

Lehigh County Department of Human Services

HUMAN SERVICES PLANNING & PUBLIC HEARING

THURSDAY, JUNE 1, 10:30 AM AND 6:00 PM

KAY ACHENBACH, HUMAN SERVICES DIRECTOR

PAM BUEHRLE, CHILDREN & YOUTH

JR REED, AGING & ADULT SERVICES

TIM BOYER, MH / ID / D&A / EI

MATT BAUDER, HEALTHCHOICES

JOSH BRIDGES, INTEGRATED SERVICES



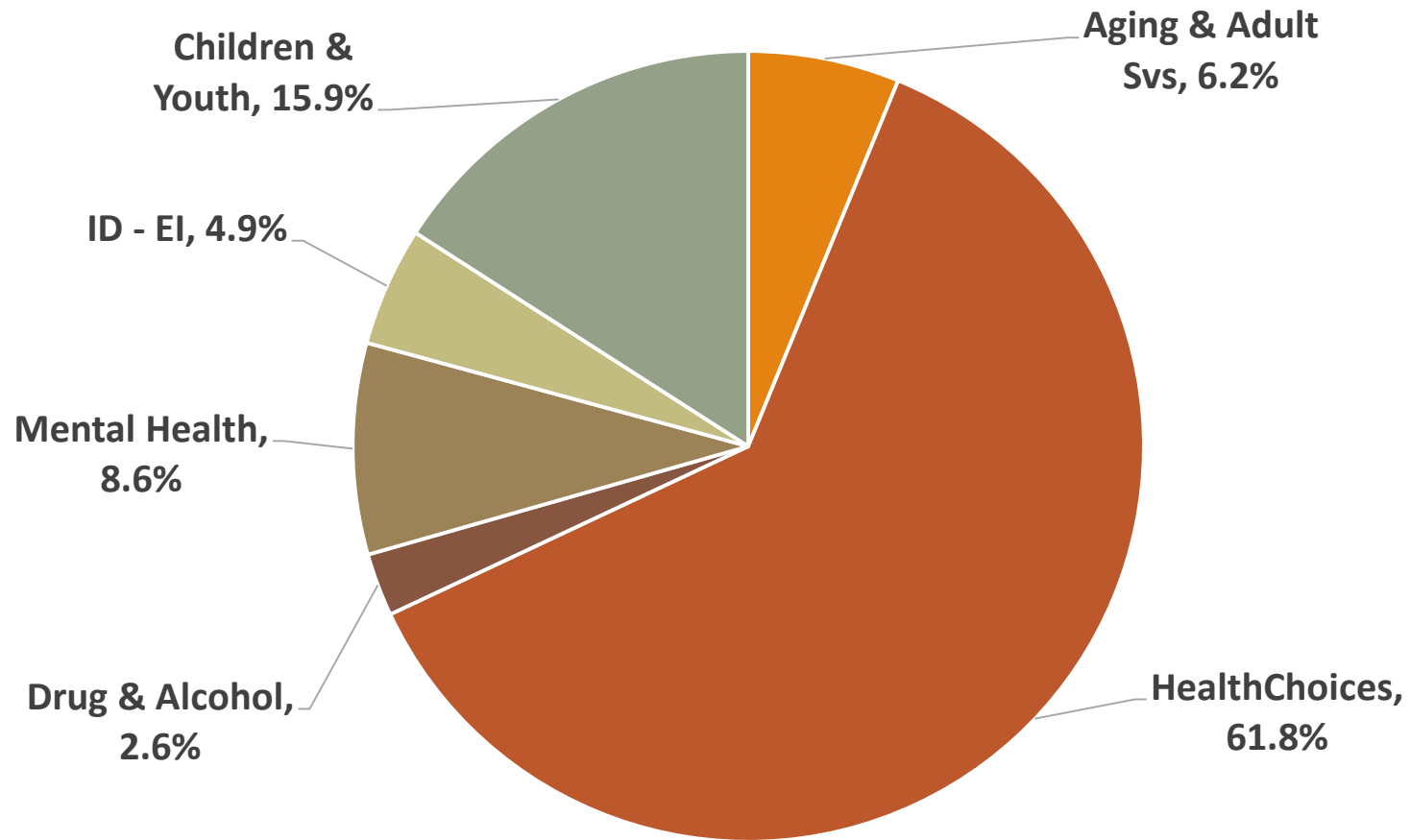
What Are Human Services?

- Designed to assist people in difficult life situations
- Interdisciplinary Services help people navigate through crisis or chronic situations where external help and guidance are needed for them to move forward with their lives and rediscover their personal power and self sufficiency
- Not “Welfare”

