in and coming out of the jails.

Participants reported that they would like to see more individuals have a Mental Health Advance Directive.

Participants from HAO reported that in the larger agency in Lehigh Valley they feel the clinic is too busy and they do not feel respected or welcomed there. The participants stressed they need Spanish speaking staff. Participants also reported case management services are needed for the Hispanic/Latino population. Staff at HAO stated that the consumers at the clinic expect the therapist to assist in various areas of their daily life. The therapist tries to explain that the individual needs case management services and it is not the place of the therapist.

Day Break is an Adult Day Program which the HAO participants reported they do not like, feel it is not therapeutic and lacks Spanish speaking staff. Day Break is in the process of starting Psychiatric Rehabilitation program and HAO would like the opportunity to open a psych rehab program also. The participants reported they would also like a clubhouse and a drop in center in their community for the Hispanic/Latino population.

Housing

It was reported by participants that there is a waiting list for low income housing in Lehigh County.

The Hispanic participants' focus group meeting discussed Pathways, a county funded program that can assist members of the community with utility payment, security deposit for an apartment, one time prescription assistance, and help with housing. The participants reported feeling that this program is not always helpful to the Hispanic population. Participants stressed the need for Latino elderly housing (stated 62% of OA in their area are Latino).

Participants, especially from the HAO, reported feeling homelessness was a big problem. It was reported that there are two shelters for men but both are too small to accommodate the population in need. There is a women's shelter, a shelter that will accommodate for women with children too. The participants have noticed that there are many more transitional aged-young adults in their area that are homeless.

Employment

Many people at the Annual Planning Public Meeting reported concerns with employment. Many reported that they would like to see employment services that address how individuals who have a mental illness can: develop a resume; improve interviewing skills; build a career; network; and build age appropriate working skills such as how to keep a job and talk to a boss. This was also a reported need for transition age older adolescents. The participants suggested an employment group to help with these identified needs. The participants also reported concerns that individuals going to a Certified Peer Specialist training were not told they would not get a job if they had a criminal background.

Sheltered workshop was an example of a service that may work well for those appropriate for it but the pay is so low they cannot afford transportation costs to go to it.

Information

Participants suggested that there should be more outreach to rural Lehigh County individuals and that the Community Assessment Team and Community Intervention Team should be put into place and continued.

Other

Most participants from all focus group meetings reported they are concerned with the homeless population. Participants reported that the housing and food banks services are not adequate to support this population.

WITH THE RECENT CLOSURE OF ASH AN ARRAY OF NEW COMMUNITY SERVICES WAS DEVELOPED. ARE YOU AWARE OF THESE SERVICES? ARE THESE NEW SERVICES ADEQUATE TO MEET THE NEEDS OF OUR COUNTY? IF NOT, WHAT IS STILL NEEDED?

The younger participants reported they know about the closure but did not know of any new services developed. The participants at the NAMI meeting and some participants at the Clubhouse are concerned that there were not good decisions made for the patients leaving ASH. They feel that some patients were not ready to leave and that not enough support is given to people from ASH that now live in the community. They are not familiar with any new services to support the closure.

When asked about the county planning in preparation for the closure of ASH, and the new programs and services within communities to provide assistance to these residents- the HAO focus group meeting participants reported they were not aware of any.

WHAT SHOULD HAPPEN TO THE EXISTING GROUNDS AT ASH?

The HAO participants feel the grounds should be used for mental health rehabilitation and include their wish list of the following:

- English classes
- GED
- Computer training
- Vocational training
- Forensics
- Spanish classes for professional staff
- Learn a trade or a craft
- Horticulture and sell the flowers, fruits & vegetables.
- Green jobs

The HAO participants feel anyone that would utilize these services would feel productive. The participants would not have transportation to ASH grounds so these services would not benefit them.

Additional suggestions from other focus group meetings were:

- Housing for individuals who have limited income;
- Apartments that would generate revenue; and
- Apartments for older adults.

MENTAL HEALTH PLANNING FOR LEHIGH COUNTY IS CONTINUOUS. BESIDES THIS FOCUS GROUP ARE YOU CURRENTLY INVOLVED IN MENTAL HEALTH PLANNING? IF NOT, ARE YOU INTERESTED IN BECOMING INVOLVED? ARE YOU AWARE OF HOW TO BECOME INVOLVED IN THE PLANNING PROCESS?

Not many participants reported being or wanting to be involved in planning. Participants from the HAO focus group meeting were not aware of CSP meetings. All seemed very interested but reported the location of the meetings is not convenient and they would not have transportation. Participants stressed they would really enjoy the HAO building to facilitate a CSP meetings. Most were aware of Recovery Partnership's Programs. Flyers for the Community Support Program (CSP) and Lehigh County Recovery Planning Meetings were passed out at meetings.

WHAT EMPLOYMENT SERVICES ARE WORKING WELL AND WHY?

The Clubhouse employment services were reported to be a positive thing, and Step-By-Step's employment program was also reported to be positive.

WHAT EMPLOYMENT SERVICES ARE NEEDED THAT CURRENTLY DO NOT EXIST IN THIS AREA?

Participants reported that the Office of Vocational Rehabilitation does little because funding is used up quickly. Participants reported needing help with jobs and appropriate clothing when they are starting a job. Transportation for employment is a concern because of the costs. Some participants suggested vocational assistance for an individual with a criminal background.

Participants from the HAO focus group meeting asked that the following be provided in a clubhouse like setting for them to be better able to be employed:

- English classes
- GED classes
- Computer training
- Vocational training
- Spanish classes for professional staff
- Learning a trade or a craft

WHAT NEEDS TO HAPPEN TO ENSURE THAT INDIVIDUALS ARE ABLE TO ACCESS SERVICES ACROSS ALL SERVICE FIELDS? SOME EXAMPLES OF SERVICE FIELDS ARE: AGING, CRIMINAL JUSTICE AND DRUG & ALCOHOL. HOW CAN ALL OF THESE DIFFERENT AGENCIES CONNECT WITH ONE ANOTHER?

Participants reported that a website with all information on mental health services and supports in Lehigh County such as food, clothing, and housing needs should be developed along with email updates after a participant list is developed.

SUMMARY AND WHAT ARE THE KEY ELEMENTS THAT CONSUMERS NEED TO BE WELL AND MOVE TOWARD RECOVERY?

A high percentage of those who participated in the focus group meetings are satisfied with their mental health services and supports, with the HAO participants asking for more Spanish speaking staff. Participants from all focus group meetings did not report any concerns with lack of professional mental health services and did report satisfaction with most providers. In some focus group meetings concerns were reported with not having adequate staff at some of the agencies.

Many participants did report concerns over costly transportation and minimal access to low income housing. Employment was reported as a concern. This included the identified needs for a person who has or had a mental illness and hasn't been working. The skills of preparing for a job, resume writing, and interviewing were seen as a need for all ages.

Staff and other participants at the focus group meetings wished there was better or easier access to information regarding services and supports available for individuals who have a mental illness. There were repeated concerns for individuals who need help with food, clothing, and safe affordable housing. Concerns were reported by focus group meeting participants that the bad economy would not be able to keep good support services continuing and many reported already noticing that funds for medications, and other needs was not as available as it used to be.

When the HAO participants were asked what they need to be supported in their recovery the following answers were given:

- Spanish speaking staff in all areas of behavioral health services and all forms translated into Spanish.
- Explanation of the HAO clinic to provide more of what the participants feel they are missing (as explained previously in this report).
- Information on all services and assistance programs in Spanish so they can navigate the system.

Many participants reported that interacting with peers at drop in centers and clubhouses, supporting themselves and others, were the best activities for an individual's Recovery.

Section 4

Overview of the Existing County Mental Health System

Includes:

Attachment E- Existing County Mental Health Services

Attachment F-Evidenced Based Practices Survey

Attachment G-Recovery-Oriented/Promising Practices Chart

Overview of the Existing County Mental Health Service System

Program Achievements and Improvements

Lehigh County has worked has worked diligently over the past year with persons in recovery, the local advocacy community and the provider community to develop a system that is truly recovery and resiliency focused. Our goal was to ensure that appropriate systems were in place for people moving back into the community from Allentown State Hospital as well as people already residing in the community. Below are some of the highlights of the work our community accomplished.

Extended Acute Care (EAC)

Lehigh County worked with Sacred Heart Hospital in developing a hospital-based EAC to support consumers who were receiving services in a traditional acute care setting and were determined to be in need of extended hospitalization. The EAC promotes interdependence and affords cooperative and collaborative interactions with consumers, families, staff and community groups. Services are provided to assist individuals develop, enhance, and/ or retain emotional and behavioral well-being, physical and mental health wellness, social quality of life, and community re-integration.

The EAC provides services with the primary goal of empowering consumers to manage their illnesses, find their own goals for recovery, and make informed decisions about their treatment by teaching the necessary knowledge and skills. The concept of empowerment begins at the onset with consumer input utilized in the creation of the program.

Each consumer's recovery process is unique and is guided by their individualized recovery plan. Self-direction is utilized with the consumer playing an invaluable role in designing this recovery plan by defining his or her own life goals and their unique path towards those goals. This process is individualized and person-centered. An interdisciplinary team lead by a psychiatrist reviews plans with the consumer. Goals and processes will be addressed and adjusted to meet progress as noted by both consumer and practitioners.

Medically Fragile Persons (MFP)

The MFP is an unlicensed two apartment dwelling for elderly individuals who have been diagnosed with mental illness or mental retardation and are medically compromised. The home provides; meals, supervision and assistance with activities of daily living, transportation to medical appointments, medication management, and assistance with community integration. Additionally the program provides privacy to each resident within a well maintained nicely furnished atmosphere.

The MFP offers twenty four hour staffing. An Assistant Program Director (APD) is in charge of both dwellings. The APD is always on call as well as the Assistant Operations Director/LPN for any emergencies or medication issues. An RN is also available for any additional support.

Each resident is assessed for interest and abilities. Activities are offered for short periods continuously throughout the day and may be in a group or one on one. The activities include but are not limited to: games, crafts, community outings and fresh air activities.

The Lehigh County Office of Aging and Adult Services played an invaluable role in the transitioning of Older Adults living at Allentown State Hospital into the Community. The Assessment Unit completed all assessments to determine the consumer's appropriate level of care. Consumers that were recommended as Nursing Facility Clinically Eligible had their charts reviewed by the State Office of Mental Health for concurrence as is the protocol for OBRA records. The Assessment Supervisor, Nursing Home Transition Coordinator and the Deputy Administrator/RN attended the CSP meetings for all consumers over 60 years of age. When it was identified that there were consumers 60 years of age and older, medically eligible for nursing facility care and eligible for "Money Follows the Person" funding who could not be placed in nursing homes, the focus of the CSP meetings changed to look at community placement. The staff from the Office of Aging determined what environmental modifications would be necessary to make the transition possible and contacted in-home service providers to ensure staff with experience were able to work with the older adults who experienced both medical and psychiatric issues.

All Inclusive Residential Program (AIR)

Horizon House operates an All-Inclusive Residential Program (AIR) for six individuals with serious mental illness and co-occurring substance abuse disorders who were discharged from the Allentown State Hospital. The program helps individuals experience recovery and equips them for independent living in the community setting of their choice. The program employs the Mental Health Recovery Star tool to measure both individual and project outcomes. The overarching goal of the program is to help each individual to experience recovery. The service approach is designed to improve each individual's physical, mental, and emotional health to a level at which they are willing and able to live an independent life in the community setting of their choice. Individuals in the program set the course for their own recovery journey and progress is determined by self-assessment. Recognizing that recovery is a uniquely personal experience, the program service approach focuses on the active involvement of consumers in developing individualized recovery plans.

Supported Apartment Living (SAL)

Horizon House operates a Supported Apartment Living (SAL) Program for eight individuals with serious mental illness and co-occurring substance abuse disorders and/or intellectual disabilities. The primary objective of the program is to empower and equip individuals to live independent, productive lives in the community setting of their choice. Given the serious nature of the psychiatric conditions of the individuals participating in the program, an intense level of support is provided by an interdisciplinary team comprised of a Program Director, Residential Support Specialist, Peer Specialist, Residential Living Specialists, and a Psychiatrist and Psychiatric Nurse who is available

on an as needed basis. The team delivers supportive housing services and clinical services, based on need determined by consumers in the program. The team provides peer support services, engagement activities self-help, recovery, and independent living skills training, psychiatric services, medication management, and an array of therapeutic interventions in response to self-determined individual needs. The Critical Time Intervention (CTI) approach is utilized to help individuals move toward discharge and transition to fully independent living in the community setting of their choice. The SAL serves persons who were discharged from the Allentown State Hospital, adults who might have otherwise required state hospital services, and other individuals from the community leaving a community rehabilitative residence before transitioning to supportive housing or a more independent living setting.

Enhanced Personal Care Home (EPCH)

The Enhanced Personal Care Home (EPCH) provides residential support for 16 adults, age 18 and older, living in Lehigh County who suffer from severe and persistent mental illness. The EPCH is an additional resource available to those individuals who were discharged from Allentown State Hospital (ASH), and wished to return to community living in Lehigh County. It is also a resource for those individuals already live in the community who require a higher level of care in order to remain in the community.

Individuals suffering from severe and persistent mental illness want and deserve to reside in regular, stable housing just as other people in the community. Stable housing is a primary pathway to the development of normalized, stable and meaningful relationships, social involvements, work and productive activities, security and involvement in the community. Individuals recovering from mental illness should not be forced to move from their home when their need for support increases or decreases; and we will work to ensure that supports are adjusted to meet the needs of the people residing in the EPCH.

Fluctuations in individual functioning are neither predictable, nor do they always occur in patterns. As such, supports are provided according to individual needs rather than pre-established program or payer requirements. Often, people with serious mental illness require continuity and long term support and the base of this continuity and support is in the home environment. The need to increase or decrease support and to have services available, long term, is also viewed as part of the recovery process. Individual take the lead in determining what their recovery plan looks like each step of the way and supports provided will accommodate individual needs.

Clearinghouse

Master Lease Program

The Lehigh County Conference of Churches (LCCC) identifies and selects quality rental housing units and interested landlords in the Lehigh County Housing Market to engage in a master leasing relationship for the purpose of subleasing units to eligible consumers.

LCCC develops, manages and maintains a Clearinghouse Database of Master Lease Program units and develops, manages and maintains a Housing Resource Library identifying available affordable and supportive housing options for consumers

Bridge Funding

The LCCC develops, manages and maintains a Clearinghouse database of Bridge Housing Subsidy Program participants and the units supported under this program. In partnership with the Allentown Housing Authority and Lehigh County Housing Authority, they develop and maintain a waiting list of the eligible target population and ensure that eligible participants have applied for the Housing Choice Voucher Program.

Contingency Program

The LCCC accepts applications for Contingency Funds awards and provide funding for security and utility deposits, essential furniture and household goods to establish a residence and provide funding for unanticipated emergencies. The LCCC developed a Housing Supports Team, made up of the Clearinghouse Case Manager and Peer Support Specialists to deliver Pre-tenancy Assistance, Move in Support, and Tenancy Stabilization.

Drop-in Center

Lehigh County has heard loud and clear from the consumer community that there is a great need for a drop-in center in the county. As a result, a drop-in center committee was formed to explore the possibility of developing a drop-in center in the county. The committee was chaired by a certified peer specialist and made up of a minimum of 75% of people in recovery. The committee submitted their recommendations to the county for considerations. The MH office and the HealthChoices staff approved the plan and Lehigh County Health Choices has submitted a reinvestment plan to develop a drop-in center to be located in Allentown. The proposed drop-in center will be a place where individuals are able to enjoy themselves and have fun. It is being planned with the belief that the ability to enjoy oneself for even a short time can drastically change one's life and give individuals the will to endure future pain. It is the belief of the drop-in center committee that everyone needs time and places to experience fun, relaxation and happiness. The friendships that are established at drop-in centers are a great source of joy and satisfaction. Friendships developed and fostered at drop-in centers are based on an understanding and compassion for the lives and struggles of each individual.

The drop-in center will be completely run by individuals in recovery. The Program Director will be a Certified Peer Specialist. The Recreation Workers will be individuals who are in recovery and may be CPS or may be working to achieve work experience in order to take the CPS training course. The drop-in center will be open every day except Sunday. There will be scheduled activities; game nights, movie nights, arts and crafts, bingo, board games, Wii and Karaoke.

The hours of operation will be Monday through Thursday 4:00PM - 8:00PM, Friday 4:00PM -10:00PM, and Saturday 12:00PM – 4:00PM.

The drop-in center committee is also looking at the development of a consumer run “Living Room Model” respite program.

Psychiatric Rehabilitation Services

Haven House has developed a Saturday option for Psychiatric Rehabilitation Services that will be available every Saturday from 7:30 AM to 2:00 PM. They will be focusing on recovery, enhancement and mastery of life and vocational skills. It has also been identified that there is a need for bilingual/bi-cultural resources so this program will be offered by staff who are bi-cultural

CJAB/MISA

Lehigh County’s Criminal Justice Advisory Board (CJAB) is made up of top-level county officials including the Director of Human Services, Chief of Adult Probation, Director of Corrections, First Assistant District Attorney, Assistant Public defenders as well as members of their staffs who address criminal justice issues from a systemic and policy level perspective. The members of the committee have the authority to effect the delivery of criminal justice/public safety and service on the county level.

