

DELAWARE COUNTY
COUNTY HUMAN SERVICES PLAN
FY 2014/15



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July 2014

**DELAWARE COUNTY
HUMAN SERVICES PLAN
FY 2014-15**

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INTRODUCTION

Delaware County Department of Human Services (DHS) was established in 1976 under the Home Rule Charter as an umbrella department responsible for the administration and delivery of coordinated human services. The Administrators of Children and Youth Services (CYS), Behavioral Health (Mental Health [MH], Drug and Alcohol [D&A] and Adult/Family Services), Intellectual Disabilities, Child Care Information Services (subsidized day care), Early Intervention, Fiscal Services, and Information Technologies report to the Director of the Department of Human Services.

The DHS Director meets monthly with administrators of the categorical programs, Information Technologies, Fiscal Services, and the Contract Department, which provides an opportunity to coordinate service planning, funding and delivery; administrative support; and fiscal management. In this forum, departmental initiatives are announced and programming updated, issues and special needs which cross program lines are examined, resources are managed to meet the greatest needs, and information, funding and service gaps are identified.

I. COUNTY PLANNING PROCESS

Under the leadership of the DHS Director, the Department is committed to using the funds to provide services to our residents in the least restrictive setting that is most appropriate to their needs. Our goal is and has always been to create a continuum of care that is flexible, based on a local assessment of needs, includes multiple stakeholders input, and addresses the needs of the total and unique individual. The information in this Plan will provide an overview of each categorical funding stream and include collaborative efforts that have been in place for several years.

For planning purposes, administrators, managers, coordinators, and direct service staff from DHS participate in a great variety of countywide and community-based planning groups, committees, and coalitions, all of which include consumer and community participants. In many cases, DHS has a leadership or supporting role. Service areas include behavioral health, homelessness, employment, forensics, early intervention, family support, child care, aging, education, health care, and emergency food assistance.

County Planning Team and Stakeholder Involvement

The County Core Planning Team is led by the Human Services' Director and the County BH/ID Administrator. The Team was representative of each categorical service and included leadership from the County Offices:

- Mental Health
- Drug and Alcohol
- Intellectual Disabilities
- Adult and Family Services
- Children and Youth
- Finance

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The Human Services Block Grant Advisory Committee, which includes both professional and consumer representatives from each service area met with the Core Planning Team once during the year to discuss updates and progress toward meeting goals. Gaps in service were discussed and initiatives to resolve specific issues debated. The Core Team began drafting the FY 2014/15 BG Plan and submitted their initial draft on May 19. Once the 2014-15 HSBG Guidelines were distributed, drafts were revised as needed to meet the new requirements. The Plan was distributed to the Advisory Committee on June 4, 2014. Feedback was received/reviewed and then incorporated into the next iteration. The draft was also distributed widely to multiple existing stakeholder groups including:

- Children's Cabinet
- MH/ID Board
- D&A Board
- Citizens Advisory Committee
- Consumer Satisfaction Team
- Consumer/Family Advisory Committee
- Community Support Program
- Homeless Services Coalition
- ARC
- Magellan Behavioral Health
- MH and D&A Providers

The Planning Team and Advisory Committee met via conference call again on June 25, to discuss the results from the public hearings, make additional comments/recommendations and to finalize the 2014-15 Plan.

Programmatic Initiatives and Other Funding Sources

The information in this Plan focuses primarily on base funded services, but it is important to note that there are a variety of additional funding streams that make the county's comprehensive array and continuum of services possible. Additionally, the collaboration among systems, the shared commitment to providing the most appropriate, least restricted services that lend themselves to positive outcomes, and creative use of multiple funding opportunities allows us to provide a unique array of evidenced based programs to our residents.

The largest flexible funding stream is Medical Assistance (MA)/HealthChoices (HC) funding. Most if not all children's' treatment services are funded through MA/HC as most children are eligible. We are fortunate to be partnered with Magellan Behavioral Health (MBH) in our HC Program as they have a proven record of seeking out and developing evidenced based services with proven positive outcomes regardless of whether or not mandated to do so. Some of the most successful evidenced based children's programs that involve multiple system cooperation include but are not limited to:

- Pivotal Response Treatment (PRT)
- High Fidelity Wraparound (HiFi)

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- Dialectic Behavioral Therapy (DBT)
- Multi-Systematic Treatment (MST)
- Youth Mental Health First Aid

Delaware County enrolled as a System of Care County on February 14, 2014 through a grant from the PA System of Care Partnership. The goals of the DelCo SOC are similar to the goals of the PA SOC Partnership:

- Transform the way that categorical systems serve youth and families who have complex needs and are involved in mental health plus child welfare, and/or juvenile justice. The County has already implemented High Fidelity Wraparound to serve at least 25 youth annually from the population of focus.
- Working to bring youth leaders, family leaders and system leaders together in equal partnership to integrate the child-serving systems, so that desired outcomes are achieved cost effectively through evidenced based practice and natural supports.

In addition to these children's collaboratives, there are a number of adult programs/services that are the result of collaborative efforts and that were specifically created to address the multisystem needs of the homeless or near homeless, the forensic population (including treatment courts), the dually diagnosed, those with co-occurring disorders, individuals with comorbid physical health disorders and the aging population with behavioral health needs.

DHS's commitment to the high quality, cost effective, least restrictive services that foster resiliency and recovery and that are designed and developed with input from multiple systems and stakeholder groups are highlighted in this Plan.

As a Block Grant County in FY 2013/14, we had the opportunity to realize that commitment. Although the 10% cut in base funds was not restored in 2013/14, we were able to effectively manage each service system, maintaining a comprehensive continuum of care that was both effective and efficient. The surplus we were able to retain from 2012/13 was used during FY 13/14 to cover the deficit in Drug and Alcohol. This will allow the County to keep the D&A system opened through June 2014 and serve an additional 544 individuals in need of D&A residential treatment.

Needs Assessment

DHS' extensive, ongoing engagement with consumers, providers, and community groups within and across systems provides multiple opportunities to share and receive information, and promote collaboration, coordination, and cooperation to maximize resources and facilitate access. This countywide overview and information also informs planning, priority-setting, allocations and policy development within the state, region, county, and department. Demographic data generated by County-operated or County-funded programs is evaluated with data available from other sources, such as the County Planning Department and State Departments of Health, Agriculture, and Welfare. This

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data is part of any needs assessment as it helps to quantify the degrees of need and to define needs according to client characteristics, geographic location, etc. DHS also joins with the United Way organizations serving Delaware County in coordinating need assessments and service planning for the County.