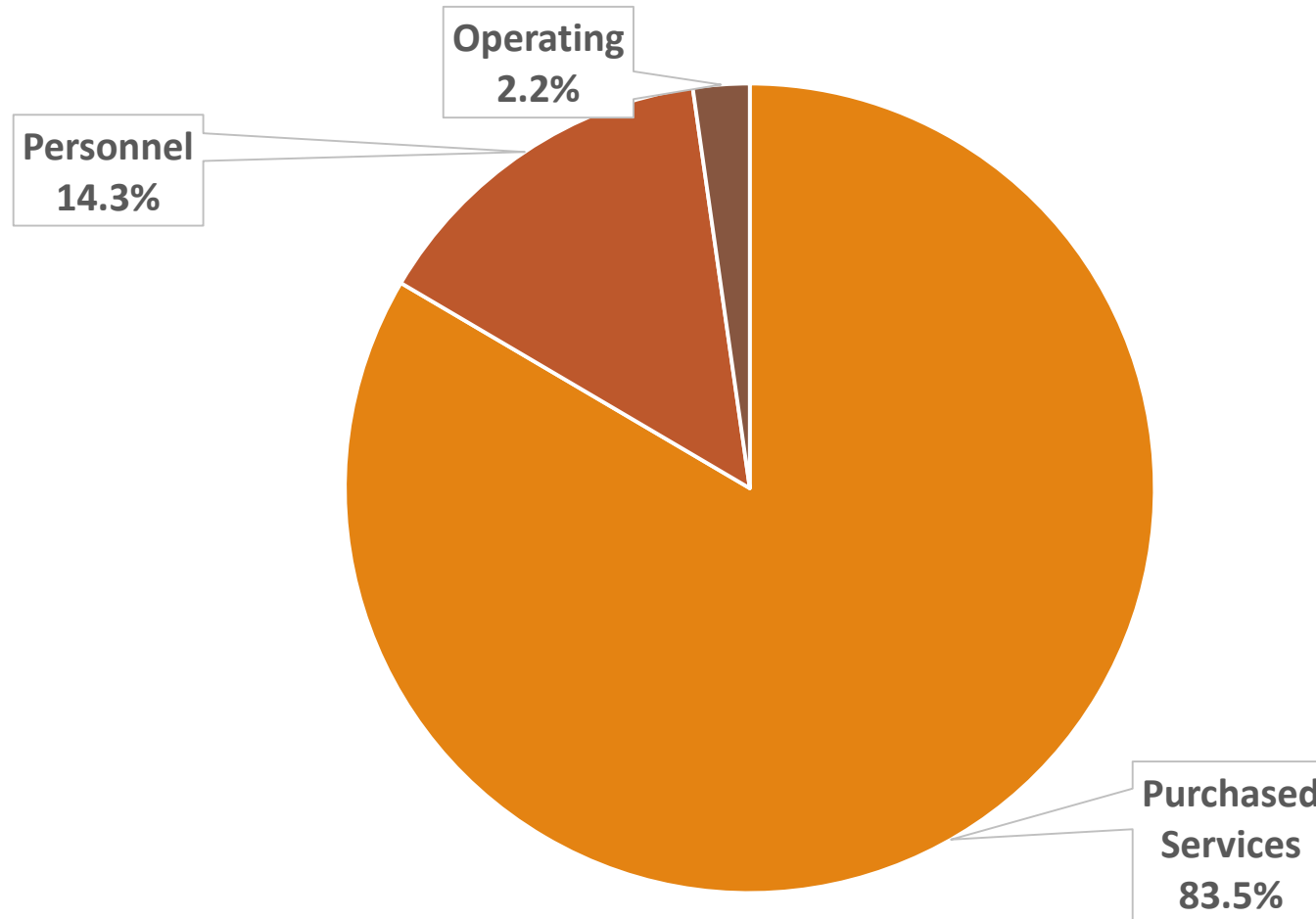
State Charge & Partnership

- State charges counties to assist in the delivery of Human Services
- HS model varies by county
- Counties can tailor their system as best meets the needs of citizens
- Some typical HS activities are completely optional (County Homes, ie) and others are mandated

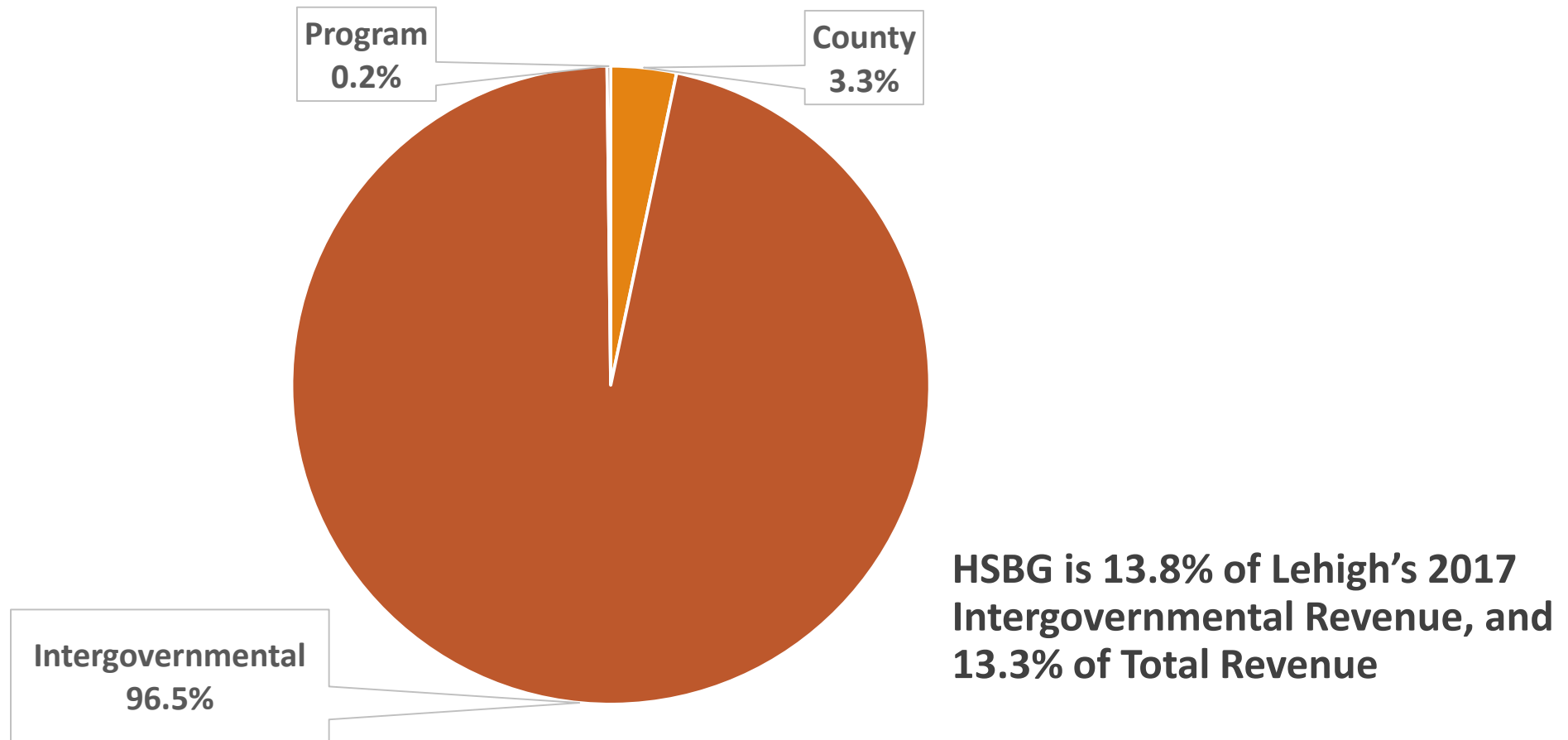
2017 Lehigh County DHS Budget



2017 DHS Expenditure Budget – Personnel, Operating, Purchased Services



2017 Revenue by Source



Integrated Services

(INCLUDES INFORMATION & REFERRAL, CRISIS INTERVENTION, CHILDREN'S MENTAL HEALTH, CHILD AND ADOLESCENT SERVICES SYSTEM (CASSP), AND SYSTEM OF CARE)