Team MISA (Mental Illness Substance Abuse) was developed as an offshoot of MISA/CJAB with the initial goal of diverting low risk MH offenders from incarceration or in the very early stages of incarceration. The meetings are scheduled weekly as a “think tank” for the involved parties to streamline processes and expedite appropriate releases from jail. The success of the group hinges on collaboration and ensuring that there are decision makers, as well as front line staff, at the table. The team meets weekly to discuss new referrals and any updates on “old” referrals. Each team member collects all information from their respective office, has information releases signed when necessary, and collectively, the team discusses the most appropriate and expeditious approach to manage the case. Recommendations for any type of release do not require unanimous agreement; however, if any member believes that the defendant presents a threat to self or others, the release is tabled.

Plans of action are developed and committed to minutes. Any change of plan must be presented to the Team for reconsideration. Changes in Treatment modalities that do not affect the actual plan of action do not need to be brought to the Team. Any member of the group when representing Team MISA must adhere to the Team’s plan of action. Any member deviating from the plan should make it clear to all parties involved that the plan is independent of the Team.

Bi-County Recovery Committee

A long standing Bi-County Recovery Committee has been meeting for several years and remains very active in developing and refining initiatives that continue to provide system improvements. This committee continues to support and refine our community education initiative. Referred to as our sensitivity training, it was originally targeted at non-provider community agencies that are in frequent contact with persons with mental illness. The aim of the training is to promote interactions that are more sensitive and respectful to consumers. The training consists of three parts; a description of emergency services including the commitment process (long identified by stakeholders as a very traumatic experience), a presentation on sensitivity by consumers, and a presentation on understanding mental illness by a community provider. This presentation has been provided to a wide range of community agencies including staff from the County Board of Assistance, County prison and work release staff, staff from personal care boarding homes, Health Bureau staff, Clubhouses, Police Departments, and Police Academy Trainings.

Lehigh County MH/ID/IE/D&A
County Program

FISCAL YEARS 2012-2013 County Plan

EXISTING COUNTY MENTAL HEALTH SERVICES

SERVICE CATEGORY	CATEGORY DESCRIPTION	CONSUMER OUTCOME	SERVICES AVAILABLE IN THE MH/MR	FUNDING SOURCE * (County, HC, Reinvestment)	TARGET POPULATION (Adults, Older Adults, or Trans-Age Youth)
Treatment	Alleviating symptoms and distress	Symptom Relief	Inpatient Partial Hospitalization Outpatient Clozapine Support ACT Services All Inclusive Residential EAC	County, HC, Re-investment	Adults, older adults, transition-age youth
Crisis Intervention	Controlling and resolving critical or dangerous problems	Personal Safety Assured	Crisis Intervention Services Telephone Mobile Team Mobile Medical Mobile Crisis Residential Emergency Services	County, HC	Adults, older adults, transition-age youth
Case Management	Obtaining the services consumer needs and wants	Services Accessed	ACT Services Intensive Case Management Resource Coordination Blended Case Management Forensic Case Management Administrative Case Mgt ID Supports Coordination	County, HC	Adults, older adults, transition-age youth
Rehabilitation	Developing skills and supports related to consumer's goals	Role Functioning	Community Employment Employment Related Services Clubhouse Job coaches Transitional & Supported Employment Housing Supports Mobile and Site-based psych rehab	County, HC, Re-investment	Adults, older adults, transition-age youth
Enrichment	Engaging consumers in fulfilling and satisfying activities	Self Development	Social Rehab Services Daybreak Compeer Peer Mentor CSP Talent Group	County, HC	Adults, older adults, transition-age youth

SERVICE CATEGORY	CATEGORY DESCRIPTION	CONSUMER OUTCOME	SERVICES AVAILABLE IN THE MH/MR	FUNDING SOURCE * (County, HC, Reinvestment)	TARGET POPULATION (Adults, Older Adults, or Trans-Age Youth)
Rights Protection	Advocating to uphold one's rights	Equal Opportunity	MH/ID Administrator's Office Recovery Partnership External Advocate (WeSH) NAMI Disability Rights Network PMHCA	County, HC	Adults, older adults, transition-age youth
Basic Support	Providing the people, places, and things consumers need to survive (e.g., shelter, meals, healthcare)	Personal Survival Assured	Residential & Housing Supports Rep-Payee program Administrative Casemanagement Clearinghouse and homeless prevention programs	County, HC, Re-investment	Adults, older adults, transition-age youth
Self Help	Exercising a voice and a choice in one's life	Empowerment	Peer Mentor Recovery Partnership Consumer Connection Peer Support NAMI Stakeholder and Focus Groups	County, HC	Adults, older adults, transition-age youth
Wellness/Prevention	Promoting healthy life styles	Health Status Improved	ACT Clubhouse Daybreak Psych rehab Visiting Nurses	County, HC	Adults, older adults, transition-age youth
Other	Anything not addressed above	Specify			

Attachment F

Lehigh County MH/ID/IE/D&A County Program

FISCAL YEARS 2012-2013 County Plan

We have encouraged all providers, whether listed in the chart below or not, to download and to begin to use the EBP materials referenced in the survey form from SAMHSA to make their evidence-based practices more effective and to include the use of fidelity measurements.

EVIDENCE-BASED PRACTICES SURVEY

Provider Name and Master Provider Index (MPI) Number (List all providers offering EBP)	List the Evidence-Based Practices provided (please see the list below)	Approximate # of consumers served	Name the Fidelity Measure Used	Who measures fidelity	How Often is fidelity measured	Is the SAMHSA EBP toolkit used to guide EBP implementation	Have staff been specifically trained to implement the EBP
Clubhouse of Lehigh County	Supported Employment	19	ICCD	ICCD	1-3 year certification	No	No
Clubhouse of Lehigh County	Illness Management/ Recovery	155	Goal planning and progress notes	Clubhouse/ County	Ongoing	No	No
Haven House	Illness Management/ Recovery	150	Illness Management and Recovery Fidelity Scale	Executive staff	Bi-annual	Yes	Training is being developed for staff
NHS	Assertive Community Treatment Team	100	TMACT and PA Bulletin	Magellan/Counties/ OMHSAS	Every 6 month to 1 year	Yes	Yes and on-going
NHS	Supported Employment	100	TMACT	Magellan/Counties/ OMHSAS	Every 6 month to 1 year	Yes	In the process and will be on-going
NHS	Integrated Treatment for Co-occurring Disorder (Mental Health/Substance Abuse)	100	TMACT	Magellan/Counties/ OMHSAS	Every 6 month to 1 year	Yes	In the process and will be on-going
NHS	Illness Management/ Recovery	100	TMACT	Magellan/Counties/ OMHSAS	Every 6 month to 1 year	Yes	In the process and will be on-going

Provider Name and Master Provider Index (MPI) Number (List all providers offering EBP)	List the Evidence-Based Practices provided (please see the list below)	Approximate # of consumers served	Name the Fidelity Measure Used	Who measures Fidelity	How Often is fidelity measured	Is the SAMHSA EBP toolkit used to guide EBP implementation	Have staff been specifically trained to implement the EBP
RHD-Lehigh Valley ACTT	Assertive Community Treatment Team	120	TMACT and PA Bulletin	S.Acklen	Every 6 month to 1 year	Yes	Yes and on-going
RHD-Lehigh Valley ACTT	Supported Employment	120	TMACT	S.Acklen	Every 6 month to 1 year	Yes	Yes and on-going
RHD-Lehigh Valley ACTT	Supported Housing	120	TMACT	S.Acklen	Every 6 month to 1 year	Yes	Yes and on-going
RHD-Lehigh Valley ACTT	Family Psycho-Education	120	TMACT	S.Acklen	Every 6 month to 1 year	Yes	Yes and on-going
RHD-Lehigh Valley ACTT	Integrated Treatment for Co-occurring Disorder (Mental Health/Substance Abuse)	120	TMACT	S.Acklen	Every 6 month to 1 year	Yes	Yes and on-going
RHD-Lehigh Valley ACTT	Illness Management/Recovery	120	TMACT	S.Acklen	Every 6 month to 1 year	Yes	Yes and on-going
RHD-Lehigh Valley ACTT	Medication Management	120	TMACT	S.Acklen	Every 6 month to 1 year	Yes	Yes and on-going

Lehigh County MH/ID/IE/D&A
County Program

FISCAL YEAR 2012-2013 County Plan

**COUNTY DEVELOPMENT OF
RECOVERY-ORIENTED/PROMISING PRACTICES****

	<u>Services Exist</u> (Check all appropriate)	<u>Services Planned</u> (Check all appropriate)	<u>#'s Served</u>	<u>\$\$ Existing</u>	<u>\$\$ Planned</u>
Consumer Satisfaction Team	X		236	\$283,747.50	\$283,747.50
Family Satisfaction Team	X		in # above	Included in # above	
Compeer	X		48	\$36,530	\$36,530
Self Help / Advocacy (Specify) *	X	NAMI, Peer Mentor, Clubhouse	1,073	\$232,611	\$232,611
Outreach for Older Adults	X	Participation in the Lehigh Valley Chapter of the PA Behavioral Health and Aging Coalition	N/A	No cost	No cost
Warm Line	X		270	\$107,800	\$107,800
Mobile Services/In Home Meds	X	Medical Mobile	Crisis service just started		
Fairweather Lodge			N/A	N/A	N/A
Medicaid Funded Peer Specialist Program	X		55	\$123,619.50	\$123,619.50
Other Funded Peer Specialist Program	X	HealthChoices funds CPS training	10	\$12,000	\$12,000
Dialectical Behavioral Therapy	X		7	Included in Lehigh Valley ACT rate	Included in ACT rate
Trauma Informed Care	X		220	Included in ACT rate	Included in ACT rate
Wellness Recovery Action Plan (WRAP)	X		220	Included in ACT and BCM rate	Included in ACT and BCM rate
Advanced Directives	X		220	Included in ACT and BCM rates	Included in ACT and BCM rates
Shared Decision making	X		220	Included in provider rates	Included in provider rates
Other (specify)					

**This form is an effort to identify the existence of or plans for some of the services that traditionally have been under-developed and that adults, older adults, and transition-age youth with serious mental illness and family members would like to see expanded. Current cost centers do not capture this level of detail. Please report on both County & HealthChoices funding.

* Includes Peers Assisting in Recovery (Peer Mentor) and Clubhouse

Section 5

Identification and Analysis of Service System Needs

Includes:

Attachment H-Service Area Plan Chart

Identification and Analysis of Service System Needs

Analysis of unmet needs and stakeholder input: The planning committee again elected to utilize focus groups to obtain stakeholder input from transition age youth, adults, and older adults. The focus group meetings were held at the Lehigh County Annual Public Planning Meeting which was held at the Education Recovery Center of Salisbury Behavioral Health (SBH). The focus groups included agencies' staff and consumers of mental health services, Lehigh Valley National Alliance on Mental Illness (NAMI) Board Meeting, Salisbury Health Medically Fragile Program, Step-by-Step (SbS) Weil Street transitional age Community Residential Rehabilitation Program (CRR), Hispanic American Organization (HAO) and the Clubhouse of Lehigh Valley. In the Lehigh County Mental Health Public Meeting there were 3 focus group meetings held after the larger meeting: housing; employment; and 'safety net' type supports such as shelters, food, hygiene products, and other living needs. The participants shared their opinions as well as representing invited individuals who could not attend. The same format was followed by all groups and included the following areas: current living arrangements, supports needed to live independently and be well, community services and supports that work well and why, services that don't work well and how to improve them, services and supports that are needed but do not exist, medical needs and how these are affecting mental health, services received from the area agency on aging, and feedback on current and future purpose and use of the state hospital.

The following unmet needs and service gaps were identified:

- Need to develop a drop-in center. Many participants reported that interacting with peers at drop in centers and clubhouses, supporting themselves and others, were the best activities for an individual's Recovery.
- Need for improved services for Transition Age youth. Participants in the reported not liking their program which includes housing because they feel they are not treated as adults. Younger participants were more interested in learning life skills and independent living skills along with information on how to get a general equivalency diploma, rather than mental health treatment.
- Need for improved transportation. What was a reported problem was the high cost of public transportation, making it prohibitive for many consumers of services.
- Need for additional Peer Support Services. Participants would like to see more individuals working in that service, especially for transition age young adults, Spanish speaking adults and forensic peers to help people in and coming out of the jails.
- Need to educate consumers and providers on the use of recovery tools, especially Mental Health Advance Directive.
- Need for improved Bi-lingual/Bicultural staff and programs. The participants stressed they need Spanish speaking staff. Participants also reported case management services are needed for the Hispanic/Latino population.

- Need for safe, appropriate and affordable housing. There is a waiting list for low income housing in Lehigh County. Participants, especially from the HAO, reported feeling homelessness was a big problem. The participants have noticed that there are many more transitional aged-young adults in their area that are homeless.

The regional/county treatment services and supports needs identified for individuals assessed in the Service Area Plan are similar to those identified above, particularly in housing. With the closing of Allentown State Hospital (ASH), work on the Service Area Plan will continue through Wernersville State Hospital's Continuity of care Committee as well as the Service Area Plan Stakeholders meetings. Some of the targeted outcomes are:

- Individual's who have been in Wernersville State Hospital (WeSH) longer than two consecutive years will experience a successful transition into the community.
- The number of individuals who are diverted from admission to WeSH will be increased.

Through the following system changes proposed in this plan, Lehigh County plans to address the identified unmet needs and service gaps through:

- Creating a consumer directed drop-in center
- Expanded supported housing initiatives (including transitional age youth).
- Continuing to provide Certified Peer Specialists training and adding components to address the needs of transitional age youth, Spanish speaking consumers and the forensic population.
- Increase/integrate cultural competency within existing programs/services.

In addition to the system changes listed above, Lehigh County plans to address unmet needs and service gaps through building upon or using the resources and strengths that are present in the current system. These include but are not limited to:

- The Criminal Justice Advisory Board/Team MISA is a fantastic resource in the current system and will continue to reduce the number of individuals being incarcerated in the county prison.
- The Special Program for Offenders in Rehabilitation and Education (SPORE) will continue as a collaborative program between Lehigh County Juvenile and Adult Probation and Lehigh County Mental Health/ Intellectual Disabilities (MH/ID). SPORE's supervision results in recidivism rates that are significantly lower than other probation departments.
- The continued collaboration with the contracted Behavioral Health Managed Care Organization, Magellan Behavioral Health to provide continuity in services and share data to identify needs and service gaps.
- The continued collaboration with the Lehigh County Conference of Churches in operating a Clearinghouse to address the housing needs of the target population.

- Continued participation with the Allentown Committee to End Chronic Homelessness by 2017. This is a group that is comprised of consumers, housing advocates, housing authorities, government entities and other stakeholders with an interest in the housing needs of the target population.
- The continued active participation on the Service Area Plan Committee. County participation allows for the sharing of regional resources and information that will allow us to move forward in achieving the goals of the Service Area Plan.
- The continued collaboration with the provider agencies to gather information provided by the agencies to measure performance in promoting Evidenced Based Practices and Recovery Oriented or Promising Practices.