The cumulative overview of needs and resources is evaluated by the DHS Director, Financial Officers and Administrators of each Office. Recommendations are discussed and categorical allocations decided upon. These recommendations are presented to the County Executive Director, and finally to County Council for public comment and final approval.

II. PUBLIC HEARING NOTICES

Public Hearings were held on June 9, 2014 at the Government Center in Media, and on June 16, 2014 at Welcome House Club House in Upper Darby. Both locations are easily accessible through public transportation. Notice of the Hearings was published in the local paper (*Appendix A 2*), on the County Website, through notices to all Stakeholder Groups, and at multiple community meetings. The Notice also identified locations in the county where the Plan would be available for review prior to the Hearings.

A summary of the Public Hearings is attached, *Appendix A 3* along with the signature pages of attendees.

This plan was approved by County Council on June 18, 2014. Please see *Appendix A 1* for signatures.

III. WAIVER REQUEST

Delaware County will not be requesting a waiver at this time.

IV. HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

Introduction

The Delaware County Office of Behavioral Health (OBH) administers contracts for MH Base funds which are described in this section of the County Human Services Plan and represent approximately 70% of the county's total Human Services Block Grant allocation. Additionally, OBH oversees the HealthChoices contract for Medical Assistance behavioral health services provided by Magellan Behavioral Health of PA (Magellan), the county's long-standing Behavioral Health Managed Care Organization. OBH, Magellan and a diverse group of intra and inter-system stakeholders jointly continue to strategically

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plan the development, implementation, funding and monitoring of services targeted to Delaware County (DelCo) citizens with Serious Mental Illness (SMI).

This MH Plan lays out the direction that the county is undertaking, in concert with Magellan and its intra and inter-system stakeholders, to assure that persons with mental illness have access to community-based services that are accountable, demonstrate positive outcomes, and, promote recovery and community inclusion. Key MH themes in this FY 14-15 CHS Plan are ongoing commitments to: promoting intra and inter-system collaboration; serving priority target populations; developing evidence-based services and promising practices; identifying systemic risks and creating strategic plan solutions; promoting recovery-oriented system transformation priorities; and, braiding all available funding streams and planning opportunities to maximize limited financial resources.

Integrating all funding and planning opportunities is an important strategy for OBH, Magellan, and local stakeholders in this challenging fiscal environment. Planning opportunities include: Reinvestment; CHIPP; Forensic Cross-System Mapping; Affordable Housing; Supported Employment; PATH Intended Use; Continuum of Care Strategy; 10 Year Plan to End Homelessness; Consolidated Plan; and, Disaster Coordination (DCORT). Integrated planning assures that services: are recovery-oriented; employ evidence-based or promising practice models; use expert partnerships; and, leverage non-mental health funding streams. Through successful plan integration and braiding of available funding streams, the county will be positioned to: maintain key areas of current infrastructure; minimize the impact of continued allocations without COLA's; support ongoing transformation of the public mental health system; and, proactively meet future inter-system challenges as they arise.

In order to promote MH system enhancements, a variety of new funds have been procured in FY 13-14 including: MH Matters county and regional grants; SAMHSA TTI grant; Systems of Care grant; and annualized FY 13-14 CHIPP funds. Combined with existing MH Base, MA, and other local, state and federal funds, a modest level of recovery-oriented innovation and system enhancement will still be possible in DelCo in FY 14-15.

A. Program Highlights: recent achievements and programmatic improvements that have enhanced the behavioral health system and serve to direct its future

There have been a number of significant activities, events and developments in FY 13-14 that have had immediate impact on the county's behavioral health system and that will also serve as a basis for future strategic planning initiatives. Included are new stakeholder initiatives, new evidence-based practices, new funding opportunities, and new collaborative partnerships. The table below highlights twelve of these recent developments, and describes the current impact and projects the future strategic planning between OBH, Magellan, and intra/inter-system stakeholders for continued program development and behavioral health system enhancement. Several of these

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developments are being tracked in a Quality Improvement initiative to measure outcome performance (see Section C.)

Recent Development	Immediate Impact	Future Strategic Plan
FY 13-14 CHIPP Plan	DelCo planned to discharge 3 people from the NSH Civil Section, close the beds behind them, and use the CHIPP funds to expand housing options for 41 individuals; increase supported living outreach and Rep Payee capacity, and serve as many as 64 persons altogether. The 3 CHIPP individuals were successfully discharged as of May 2014, start-up contracts were executed, and initial service delivery has begun.	With the NSH bed cap decreasing to 12 as of 7/1/14, the new 41 residential slots will be critical to SMH diversion planning. Many of the new SLS and PCH housing options will be targeted to the forensic population to aid in ongoing efforts to reduce the incarceration rate for persons with mental illness. New SLS slots should serve as a step-down option for Transitional Housing Program residents.
Transitional Housing Program Start-up	In partnership with CEC, Int'l, the prison and Community Correction Center provider, a 9-bed Transitional Housing Program was opened in FY 13-14 targeting the forensic population. 4 individuals are expected to be placed as of 6/30/14, including two from NSH.	This new forensic housing program is projected to have a 6-9 mo. length of stay and targets NSH Civil and Forensic Unit discharges, NSH diversion cases, DOC/SCI max-outs, and DelCo prison releases. It is a central piece of the cross-system mapping strategic plan.
Transformation Transfer Initiative (TTI) Grant	Working in partnership with OMHSAS and the CRIF Self-Directed Care Operations Team, PA succeeded in its application to SAMHSA and NASMHPD for grant funds to document the experimental SDC program, enabling it to be replicated in other counties, and pursue a sustainable funding strategy.	OBH is developing a Reinvestment Plan to continue CRIF SDC funding through 12/31/16. 10 new slots are being added for the TAY population. TTI FY 14-15 deliverables include: CRIF program manual; CRIF fidelity assessment tool; CRIF II project outcomes report; and, a financial sustainability plan.
Mental Health Matters County Grant	DelCo received a MH Matters grant to implement a YMHFA training initiative. With OMHSAS coordination, 4 DelCo trainers, including a project coordinator in OBH, were trained and certified in this evidence-based practice. First trainings have been completed to excellent reviews for staff of the Detention Center and the Juvenile Probation Office.	Additional YMHFA trainings are planned for various groups including CYS, and other human service offices like OID, EI, CCIS, etc., and other community groups involved with children. YMHFA will also be available to staff of the Valley Forge Military Academy who elected this content over that of the MHFA curriculum as they operate classrooms for K through Junior College students.
Mental Health Matters Regional Grant	4 SE suburban counties successfully applied to OMHSAS for a regional grant to implement Mental Health First Aid (MHFA) training. DelCo was able to get 9 MHFA instructors certified. The initial plan is to deliver training to the county's 12 colleges and universities	A MHFA interest survey was developed and the first 3 colleges to request training are VFMA, DCCC and Penn State. These trainings will be provided in FY 14-15. The MHFA survey will also be sent to various community groups and faith-based organizations and