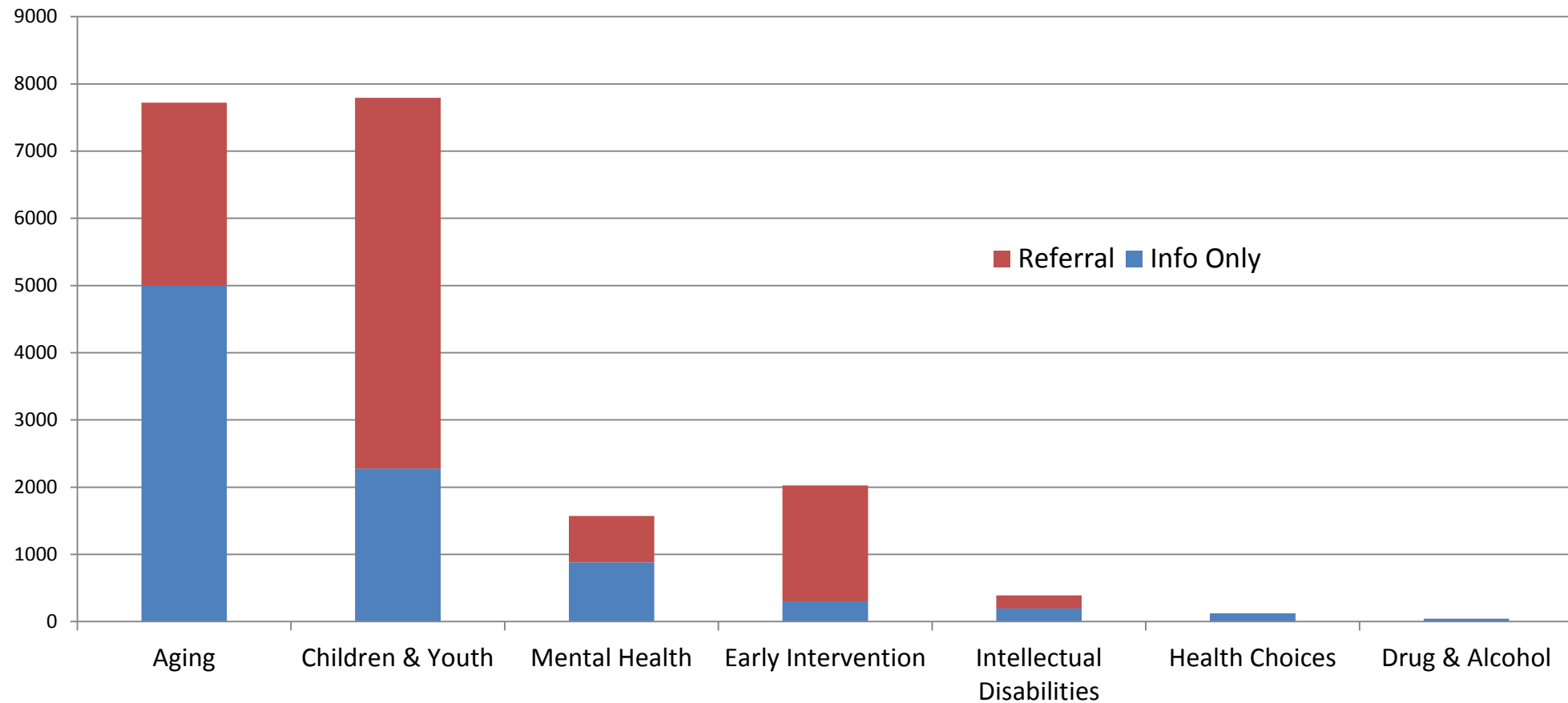
Information & Referral: 8,610 Information Calls and 3,562 Referrals

CASSP System Coordination and Placement Meetings held: Available to all County residents at no cost. Coordinates team meetings with youth and families, their supports, and other professionals to increase communication, solve problems, identify resources, and develop a coordinated plan of care.

Youth Cross System Team & Integrated Case Management Support: Multi-disciplinary team meets weekly to assist DHS and Juvenile Probation with youth & families involved in multiple-systems. Reviewed 76 cases over the past 12 months.

Trauma Sensitive Schools: Provided training to interested school districts in 2016. Participants become trainers for their own school district. Three Lehigh Valley School Districts will participate in a pilot Trauma Sensitive Schools implementation toolkit in 2017-2018. One in 4 children experience trauma, which can lead to mental health and learning difficulties. Trauma Sensitive Schools recognize signs of trauma and implement school and classroom practices to support children and reduce the impact on learning.

Integrated Services – Information & Referral



Integrated Services Youth Mental Health First Aid

Evidence based community education program

Participants learn warning signs and risk factors of mental health problems in adolescents and how to help someone in crisis or experiencing a mental health challenge.

Certified Instructors from county school districts, Human Services, and Juvenile Probation.

Classes are now widely available and free to the community. Over 1600 people completed the class in the last 2 years.