Targets Groups that are Underserved

Lehigh County has identified the following target groups as underserved regarding housing options:

- Individuals residing at Wernersville State Hospital
- Transition age youth who have a mental illness
- Individuals with a mental illness who are transitioning out of prison or are otherwise involved with the criminal justice system
- Homeless individuals who have a mental illness

Attachment H

Lehigh County MH/ID/IE/D&A County Program

FISCAL YEARS 2012-2013 County Plan

SERVICE AREA PLAN CHART

Service Area Plan Goals	Update for County Plan- Request for County specific information												
Goal 1: Within five years no person will be hospitalized at a State Mental Hospital for more than two years.	<p>Please review attached data regarding length of stay prior to answering the following questions http://www.dpw.state.pa.us/PartnersProviders/MentalHealthSubstanceAbuse/StateHospitals/. How many of the individuals with length of stay greater than 2 years have gone through Community Support Plan (CSP) process with a peer-to-peer assessment*, clinical assessment, and family assessment* and have had CSP meetings? <input type="text" value="1"/> How many of those individuals have a targeted discharged date during the current fiscal year? <input type="text" value="0"/> Next fiscal year? <input type="text" value="0"/> *</p> <p>* If applicable.</p>												
Goal 2: Within five years no person will be committed to a community hospital more than twice in one year.	<p>For Goal 2 different counties have different data points that are being followed. Please be consistent – if the county has selected to report on involuntary admissions- report involuntary admissions, if the county has selected voluntary- report on voluntary. If the data are not available please check no data.</p> <table border="1"> <thead> <tr> <th>Previous Fiscal Year</th><th>Current Fiscal Year</th></tr> </thead> <tbody> <tr> <td>Involuntary Admissions- 5</td><td>Involuntary Admissions-4</td></tr> <tr> <td>Voluntary Admissions- 0</td><td>Voluntary Admissions-0</td></tr> <tr> <td>All Admissions-5</td><td>All Admissions-4</td></tr> <tr> <td>No Data-</td><td>No Data-</td></tr> </tbody> </table>	Previous Fiscal Year	Current Fiscal Year	Involuntary Admissions- 5	Involuntary Admissions-4	Voluntary Admissions- 0	Voluntary Admissions-0	All Admissions-5	All Admissions-4	No Data-	No Data-		
Previous Fiscal Year	Current Fiscal Year												
Involuntary Admissions- 5	Involuntary Admissions-4												
Voluntary Admissions- 0	Voluntary Admissions-0												
All Admissions-5	All Admissions-4												
No Data-	No Data-												
Goal 3: Within five years the incarceration rate of the target population will be reduced.	<p>How many individuals are currently incarcerated in the county jail in the target population- please select a point in time and report data that is available after working with county jails?</p> <table border="1"> <thead> <tr> <th>Point in time previous fiscal year</th><th>Point in time current Fiscal Year.</th></tr> </thead> <tbody> <tr> <td># individuals</td><td># individuals</td></tr> <tr> <td>No data</td><td>No data</td></tr> </tbody> </table> <p>How many individuals are going to max-out from the county jail in the target population during this fiscal year? <input type="text" value="5"/> .</p> <p>How many individuals is the county planning for the possibility of parole from the county jail in the target population during this fiscal year? <input type="text" value="2"/> .</p> <p>How many individuals are currently incarcerated in the State Correction Institution from your county in the target population?</p> <table border="1"> <thead> <tr> <th>Point in time previous fiscal year</th><th>Point in time current Fiscal Year.</th></tr> </thead> <tbody> <tr> <td># individuals</td><td># individuals 258</td></tr> <tr> <td>No data We have no data for April 2010</td><td>No data</td></tr> </tbody> </table> <p>How many individuals are going to max-out from a SCI in the target population during the current Fiscal Year? <input type="text" value="10"/> .</p> <p>How many individuals is the county planning for the possibility of parole from a SCI in the target population during current fiscal year? <input type="text" value="3"/> .</p>	Point in time previous fiscal year	Point in time current Fiscal Year.	# individuals	# individuals	No data	No data	Point in time previous fiscal year	Point in time current Fiscal Year.	# individuals	# individuals 258	No data We have no data for April 2010	No data
Point in time previous fiscal year	Point in time current Fiscal Year.												
# individuals	# individuals												
No data	No data												
Point in time previous fiscal year	Point in time current Fiscal Year.												
# individuals	# individuals 258												
No data We have no data for April 2010	No data												

Section 6

Identification of the Recovery-Oriented Systems Transformation Priorities

Includes:

Attachment J-TOP FOUR TRANSFORMATION PRIORITIES

FISCAL YEARS 2012-2013 County Plan

TOP FOUR TRANSFORMATION PRIORITIES

	TRANSFORMATION PRIORITY
1	Expand housing supports and services (including transition age youth and those in the forensic system)
2	Consumer directed drop-in center
3	Expansion of Peer Services (including transition age youth and for individuals in the forensic system)
4	Increase/integrate cultural competency within existing programs/services

These transformation priorities and related activities will address the service system needs identified in section 5 by:

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

This transformation priority addresses the service system needs identified in section 5 by providing more options for safe and affordable housing to all targeted populations. The expansion of these services will give Lehigh County the opportunity to offer more housing options while empowering individuals through having more housing options.

2. Consumer directed drop-in center

This priority addresses the need that was clearly expressed in the focus groups for Lehigh County to offer a consumer directed drop-in center for those who want it to assist them in their recovery. As consumers become more involved in directing the daily activities of the drop-in center, they will develop the tools necessary to become employed in the service system. The consumer directed drop-in center is a resource for consumers through which they can connect with resources after being discharged from inpatient care.

3. Expansion of Peer Services

There has been an identified need for increased peer involvement with Transitional Age Youth and consumers in the forensic system. Transitional age youth reported seeing themselves as transition out of the children's system not as transitioning into the adult system. Peer Specialist will be beneficial during this treatment and recovery process. Similarly, individuals in the forensic system face challenges that are unique to their circumstances. Forensic peers will be invaluable in supporting

individuals through their recovery. Recruitment and utilization of bi-lingual Certified Peers will also be

4. Increase/integrate cultural competency within existing programs/services

This transformation priority will address the service system needs identified in section 5 by ensuring that treatment options are available to individuals whose primary or sole language is one other than English. It is essential that all individuals in Lehigh County have access to appropriate treatment options both in the community and in residential settings.

Timeline to Accomplish the Transformation Priorities and related Activities

All transformation priorities and related activities are ongoing. Specific timelines to meet goals and outcomes for each priority are established and re-evaluated on an annual basis at appropriate committee meetings. The Lehigh County Mental Health committee sets target dates for the completion of each goal.

Fiscal and other Resources Needed to Address the Goals and Sources of Funding

Lehigh County is able to implement/accomplish these priorities without any new state funding. Lehigh County HealthChoices has been a funding partner for the Clearinghouse, the development of a drop-in center and for providing training for individuals to become Certified Peer Specialists.

Quality Management Plan for Tracking Implementation/Outcomes

The Lehigh County Mental health committee outlines annual plans for tracking implementation/outcomes and includes benchmarks for each outcome.

Section 7

Fiscal Information

Includes:

Attachment K EXPENDITURE CHARTS & FUNDING REQUESTS

Attachment K

Lehigh County
Lehigh County MH/ID/IE/D&A
County Program
FISCAL YEARS 2012-2013 County Plan

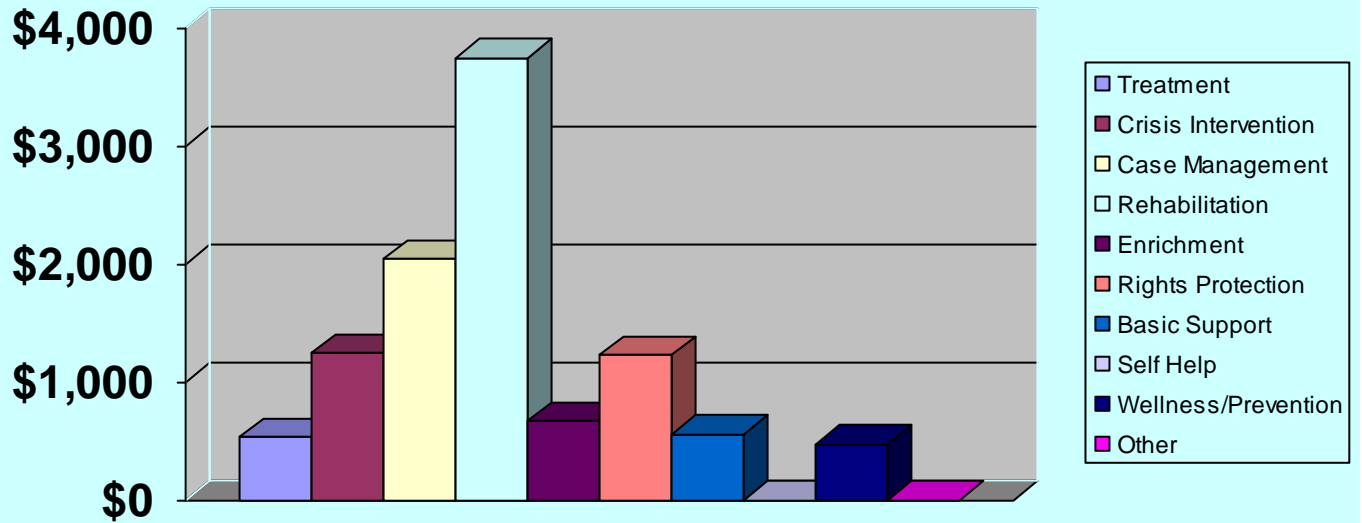
EXPENDITURE CHARTS & FUNDING REQUESTS

EXPENDITURE CHARTS & TABLES

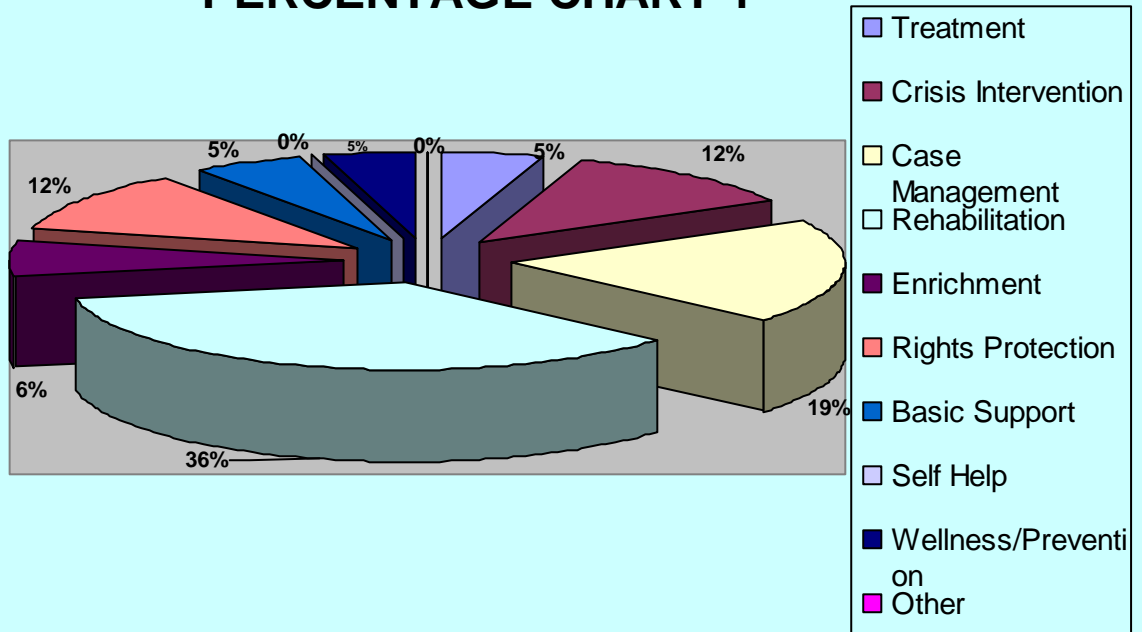
Lehigh County Chart 1 Data (FY 2010-11 County Funding)		
Service Category/Service Description Table for County Funds		
Service Description/Cost Center (Bulletin OMH-94-10)	Service Category	Expenditure (in 1000s of \$)
1. Outpatient (3.6) 2. Psych Inpatient Hospitalization (3.7) 3. Partial Hospitalization (3.8) 4. Family-Based MH Services (3.17) 5. Community Treatment Teams (3.23)	Treatment	\$714
1. MH Crisis Intervention Services (3.10) 2. Emergency Services (3.21)	Crisis Intervention	\$1,178
1. Intensive Case Management (3.4) 2. Resource Coordination (3.19) 3. Administrative Management (3.20)	Case Management	\$2,069
1. Community Empl & Empl Related Svcs (3.12) 2. Community Residential Services (3.16) 3. Psych Rehab (3.24) 4. Children's Psychosocial Rehab (3.25) 5. Other Services (3.98)	Rehabilitation	\$7,229
1. Adult Developmental Training (3.11) 2. Facility Based Vocational Rehab Svcs (3.13) 3. Social Rehab Services (3.14)	Enrichment	\$592
1. Administrator's Office (3.1)	Rights Protection	\$1,374
1. Housing Support Services (3.22) 2. Family Support Services (3.15)	Basic Support	\$1,236
Specify if used	Self Help	\$0
1. Community Services (3.2)	Wellness/Prevention	\$406
Any services not identified above	Other	\$0

\$14,798

EXPENDITURE CHART 1



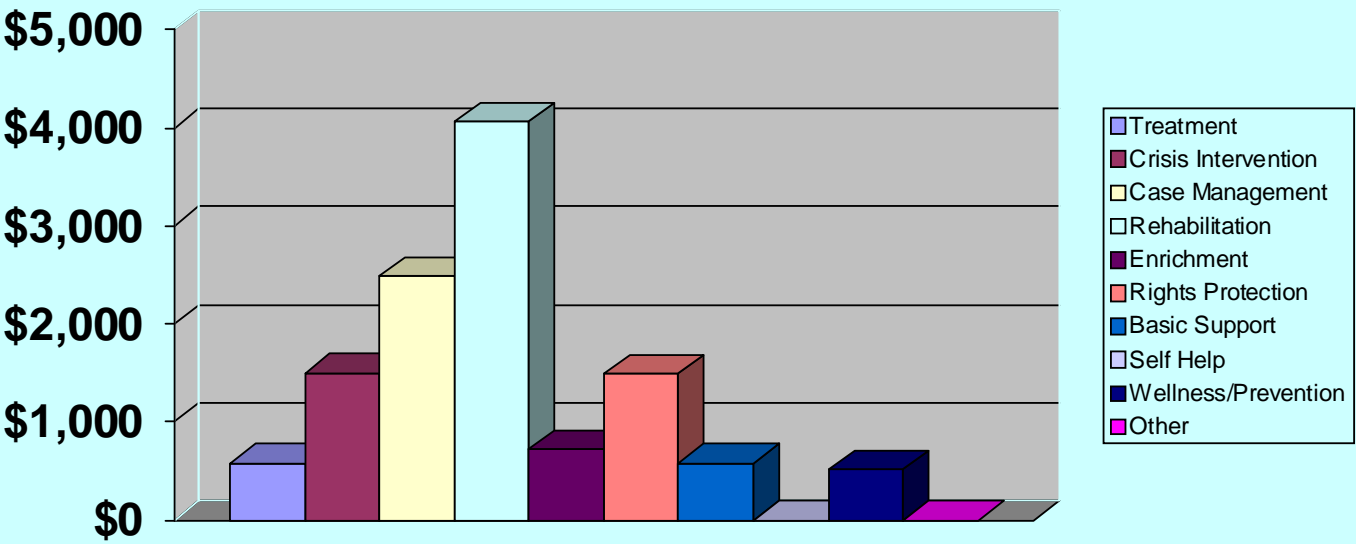
PERCENTAGE CHART 1



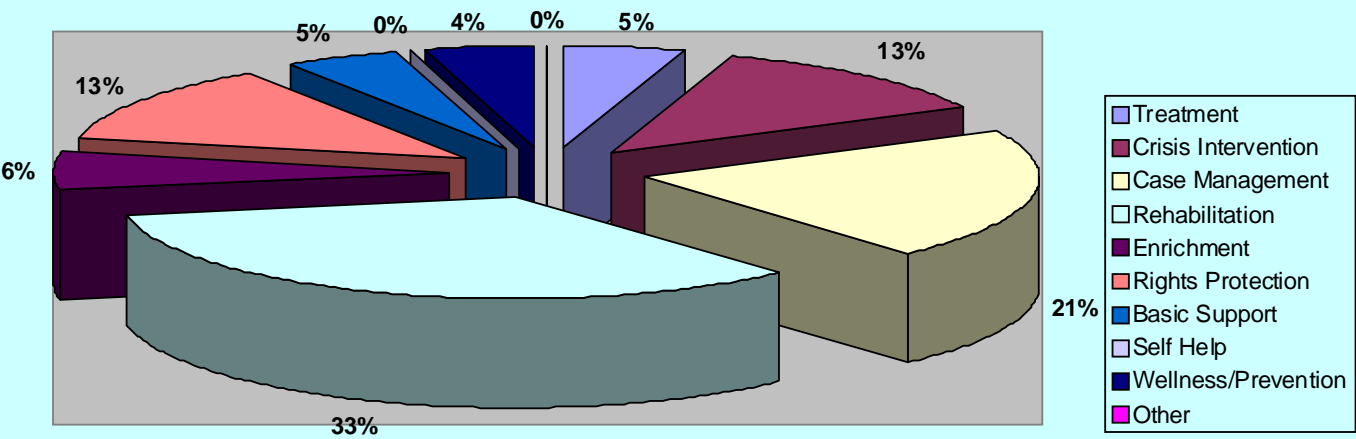
Lehigh County Chart 2 Data (FY 2012-13 County Funding)		
Service Category/Service Description Table for County Funds		
Service Description/Cost Center (Bulletin OMH-94-10)	Service Category	Expenditure (in 1000s of \$)
1. Outpatient (3.6) 2. Psych Inpatient Hospitalization (3.7) 3. Partial Hospitalization (3.8) 4. Family-Based MH Services (3.17) 5. Community Treatment Teams (3.23)	Treatment	\$773
1. MH Crisis Intervention Services (3.10) 2. Emergency Services (3.21)	Crisis Intervention	\$1,193
1. Intensive Case Management (3.4) 2. Resource Coordination (3.19) 3. Administrative Management (3.20)	Case Management	\$2,054
1. Community Empl & Empl Related Svcs (3.12) 2. Community Residential Services (3.16) 3. Psych Rehab (3.24) 4. Children's Psychosocial Rehab (3.25) 5. Other Services (3.98)	Rehabilitation	\$7,482
1. Adult Developmental Training (3.11) 2. Facility Based Vocational Rehab Svcs (3.13) 3. Social Rehab Services (3.14)	Enrichment	\$613
1. Administrator's Office (3.1)	Rights Protection	\$1,442
1. Housing Support Services (3.22) 2. Family Support Services (3.15)	Basic Support	\$1,292
Specify if used	Self Help	\$0
1. Community Services (3.2)	Wellness/Prevention	\$412
Any services not identified above	Other	\$0