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	involved in the President Judge's DelCo Cares initiative.	training will be scheduled based on their level of interest and demand.
Systems of Care (SOC) Grant	DelCo enrolled as an SOC County on 2/14/14. A consultant was hired and a County Leadership Team (CLT) was formed. The initial annual progress assessment for DelCo SOC showed outstanding results despite only starting a few weeks prior. The CLT will establish short and long term sustainable goals such as: enhancing the human services website; training initiatives including YMHFA; involving youth and family in program development review and on advisory boards; and, enhancing youth leadership opportunities in Bully Free Friends support group and MY LIFE.	The DelCo SOC strategic plan is a sustainable one which will continue to enhance our child serving systems beyond the term of the initial grant. The plan calls for using a structured youth and family driven approach to effectively meet the needs of youth and families involved with multiple systems. The use of High Fidelity Wraparound is an SOC priority and one that has already shown great success by increasing families natural supports systems as well as youth voice and choice, and, by reducing the out of home placement rates.
I'm The Evidence (ITE) Campaign	OBH adopted a FY 13-14 ITE campaign to promote stakeholder awareness and fight stigma surrounding the behavioral health system. In partnership with the MHA of PA, a plan has been developed, and initial ITE awards have been made to graduates of the CPS, DCODE, and Peer-to-Peer classes, Police Officers certified in CIT, and homeless persons who obtained permanent housing.	OBH will continue to promote inclusion of these and other groups in FY 14-15 to expand the membership and recognition awards of the ITE campaign. Other stakeholders will be engaged including the CSP Committee, NAMI Chapters, Vocational Providers, YMHFA and MHFA trainers, college and university personnel, landlords, employers and other community groups as applicable.
Continuum of Care (COC) Governance Charter	In an effort to meet HUD's new HEARTH Act regulations, DelCo has created a new Governing Board and Governance Charter to oversee COC planning, service delivery, and program performance monitoring. The 2013 COC application was fully approved by HUD resulting in more than \$4 million in renewal and reallocation projects, in addition to a planning grant.	OBH has had a primary planning role with the DelCo COC for the past 22 years, and continues that function under the new HEARTH Act. A Governance Charter has been created, and a new 18 member Governing Board has been established to oversee all aspects of COC operation. The new planning grant will enable OBH to hire staff to manage COC program performance monitoring.
Enhanced Mobile Crisis Services	OBH and Magellan collaborated to develop a FY 13-14 RFP to expand and enhance Mobile Crisis Services. A contract was awarded to Elwyn, and a marketing campaign has been undertaken to increase knowledge and awareness of the new DelCo Crisis Connections Team (DCCCT). A Peer Warm Line service also started-up.	Thus far in FY 13-14, DCCCT has provided more than 1,000 outreach contacts. The mobile service is the centerpiece of the county's effort to continue reduction of involuntary commitments to hospital treatment. DCCCT is also being marketed to colleges and universities and to police departments through CIT training.
Expanded Assertive Community	OBH and Magellan collaborated to develop a FY 13-14 ACT expansion. Horizon House was selected to add a new 100 person team, some 30% of	The new ACT team is undergoing gradual caseload building per evidence-based start-up protocols. Commitment to serving TAY is

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Treatment (ACT) Team	which will be targeted to a TAY caseload.	demonstrated by initial enrollment of seven TAY members on the team's caseload.
Forensic Assertive Community Treatment (FACT) Team	OBH, Magellan and a CTT provider are creating a FACT model with technical assistance (TA) from the University of Rochester Medical Center (URMC). The R-FACT model is an evidence-based forensic intervention model that collaborates closely with the MH Court. URMC has completed the first of two on-site TA visits in FY 13-14.	The first TA site visits have been very beneficial to both the new FACT team and to the new MH Court Program. The FY 14-15 plan is to implement a fidelity measurement process for the TMACT and the R-FACT tools, and to turn ongoing fidelity measurement over to OBH and Magellan QI personnel.
Supported Employment (SE)	Under contract with Temple University FY 13-14 SE fidelity assessment was done at 2 Community Employment and 2 Clubhouse sites, and several stakeholder trainings were completed.	Stakeholder trainings will continue in FY 14-15 as will preparation for OBH QI staff to assume responsibility for continued fidelity reviews of the 4 primary employment program sites.

B. Strengths and Unmet Needs: for identified target populations served by the behavioral health system

Older Adults: (Persons aged 60 and above)

The FY 13-14 CHS Plan Data Profile indicated a population of 80,492 over age 65 representing 14.4% of the total county population. Increasing numbers of elderly residents present challenges to the County Office of Services for the Aging (COSA) and for OBH as well. The GATEWAY program, operated by COSA with joint AAA/MH funding, continues to be the primary resource for outreach and referral to older SMI adults. OBH maintains 30 SPCH beds for the elderly/medically fragile population. As residents age and decline physically, greater challenges are imposed on all CRS programs to help residents “age in place”. For those who require Nursing Facility placement, finding facilities to accept MA SMI referrals remains a significant challenge. PCH licensing regulations also restrict serving people who are eligible for Nursing Facilities, making “aging in place” particularly challenging for those CRS programs.

Strengths	
GATEWAY	Longstanding, jointly-funded, inter-system partnership between COSA and OBH that provides outreach, assessment, engagement, and referral to senior citizens with behavioral health needs in the community.
Aging/Disability Resource Center (ADRC)	Partnership between OBH, COSA and other organizations serving older adults that provides training, screening, outreach and linkages to housing and other community-based services combined with the City of Philadelphia.
Specialized Personal Care Homes (SPCH)	SPCH programs were designed to meet the housing needs of the elderly/medically fragile target population. The 30-bed capacity provides a barrier-free housing environment for older individuals with high-level mobility and personal care needs.
Therapeutic Counseling	Therapeutic counseling is provided for identified homebound older adults with behavioral health needs who otherwise would go untreated. The capacity of the program is 25.