Integrated Services Crisis Intervention

Individuals Served: **3,010**

Events / Referrals: **4,383**

Phone Contacts: **14,631**

Home and Community Visits: **1,542**

Walk-in Visits: **239**

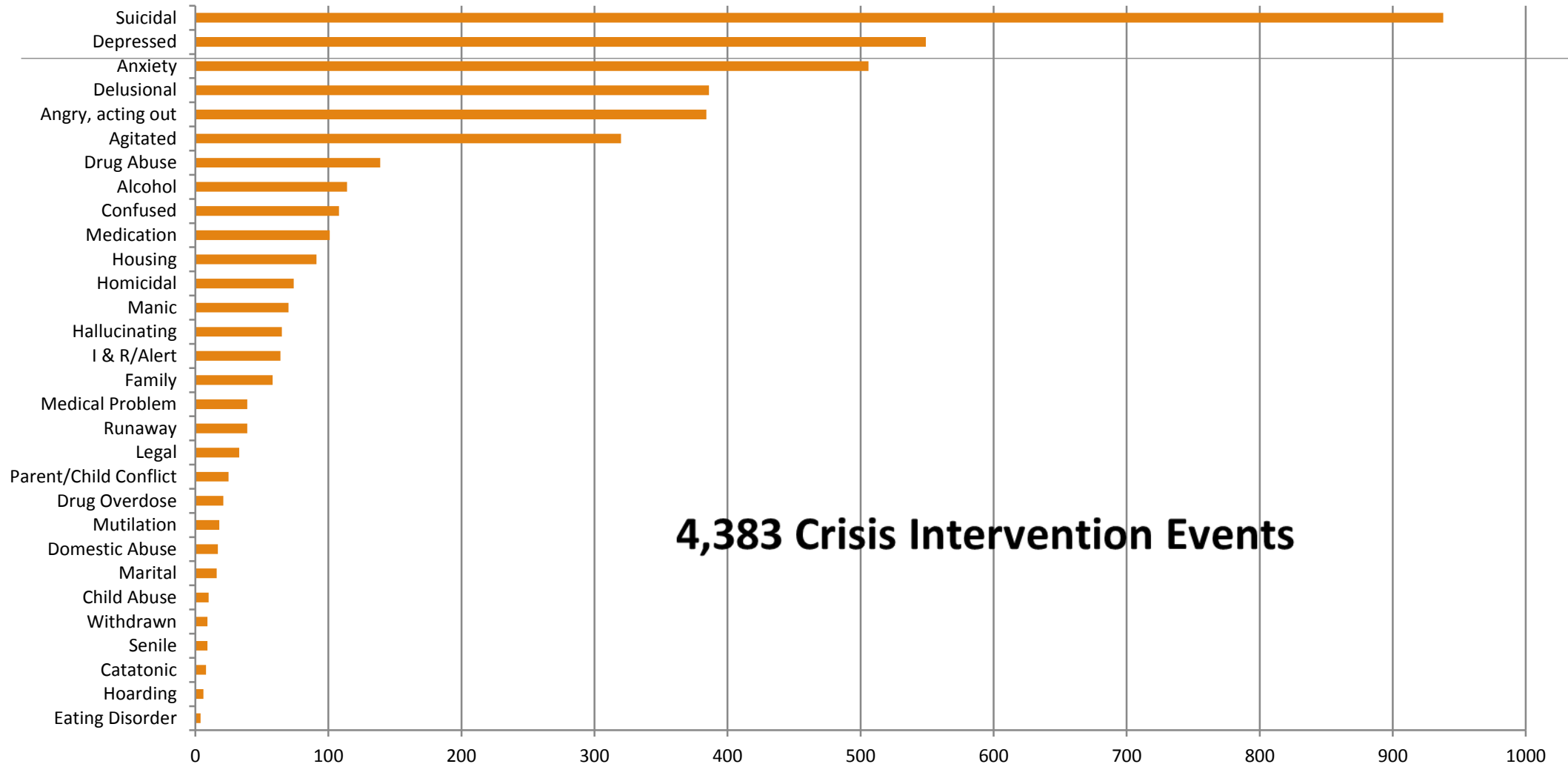
Involuntary (302) Hospitalizations: **568**

Voluntary Hospitalizations: **734**



Integrated Services – Crisis Intervention

Primary Problem Descriptions 2016



HealthChoices

Provides for medically necessary behavioral health services to Medical Assistance enrolled Lehigh County residents through contracts with either a Behavioral Health or Physical Health Managed Care Organization (MCO).

Federally funded through the Center for Medicaid Services (CMS); funding is passed through the state to each individual County in Pennsylvania.

In 2016, the Lehigh County HealthChoices program provided behavioral health services to 17,412 unduplicated members accounting for \$63.76 million in medical claims costs.

Program is always looking to be innovative and create new programs that will meet the growing and changing needs of our members.



HealthChoices

Innovative Programming

Certified Recovery Specialist – peer-based recovery support service for adults with substance abuse disorders or co-occurring substance abuse and mental health disorders. Encompasses recovery and resiliency-oriented principles, and serves to guide, initiate, achieve, and sustain long-term recovery from addiction.

Integrated Care – combines Physical and Mental Health treatment services under one roof to create a one-stop shop to meet members various whole health needs. Will begin as a co-location of services with the ultimate goal of the clinicians functioning as a collaborative unit with a single treatment plan and health record.

Value Based Purchasing – approach to contracting for services is data based and establishes expected outcomes for all members across treatment. Aim is to enhance experience and satisfaction, improve quality of care, outcomes, population health, and lower per-capita cost of care. Currently being rolled out to Acute Inpatient Providers (AIP), Assertive Community Teams (ACT), and Family Based Services. Value based purchasing will eventually include all levels of care offered to our members.

Drug & Alcohol

Treatment costs for heroin and opioid addiction accounts for more funds than any other substance.

From 1/1/2017 to 5/1/2017 there have been **over 60** probable drug related deaths – mostly attributed to opioid abuse.

Lehigh County HOPE (Heroin & Opioid Prevention Education) – in 2016 over 8,000 middle/high school students and 1,000 community members will have participated in the program. In 2017, HOPE Part II has been created by a community collaboration and filming has begun!

The office is averaging 141 referrals for assessments per month and is authorizing 238 treatment episodes per month!

The SCA expanded prevention education and intervention services and allocated \$1.4 Million to these services.

Outreach services with APD began in mid October and to date has made over 900 contacts with community members!

In 2016, the SCA, District Attorney and Adult Probation jointly supported the transition of 168 inmates from incarceration directly into inpatient treatment.