\$15,261

EXPENDITURE CHART 2

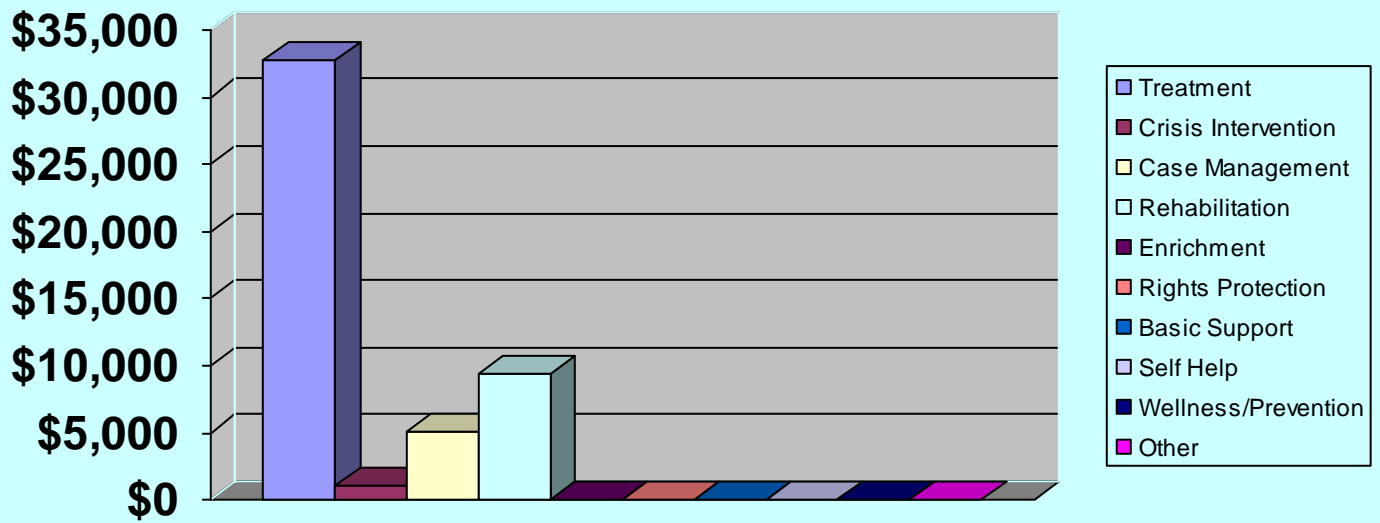


PERCENTAGE CHART 2

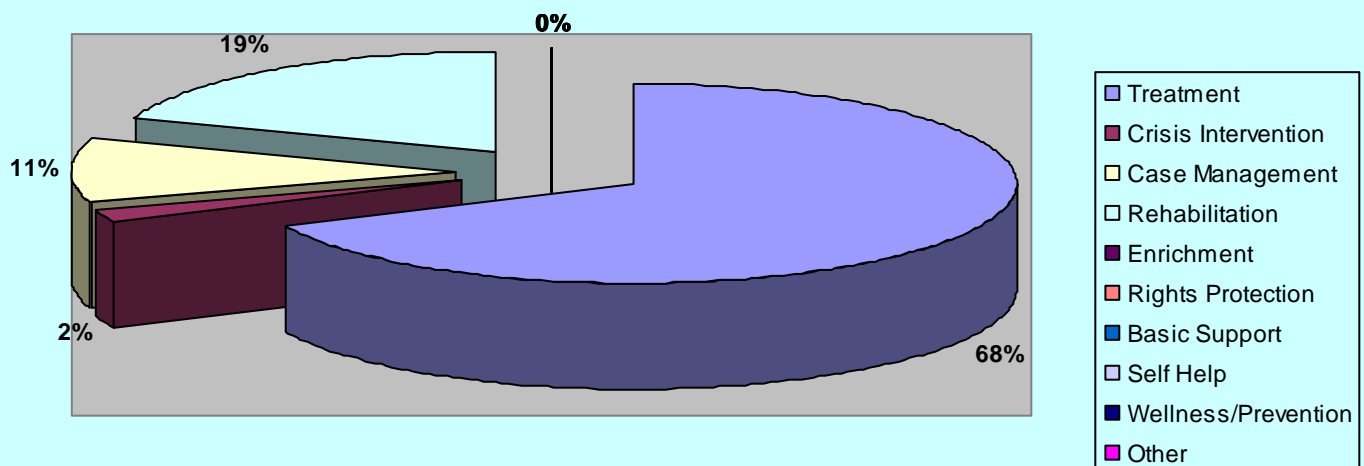


Service Category/Service Description Table for HealthChoices Funds FY 2010-11		
Service Description/HealthChoices Rate Code Service Grouping	Service Category	Expenditure (in 1000s of \$)
6. Inpatient Psychiatric (provider type 01 - specialties 010, 011, 022, 018) 7. Outpatient Psychiatric (provider type 08 – specialties 110, 074, 080; provider type 11 – specialties 113, 114; provider type 19 – specialty 190) 8. RTF – Accredited (provider type 01 – specialties 013, 027) 9. RTF – Non-Accredited (provider type 56 – specialty 560; provider type 52 – specialty 520) 10. Family Based Services for Children and Adolescents (provider type 11 – specialty 115)	Treatment	\$25,178
2. Crisis Intervention (provider type 11 – specialty 118)	Crisis Intervention	\$1,111
5. Targeted CM, ICM (provider Type 21 – specialties 222) 6. Targeted CM, blended (provider type 21 – specialty 222) 7. Targeted CM, RC (provider type 21 – specialty 221) 8. Targeted CM, ICM-CTT (provider type 21 – specialty 222)	Case Management	\$4,576
3. BHRS for Children & Adolescents (all BHRS provider types and specialties under HC Behavioral Health Services Reporting Classification Chart) 4. Rehabilitative Services (provider type 11, specialty 123)	Rehabilitation	\$9,711
Specify if used	Enrichment	\$0
Specify if used	Rights Protection	\$0
3. Residential and Housing Support Services (provider type 11 – specialty 110) 4. Family Support Services (provider type 11 – specialty 110)	Basic Support	\$0
2. Peer Support Services (provider types 08, 11, 21 – specialty 076)	Self Help	\$192
2. Mental Health General (provider type 11 – specialty 111)	Wellness/Prevention	\$0

EXPENDITURE CHART 3



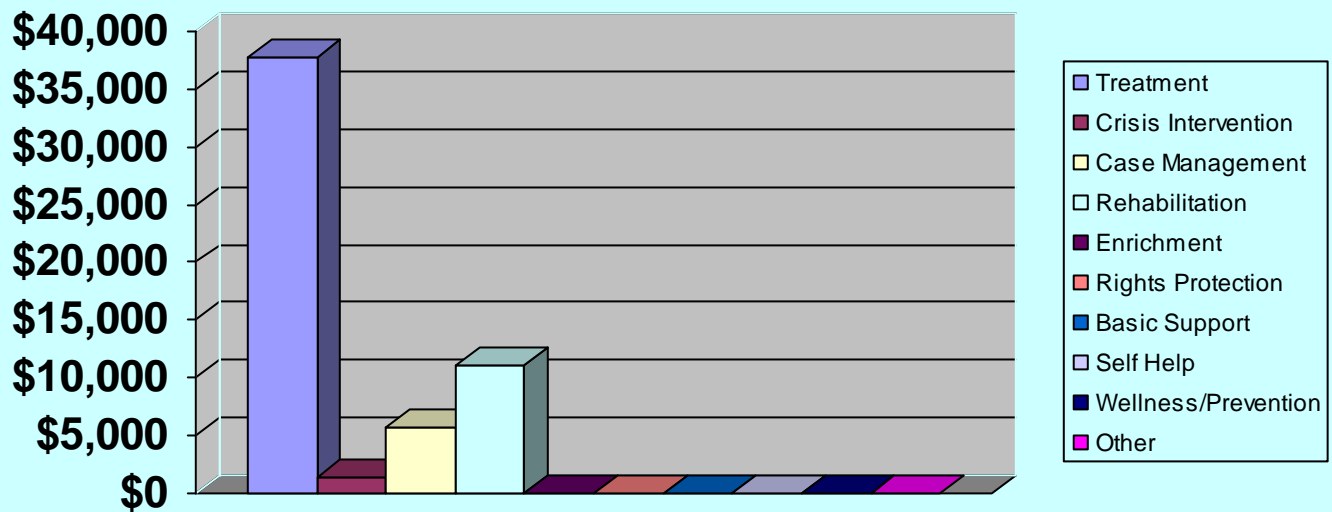
PERCENTAGE CHART 3



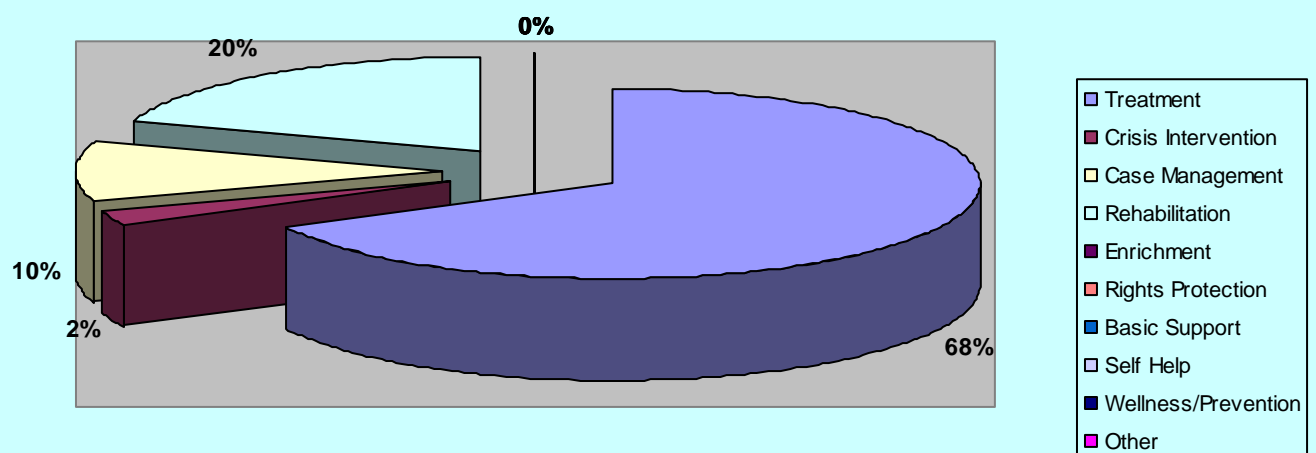
Service Category/Service Description Table for HealthChoices Funds FY 2012-13

Service Description/HealthChoices Rate Code Service Grouping	Service Category	Expenditure (in 1000s of \$)
6. Inpatient Psychiatric (provider type 01 - specialties 010, 011, 022, 018) 7. Outpatient Psychiatric (provider type 08 – specialties 110, 074, 080; provider type 11 – specialties 113, 114; provider type 19 – specialty 190) 8. RTF – Accredited (provider type 01 – specialties 013, 027) 9. RTF – Non-Accredited (provider type 56 – specialty 560; provider type 52 – specialty 520) 10. Family Based Services for Children and Adolescents (provider type 11 – specialty 115)	Treatment	\$25,807
2. Crisis Intervention (provider type 11 – specialty 118)	Crisis Intervention	\$1,128
5. Targeted CM, ICM (provider Type 21 – specialties 222) 6. Targeted CM, blended (provider type 21 – specialty 222) 7. Targeted CM, RC (provider type 21 – specialty 221) 8. Targeted CM, ICM-CTT (provider type 21 – specialty 222)	Case Management	\$4,656
3. BHRS for Children & Adolescents (all BHRS provider types and specialties under HC Behavioral Health Services Reporting Classification Chart) 4. Rehabilitative Services (provider type 11, specialty 123)	Rehabilitation	\$10,148
Specify if used	Enrichment	\$0
Specify if used	Rights Protection	\$0
3. Residential and Housing Support Services (provider type 11 – specialty 110) 4. Family Support Services (provider type 11 – specialty 110)	Basic Support	\$0
2. Peer Support Services (provider types 08, 11, 21 – specialty 076)	Self Help	\$196
2. Mental Health General (provider type 11 – specialty 111)	Wellness/Prevention	\$0

EXPENDITURE CHART 4



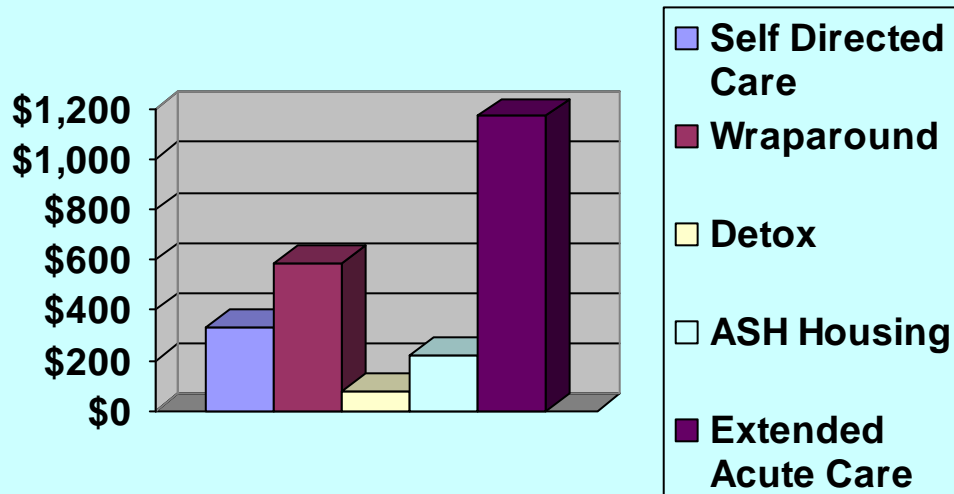
PERCENTAGE CHART 4



REINVESTMENT FUNDS EXPENDITURES
Fiscal Year 2010-11

SERVICE DESCRIPTION	EXPENDITURE (in 1000s of dollars)
Self Directed Care - Autism	\$333
High Fidelity Wraparound	\$585
Detox	\$78
ASH Closure Housing	\$220
Extended Acute Care	\$1,174

**REINVESTMENT FUNDS
EXPENDITURE CHART**



Section 8

Supplemental Plans

Includes:

Attachment I Older Adults Program Directive
Attachment L Housing Plan
Attachment M Forensics Plan
Attachment N Employment Plan

**Lehigh County MH/ID/IE/D&A
County Program**

FISCAL YEAR 2012-2013 County Plan

OLDER ADULTS PROGRAM DIRECTIVE

The Memorandum of Understanding (MOU) / Letter of Agreement is a collaboration between the County Office of Mental Health and Mental Retardation and the County Office of Aging. The MOU should be revised (and signed) annually and included with County Mental Health Plan.

- Is a dated and signed MOU in place affirming this collaborative relationship between the county office of MH / MR and the county Office of Aging?

Yes___X___

NO_____

▪ Last Updated (date):_____

▪ Is a copy of the MOU attached (Y/N)? _Yes_

**Memorandum of Understanding
Between
Lehigh County Office of Aging and Adult Services
And
Lehigh County Office of Mental Health**

This Memorandum of Understanding between the Lehigh County Office of Mental Health and the Lehigh County Office of Aging and Adult Services is written to address the needs of older adults with mental illness and to reduce or eliminate barriers that impact joint planning and delivery of services at the local level.

Please reference/refer to the Memorandum of Understanding between the Pennsylvania Department of Aging and the Department of Public Welfare, Office of Mental Health and Substance Abuse Services; the Pennsylvania Public Welfare Code of 1967 and its revisions; the Pennsylvania Mental Health/Mental Retardation Act of 1966 as amended; the Mental Health Procedures Act of 1976 as amended; the federal Public Law 102-321 of 1992 and federal Mental Health and Substance Abuse Block Grant Legislation; the federal Older Americans Act (42 U.S.C.); and the Commonwealth legislation creating the Department of Aging (71 P.S.).

This memorandum of understanding between the Lehigh County Office of Mental Health and the Lehigh County Office of Aging and Adult Services will be implemented without discrimination on the basis of age, ethnic or religious background, race or gender according to Title VI, 504, Human Relations Act, Department of Public Welfare Executive Order, as it relates to the provision of services.

The Vision and Mission Statements of the Lehigh County Office of Mental Health have recently been revised by the Mental Health Planning Committee consisting of consumers, families, providers and county staff. The Vision Statement consists of the following: The recovery journey for transition-age youth, adults, and older adults with mental illness and co-occurring disorders will embrace each individual's hopes and dreams for the future and encourage individual empowerment and independence. Each person will have burden free access to a network of high quality community supports and services that include safe and affordable housing, flexible transportation options, and a broad variety of education, employment, and self-advocacy opportunities. The Mission Statement consists of the following: To create the greatest potential for successful, enriching and complete lives for transition-age youth, adults and older adults with mental illness and co-occurring disorders, we will provide easily accessible and recovery-oriented community services and supports that rely upon a collaborative partnership of persons in recovery, families, and community stakeholders to develop and insure that these supports are culturally sensitive and emphasize a whole life approach to each person's recovery journey.