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Older Adult Task Force	DelCo specific group of OBH, COSA and providers that does case reviews and develops best practice service plans to meet the needs of older adults with SMI.
Unmet Needs	
Housing	Housing that enables individuals to age-in-place is very limited. Even targeted SPCH resources are challenged as regulations prohibit them from keeping individuals assessed to need Nursing Facility placement.
Nursing Facility Access	Nursing Facilities (NF) continue to resist accepting older adult SMI referrals. The process of linking with COSA for assessments and OMHSAS for OBRA approval are relatively smooth, however it often takes months to obtain any NF placement.
Persons with Dementia	GATEWAY and other services that encounter older adults with dementia present challenges to service provision, particularly when out-of-home placement is needed.
Funding	Housing remains an essentially MH Base-funded service, and is potentially at-risk in the current economic and budget environment. Money Follows the Person (MFP) did not materialize as a viable funding stream for state hospital discharges.

Adults: (Persons aged 18 - 59)

Adults comprise the majority of persons served in the county's behavioral health system. Given the broad age range and sheer numbers of persons represented by the adult population, it is not surprising that a substantial number of initiatives and resources are directed toward this group. It should be noted however, that there are several specific subsets of adults identified and described in the Special/Underserved population section below. Therefore, the descriptions here-in are more generic in nature.

Strengths	
Supported Living Service (SLS)	OBH has emphasized development of SLS apartment-based housing subsidies for some time. FY 13-14 CHIPP funding added an additional 25 Bridge and Master Lease subsidies some of which will be step-downs from CRS placements.
Psychiatric Rehabilitation	OBH and Magellan continue to fund a comprehensive network of PRS services. In addition to 5 site-based PRS programs, there are 2 mobile (MPR) programs, and 2 PRS Assessors, one at each BSU to provide PRS assessment and referral.
Certified Peer Specialist (CPS) Initiative	OBH and Magellan continue to develop CPS resources throughout the county. In addition to specialized CPS services (forensic and CRIF SDC) there are a number of other resources available. The recent CPS class awarded 23 new certificates.
CRIF Self-Directed Care (SDC)	The CRIF SDC program completed its 2-year study and is in the process of writing it up for journal publication. A CRIF II project has been launched, and a SAMHSA TTI grant was received to document, replicate and sustain the CRIF SDC model.
Illness Management & Recovery (IMR)	The SAMHSA Toolkit evidence-based model has been introduced into several programs in the county over the past several years. It has produced very good results for MH and COD programs and is well-reviewed by staff and consumers.
Integrated HealthCare	The county continues to work with the National Council (NC) on this evidence-based approach to improving healthcare outcomes for persons with SMI. All BCM and ACT staff participate monthly in NC-sponsored learning communities.
Supported Employment (SE)	OBH has contracted with Temple University to implement the SAMHSA toolkit SE model in 4 programs. Temple is also providing basic training in SE operation and philosophy for the county's various consumer, family and provider stakeholders.
Unmet Needs	
Housing	Housing that enables individuals to age-in-place is very limited. Even targeted SPCH resources are challenged as regulations prohibit them from keeping individuals assessed to need Nursing Facility placement.

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Nursing Facility Access	Nursing Facilities (NF) continue to resist accepting older adult SMI referrals. The process of linking with COSA for assessments and OMHSAS for OBRA approval are relatively smooth, however it often takes months to obtain any NF placement.
Long-term Care Access	Access for long-term SMH inpatient care is problematic for the adult population. There is a lengthy waiting list of over 50 persons, the majority of whom are referred by the court, with a waiting time of over one year for individuals at the top of the list.
Funding	MH base funds are limited which affects the available of housing, community employment and other services. Even when Extended Acute Care is implemented, it will only be available to persons on MA, and will be a gap for county-funded cases.

Transition-Age Youth (TAY): (Persons 18-26 aging out of children's services)

OBH, Magellan, providers and other stakeholders in both the children's' and adult behavioral health systems are working on multifaceted approaches to meet the needs and help the TAY target population transition successfully between the two systems. Increasing resources for TAY continues to be a major focus in both the child and adult systems. The Human Services website is being enhanced to include a specific page for TAY services so that those services and community based supports are easily identified.

Strengths	
ACT Team Expansion	OBH and Magellan are expanding ACT services to include a new 100 member team for MA eligible persons. 25-30% of the new caseload will be targeted to the TAY population. As of 4/30/14, 53% of the caseload or 9 of the 17 were TAY.
CRIF SDC Expansion	The county is increasing the CRIF SDC II census by 20%, adding 10 new TAY consumers to the program caseload. Making this experimental recovery-oriented service available to TAY will be an important part of overall SDC research and study.
Transition-Age CRR	The county has operated a dedicated 6-bed TAY CRR and a 5-bed TAY SLS subsidy program for about 10 years. There is also a 4-bed component of an adult CRR targeted to the TAY population.
MY LIFE and MY Fest	The Magellan Youth Leaders Inspiring Future Empowerment program has grown significantly since its inception. MY Fest events are also held in Magellan counties to build youth leadership capacity. The 2014 event will be held in DelCo again.
Hi-Fidelity Wrap Around	Team-based collaboration serving children and TAY population up to 21 years of age.
Unmet Needs	
TAY w/ASD Disorders	There is a need to develop housing and community based programs and treatment for Transition-Age Youth with an Autism Spectrum Disorder (ASD) diagnosis.
LGBTQI	DelCo SOC will be providing a training on LGBTQI: Understanding Diverse Youth in System of Care. Overview of issues faced by LGBTQI youth & importance of creating a welcoming environment as well as risk factors that exist for LGBTQI youth.
Trauma Informed Initiatives	The DelCo SOC is planning to incorporate the principles and theory of Trauma Informed Care into the job descriptions of staff employed by Human Services as well as developing a training curriculum for employees and service providers.
BCM Hi-Fidelity Wraparound	The PA SOC Partnership will be offering a training curriculum on how BCM Units can incorporate the principles of High Fidelity Wraparound into their services. DelCo SOC will be requesting that we be offered this training content in Fall 2014.

Children: (Persons under 18)

OBH, Magellan, children and families, and inter-system stakeholders have moved aggressively with the adoption of a Systems of Care (SOC) model in DelCo. The County

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Leadership Team continues to work on increasing the family driven and youth voice in all of the youth serving systems through increased collaboration and program development.