Drug & Alcohol

Student Assistance Program (Annually) – Average of 700 middle and high school students assessed. Approximately 60% identified as needing MH treatment and 40% identified as needing D&A or Dual (D&A with co-occurring MH). Approx. 90% of the students needing D&A interventions receive the service needed. In the 16/17 school year there has been a 12% increase in the number of dual referrals and a 12% decrease in MH referrals.

Assessments and Drug of Choice – Up until 2014, alcohol was consistently the #1 driver of treatment costs. Since 2014, heroin has taken over the top spot by a convincing margin.

Mental Health

Over 2,300 unduplicated county residents received county-funded mental health services

A pathways to Treatment case management position was created to link unregistered individuals, who otherwise would not qualify for services, to appropriate services in the County and the community.

A grant was received from PCCD to fund an embedded mental health worker in the Allentown Police Department 40 hours per week.

Seven individuals were successfully moved from Wernersville State Hospital (WeSH) to the community and plans are in place to move ten additional people to the community next fiscal year. This will result in the County closing seventeen beds at WeSH.

40 people were diverted from going to Wernersville State Hospital by being effectively supported in the community

Mental Health

The SPORE Unit served 227 people with a recidivism rate for new charges of 7.4%

18 police officers, 1 deputy sheriff and the embedded worker with the Allentown Police, were trained in Crisis Intervention Team (CIT) model.

All staff in the mental health office received LGBT Cultural and Linguistic competency training.

Twenty people were trained in QPR (Question-Persuade-Refer) the most widely taught Gatekeeper training in the world that teaches people to respond to someone in crisis and is proven to save lives.

Twenty people were trained as certified trainers of QPR. This industry-leading approach to suicide prevention is an excellent way for the County to help empower the community to effectively intervene on behalf of people who are suicidal and in-crisis.

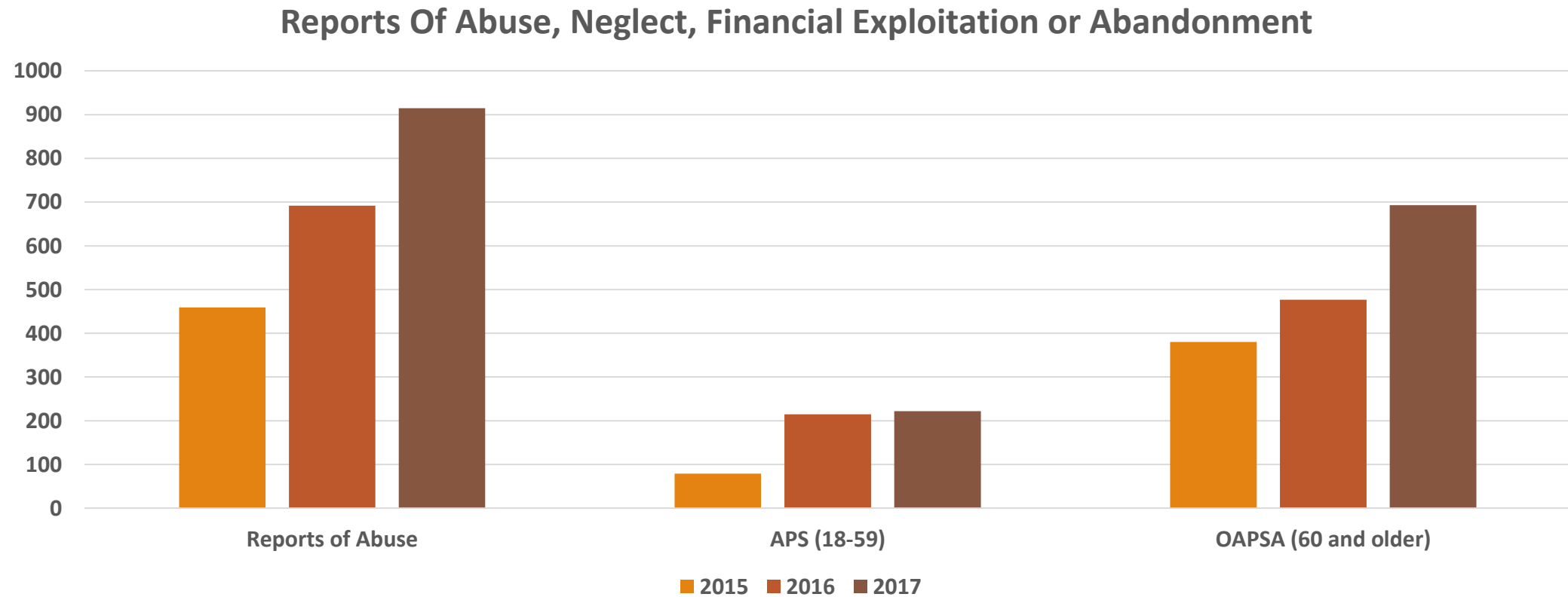
Aging & Adult Services

Nearly 4,700 (unduplicated) Aging consumers received direct services and/or congregate meals (PDA)

Over 1,000 consumers/families received vouchers for rental assistance (HSBG)