The Mission of the Lehigh County Office of Aging and Adult Services includes helping older adults, age 60 and older, in Lehigh County remain in the community for as long as possible by allowing them to make choices regarding their own care and providing them with available resources. Information and assistance is provided to enable individuals to remain active, productive and independent in their community.

The purpose of this Memorandum of Understanding is to coordinate and facilitate services between the designated agencies to better identify and provide service delivery to eligible individuals whose needs could be jointly addressed by dual agency involvement.

The population who will be jointly served by this agreement will be individuals who have reached the age of 60 years or older and identified as having needs that can be jointly met by both agencies.

The Lehigh County Office of Mental Health offers a wide range of services, which include Psychosocial Assessments, Psychiatric Evaluations, Psychological Evaluations, Individual, Group and Family Therapy, Partial Hospitalization, Crisis Intervention, Blended Case Management Services, Community Treatment Team Services, Psychiatric Rehabilitation Services, Clubhouse and Vocational Services, Community Residential Services, Certified Peer Specialists and a Peer Mentoring Program provided by Recovery Partnership, previously the Lehigh Valley Consumer/Family Satisfaction Team.

The Lehigh County Office of Aging and Adult Services provides older individuals with a wide range of services which include, but are not limited to the following: Information and Referral, Assessment for Home and Community Based Services, Level of Care Determinations, Protective Services, Guardianship, Ombudsman, Care Management, Waiver, Family Caregiver Support Program, Senior Community Centers, Transportation Services, Home Support, Personal Care, Home modification and chore services, and Congregate Meals.

When an individual is identified by either agency as a potential cross-systems consumer having needs that can be jointly addressed by both agencies a cross-systems referral will be initiated. This referral will be made by the referring agency's case manager by a written referral with accompanying written Department of Human Services *Consent to Release Information* form in accordance with HIPAA guidelines. The receiving agency will then complete an assessment. The agency's respective case managers assigned to the case will be responsible for ongoing case management services. Communication will occur between agencies with appropriate written consents.

The Office of Aging and Adult Services will be responsible for funding home and community based services determined necessary at the time of assessment

according to an individual's eligibility. The Office of Mental Health and their contracted behavioral health managed care organization will determine funding options based on medical necessity criteria for requested levels of care.

Each Office assigning a case manager will be responsible to link the consumer to cross systems service provision through available community and natural supports (i.e. family involvement, church attendance, and volunteer opportunities). The staff of both Offices will be informed of this Memorandum of Understanding, and charged with identifying consumers in need of dual service delivery. Cross-systems training and in-service efforts to enhance collaboration will be reviewed by the respective agencies and provided, on an as needed basis.

The Lehigh County Office of Aging and Adult Services will assign cross-system clients on a rotating basis among care management staff, based in part upon specific needs or risks. The Lehigh County Office of Mental Health will identify case managers serving cross-system clients. Crisis Intervention services will also be available to cross system recipients.

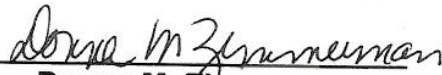
Once a consumer is referred and identified as a cross system recipient, both agencies will jointly monitor these consumers. Any concerns will be addressed in a joint monthly meeting between both Offices. Each Office will identify a liaison to serve as the primary contact and participant in monthly meetings. If a conflict regarding service program delivery issues surface, a meeting will be arranged between the respective case managers, supervisors and liaisons in an attempt to resolve the problem. If the conflict remains unresolved, final authority for decision-making will rest with the Agency Administrators.

This Memorandum of Understanding will be reviewed and subject to execution on a two (2) year basis.

Either agency involved may initiate an Amendment to be reviewed by both agencies with the Agency Administrators signing if indicated.

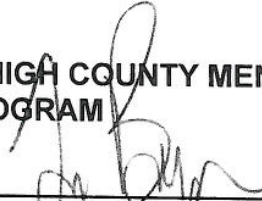
The Memorandum of Understanding/Letter of Agreement term will begin as of July 1, 2010 and end June 30, 2012.

**LEHIGH COUNTY OFFICE OF
AGING AND ADULT SERVICES**



Donna M. Zimmerman
Executive Director

**LEHIGH COUNTY MENTAL HEALTH
PROGRAM**



Tim Boyer
**Mental Health/HealthChoices/D&A
Administrator**

Lehigh County MH/ID/IE/D&A
County Program

FY 2012-2013 County Plan

COMMONWEALTH OF PENNSYLVANIA
OFFICE OF MENTAL HEALTH
DEPARTMENT OF PUBLIC WELFARE
COUNTY MENTAL HEALTH/ SUBSTANCE ABUSE HOUSING PLAN
FY 2012-13

COUNTY PROGRAM: Lehigh County Mental Health

CONTACT:

Name: Richard Orlemann

Title: Deputy Mental Health Administrator

Address: 17 S. 7th St., Allentown, PA 18101

Phone: (610)782-3553

Email: richardorlemann@lehighcounty.org

SUMMARY OF COUNTY HOUSING PLAN:

Supportive housing provides consumers with long-term, community-based housing options. This housing approach combines housing assistance and intensive individualized support services to people with serious psychiatric conditions and those with co-occurring mental and substance use disorders. Research indicates that this combination of long-term housing and wrap-around services leads to improved residential stability and reductions in psychiatric symptoms. This program provides individuals and families who experience homelessness and chronic homelessness the appropriate services and treatment needed to stay housed in a permanent setting.

OMHSAS has identified the development of supportive housing as a major strategy in a document entitled "A Plan for Promoting Housing and Recovery Oriented Services", an addendum to its transformational effort, *A Call for Change: Toward a Recovery-Oriented Mental Health System for Adults*. Mental health and homeless services systems increasingly have used this term, permanent supportive housing, to draw a clear distinction between this housing model and other more restrictive housing/services models (i.e., residential treatment, group homes, transitional housing, etc).

As defined in the OMHSAS Housing Plan, supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more

stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

Lehigh County is sensitive to shifting demographic indicators in the county and has taken proactive steps to respond to them. We are striving to meet the needs of all residents of the county in a culturally competent fashion. Since 1980, the major demographic shift in Allentown has been a 392% growth in its Hispanic population. Over the same two decades the African-American population in Allentown increased from 3% to 7% while the Caucasian population declined from 91% to 64%.

I. SUMMARY OF PROPOSED ACTIVITY (TYPE OF ACTIVITY) *proposed activity includes any new CHIPP, Reinvestment or other Projects that are being planned, whether funded or not. This includes any activity approved within the last fiscal year that is in the implementation process.*

□ 1. Capital Projects

Description:

Project Name	New Bethany	Pennrose/Hope VI	Leveraged PSH
Total Units in Project	6	20	Still in development with LCDCED
Total Units Set-Aside for County	2	20	Still being Developed
How long units will be set-aside	As long as needed	ALAN	ALAN
Total Units Occupied as of 12/31/10	0 (still being renovated)	17	ALAN

Spending Categories	Estimated Persons to be Served	Number Persons Served to Date
Capital	26 persons through Hope VI project and 20-30 through Permanent Supportive Housing	17 and 14 respectively

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Spending Categories	Approved Spending Level	Expenditures To Date
Capital	\$3,500,000	\$3,500,000

☐ **2. Project Based Operating Program** (this includes any program where the County invests to assure rental units are available to priority consumers in a rental program—the funds are available to the project owner or manager and are not portable; it typically is used to secure set asides in new or existing federal Low Income Housing Tax Credit programs; it is different than either tenant based or master leasing where specific funds for are made available for tenants regardless of their location.):

Description:

Spending Categories	Estimated Persons to be Served	Number Persons Served to Date
PBOA	10-20 persons	13

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Spending Categories	Approved Spending Level	Expenditures To Date
PBOA	\$1,000,000	\$1,000,000

☐ **3. Tenant Based Rental Program**

☐ **3a. Bridge Subsidy Program**

Description (include plans for people on bridge subsidies to get permanent subsidies):

Spending Categories	Estimated Persons to be Served	Number Persons Served to Date
Rental – Bridge	Up to 85 persons over 5 years (9 persons in year 1 and 19 persons each subsequent year)	10; Only 4 months into operation

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Spending Categories	Approved Spending Level	Expenditures To Date
Rental – Bridge	\$785,962	\$785,962

☐ **3b. Master Leasing Program**

Description (include plans for people on master leasing to get permanent subsidies):

Spending Categories	Estimated Persons to be Served	Number Persons Served to Date
Rental – Master Leasing	Up to 36 persons over 5 years (4 persons in year 1 and 8 persons each subsequent year)	4; Only 4 months into operation

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Spending Categories	Approved Spending Level	Expenditures To Date
Rental – Master Leasing	\$1,264,160	\$1,264,160

☐ 4. Program Management/ Clearinghouse

Description and Source:

Spending Categories	Estimated Persons to be Served	Number Persons Served to Date
Clearinghouse	Up to 391 persons over the course of 5 years; however, this is not an unduplicated member count as 1 person may obtain contingency funds for each of the 5 years as well as be included in the count of persons receiving Master Leasing as well	45; This number is a representation of all members served through the Clearinghouse's Bridge, Master Lease, Support Services, and Contingency Categories

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Spending Categories	Approved Spending Level	Expenditures To Date
Clearinghouse	\$580,000	\$580,000

☐ 5. Housing Support/ Support Services

Description:

Spending Categories	Estimated Persons to be Served	Number Persons Served to Date
Support Services	Open to anyone through the Clearinghouse program; Services are not mandated so it is difficult to identify an exact number; Housing Supports Team is still being developed with MOU currently under review	45; Only 4 months into operation

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Spending Categories	Approved Spending Level	Expenditures To Date
Support Services	\$540,161	\$540,161

❑ 6. Housing Contingency Funds:

Description:

Spending Categories	Estimated Persons to be Served	Number Persons Served to Date
Contingency	Up to 270 persons over 5 years (30 persons in year 1 and 60 persons each subsequent year); however, it is expected that some members being served in year 2 will also have been served in year 1, so this number is not an unduplicated member count	28; Only 4 months into operation

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Spending Categories	Approved Spending Level	Expenditures To Date
Contingency	\$740,161	\$740,161

❑ 7. Enhanced Personal Care Home(s):

Description:

Spending Categories	Estimated Persons to be Served	Number Persons Served to Date
Salisbury Behavioral Health "The Acorn"	20	16
NHS	16	14

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Spending Categories	Approved Spending Level	Expenditures To Date
Salisbury Behavioral Health "The Acorn"	614,092.30	463,686.42
NHS	951,901.50	333,942.25

8. CRR Development or Conversion:

Description:

Spending Categories	Estimated Persons to be Served	Number Persons Served to Date
SxS Linden	10	31
SxS 8 th St	8	21
SxS Jefferson St	12	35
SxS Weil	4	14
TLC Riverbend	38	103

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Spending Categories	Approved Spending Level	Expenditures To Date
SxS Linden	405,807.00	367,659.65
SxS 8 th St	414,052.00	360,664.39
SxS Jefferson St	400,098.00	316,831.99
SxS Weil	231,640.00	148,336.31
TLC Riverbend	678,292.00	573,702.75

☐ 9. Fairweather Lodge:

Description:

Lehigh County does not operate any Fairweather Lodges

Amount and Sources by type: (sources may include federal, base, other state, local funding:

☐ 10. AIR:

Description:

Spending Categories	Estimated Persons to be Served	Number Persons Served to Date
Resources for Human Development	6	6
Horizon House	6	N/A

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Spending Categories	Approved Spending Level	Expenditures To Date
Resources for Human Development AIR	502,745.00	377,332.11
Horizon House-AIR	611,535.60	395,237.29

☐ 11. MFP:

Description:

Spending Categories	Estimated Persons to be Served	Number Persons Served to Date
Salisbury Behavioral Health	6	7

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Spending Categories	Approved Spending Level	Expenditures To Date
Salisbury Behavioral Health MFP	519,884.00	167,670.04

☐ 12. SAL:

Description:

Spending Categories	Estimated Persons to be Served	Number Persons Served to Date
Horizon House SAL	8	8

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Spending Categories	Approved Spending Level	Expenditures To Date
Horizon House SAL	473,682.40	111,528.61

☐ 13. Supported Housing:

Description:

Spending Categories	Estimated Persons to be Served	Number Persons Served to Date
Salisbury Behavioral Health – Fountain Street	9	31
Step by Step Richland St	10	12
Step by Step Woodward St	12	10
Salisbury Behavioral Health – West St.	11	15

Amount and Sources by type: (sources may include federal, base, other state, local funding:

Spending Categories	Approved Spending Level	Expenditures To Date
Salisbury Behavioral Health – Fountain Street	381,139.65	291,126.07
Step by Step Richland St	16,878.00	12,060.73
Step by Step Woodward St	103,638.00	93,641.87
Salisbury Behavioral Health – West St.	391,199.69	324,656.03

II. EXISTING RESOURCES, RESOURCES BEING DEVELOPED, LOCAL CAPACITY AND PARTNERSHIPS:

- A. **Existing Resources:** Please describe your existing Services: CRRs, LTSRs, E-PCHB, Supportive Housing, Fairweather Lodges by the number and size of your facilities/programs, your current occupancy levels by facility or program and your annual turnover rate if applicable and the total number of people served in each of these programs in the last fiscal year.

CRRs

Provider	Occupancy level	Turnover rate	# served 09-10
Step by Step Linden St	10	310%	31
Step by Step 8 th St	8	263%	21
Step by Step Jefferson St	12	292%	35
Step by Step Weil St	4	350%	14
Lehigh Valley Health Network-TLC Riverbend	38	271%	103

EPCHB

Provider	Occupancy level	Turnover rate	# served 09-10
SBH	20	12%	18
NHS	16	N/A	N/A

Supported/Supportive Housing

Provider	Occupancy level	Turnover rate	# served 09-10
SBH-Fountain	9	10%	10
Step by Step Richland	10	17%	12
Step by Step Woodward	12	0	12
SBH – West St.	11	31%	16

SAL

Provider	Occupancy level	Turnover rate	# served 09-10
Horizon House	8	N/A	N/A

AIR

Provider	Occupancy level	Turnover rate	# served 09-10
RHD	6	0	6
Horizon House	6	N/A	N/A

MFP

Provider	Occupancy level	Turnover rate	# served 09-10
SBH	6	N/A	N/A

- B. Resources Being Developed**-Please describe your progress on implementing new CHIPP projects, Re-Investment funding (2006-2010) or other programs being created (or partially funded) by other sources. Please identify the proposed number of people (by priority group) being served and slated to be served by program and housing type, size of facility, lease arrangement type (tenant or master lease where appropriate) and any specific implementation challenges.

Program	CHIPP\$	HC Reinvestment	Transition Age	Adult	Older Adult	Occupancy	Lease Type
EPCBH	\$1,565,993.80	\$2,212,080.00	0	12	4	16	Provider
AIR	\$1,114,280.60	\$398,322.00	0	5	1	6	Provider
MFP	\$519,884.00	0	0	0	6	6	Provider
SAL	\$473,682.40	\$450,000.00	1	7	0	8	Provider
Master Leasing	0	\$1,264,160	*	*	*	4	Master Lease
Bridge	0	\$785,962	*	*	*	19	Traditional Lease

*Demographics of persons being served through the Clearinghouse Bridge and Master Leasing:

Transition Age: **(1)** Adult **(21)** Older adult: **(1)**

Race: Caucasian **(15)** Black-African-American **(5)** Other Multi-Racial **(3)**

Ethnicity: Non-Hispanic **(15)** Hispanic **(8)**

- C. Unmet Needs, Successes and Challenges**-Please describe your greatest unmet needs (quantify if possible) by target group, type and amount of housing and or type and amount of services. Please describe your greatest challenges for increasing housing, building management capacity and forming relationships necessary to secure housing resources. Please describe your community's provider capacity to provide evidenced based supportive housing services. Include in this description your success in using Health Choices In Plan services for evidenced based pre-tenancy, move-in and post tenancy services. Also include in this reference examples of your success and challenges for serving your priority populations. Describe your success in securing other services resources for each of your priority groups listed below.

With no new funds identified in the OMHSAS budget for Housing Initiatives, a major task of the county is to further engage the region's "Housing Partners", the Local Housing Option Teams (LHOT's), local housing authorities, and homeless planning activities, Department of Community and Economic Development activities and the Pennsylvania Housing Finance Agency. Other significant challenges the County has encountered in the process of implementing the Housing Plan are finding developers and landlords who are willing to engage in the housing process for consumers from the identified target populations, finding developers and landlords who understand the challenges of appropriately serving these target populations, and identifying clear

outcomes that can consistently be measured across all the various housing programs that exist; currently there does not seem to be a standardization of outcomes being tracked.

Previously established approaches and systems created to combat homelessness have not reduced the numbers of homeless. Providers of services for the homeless most commonly cite chronically homeless people with disabilities as the most difficult to serve. Most of the chronically homeless do not do well with conventional services because of rigid program structure, unreasonable expectations of client progress, or because of requirements for consumers to abstain from drugs and alcohol in order to receive services. The county and its partners must develop successful strategies to be successful in serving these individuals. Educating ourselves and the community about the paradigm shift to a housing first model will need to be a priority. This new way of doing business needs to be coordinated, cooperative, systematic, and holistic.