Strengths	
MY LIFE and MY Fest	The Magellan Youth Leaders Inspiring Future Empowerment program has grown significantly since its inception. MY Fest events are also held in Magellan counties to build youth leadership capacity. The 2014 event will be held in DelCo again.
Hi-Fidelity Wrap Around	Team-based collaboration serving children and TAY population up to 21 years of age.
Bully Free Friends (BFF)	BFF provides a safe, bully-free zone where middle/high school age youth who have been bullied find support and socialize. Parents are welcomed to stay and interact with health educators and other parents while the youth meet in another room.
Youth Mental Health First Aid	This training model will be offered to our stakeholders, Human Services Support Staff and CYS staff.
PEAK Training	Parent Empowerment Through Advocacy and Knowledge (PEAK) trained 25 parents and caretakers over an 8 week period in youth serving systems and natural supports available to youth and families in DelCo. A second PEAK class is scheduled for Fall.
Unmet Needs	
LGBTQI	DelCo SOC will be providing a training on LGBTQI: Understanding Diverse Youth in System of Care. Overview of issues faced by LGBTQI youth & importance of creating a welcoming environment as well as risk factors that exist for LGBTQI youth.
Trauma Informed Initiatives	The DelCo SOC is planning to incorporate the principles and theory of Trauma Informed Care into the job descriptions of staff employed by Human Services as well as developing a training curriculum for employees and service providers.
BCM and Hi-Fidelity Wraparound	The PA SOC Partnership will be offering a training curriculum on how BCM Units can incorporate the principles of High Fidelity Wraparound into their services. DelCo SOC will be requesting that we be offered this training content in Fall 2014.

Special/Underserved Populations

Individuals Transitioning Out of State Hospitals:

Since the closure of Haverford State Hospital (HSH) in 1998, OBH has overseen the transfer of 205 CHIPP discharges from the state hospital to the community. The current NSH bed cap is 15, a 93% reduction from the 220 beds at HSH at the time of the closure. The corresponding shift in state hospital funding to the county program has resulted in a proliferation of recovery-oriented, community-based MH services. As of 6/30/14, the county civil census is projected to be 20, five over the FY 13-14 bed cap. OBH anticipates at least three FY 14-15 discharges, and continuing to be no more than five over cap as the bed cap will be reduced to 12 on 7/1/14. OBH continues to pursue diversionary options in lieu of access to NSH, including the Regional Forensic Psychiatric Center (RFPC) in Building #51. FY 13-14 CHIPP funding brought new dollars, significantly increasing housing options for 41 individuals, while only requiring a modest closure of three beds at NSH. Using CHIPP dollars to expand the housing infrastructure enables the county to successfully divert individuals from entering the civil section and RFPC at NSH, while providing step-down capacity for residents of structured CRS placements, which in turn opens up appropriate discharge options for some current state hospital residents.

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Strengths	
Continuity of Care Meetings	OBH and NSH have a strong collaborative working relationship that effectively addresses issues related to: waiting lists, admissions, discharge planning, CHIPP Plans, Community Support Plans, bed caps and census.
CHIPP Planning	OBH works closely with NSH treatment teams and OMHSAS administrative personnel in planning for discharge of persons with 2+ year length of stay under the state's CHIPP Plan Guidelines.
Community Support Plans (CSP)	CSP's are completed for all individuals in the Civil and Forensic Units at NSH. OBH participates with NSH treatment teams and community providers in development of CSP's and tracks them post-discharge at 1, 3, 6, 9, and 12 month intervals.
NSH Diversion Planning	The OBH CRS Team continues to meet bi-weekly to plan for CRS target population referral and admission, as well as addressing NSH diversion and waiting list issues for both the Civil and Forensic Units.
Treatment Team Meetings	OBH Community Liaison and Forensic Specialist staff participate in ongoing Civil and Forensic Unit treatment team meetings and plan discharges as applicable.
Regional EAC Facility	The 4 SE suburban counties and their MCO's continue to plan for the Reinvestment funded start-up of a 15-bed Regional Extended Acute Care (EAC) facility. This inpatient facility will serve the MA population and will come on-line in FY 14-15.
Unmet Needs	
Long-term Care Access	As CHIPP plans have been implemented and bed caps have decreased over time, waiting lists have grown for state mental hospital access, particularly for court-ordered cases of the justice-involved population.
Housing	With the discharge of more high-need CHIPP individuals, housing providers are challenged to successfully serve these individuals as they also must meet the high-needs of the diversion, justice-involved, homeless, COD, and TAY populations.
Regional EAC Facility	While development of this resource will be a great help for long-term care access, it will only serve people in the community eligible for MA, and will not be available for the poor and uninsured who only have access to MH Base county-funding.
Funding	CRS providers, facing year after year of static MH Base funding, are experiencing significant challenges to successfully serve various high-need target populations. Periodic increased MH Base funding is needed to shore up these critical resources.

Co-Occurring Disorders:

OBH, Magellan, behavioral health providers and stakeholders continue to recognize the prevalent correlation of both SMI and Drug & Alcohol diagnoses in many public system consumers, and emphasize an integrated approach to treatment and rehabilitation.

Strengths	
Illness Management & Recovery (IMR)	The county has contracted with Dartmouth Psychiatric Center for several years to implement the SAMHSA evidence-based IMR approach in several provider programs including Dual Dx. IOP, CRS, ACT, CRP and Halfway House serving the COD population. IMR also has the new COD enhanced tool kit which is being implemented in Delaware County.
Integrated Dual Diagnosis (IDD) Treatment	Magellan and OBH continue efforts to increase provider competency in integrated screening, assessment and intervention for individuals with COD. 5 provider sites are using the DDCAT (Dual Diagnosis Capability in Addiction Treatment) and DDCMHT (Dual Diagnosis in MH Treatment) tools developed by Dartmouth's Dr. Mark McGovern.
COD Collaborative	Magellan, OBH and providers have resumed meetings of the COD collaborative to provide support, as providers implement changes based on the above audit results. Providers will continue to consult with Dr. McGovern through this process as well.

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Dual Diagnosis Treatment	There are 3 providers with multiple IOPs, 3- 24 hour Inpatient units, and 1 Halfway House in the county serving the COD population. Magellan is working with several providers to develop Smoking Cessation programs, and one provider is developing a Health Home to include 4 nurses to conduct smoking cessation groups that will target this population.
CIT Training	There is a strong COD component presented by both MH and D&A faculty in the semi-annual CIT certification classes for law enforcement personnel.
System Training	In 2012, Magellan trained 3 providers in Dialectical Behavioral Therapy (DBT), an evidenced-based program proven extremely effective with individuals diagnosed with Borderline Personality, Eating Disorders, and Substance Abuse many of whom have COD.
CRS COD Housing	OBH maintains a 10-bed CRR and a 3-bed TPR targeted to the COD population. The CRR program has linkages to Dual Diagnosis IOP treatment programs.
Inpatient DBT program	The county's inpatient provider has implemented a Dialectical Behavioral Therapy (DBT) program that has reduced persons leaving treatment AMA by 30%.
Specialty Courts	There is a D&A Treatment Court with a largely COD population and a new MH Court that similarly has a high level of COD clients in its initial caseload.
Unmet Needs	
Program Licensing/Staff Certification	Providers have done some preparatory work for potential Dual Licensing to serve the COD population, but the regulatory requirements and approval process for this initiative still appears to be stalled at the state level. 1 provider does have COD competency credential.
D&A Peer Support	Availability of billable Peer Support for persons in the D&A system, including the COD population, remains a gap when contrasted to available MH Peer Support. 1 D&A Halfway provider has a D&A Peer Specialist on staff and is included in Magellan's bundled rate.
Trauma-Competent Providers	Magellan/OBH used Andrea Meier of Dartmouth to train 3 providers in Trauma-informed treatment to improve clinical outcomes and avert the revolving door in and out of higher levels of care. Fidelity reviews will be conducted assuring ongoing model adherence.
Housing	There are still gaps in housing for the COD population that continues to experience periodic relapse and abuse of substances that allows them to retain their housing.
Funding	County MH Base and D&A funding is very limited, and Block Grant reallocation has been needed to assure 12 month access to county funded D&A treatment services.