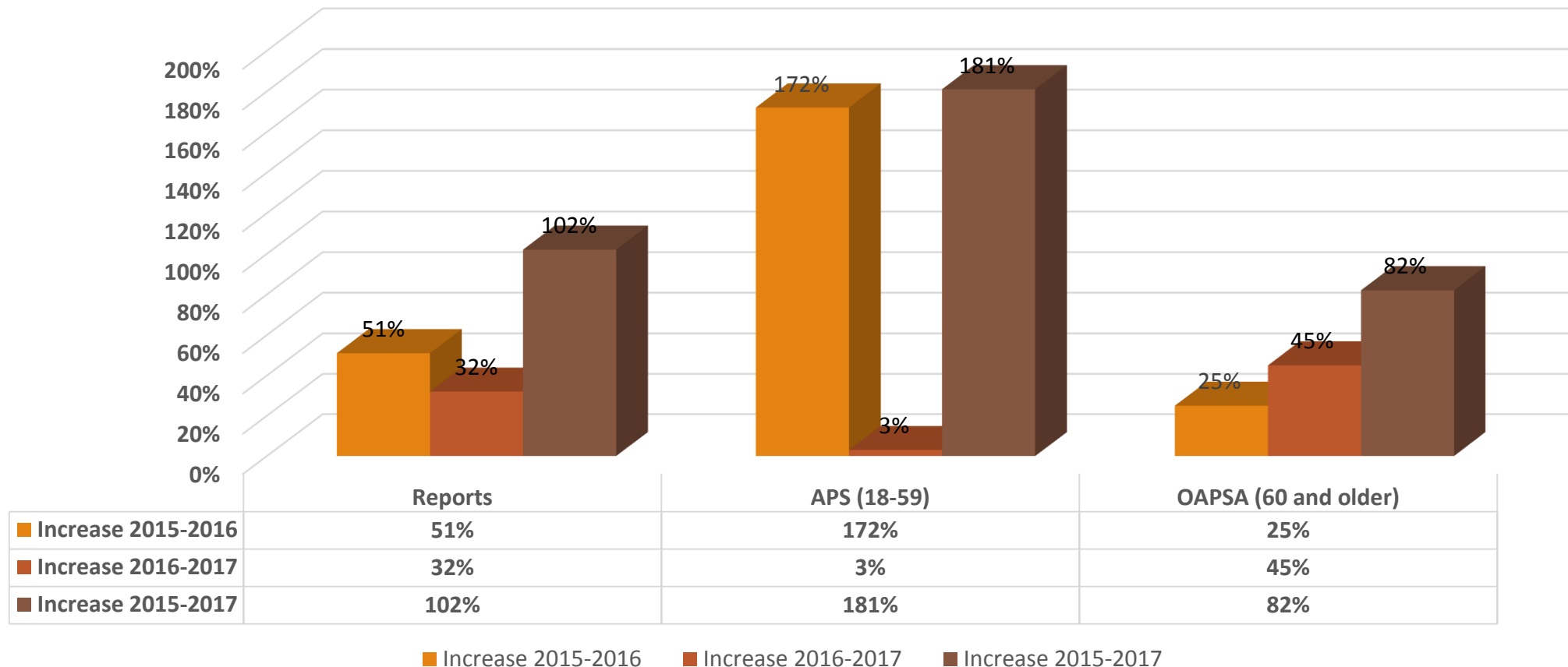
Nearly 400 consumers 18-59 received intensive care management, direct services, reports of abuse for adult protective services, and service planning/care management (HSBG)