Even with the support of the community, there remains a lack of affordable housing which poses a significant barrier for individuals who are chronically homeless who have no income, have extremely low income and are, therefore dependent on housing subsidies. Both the Lehigh County Housing Authority and the Allentown Housing Authority have a four-year waiting list for people to receive Section 8 housing vouchers. In recognition of this housing problem, a Bi-County Affordable Housing Advisory Board was created by Lehigh County executive Don Cunningham and Northampton County Executive John Stoffa.

Lehigh County has seen a significant increase in the Hispanic population over the past 10-20 years. The Hispanic participants' focus group meeting discussed housing and reported feeling that this program is not always helpful to the Hispanic population. Participants stressed the need for Latino elderly housing (stated 62% of OA in their area are Latino). In subsequent meetings, it was also mentioned that there are not adequate staff in residential treatment programs (CRR, EPCBH) who are fluent in Spanish and who are bicultural. This can result in Hispanic residents not receiving appropriate services.

Lehigh County is fortunate to have so many community partners who believe in and support the "Agenda for Ending Homelessness in Pennsylvania." Our local community has adopted the three strategies from the "Agenda" to be implemented in Lehigh County.

1. To improve coordination between state agencies and promote targeting of resources consistent with the state vision and guiding principles.
2. To foster and support local efforts to ending homelessness.
3. To promote "recovery-oriented" housing and services for chronically homeless individuals.

It is our goal as a community to end homelessness not just to manage it. One way of accomplishing this is by collecting data, which is a task the Lehigh County Conference of Churches (LCCC) has assumed. They will be creating and maintaining a database of

people who are chronically homeless in the county and the referral services that are available to them.

- D. **Housing Resource Mgmt and Services Capacity** -Please describe your capacity to manage and contract current and proposed housing resources. Within that description, include capacity you have in house including but not limited to your Housing Specialist (if you have one) and your contract assistance you are getting or need to successfully implement your housing plan. For example, do you get or need assistance (short term and long term) in working with developers, the Public Housing Authority(ies) or other housing groups to assure your plans will be successful. Please identify how you assure you are getting and using information on best practices particularly for providing services and housing for priority populations.

Lehigh County Mental Health and Health Choices have contracted with the Lehigh County Conference of Churches (LCCC) to serve as the Housing Clearinghouse to administer the Bridge Rental Subsidy Program the Master Leasing Program, and the Housing Contingency Fund. Within the past five years, the LCCC has experience launching two HUD McKinney-Vento projects with combined budgets approaching \$350,000 annually, including budgeting for and hiring 3.5 FTE to direct the programs and provide intensive case management to disabled and chronically homeless consumers, creating and equipping a satellite office site, and providing housing case management and tenant-based rental assistance to those same special needs consumers. The LCCC has developed a variety of referral, intake and eligibility, application, and dismissal protocols over the span of the last twenty years for special needs consumers.

Housing support services are essential to the success of Permanent Supportive Housing and it is important that these basic, essential supports are ingrained in our program of supporting individuals suffering from mental illness. By equipping all Peer Support Services with housing support services knowledge, coupled with prescribed activities, this initiative will be sustained in the on-going work of Peer Support Services.

- E. **Partnerships:** (Please describe your agreements with organizations listed below. Describe the type of agreement (written agreement, liaison activity, working group, informal relationships)? If you do not have an agreement(s), please describe your past, current or planned efforts to achieve one.

1. Public Housing Authorities:

The Allentown Public Housing Authority has been an ongoing partner with Lehigh County in working on the various housing initiatives

The Lehigh Valley Housing Authority has been an ongoing partner with Lehigh County in working on the various housing initiatives

2. Community Development Authority(ies):

Lehigh County's Department of Community and Economic Development (DCED) is committed to creating a vibrant Lehigh County by focusing on economic growth, revitalization of our cities and boroughs, regional partnerships with our twenty five municipalities, and enhancing the quality of life of our community. The Department's grant programs are designed to support high priority projects that enhance the quality of life, the arts and the community and our housing programs are designed to make housing safe, affordable and sustainable.

Lehigh County works in conjunction with Lehigh Valley Economic Development Corporation (LVEDC), community organizations, other economic development groups and the Workforce Investment Board to help enhance programs and create opportunities in the County.

Lehigh Valley Planning Commission – has been in existence since 1961 to create a comprehensive plan to guide orderly growth in Lehigh and Northampton counties and the 62 municipalities in the Lehigh Valley; released its most recent comprehensive affordable housing plan in 2007 that includes a concise list of recommendations, with significant resources available to invest in these initiatives, e.g., CDBG, HOME, etc

City of Allentown Department of Economic Development The Department of Community & Economic Development plays a comprehensive role in the ongoing revitalization of our city. DCED offers assistance to small business, large business and housing developers. DCED works with businesses to determine the right location, what paperwork and permits are necessary and what financial assistance may be available.

3. Other Housing Organizations including Developers:

Lehigh County Conference of Churches spearheads a number of different programs targeting the homeless and SMI populations; contracted provider implementing the Clearinghouse program

HealthChoices Bi-County Advisory Board is similar in scope and attendance to the Community HealthCare Alliance; provides another open forum for stakeholders to offer input and share ideas regarding the various county initiatives that are occurring

Corporation for Supportive Housing (CSH)– a recognized leader in the country in promoting, developing, and supporting permanent supportive housing; Lehigh County contracted with CSH for extensive involvement in the planning, coordination, and implementation of the County's housing plan

Housing Association & Development Corporation (HADC) works to revitalize neighborhoods through the development of affordable housing, the provision of employment and job training and the pursuit of community development initiatives.

4. Other groups (LHOTs, CoCs, planning groups, etc.):

Lehigh Valley Local Housing Options Team – provides representation by key county, municipal and non-profit mental health, housing and advocacy organizations in the county; allows for consistent discussion and sharing of information related to mental health housing related initiatives in the county.

Allentown's Commission to End Chronic Homelessness envisions a city where there are no chronically homeless individuals or families. Our mission is to ensure that every formerly chronically homeless person will have the support services, health care, and employment opportunities needed to live as independently as possible in safe, sanitary, accessible, and affordable permanent housing of his or her choice.

Neighborhood Housing Services of the Lehigh Valley, Inc. (NHSLV) is a resident-led, not-for-profit community development organization. Our purpose is to encourage involvement, leadership, confidence and pride in our neighborhoods. We are dedicated to improving the quality of life for all persons in our service areas by offering and facilitating home ownership, housing rehabilitation, lending, counseling and educational programs.

Hispanic American Organization (HAO) Housing Services housing referral service places hundreds of families into affordable, decent housing every year. Last year HAO served 2,425 individuals with Housing Case Management Services. Extensive counseling on budgeting accompanies the service so that people can maintain their homes once they are moved in. Limited funds are available to offer rent assistance to families.

Lehigh Valley Center for Independent Living (LVCIL) Housing Services assists people looking for an apartment that meets their needs for accessibility and provides information on building or renovating a home for better access as well as information on your Fair Housing rights. Their housing services are designed to educate the community on fair, affordable and accessible housing. Programs conducted include Fair Housing workshops, renters' rights, and owner/builder rights. In addition, they are often made aware of the availability of accessible apartments for rent and homes for sale in the Lehigh Valley.

Community Action Committee of the Lehigh Valley (CACLV) operates a two-year transitional housing program designed for families who desire to pursue educational and vocational training while working towards self-sufficiency. The 12-units are located in center city Allentown on Turner Street. The ultimate goal of the program is to create self-sufficient citizens who actively participate in their community.

Catholic Charities of Allentown provides housing counseling and financial assistance to residents of Lehigh County who are homeless or near homeless.

- F. Partnerships with Consumer, Family and Other advocacy groups- Please describe your partnerships, formal and informal, with advocacy groups to promote housing, get feedback on satisfaction and to help set your County's housing agenda and develop your housing plan.

Recovery Partnership is a local, consumer run organization that is willing to partner with other agencies to address a variety of needs. They will be providing contracted Certified Peer Specialist services to Clearinghouse members

The Center for Independent Living has openly engaged in the exchange of landlord names of good reputation with other providers

- G. Partnerships with Provider agencies- Please describe your working relationships with your provider community to promote best practice in supportive housing and to increase the capacity of your provider community to provide evidenced based supportive housing services. Include in this description any efforts underway to assist providers with changing or shifting practice models if you are in the process of adopting new practices approaches.

Community HealthCare Alliance – a bi-county committee of stakeholder members of mental health and substance abuse services, service providers, the County's managed care organization, and each respective County's HealthChoices staff; this provides an open forum for stakeholders to offer input and share ideas regarding the various county initiatives that are occurring

- H. Sustainability Plan for Housing related Reinvestment Plans-Please describe your overall sustainability strategy and specific strategies by type of resource (rental assistance, clearinghouse, supportive services and contingency funds) for any housing related Reinvestment Plans approved by DPW since 2007.

All funds as reported through the HealthChoices Financial Reporting requirements have been expended. Operationally though, the funds are with the Lehigh County Department of Community and Economic Development (LCD CED) as they are the county entity that is best suited to coordinate all the various housing components across the county government and community/provider network. Program and Fiscal monitoring of LCD CED is occurring.

Sustainability for the various projects will be accomplished in a myriad of ways. Community based programs to help support our on-going initiatives include Community Development Block Grants, Federal HOME funds, PHA/Section 8 Housing Choice Voucher Program and Homeownership Voucher Program, HUD Section 811 – Housing for People with Disability, Federal Home Loan Bank, Lehigh County Trust Fund, HUD McKinney-Veto Homeless Assistance, federal Low Income Housing Tax Credits, and Penn HOMES Program.

For PBOA sustainability, Lehigh County MH/MR and PHFA will only support initiatives under the plan that are financially feasible, in order to insure long term affordability. This includes tax credit programs, PennHomes funded initiatives, etc. Lehigh County MH/MR will also work closely with the Housing Authorities to explore opportunities to sustain operating subsidies beyond the 5 year term, including Mainstream Housing subsidies, HOME, and other sources of subside support.

For Master Leasing sustainability, Landlords/Tenants on receipt of temporary subsidies under the Master leasing Program, will be required under the leasing agreement to apply for a Section 8 voucher. This requirement will free up subsidies and enable more people to be served under this initiative. Lehigh County MH/MR will also review the availability of HOME, County, PHA funding, etc., to support a continuation of Master Lease Subsidies. Lastly, a Master Lease interest pool will be created with landlords under the Lease-buy down to provide a resource for continuation of Master Lease subsidies.

Bridge sustainability will be accomplished in similar fashion to the Master Lease program. All applicants for subsidies will be required to apply for Section 8 subsidies upon acceptance into programs under this plan. Additionally, Lehigh County MH/MR will review the availability of HOME funding, and other sources of County, PHA funding, etc., to support a continuation of Bridge subsidies.

To sustain the Clearinghouse program as a whole, Lehigh County will explore a continuation of funding for the M/CH through both public and private funding sources, such as PHFA, HUD, CDBG, County funding, Foundations, etc.

III. IDENTIFICATION OF PRIORITY CONSUMER GROUPS

- A. OMHSAS has identified persons from your county residing in institutions including Personal Care Homes that have over sixteen residents as the highest priority group for access to supportive housing in your community as it most often the most integrated setting possible for this target group. This includes identifying your housing goals for serving this target group in FY 2011, what services will be made available to them to assure they have access to the most integrated setting possible and steps you will take to do as part of your housing planning. The most integrated settings possible include permanent supportive housing with both In Plan services and other services. If your plan is to assist people leaving institutions to move into CRRs and people from CRRs to move into supportive housing, please describe below your plan to assure this is a one-for-one exchange.

In order to ensure that as many people as possible could move into the community utilizing existing resources, a waiver was obtained to increase the capacity of the Salisbury behavioral Health EPCBH (the Acorn) from 16 to 20. It is our goal to reduce the capacity of this program back to 16 when it is no longer needed to serve people who are residing in an even larger institution, specifically those transferred to WeSH. There are individuals residing at WeSH who are visiting the Acorn. We realize that it is not ideal but it is preferable to having someone in a state hospital that is 60 miles away from their home community.

Our goal is for people residing at WeSH to be able to move to an EPCBH or other appropriate community setting, including CRRs. This will be accomplished without increasing our CRR program capacity by having people move from CRRs into other community-based housing options.

Identify up to three additional priority groups (who are MA eligible) for these targeted housing resources. You have a choice of listing them all as “high” priority or may be listed in descending priority order; please indicate which method you are using. Counties can choose to identify the priority group by age, type of disability/need or other designation. In the rationale for priority, please discuss why the priority group is “most in need” of permanent housing to be created by this initiative. Provide local or state data and statistics to support your priority consumer targeting plan. Keep in mind that Reinvestment funds must be targeted to address the “unmet need” for permanent supportive housing among MA eligible persons in your County. In the rationale for priority, please describe any strategic, systems considerations for identifying a priority consumer group.

Target Population	Percentage (%) of those served by HC funded housing programs	Comments
Members with Serious Mental Illness (SMI) transitioning out of CRRs	38.7%	Please note that this percentage does not include PBOA data as PHFA has not yet provided us with data on the specific target populations
Young Adult (age 18-23) Transitional Age	5.3%	Please note that this percentage does not include PBOA data as PHFA has not yet provided us with data on the specific target populations
Forensic population transitioning out of prison	2.7%	Please note that this percentage does not include PBOA data as PHFA has not yet provided us with data on the specific target populations
Members that are homeless or at risk of homelessness	62.7%	Please note that this percentage does not include PBOA data as PHFA has not yet provided us with data on the specific target populations

*** Please note that because members may be duplicated in multiple target population categories (i.e. a homeless member who is a young adult), the percentages will not add up to 100%**

Priority Group 1: Individuals currently in Community Rehabilitation Residences (CRR), whose housing and service needs can be more appropriately met in PSH;

Rationale for Priority:

In determining *HealthChoices Reinvestment Plan's* target populations, the Plan identified forty residents in CRR programs as housing ready.

Supportive housing has had demonstrated effectiveness in working for people who face complex life challenges—individuals and families who have very low incomes and have a serious or persistent mental illness. PSH has reduced emergency room and inpatient care (medical, psychiatric and substance abuse), jail, police, emergency medical services, the court system, in addition to being more cost effective for the mental health delivery system than transitional and other residential programs

Priority Group 2: includes young transitional adult population, (Age 18-23), who suffer from serious or persistent mental illness and are in need of PSH

Rationale for Priority:

Thirty-three youth monthly were aging out of the child welfare system.

Nationally, rates of homelessness among young adults are alarming with countless youth entering adulthood, void of the appropriate supports and linkages.

For the period of 2001 through 2006, 371 members within the 18-23 year old demographic age range were served on average per year. This jumped to 795 people for FY 06-07 and has now increased to 1,247 in FY 09-10. It is reasonable to conclude that this is a growing population within the membership with service utilization, each of which is in need of permanent housing. During FY 09-10 241 members "age out" of children's services, and are in need of stable residency (permanent housing) to adequately promote assimilation, and affiliation.

Programs established under this plan to address the needs of the young adult transitional population will be designed to promote greater independence, and include the following:

- Meeting mental and physical health needs;
- Developing and sustaining family supports and/or other adult supportive relationships;
- Developing and sustaining peer and other social relationships;
- Improved understanding of housing alternatives (Permanence Affordability, and Landlord/Tenant Issues);
- Ensuring acquisition and retention of critical personal identification documentation (Birth certificate, Social security card);
- Improved financial literacy (Personal budgeting, Banking services, Credit);
- Completing necessary education and/or training and understanding and exploring employment and career alternatives;
- Understanding and relying upon local transportation and community resources;
- Identifying and developing recreational interests;

Priority Group 3: Forensic population transitioning out of Lehigh County Prison

Rationale for Priority:

TEAM MISA reported that during a recent fiscal year forty-one released prisoners who would be eligible for Clearinghouse services lacked appropriate housing options.

Prisons and jails are no place for people who are suffering from serious and persistent mental illness, and increasingly the criminal justice and mental health systems are focusing attention on this critical issue. Lehigh County established TEAM MISA in March 2005. The team consists of representatives from the District Attorney's Office, Public Defender's Office, County Mental Health Office (Deputy MH Administrator and Forensic Case Manager), Director of Pre-Trial Services, Adult County Probation Supervisor and Lehigh County Prison's Deputy Director of Treatment, Mental Health Coordinator and Assistant Director of Corrections. This multidisciplinary team meets weekly to review cases of people with mental illness and/or substance abuse that have been charged with a crime. The vast majority of cases reviewed involve current incarceration and pre-sentence status. The goal is to provide recommendations to the courts that address mental health and/or substance abuse treatment needs, community safety and acceptable home plans.

Released inmates face extraordinary obstacles in securing appropriate housing in the community—especially housing in the inmate's community of origin that is affordable, located near employment opportunities, and in "safe" neighborhoods. Investing resources in comprehensive outpatient treatment programs and permanent supportive housing have demonstrated effectiveness as jail diversion and treatment strategies.

It is difficult to estimate the number of state and county prisoners that face homelessness upon release from incarceration. Shelter and services providers report more than 50% of homeless clients have spent 5 or more days in a city or county jail in their lifetime, which may initially have been a result of their homelessness.