Justice-Involved Individuals:

OBH has participated in various inter-system initiatives with criminal justice partners for many years. In 2010, a Cross-System Mapping was held for 45 county stakeholders that identified a number of system gaps, produced priority action steps, and resulted in many of the newest forensic initiatives being proposed and/or developed in the county. The Cross-System Strategic Planning Committee is the entity responsible for tracking inter-system program development and training initiatives. OBH also participates in the Criminal Justice Advisory Committee (CJAC), DelCo Cares initiative, MH Court Planning Team, and also works with the Regional Forensic Liaison on DOC/SCI max-out planning, and with Forensic Liaisons at GW Hill Prison for inmate re-entry planning.

Strengths	
Inter-System Administrative Forums	The Criminal Justice Advisory Committee (CJAC), Cross-System Strategic Planning Committee (CSSPC), and DelCo Cares are the primary administrative forums for inter-system forensic planning and service development.

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Cross-System Mapping	In 2010, OBH and criminal justice partners participated in a MH Justice COE led Cross-System Mapping to identify strengths and gaps and create a prioritized strategic action plan to develop and enhance forensic services in the county.
Crisis Intervention Team (CIT)	The CIT program has trained and certified 131 officers from 17 municipal, 2 county and 1 university police department. CIT certification classes are held semi-annually and faculty is comprised of consumers, families, providers and county personnel.
Transitional Housing Program (THP)	The new forensic THP, operated by the provider of the county's prison and Community Corrections Center facilities, opened in March 2014. This 9-bed program is targeted exclusively to the forensic population.
Forensic ACT (FACT) Team	The county is converting a CTT program to a FACT model with technical assistance from the University of Rochester Medical Center. The Rochester R-FACT model is an evidence-based forensic intervention model that collaborates with the MH Court.
MH Court	The county implemented a new specialty MH Court in FY 13-14 to address the needs of the SMI/justice-involved population. There is a strong working relationship between the criminal justice and behavioral health systems in this new venture.
Forensic Peer Support	The county developed a contract with Peerstar, LLC, to implement a forensic CPS program. This model is both a jail in-reach and community-based peer mentoring model that uses an evidence-based Yale Citizenship approach.
OBH Forensic Specialist	In FY 13-14, OBH hired a dedicated Forensic Specialist to help oversee the myriad of forensic initiatives targeted to the justice-involved population.
Behavioral Health Liaisons	OBH and Adult Probation/Parole jointly fund 4 behavioral health liaisons at the GW Hill prison to coordinate treatment in the prison and in the community at release.
DOC Max-out Tracking	OBH staff, in conjunction with the Regional Forensic Liaison, track and develop release plans for the C and D roster priority max-out cases returning to DelCo.
Unmet Needs	
Housing	The CRS and mainstream housing systems are impacted by those owners/property managers who mandate criminal background checks as part of their screening process and exclude the majority of individuals with any level of justice-involvement.
Funding	Because the Housing Authority implements a criminal background check, the CRS system must provide Master Lease subsidies for persons with justice-involvement who otherwise would receive mainstream federal housing subsidy.
RFPC Access	Waiting lists continue to expand for access to the Regional Forensic Psychiatric Center (RFPC) at NSH. As of 6/20/14, there were 20 men and 8 women on the waiting list, with a wait time of about 9 months for the inmate at the top of the list.
SMH Civil Section Access	As the regional numbers of justice-involved individuals court-ordered to the NSH Civil Section has increased to more than 50, there is now a minimum wait time of roughly one year for those at the top of the list, making diversion a high priority.

Veterans:

OBH participates in a number of forums with the county's Office of Veteran's Affairs, Criminal Justice System and the Veteran's Administration to identify issues facing Veterans returning from active combat and to get them into appropriate treatment services and housing.

Strengths	
Fairweather Lodge	The Fairweather Lodge program has been serving Veterans for several years. The capacity of this evidence-based housing program is 4-beds.
Veterans' Court	This is a relatively new specialty court in DelCo with a small caseload. There are relationships with behavioral health providers and the Coatesville VAMC.

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VAMC Forensic Linkages	The Coatesville VAMC Justice Outreach worker is involved with the new Veterans' Court Program and is a member of the CIT faculty training DelCo police officers.
VAMC Homeless Linkages	The VAMC Homeless Outreach worker participates in the Homeless services coalition meetings and a Social Work Department staffer is a member of the new DelCo COC Governing Board.
100 Day Vet Housing goal	DelCo participated in the Coatesville VAMC project to End Veteran Homelessness in 100 Days. DelCo housed 18 homeless Veterans, including 10 Chronic Homeless.
SSVF Program	DelCo received grant funding to provide outreach and case management to 35 Veterans and their families and 35 single Veterans living in permanent housing.
VASH Vouchers	The Housing Authority received an allotment of VASH Vouchers from HUD and adopted a Housing First approach to rapidly house eligible Veterans.
Hero's Path Program	DelCo received state funding to provide linkages and information about employment services to Veterans, including connecting them to prospective employers.
Unmet Needs	
VA Treatment Access	Some Veterans report not wanting to access treatment services through the VA system which places additional demand for service on the MH Base-funded system.
Housing	Veteran-specific housing tends to be utilized as soon as it becomes available. More VASH vouchers and access to more structured housing would be beneficial.
Funding	Funding for treatment is available through the VA, but many Veterans still choose not to access the VA, placing an additional burden on the MH Base-funded system.

Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex (LGBTQI):

Magellan, OBH and various county stakeholders jointly plan for the availability of services to the sexual minority target population that are predicated on: enhancing recovery and resiliency; building staff competencies; promoting participant satisfaction; and, achieving positive outcomes.