Aging and Adult Services



Aging and Adult Services

Reports Of Abuse, Neglect, Financial Exploitation or Abandonment

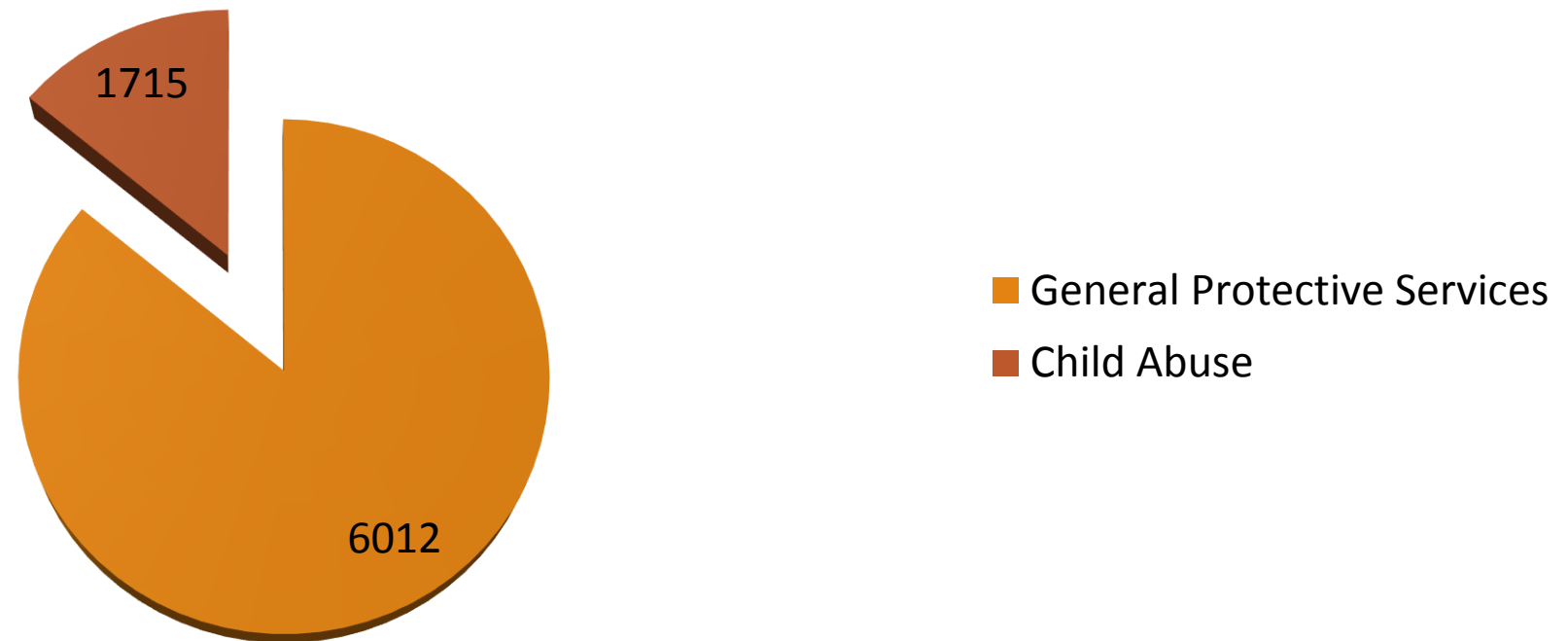


Children & Youth Services

PROTECTING CHILDREN

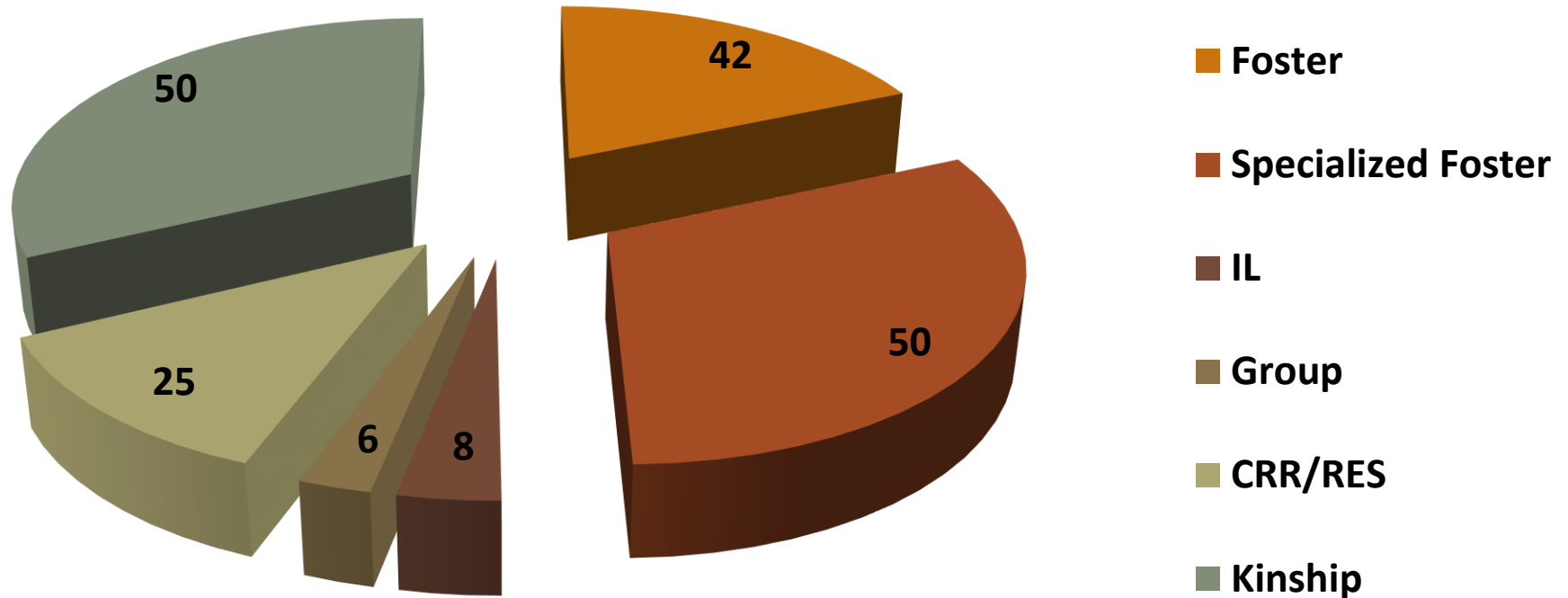
STRENGTHENING FAMILIES

REFERRALS TO the OFFICE OF CHILDREN AND YOUTH SERVICES 2016



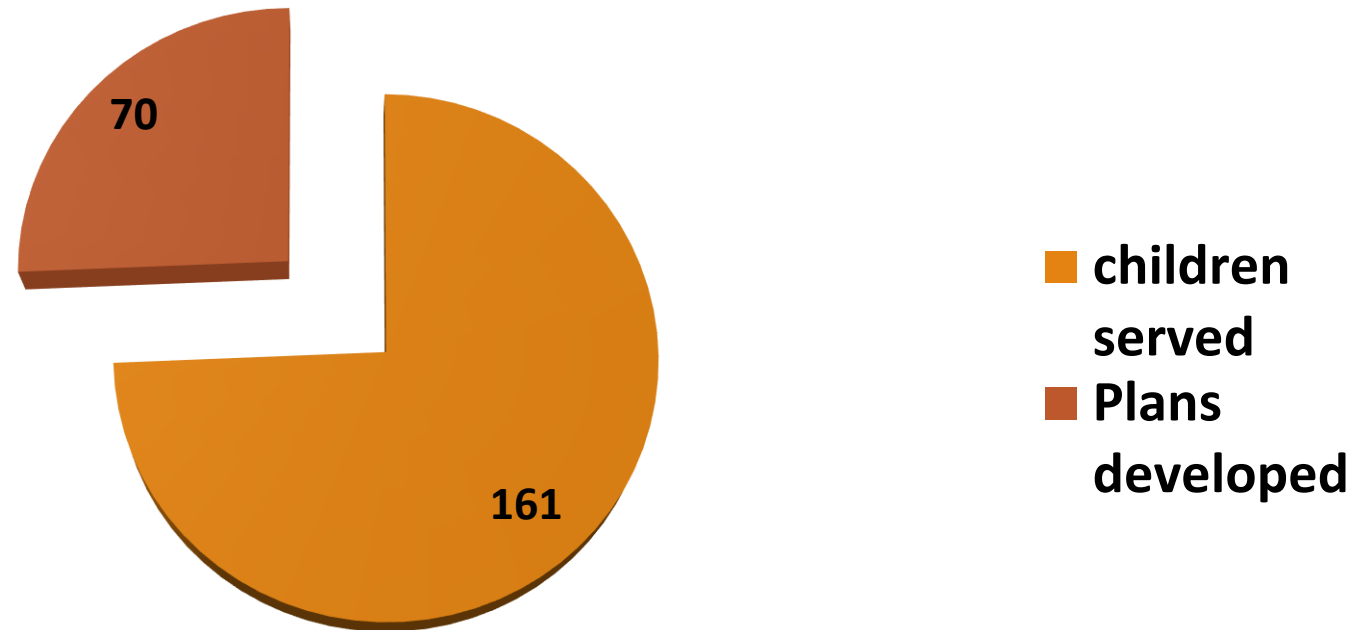
Out of Home Placement 12/31/2016

(total placements 205)