Attachment M

**Lehigh County MH/ID/IE/D&A
County Program**

FY 2012-2013 County Plan

FORENSIC PLAN GUIDELINES

Using the Sequential Intercepts for Developing Criminal Justice/Mental Health Partnerships, please provide available services under each Intercept and corresponding subgroup within the Intercept. Please reference the Intercept Model Diagram attached.

Service	Yes	No	Comments
<i>Intercept 1: Law Enforcement and Emergency Services; Pre-Arrest Diversion Programs</i>			
911 Training:		x	
Police Training:	x		Crisis Intervention provides training
Documentation of Contact:		x	
Emergency/Crisis Response:		x	
Follow Up:		x	
Evaluations of Services:		x	
Other:	x		In 2010 a MH training was given to Allentown Police department
Contact information for Intercept 1: Name, email, and Phone number	x		CJAB-MISA
<i>Intercept 2: Initial Hearings and Initial Detention; Post-Arrest Diversion Programs</i>			
Screenings:	x		MDJ can refer to Team MISA, Lehigh County Prison (LCP)- MH assessment
Pre-Trial Diversion:	x		Pre-Trial staff refer to Team MISA
Service Linkage:	x		Team MISA (see below)
Other:	x		Team MISA (see below)
Contact information for Intercept 2: Name, email, and Phone number			Team MISA

<i>Intercept 3: Jails and Courts</i>			
Screening:	x		LCP staff complete a MH screening assessment Prime Care – psychiatric care
Court Coordination:	x		Team MISA (see below)
Service Linkage:	x		Team MISA (see below)
Court Feedback:	x		Team MISA (see below)
Jail-Based Services:	x		Prime Care (see below)
Other:			LCP provides an ongoing MH group
Contact information for Intercept 3: Name, email, and Phone number			Richard Orlemann Kim Sheppard
<i>Intercept 4: Re-Entry from Jails, Prisons and Hospitals</i>			
Assess:	x		LCP case managers regularly assess and refer to MH treatment in the prison (Prime Care)
Plan:	x		Re-entry committee
Identify:	x		Case manager Re-entry Committee (see below)
Coordinate:	x		Case manager Re-entry Committee SPORE (see below)
Other:	x		Re-entry Committee (see below)
Contact information for Intercept 4: Name, email, and Phone number			Nancy Afflerbach S. Drew Taylor
<i>Intercept 5: Community Corrections and Community Support Services</i>			
Screening:	x		Prime Care (see below) Re-entry Committee (see below) SPORE (see below)
Maintain a Community of Care/Service Linkage:	x		SPORE (see below)
Implement a Supervision Strategy:	x		SPORE (see below)
Graduated Responses and Modification of Conditions of Supervision:	x		SPORE (see below)
Other:	x		SPORE
Contact information for Intercept 5 Name, email, and Phone number			S. Drew Taylor

Please summarize other Cross Systems Initiatives (Forensic Peer Support, Collaborative efforts with CJABS, etc) not included above:

Intercept #2 & #3:

Team MISA:

Team MISA began in 2005 out of meeting that was called to discuss several cases that involved multi-systems. These cases involved persons that had serious mental illness. The original attendees of the meeting where the Mental Health Administrator, the Assistant Director of Corrections, the Court Administrator and the Executive Director of Pre-trial Services. The meetings were scheduled weekly as a “think tank” for the involved parties to streamline processes and expedite appropriate releases from jail. Team MISA developed and formalized and became an off-shoot of MISA/CJAB (subcommittee of Criminal Justice Advisory Board (CJAB)). The goal was to divert low risk MH offenders from incarceration or in the very early stages of incarceration.

Today, Team MISA is comprised of a variety of disciplines within the County, including the District Attorney’s Office, Lehigh Valley Pre-Trial Services, MH/MR, SPORE, D&A, Lehigh County Prison (treatment, administration, and case managers), Probation/Parole and the Public Defender’s Office. The meeting is chaired by the first Assistant DA. The success of the group results from the collaboration and ensuring that there are department heads, as well as front line staff, at the table. The team meets weekly to discuss new referrals and any updates on “old” referrals. Each team member collects all pertinent information from their respective office, has information releases signed when necessary, and collectively, the team discusses the most appropriate and expeditious approach to manage the case. Recommendations for any type of release do not require unanimous agreement; however, if any member believes that the defendant presents a threat to self or others, the release is tabled.

Plans of action are developed and committed to confidential minutes. Any change of plan must be presented to the Team for reconsideration. The plans will include significant clinical information that will help the court make decisions that expedite the case through the judicial process.

Prime Care:

Prime Care is the name of the contracted agency to provide mental health care to inmates in the Lehigh County Prison. This includes psychiatric assessments and psychiatric treatment with medications.

Intercept #4:**Re-entry Committee:**

The Re-entry Committee is a multi-disciplinary team that meets every other week to discuss and develop re-entry plans for inmates who have a variety on needs including mental health and/or intellectual disabilities. The committee consists of Lehigh County Prison entities: administration, supervisors, case manager, nurse-supervisor, and mental health professional, Lehigh County SPORE: Director and Forensic Case Manager.

Intercept # 5:

SPORE:

S.P.O.R.E. is a joint program that supervises those offenders that have mental illness and/or mental retardation that have received a county term of probation or parole.

S.P.O.R.E. integrates the criminal justice system of Lehigh County and the Mental Health/Mental Retardation system of Lehigh County. This collaborative effort combines the resources of two systems in order to provide a greater positive impact on behalf of the client.

Adult S.P.O.R.E. can provide two main functions; one being a diagnostic function and the other a case management/supervision function. A part time psychiatrist and psychologist contract with Adult S.P.O.R.E. to complete evaluations. These evaluations help to identify a person's mental health needs as well as provide a diagnosis for appropriate case management assignment within Adult S.P.O.R.E.

The Case Management/ Supervision function of S.P.O.R.E has three distinct categories: S.P.O.R.E Intensive Teams, Forensic Resource Team, and Forensic Case Management.

Juvenile SPORE incorporates the Balanced Approach to Restorative Justice to its philosophy and service delivery. It does this through holding the juvenile accountable, maintaining safety, and helping the juvenile develop competencies. The Juvenile S.P.O.R.E. teams see their clients up to three times a week, with a focus on the needs of the family and integrate those needs into the treatment and goal planning. They will meet the juvenile in various settings; home, school, and at the probation office.

Because of the various needs of the juvenile and family, Juvenile SPORE interconnects and collaborates with many systems and entities. They may include but are not limited to Juvenile Probation and the courts, Children and Adolescent Mental Health, Children and Youth Services, Mental Retardation, various community mental health services, out of home mental health placement services, juvenile placement services, local police, school systems, Drug and Alcohol services, and others. Case-management remains a key to helping and assisting the juveniles and their families in Juvenile SPORE.

County Program: Lehigh

FY 2013-2017 County Plan

Contact Person: Richard Orlemann

**THE SUPPLEMENTAL PLAN TO PROMOTE COMPETITIVE EMPLOYMENT
GUIDELINES**

Background

In the Spring of 2009, the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) formed a representative Workgroup to develop state strategies to expand the availability of evidence-based practices, particularly supported employment, that assist people with psychiatric disabilities to engage in competitive employment in community settings.

The creation of the Workgroup reflected the goals of OMHSAS' March 2008 Call for Change: Employment-A Key to Recovery (http://www.parecovery.org/services_employment.shtml) and its goal of "significantly increasing the number of persons served by the behavioral health system who are competitively employed," itself a response to the continuing high rate of unemployment among those with psychiatric disabilities and the slow development of evidence-based practices to address the employment aspirations of consumers. The Workgroup recommended that OMHSAS require each of the County Mental Health Programs to file, as part of each year's Mental Health Plan or Update, an annual Supplemental Plan to Promote Competitive Employment.

The County Supplemental Employment Plan should: a) reflect an inclusive planning process at the county level; b) provide an overview of the current status of employment services in the county; and c) address the county's strategies to increase competitive employment through: orientation of the county mental health system toward employment outcomes; staff training; new data collection protocols; and shifting current dollars and/or accessing new funding for supported employment.

In developing the County Supplemental Employment Plan, counties should utilize the SAMSHA Supported Employment Toolkit, (<http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment>). The Supported Employment Toolkit was developed by modifying the knowledge base and specific interventions about Supported Employment from the intellectual/developmental disability field and adapting them to the specific needs of the psychiatric field. Supported Employment programs:

- attach primary importance to consumer preferences;
- identify competitive employment as the goal;
- work toward mainstream jobs in community settings;
- seek jobs that pay at least minimum wage;
- find work settings that include people who are not disabled;
- focus on persons with the most severe disabilities;
- provide follow-along supports that are continuous;
- base eligibility on consumer choice;
- integrate employment services with clinical treatment; and
- begin job search activity as soon as a consumer expresses interest in employment.

1. Inclusiveness of the Planning Process.

a. Please briefly describe the planning process for this Supplemental Plan: including stakeholder involvement, leadership roles, meeting schedules, the establishment or expansion of a local Employment Transformation Committee, data and information sources, etc.

The Lehigh County Mental Health Office is in the beginning stages of developing its Employment Plan and Employment Transformation Committee. The Mental Health Office is dedicated to the basic principles that people can work regardless of diagnosis history, jobs must provide real work and real pay, rapid attachment to real life activities works, on-going supports must be available, and preferences, dreams, and goals are central. In addition to working with NAMI of the Lehigh Valley, Salisbury Behavioral Health Psych Rehab, The Clubhouse of Lehigh County, Step by Step Transition Age CRR, Hispanic American Organization, the Consumer family Satisfaction Team (CFST), Lehigh County MH Committee Lehigh County collaborated with Northampton County in working with the bi-county Lehigh Valley Community Support Committee (CSP) to solicit input for the plan. The CSP involved input from individuals, families, employment providers, the Office of Vocational rehabilitation (OVR), and a representative from the Lehigh Valley Chamber of Commerce. As part of this process, the CSP has decided to develop and implement an employment transformation committee as a sub-committee of the CSP.

The Mental Health Office will provide the Employment Transformation Committee with data collected from the Focus Groups and from Community Support Plans completed for individuals recently discharged from Allentown State Hospital in moving forward with the Employment Plan. Our CFST will be asked to add questions to their satisfaction survey related to employment satisfaction and/or employment preferences.

b. Please involve a diverse stakeholder group in the planning process, including, but not limited to the entities/groups listed below. Please indicate the number of individuals or group representatives who were involved in this planning process in each category below:

(#)	(#)
55 Consumers	1 The District Office of Vocational Rehabilitation
2 Family members	0 Local Workforce Investment Boards
5 Provider agencies	1 Educational organizations
1 Managed Care Organizations	1 Local business groups
8 CSP representatives	0 Individual employers
1 Criminal justice organizations	9 Advocacy organizations
1 Drug & alcohol / mental illness dual diagnosis groups	8 Others (please describe: County MH/MR Representation)
5 Transition-Age Youth	

2. Current Service Delivery Data.

Please review the attached tables compiled from the County Income and Expenditure Reports and CCR POMS data for FY 2007 – 2008, which identify the numbers served and dollars spent within the two existing vocational cost centers for your county and answer the questions below.

DEFINITIONS:

Facility-Based Employment: Programs designed to provide remunerative development and vocational training within a community-based, specialized facility (sheltered workshop) using work as the primary modality. Sheltered workshop programs include vocational evaluation, personal work adjustment training, work activity training, and regular work training and are provided in facilities licensed under the Chapter 2390 regulations (Vocational Facilities).

Community Employment: Employment in a community setting or employment-related programs which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry or other work sites within the community. Included are competitive employment, supported/supportive employment, and industry-integrated vocational programs such as work stations in industry, transitional training, mobile work forces, enclaves, affirmative industries/business, and placement and follow-up services.

a) Confirm the accuracy of the data provided. Please adjust any data and explain any corrections made.

- ☐ Check here if the data is accurate.
☒ Check here if the data should be adjusted, as follows:

- Community Employment and Employment Related Services
 59 Number of individuals served
 209,429.37 Funds expended
- Facility Based Vocational Rehabilitation Services
 20 Number of individuals served
 4 Funds expended

b) Additional Expenditures for Employment Services. If there are additional mental health funds expended by the county for employment services that are captured in other cost centers, please indicate below the cost centers used, the expenditures made, and the number of individuals served:

- Cost center in which expenditures appear _____
- Total additional Expenditures for employment services _____
- Numbers of additional individuals served _____

c) Indicate the percentage of current county funding for employment as a percentage of overall current county funding.

\$7,311,195.64 Overall county funding
\$251,193.14 County funding for employment services
% 3 percentage of overall county funding for employment services

d) Indicate the percentage of overall employment funding expended on facility based versus community services, based on the cost center definitions above.

\$ 251,193.14 Total employment funding
%17 percentage of total employment funding for facility based services
%83 percentage of total funding expended on community services

Please include a brief description of the numbers of consumers served in facility based services and their employment goals. (Interviews with consumers and cost-to-outcome analysis are encouraged).

'09-'10

VIA - Supported Employment - 1, Workshop - 1

PIC - Supported Employment - 8

GSWS - Individualized Vocational Services - 2, Work Activities Center - 5

APS - Vocational Rehabilitation Services - 5

Total - 22

Many people (transition age and adults) reported concerns with employment. Many said they would like to see employment services that address how individuals who have a mental illness can: develop a resume; improve interviewing skills; build a career; network; and build age appropriate working skills such as how to keep a job and talk to a boss. It was reported that the Office of Vocational Rehabilitation does little because funding is used up quickly.

The Clubhouse employment services were reported to be a positive thing, and Step-By-Step's employment program was also reported to be positive.

e) Describe any changes you plan to make in total employment expenditures or percentages allocated to facility vs. community based services. Also, please report on other funds (e.g., Health Choices, OVR, Criminal Justice, etc) currently spent on employment. [Note: OMHSAS expects each county to establish a target goal for increasing funding for supported employment including, but not limited to a shift in funds from facility based to Supported Employment programs over the course of the 5-year Plan.]

Service	HC \$	# of Providers	# of People served (unduplicated)	Base \$	# of Providers	# of People served (unduplicated)
Employment (including Clubhouse)	N/A	N/A	N/A	\$209,429.37	4	56

Individuals surveyed that Sheltered workshop was an example of a service that may work well for those appropriate for it but the pay is so low they cannot afford transportation costs to go to it. Lehigh County will be looking at transferring resources from sheltered to community based employment

3. Funding for Supported Employment.

Please indicate the amount of vocational funding that the County anticipates will be spent in the next year specifically for Supported Employment programming, and whether those funds are currently in the Community Employment Services or Facility Based Services cost centers, or represent new dollars for Supported Employment. Supported Employment is defined above (Background).

Total dollars to be expended on SE services \$ 209,429.37

a) % of those dollars within the cost centers of:

- Community Employment and Employment Related Services 100%
- Facility Based Vocational Rehabilitation Services 0%

b) % of new dollars to be expended on SE services 0%

4. Prior County Activities to Promote Supported Employment. Please indicate the activities undertaken by the County in the past two or three years that have been designed to promote Supported Employment programming. Please note that prior activities can fall into one or all three stages of development.

The Lehigh County Mental Health Office has made great efforts in promoting and supporting Supported Employment programs within the county in the past three years and will continue to do so. The Lehigh County Mental Health Office supports all providers of employment services and strongly subscribes to the idea that employment is an integral part of an individual's recovery process. In conjunction with Northampton County, Lehigh County has paid for a minimum of one Certified Peer Specialist Training per year. We are committed to continuing to fund this training in the foreseeable future. Lehigh County does not currently have a peer specialist on staff but is looking to add this position in a contracted capacity in the next fiscal year.

Recovery Partnership

Recovery Partnership, whose board of directors is comprised of at least 51% consumers, is a nonprofit organization that provides Peer Mentoring, Certified Peer Specialist, and Consumer/Family Satisfaction Team services. Recovery Partnership believes that "by working in a peer-to-peer collaborative partnership, we provide hope, support, and assistance to help our peers achieve individual goals and objectives, while fostering recovery in a community environment."

Recovery Partnership's Peer Mentoring services, P.A.I.R. (Peers Assisting In Recovery), is a program of Peer Mentors who have reached a certain level of recovery which allows them the ability to offer hope to other people in similar situations based on their individual strengths, needs, and goals. P.A.I.R. is staffed by individuals in recovery (Peer Mentors) who have successfully completed a three day training provided by Recovery Partnership. Peer Mentors are paid, part-time staff who have a caseload of individuals (peers) that they meet with in the community on a regular basis to assist them in reaching their recovery goals, which includes assisting peers in daily tasks, increasing social interaction, and working toward individual goals and objectives within a community environment. Currently, P.A.I.R. employs five Peer Mentors who serve 18 individuals. The P.A.I.R. program is also an opportunity for Peer Mentors to meet other individuals in recovery, determine if moving on to becoming a Certified Peer Specialist would be an opportunity they would like undertake, and gain valuable work experience.

This project is funded, in part, under contracts with the Lehigh and Northampton County Departments of Human Services, through funds provided by the Commonwealth of Pennsylvania Department of Public Welfare.