Strengths	
Special Case Management	There is a child/adolescent Blended Case Manager at one BSU who specializes in working with the LGBTQI population.
PRYSM Program	Non-profit organization providing education, advocacy, outreach and support groups led by former PRYSM participants for the LGBTQI population aged 14-20.
PFLAG Program	Parents, Families and Friends of Lesbians And Gays (PFLAG) is a volunteer, grassroots organization that helps supports the parents of the LGBTQI population.
System Training	Magellan worked with OMHSAS to provide 2 LGBTQI trainings to providers in 2014 " <i>Principles and Practices for Clinicians working with LGBTQI</i> ".
Center for Violence Prevention	There is a Sexual Minority sub-committee of the Widener University Center for Violence Prevention that OBH staff participates in examining the special needs of this under-served population.
In-Network Providers	Magellan has several contracted in-network providers that specialize in working with members of this population.
LGBTQI Workgroup	Magellan, OBH and county providers developed a LGBTQI workgroup to: design training content; compile provider resource information; look at best practices; etc.
Unmet Needs	
In-Network Providers	Adding new in-network providers will expand the range of services offered, enhance treatment competencies, and, increase participant choice.
System Training	Need for ongoing trainings to increase stakeholder awareness and build staff competencies.
Special Staffing	Need for more staff with specialized competencies to create more capacity on specialized caseloads in more services within the county.

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Racial, Ethnic, Linguistic Minorities:

Magellan and OBH and various county stakeholders also jointly plan for the availability of services to Racial, Ethnic and Linguistic minority target populations that are predicated on: enhancing recovery and resiliency; building staff competencies; promoting participant satisfaction; and, achieving positive outcomes.

Strengths	
Homeless PATH Services	FY 14-15 PATH IUP data indicates 48% of the homeless clients and 64% of PATH staff are Black, while 48% of homeless clients and 36% of PATH staff are white.
Deaf Services	Contracts for Wrap-Around, Case Management, and BHRS in the childrens' system, and socialization and sign language interpreters in the adult system.
CIT Training	Cultural Competency is one of the 21 core curriculum content areas of each semi-annual CIT certification training that has currently been provided to 131 DelCo police officers.
In-Network Deaf Providers	Magellan has several in-network providers to serve the deaf and hard of hearing population giving participants a measure of choice.
In-Network Linguistic Providers	Magellan has in-network provider linguistic competencies reflecting the county's minority populations. Intercultural Family Services staff speak over 20 languages. Some providers offer Spanish speaking telephone options and staff interventions.
System Trainings	Cultural competency trainings have been provided to contracted agency staff for several years. Magellan has online training content available to provider staff online.
Documents and Interpreter Services	Magellan is able to provide interpreters for members who call our Member Services Line; Magellan has translated letters based on a member's primary language; Member handbook and Newsletters are printed in Spanish.
Unmet Needs	
In-Network Providers	Adding new in-network providers will enhance service effectiveness, better meet participant demand (Spanish speaking staff), and, increase participant choice.
System Training	Need for ongoing trainings to increase stakeholder awareness and build staff competencies and diversity to better serve these under-served populations.
Assess Staff Diversity	Need to assess diversity of staff with respect to the racial, ethnic and linguistic composition of the populations served by various county programs (like PATH).

Other: Homeless

OBH continues to have the lead coordination role for the DelCo COC through its Adult and Family Services Division. The local Homeless Services Coalition has been operating for 23 years, and recently adopted a Governance Charter and Governing Board to comply with new HUD HEARTH Act legislation. Successful compliance with federal COC requirements results in over \$4 million annually in homeless assistance funding, much of which supports the MH and COD homeless population. Additionally, OBH maintains substantial county MH Base funding to support the PATH outreach and Housing First programs, in addition to providing federally required match funding through MH Base and Reinvestment funds.

Strengths	
Continuum Of Care (COC) Planning	OBH has several staff who maintain leadership roles in the COC planning process and Homeless Services Coalition that has operated successfully for 23 years. DelCo was recently advised that all 2013 HUD funding priorities were approved.

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HEARTH Act Governance	In FY 13-14 a Governance Charter was drafted and a Governing Board constituted to comply with Federal HEARTH Act requirements.
COC Services	The county's COC has services for homeless SMI that include: Outreach, Emergency Shelter, Supportive Services, and Transitional and Permanent Housing.
Local Match Commitment	DelCo has long provided required federal match funding for homeless initiatives. Reinvestment funds have also been used when other match sources have ended.
PATH	OBH has maintained federal PATH grants through OMHSAS for many years to provide homeless street outreach and a Chronic Homeless Housing First program.
Shelter Plus Care (S+C)	OBH has also maintained 2 S+C grants for years that provide housing for the Chronic Homeless population. HUD recently consolidated these into 1 S+C grant.
SOAR	OBH worked with OMHSAS SOAR trainers to train 30 homeless case managers in the SOAR homeless model of expedited SSI/SSDI benefit application and awards.
Unmet Needs	
Permanent Housing	Access to permanent housing placements is particularly difficult for persons with SMI as their needs often exceed the availability of residential staff supports.
Supportive Services	HUD's funding formulas significantly reduced the availability of supportive services funding which in turn has made serving special needs populations very challenging.
Mainstream Housing	Housing Authority limited Section 8 voucher access impedes mobility of persons to exit the homeless system and enter mainstream housing, and clogs shelter beds.
Funding	Local MH Base match funds are potentially at-risk, and Reinvestment match funds must be replaced with a sustainable funding stream at some point.

Other: MH/ID

OBH and OID, once part of the county's joint MH/MR/D&A program, have collaborated for many years on issues affecting the needs of persons with Dual MH/ID Diagnoses. OBH, OID and Magellan are currently collaborating to plan MH/ID system training and joint program development initiatives.

Strengths	
Administrative Forums	OBH and OID both participate on the DelCo Block Grant Advisory Committee and in the Human Services Administrators meetings for joint planning/information sharing.
MH/ID Case Review	OBH and OID participate in ongoing case review forums for children and adults to identify needed services and plan joint service delivery for Dual Diagnosis clients.
Inter-system Training	OBH, OID and Magellan are developing a series of best practice Dual Diagnosis trainings for inter-system personnel. The first training will target Psychiatrists.
CIT Training	A consultant from PCHC provides instruction in MH/ID Dual Diagnosis curriculum content area to police officers attending the semi-annual certification program.
Joint programming	OBH, OID and their respective state offices have met to plan potential jointly funded RTF-A services using Reinvestment funds for start-up.
Unmet Needs	
ID Staff Training	Particularly on the residential side, due to impact of low salaries, there is a high need for better staff training to meet the MH needs of those in ID placements.
Crisis/Inpatient Access	Access and competent assessment/treatment is a problem in MH crisis services and inpatient units when the MH/ID population seeks services.
Housing	There is a lack of housing resources available to meet the primary residential and step-down needs of the MH/ID population.