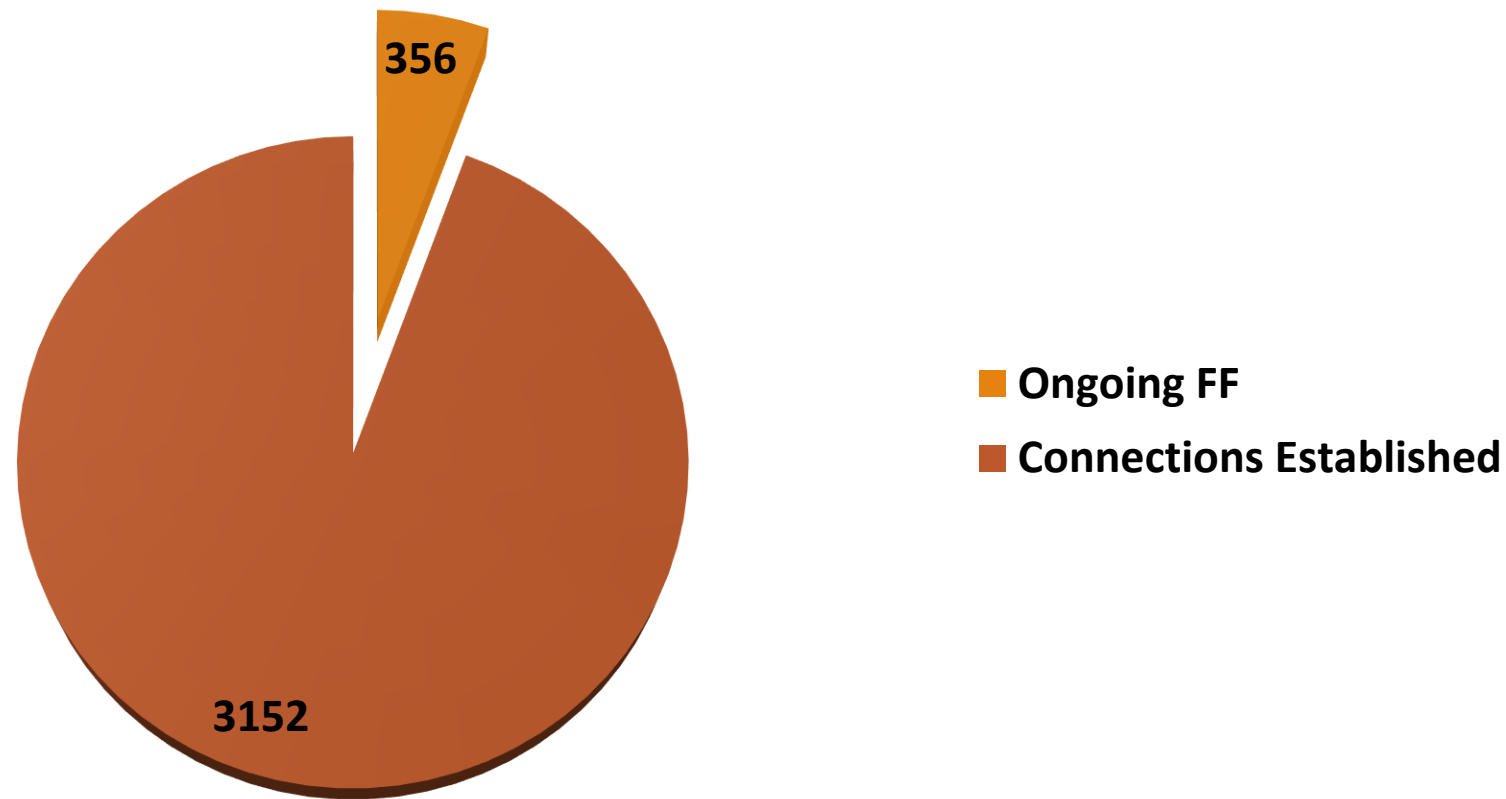
FAMILY GROUP DECISION MAKING 2016

number of conferences held = 70



FAMILY FINDING 2016

total Family Finding cases - 231



Truancy and Absenteeism Prevention

Children's Roundtable

- Education Success and Truancy Prevention Committee
 - Universal focus
 - Prevention/Early Intervention
 - OCYS and ASD truancy program
 - Includes 9 elementary schools in the Allentown School District
 - OCYS-funded elementary school, home, and community-based outreach to families re: truancy

School Out of Home Placement Practices

- County-Wide Enrollment Training
- Enrollment Brochure
- Every Student Succeeds Act (ESSA)
- Transition Planning
- Cross-County Meeting of Schools, OCYS, Providers
 - Enrollment brochure
 - MOU

Comfort Cottage Family Engagement Center and Visit Coaching

Grand opening April 2016

Serving children and Families working toward reunification

Every family whose child enters out of home care is assigned a visit coach

Enhances child / caregiver relationships

Trauma assessments completed for children entering out of home care



EARLY HEAD START – SAFESTART PROGRAM

A collaboration between Community Services for Children and OCYS

Two full sites – East Allentown (old state hospital grounds) – West Allentown (LVH – 17th and Chew) adding Lehigh Valley Hospital as a third collaborative partner

Providing all day supportive care for 64 children who are identified as drug impacted at birth

Parent education and support

Following children ages 0-3 who then can transition into the Head Start program allowing for continuum of care

Early Intervention

EI serves children ages birth to 3 with developmental delays

FY 16-17 EI will receive an estimated 1,768 referrals and serve estimated 1,752 infants and toddlers

EI provides services to

- Improve the child's development and educational growth
- Enhance the family's capacity to meet their child's needs
- Prevents the need for more and more costly intervention in the future

Intellectual Disabilities

Recent data from ODP Independent Monitoring for Quality includes the following results

84% of the individuals who responded reported that they get the services that they need

100% of the individuals who responded reported that they have one person, like a Supports Coordinator or Qualified Intellectual Disability Professional who helps them to get the services they need and makes sure the services are doing what they are supposed to do for them

84% of the individuals who responded reported that they are very happy or happy with their life

Intellectual Disabilities

ID continues toward community based services, authorizing less in segregated settings and more in community supports and assisting with finding and maintaining competitive employment

331 consumers in the FSS Program

325 P/FDS waivers and 502 Consolidated waivers provide necessary supports for individuals to be successful in the community

17 current residents at Hamburg need to be placed in alternative settings

For 2017 – 2018.....

- Service Needs?
- Unmet Needs?
- Unserved Populations?
- Underserved Populations?

What could/should be different?

What works?

How can we do better?