Recovery Partnership's Certified Peer Specialist services are comprised of 12 Certified Peer Specialists who are individuals who have mental health and/or co-occurring disorder who have been trained to work with peers to identify and achieve recovery goals. Certified Peer Specialists are individuals who are actively engaged in their own recovery. Certified Peer Specialists work in partnership with other mental health providers and have the ability to relate, identify, empathize, and support peers on their path to recovery while utilizing all available services. This alliance of person, Certified Peer Specialist, and provider assures the persons needs and preferences are heard. Additionally, Certified Peer Specialists:

- serve as role models;

- teach goal setting, symptom management skills, problem solving skills, and a variety of recovery skills;
- offer hope that recovery from mental illnesses possible;
- advocate by working to eliminate the stigma associated with mental illnesses; and
- act as community liaisons, supporting peer involvement in the community.

Recovery Partnership's Certified Peer Specialist services currently serves 61 individuals in the Lehigh Valley, with 25 individuals on a waiting list to receive Certified Peer Specialist services.

Recovery Partnership's Consumer/Family Satisfaction Team (C/FST) is an organization authorized by Lehigh County and Northampton County to provide consumer satisfaction services. Created out of the need for a reliable method of monitoring and reporting satisfaction within the mental health system, LVC/FST is a team of individuals who are either consumers of mental health services, family members of consumers, or those vested in improving the mental health system. Recovery Partnership's C/FST currently employs six consumers in Lehigh County. The C/FST:

- visits consumers at a place and time convenient to each individual;
- responds to calls from families and consumers;
- takes a whole-life approach to consumer satisfaction services by accepting input from family members and significant others regarding quality of life and service issues;
- meets with representatives of the Office of Mental Health;
- meets with service providers, including case managers and community treatment teams;
- encourages individuals to become more involved in their own treatment;
- evaluates the ; Lehigh County Office of Mental Health and their appointed representatives, in their response to issues brought forth by C/FST; and
- assists with resources based on the need as identified by the consumer and/or family member.

Work In Progress - Resources for Human Development through Lehigh Valley Assertive Community Treatment (ACT)

Work In Progress, a program providing employment support, helps individuals achieve paid, competitive work. Work in Progress is affiliated with Resources for Human Development through Lehigh Valley Assertive Community Treatment (ACT) and was created to fill a need to meet the needs of individuals who may not be ready or have the experience to work 20 hours per week. Work in Progress, currently in its fourth year, is based on the belief that having a job is most motivating in an individual's recovery, empowering individuals and giving them a sense of pride and accomplishment. Work in Progress is an employment service modified to meet the needs of individuals as they progress in their recovery. Individuals' success in Work in Progress is determined by if they are meeting the expectations of the job and not by their progress in their recovery. Each individual is responsible in accessing their own wellness prior to coming to work each day. Currently, Work in Progress employs 22 individuals in Lehigh County part-time through a variety of job opportunities, including snow removal, cleaning services, landscaping,

data entry, and catering. Additionally, Work in Progress pays its employees competitive wages and has a lead staff person who is not currently active in treatment or services who provides informal mentoring/coaching to the Work in Progress employees. Over time, Work in Progress would like to become a completely consumer run business.

Clubhouse of Lehigh County

The Clubhouse of Lehigh County offers persons with mental illness a safe healing environment to explore their personal and vocational potential and receive support in achieving their goals. The Clubhouse offers psychosocial rehabilitation services that provide hope and healing for men and women recovering from mental illness. It is a place where adults come together to learn valuable job skills, gain support and meet people.

At the Clubhouse of Lehigh County, the focus is on developing the strengths and talents of their members and helping them journey from isolation and dependence to self-reliance and productivity, building confidence along the way.

Membership

Membership in the Clubhouse of Lehigh County is open to any Lehigh County resident who is 18 or older and has a history of mental illness. Membership is free and is good for life and attendance and participation are completely voluntary. There is no traditional therapy session or medication distribution at Clubhouse of Lehigh County. Instead, the work of the house is the rehabilitation. As members contribute meaningful work to the house, they build confidence and a sense of purpose.

Core Program at the Clubhouse of Lehigh County

The work-ordered day is the core of the Clubhouse program. It is carried out by three work units, which are responsible for the day-to-day running of the house. Within the unit, members build relationships while organizing and performing the work of the day. Work units include:

- **Culinary Unit** - Responsible for the kitchen and snack bar, including ordering food, planning menus, preparing lunch daily and cleaning the kitchen and pantry.
- **Support Unit** - Responsible for house maintenance and reception, including cleaning inside and outside, caring for plants, giving house tours and staffing the reception area.
- **Services Unit** - Responsible for communications, data management, education and employment, including producing newsletters and other printed materials, gathering and entering member data, assisting members with educational goals and providing employment opportunities.

Potential for Growth

All members of the Clubhouse of Lehigh County have opportunities for growth beyond their daily tasks.

- Policies, direction and operation of the house
- Computer-based self-tutorials
- Wellness and recycling initiatives
- Social programs outside the work-ordered day
- Member-run lending library

Members can also work toward their personal and vocational goals. With Clubhouse support, they can:

- Study for the GED
- Enter or return to college

- Receive career guidance
- Participate in transitional employment positions

Clubhouse Credentials

Clubhouse of Lehigh County, which was founded in 1999, is part of an international movement headquartered in New York City. There are more than 450 certified Clubhouses worldwide. Clubhouse is based on principles, which are outlined in the 36 Standards of the [International Center for Clubhouse Development](#). These standards are observed by every Clubhouse.

- Clubhouse of Lehigh County holds a three-year certification from the International Center for Clubhouse Development. The certification is the longest offered by ICCD and demonstrates that the facility is in compliance with international standards of clubhouse programs.
- Clubhouse of Lehigh County is a member of the [Pennsylvania Clubhouse Coalition](#).
- Clubhouse of Lehigh County is administered by Good Shepherd Rehabilitation Network and funded through the [County of Lehigh](#).

Associated Production Services Inc. (APS)

APS is an affirmative industry program that provides an integrated, supported work environment in which trainees can experience employment in a manufacturing/packaging business or in a mobile workforce. The facility operates from 8:30 am to 3:45 pm, Monday thru Friday. Workers at APS earn a training wage and this job can be a vehicle for developing the skills needed to attain higher-paying jobs throughout the community. Currently, APS employs 10 individuals from Lehigh County.

Individualized Vocational Services (CREATIONS) / Good Shepherd Vocational Services

This service is a specialized program designed to increase vocational opportunities for mental health consumers. A menu of vocational rehabilitation services are offered including; prevocational assessment, vocational exploration services, work issues groups, individual vocational counseling, job development, and job placement services. Currently, Good Shepherd employs 3 individuals in their Individualized Vocational Services and 3 individuals in their Work Activities Center.

Private Industry Council (PIC)

PIC is a supported employment program that combines vocational assessment, placement of a consumer in a competitive job, on-the-job training, and long-term support. The worker earns competitive wages while working in a flexible, individualized, consumer-centered program, guided by a team that includes staff members from PIC, the Office of Vocational Rehabilitation, and Lehigh County Mental Health.

Early-Stage Development Activities. The County has:

Forming an employment transformation committee
 Provide funding for the annual CPS training
 Support the Lehigh County Clubhouse and their employment efforts
 Casemanagers encourage and work with individuals to seek supportive employment

- ☒ Developed consensus around both the importance of employment and the use of evidence-based employment interventions
 - ☒ Provided basic training and technical assistance to provider agencies on the delivery of evidence-based practices
 - ☐ Established a funding framework for the development of new evidence-based employment services
 - ☐ Provided supportive information to consumers and families on the effectiveness of evidence-based employment practices
 - ☒ Familiarized county and local program staff with the elements of supported employment fidelity measures
 - ☐ Other activities: please describe
-

Middle-Stage Development Activities. The County has:

- ☐ Established new evidence-based employment services in one or more service sites in the county
 - ☒ Provided information to consumers/families and providers on work incentives
 - ☐ Developed evidence-based employment practices to focus on the types of employment in the local job market
 - ☐ Provided detailed training and technical assistance to providers on the delivery of evidence-based employment services
 - ☐ Developed evaluation mechanisms to insure a focus on appropriate consumer outcomes in competitive employment
 - ☐ Assisted programs in using the supported employment fidelity measures to shape and assess service delivery approaches
 - ☐ Other activities: please describe
-

Later-Stage Development Activities. The County has:

- ☐ Further expanded the availability of evidence- based practices to all consumers in the County
 - ☐ Developed resources to provide benefits counseling to consumers who are returning to work
 - ☐ Supported providers who can serve as a 'model' of evidence-based employment practices in other sections of the Commonwealth
 - ☐ Improved the quality of jobs (re: income, benefits, tenure, promotion) obtained by graduates of evidence-based programs
 - ☐ Integrated supported education opportunities into the delivery of evidence-based employment practices
 - ☐ Used the supported employment fidelity measures to assess and improve program delivery
 - ☐ Other strategies: please describe
-

Supplemental Plan to Promote Competitive Employment: Proposed County Strategies & Outcomes

County Lehigh FY 2013-2017

Area	Strategies		Outcomes		Target Dates	Updates on Goal Implementation
A. System Orientation to Employment Outcomes	Strategy 1	Lehigh County, in conjunction with Northampton County, will work with the CSP employment transformation committee to sponsor a training on supported employment. The training will be geared towards individuals in recovery, family members, providers, and agency and county staff.	Outcome 1	The value of employment as part of an individual's recovery will be understood by the various stakeholders.	FY 2013-2014	N/A
	Strategy 2		Outcome 2			
B. Staff Training and Technical Assistance	Strategy 1	All providers will be asked to include employment as part of their client assessments.	Outcome 1	All providers will utilize assessments to determine individual's employment goals.	FY 2013-2014	N/A
	Strategy 2	Technical assistance will be provided to agencies to enable them to develop and implement effective assessments related to employment.	Outcome 2	All providers will have the skill sets that are necessary to assess individual's employment goals.	FY 2013-2014	N/A
C. Funding for Employment Services	Strategy 1	The current budget will be scrutinized to determine the possibility of reassigning funds currently utilized for sheltered employment for supported employment.	Outcome 1	Supported employment will be the funding source of choice and will replace sheltered employment whenever possible.	FY 2013-2014	N/A

Supplemental Plan to Promote Competitive Employment: Proposed County Strategies & Outcomes

County Lehigh FY 2013-2017

Area	Strategies		Outcomes		Target Dates	Updates on Goal Implementation
	Strategy 2		Outcome 2			
D. Responding to Local Workforce Needs	Strategy 1	The Lehigh Valley Chamber of Commerce, as part of the CSP and the employment transformation committee, will be utilized as a mechanism to develop relationships with community-based employers.	Outcome 1	Effective relationships will be developed with Chamber members to facilitate the employment of individuals receiving services in Lehigh County.	FY 2013-2014	N/A
	Strategy 2	The Lehigh Valley Chamber of Commerce, as part of the CSP and the employment transformation committee, will be a resource for individuals and providers regarding employment opportunities.	Outcome 2	Individuals will have access to Chamber representatives at CSP and employment transformation committee meetings.	FY 2013-2014	N/A
E. Educational Linkages/Joint Project	Strategy 1		Outcome 1			
	Strategy 2		Outcome 2			
F. Utilizing peer Specialists	Strategy 1	Lehigh County will develop a drop in center.	Outcome 1	Certified Peer Specialist will be utilized to staff a proposed drop in center	FY 2013-2014	N/A

Supplemental Plan to Promote Competitive Employment: Proposed County Strategies & Outcomes

County Lehigh FY 2013-2017

Area	Strategies	Outcomes	Target Dates	Updates on Goal Implementation
	Strategy 2 Lehigh County will determine the feasibility of adding a consumer run Warmline as part of the proposed development of a drop in center.	Outcome 2 Certified Peer Specialist will be hired to operate a Warmline during the hours of operation of the proposed drop in center.	FY 2013-2014	N/A
G. Data Collection	Strategy 1 The CFST will gather employment data as part of their satisfaction survey process.	Outcome 1 Data collected from the CFST surveys will be utilized to develop strategies for improving opportunities for supported employment.	FY 2013-2014	N/A
	Strategy 2 The Clubhouse will provide reports on the success of their employment efforts.	Outcome 2 Data collected from the Clubhouse will be utilized to improve employment opportunities for individuals receiving employment services from other providers.	FY 2013-2014	N/A
H. Work Incentive Counseling	Strategy 1 OVR will participate in the employment transformation committee and will provide technical support and training for individuals and stakeholders on recovery-based employment practices	Outcome 1 Individuals and will be provided with information related to how employment may effect their benefits so they can make informed decisions related to employment	FY 2013-2014	N/A
	Strategy 2	Outcome 2		

5. Proposed County Activities to Expand Evidence-Based Employment Services.

In the table on page 72, please list each of the specific, measurable strategies the county plans to use to promote and expand the use of evidence-based employment practices over the next 5 years, using the following eight categories ('A' through 'H' below). Each strategy should indicate "who, what, when, where, & how", in order that the county and state can track attainment of the goals. The examples provided in each section are offered only as a starting point for your consideration of those approaches best suited to your county. For each strategy, indicate the anticipated outcome or outcomes and target date over the next Planning year. All eight goals and strategies do not need to be filled-in, only those that your county anticipates focusing on during the next 5 years.

A. System Orientation To Employment Outcomes

Indicate the county's strategies to ensure that employment is recognized throughout the county's mental health delivery system – in both treatment and rehabilitation settings – as a core aspect of the recovery process. **Examples:** Sponsor system-wide training on supported employment approaches and the value of work to recovery; target county-sponsored training on employment for therapists/doctors, provider board members, consumers and family members, and/or residential program staff; and establish county policies/procedures regarding the involvement of all provider agencies in supporting consumer employment outcomes.

B. Staff Training and Technical Assistance

Indicate the county's strategies to provide training and technical assistance to provider staff directly implementing evidence-based employment practices. **Examples:** Fund provider-staff participation in both on-site and web-based supported employment training; encourage all providers to include employment strategies and services as part of regular client assessments; require providers to meet SE Fidelity standards and conduct SE Fidelity Scale Reviews with providers; monitor SE providers in the county with regard to their consistent use of the six principles of supported employment; and implement regular Employment Network Meetings for local employment service providers.

C. Funding for Employment Services

Indicate the county's strategies for increasing funding for evidence-based employment practices for people with psychiatric disabilities. **Examples:** Slowly shift funds from sheltered workshops and day programs to more evidence-based employment practices; use reinvestment funds, and/or Medicaid Infrastructure Grant dollars to initiate training; help agencies explore the use of SSA Ticket-to-Work and Work Incentives programs for service delivery dollars by becoming an Employment Network (EN); work with OVR to shift contract dollars to evidence-based practices; and collaborate with providers in seeking national, state, and local foundation funding for start-ups.

D. Responding to Local Workforce Needs

Indicate the county's strategies for helping providers to access and respond to information about local workforce needs and employer requirements for new workers. **Examples:** Work collaboratively with the Pennsylvania Business Leadership Network (PA-BLN) and both local Workforce Investment Boards (WIBs) and CareerLink offices; establish working relationships with local Chambers of Commerce; encourage providers to establish their own business advisory groups; and develop county-wide Business Advisory Councils to help providers better understand the workforce needs of local employers.

E. **Educational Linkages/Joint Projects**

Indicate the county's strategies to involve local educational organizations in the preparation, training, and certification of consumers with psychiatric disabilities seeking self-sustaining careers in the competitive labor market. **Examples:** Work with local schools to ensure access to ABE/GED programs for consumers; establish more formal 'Supported Education' programs; ensure provider presence/focus on employment at IEP meetings; develop collaborative relationships with community colleges offering a variety of career training programs; and develop a 'resource guide' to existing academic training programs in both non-profit and for-profit career training settings.

F. **Utilizing Peer Specialists**

Indicate the county's strategies to utilize the experience of both currently certified peer specialists and other consumers in providing evidence-based employment practices. Utilizing peers will support other consumers, and may encourage the consumers to seek their own employment or educational opportunities. **Examples:** Train peer specialists on Supported Employment; fund 'employment peer specialist positions' with employment provider agencies to work with individual consumers returning to the competitive labor market; rely upon peers to develop and operate employment support groups for working consumers; fund Consumer-Directed Services to develop evidence-based employment practices within their operations; and ask providers to develop employment-focused WRAP plans for interested consumers.

G. **Data Collection**

Indicate the county's strategies for improving the collection of data with regard to the employment status, progress, and success of consumers in evidence-based employment practices. **Examples:** Request that local Consumer/Family Satisfaction Teams specifically survey Supported Employment participants; ask employment providers to report on program outcomes using the Employment Reporting Grid in the Evidence-Based Practices Toolkit (from SAMSHA); and seek information on the differential use of treatment and rehabilitation services for those who are involved in evidence-based practices and those who are not.

H. **Work Incentive Counseling**

Indicate the county's strategies for grappling with consumers' fears of losing financial and/or medical benefits as a result of the income earned from competitive employment. **Examples:** Social Security Administration (SSA) sponsors 'Work Incentive Planning Assistance' delivered through Community Work Incentive Coordinators who have been trained and certified by SSA; some county agencies and provider groups make good use of these resources to maximize resources for beneficiaries who are working or are planning to work in the future; and some counties are planning to devote their own funding to an expansion of these types of work incentive counseling programs.