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C. Recovery-Oriented Systems Transformation: efforts the county plans to initiate in the current year to address concerns and unmet needs.

Recovery-Oriented Systems Transformation Priorities have been part of the county needs-based planning process for several years. OBH, Magellan, providers and county stakeholders are involved in the development of the Recovery-Oriented Systems Transformation Priorities and in the reporting and quantifying of data relating to the respective goals/outcome measures.

Attached in **Table C.1** is the list of Transformation Priorities from the FY 13-14 CHS MH Plan. Most if not all of these initiatives will continue to be implemented, tracked, and monitored in FY 14-15, and are updated accordingly, along with the addition of a couple of new initiatives that will be started in FY 14-15, in shaded area.

Similarly, **Table C.2** is attached to illustrate the MH performance/outcome measures that were selected and tracked in FY 13-14, some of which directly correspond to the Recovery-Oriented Systems Transformation Priorities. At the time of this writing, fourth quarter and full FY 13-14 data is incomplete for these goals/outcome measures. Most but not all of these goals/outcome measures will be retained in FY 14-15. A couple of new ones that reflect activities started-up in FY 14-15, will be added after the FY 13-14 data collection and analysis has been concluded.

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C.1. Recovery-Oriented Systems Transformation Priorities:

Initiative	Brief Narrative	Time Line	Funding	Monitoring
Justice-Involved: Rochester Forensic Assertive Community Treatment (R-FACT)	The R-FACT model will help the Mobile Assessment Stabilization & Treatment (MAST) team develop a forensic ACT model serving a 100% forensic population. University of Rochester Medical Center (URMC) training enables the MAST team to enhance skills and criminal justice expertise.	URMC on-site training conducted 12/13 and 6/14. Telephone consultation and a 3 rd on-site training to be conducted FY 14-15. Primary objective is to establish a baseline measure of R-FACT fidelity and train OBH and Magellan QI staff to conduct future re-measurements by 12/31/14.	Reinvestment	The RFACT model is being implemented over 18 months by URMC. Baseline, annual re-measurement, and outcome data will be set-up by URMC initially, and tracked ongoing by OBH, Magellan, and provider QI staff.
Justice-Involved: Forensic Peer Support Program (FPSP)	The FPSP model is being used to develop Peer Support services for the forensic population. Peerstar is providing FPSP services using the Yale citizenship model with Peers with lived forensic experience.	Peerstar initiated community-based FPSP services in FY 13-14 to complement the jail in-reach at the G.W. Hill prison. A full team of FPSP community CPS staff will be hired and trained in FY 14-15.	Reinvestment HealthChoices County Base	OBH/Magellan will oversee development of the FPSP community team and delivery of billable CPS services. OBH will continue to track the caseload as it builds toward full capacity.
Justice-Involved: Transitional Housing Program (THP)	THP is a forensic housing model implemented by CEC, Intl. THP is sited in a Community Corrections Center (CCC) facility. Target populations include discharges from NSH, diversions from NSH RFPC, DOC/SCI max-outs and county prison releases.	The Reinvestment-funded program admitted first resident April 2014. Four residents are anticipated to occupy the 9-bed resource by 6/30/14, including one FY 13-14 CHIPP individual discharged from NSH Civil Section. Full occupancy is anticipated to occur by 12/31/14.	Reinvestment	CEC, Intl. THP operation will be tracked by OBH CRS staff to assure attainment of full occupancy and monitored to determine actual length of stay versus the projected 6-9 month LOS, with emphasis on use of CRS step-down resources.
Adults: SSI/SSDI Outreach, Access, Recovery (SOAR)	SOAR is a nationally recognized SAMHSA model for assisting homeless individuals to apply for and rapidly acquire SSI/SSDI benefits.	OMHSAS trained 30 homeless case managers in FY 13-14, and first SOAR applications were filed. Significantly more applications FY 14-15 will be filed as SOAR case managers gain needed experience.	Reinvestment	The SOAR model, implemented by homeless system case managers, will have the number of applications and average time of benefit award tracked by OBH.
Adults: Supported Employment (SE)	SE is being implemented by Temple University using the SAMHSA toolkit with Clubhouse and Community Employment providers. System-wide training is being conducted for MH providers.	Temple finished SE fidelity training in FY 13-14 for 4 providers and conducted a conference and several trainings. Temple will conclude stakeholder training in FY 14-15.	Reinvestment	The SE model is being implemented over 18 months. Baseline, annual re-measurement, and outcome data will be set-up by Temple for OBH tracking/monitoring.

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Initiative	Brief Narrative	Time Line	Funding	Monitoring
Adults: Local Lead Agency (LLA)	OBH has agreed to serve as the LLA to identify candidates, process referrals, and troubleshoot landlord/tenant issues for Low Income Housing Tax Credit (LIHTC) and 811 Pennsylvania Housing Finance Agency (PHFA) funded projects.	OBH has identified a primary contact person for the LLA initiative, and will utilize the Local Housing Options Team (LHOT) for identification and referral of disabled tenants to LIHTC projects. There are no qualified projects as of June 2014.	MH Base and other agency in-kind service	OBH will implement and oversee the LLA functions for LIHTC/811 projects as needed with involvement of other Human Service agencies serving disabled populations through convening of the LHOT.
Transition-Age: Assertive Community Treatment (ACT)	A new DelCo/ACT team is being developed with capacity for 30% Transition-Age Youth (TAY). Clinical, rehabilitative, employment and peer support services will be tailored to TAY population needs.	Horizon House began operation of DelCo ACT in FY 13-14 with 9/17 or 53% of initial caseload as TAY. The agency will continue to track and report TAY admissions as they build caseload to 100 member capacity.	Reinvestment HealthChoices	OBH and Magellan oversee referrals, admissions, utilization, outcomes and ACT fidelity. The percent admissions and retention rate for TAY cases will be tracked ongoing.
Children: Pivotal Response Treatment (PRT)	Clinicians trained/credentialed 5/13	Referrals will begin Fall 2013	HealthChoices - Still being determined	Magellan will provide the oversight to the model. The Developers Robert & Lynn Koegel will also be involved in the training of new clinicians.
Children: Youth MHFA	Under MH Matters Grant funding, DelCo was able to have 4 YMHFA instructors trained and certified in FY 13-14, and initial trainings were provided for 119 system staff.	Under new SOC initiative, YMHFA training will continue as priority for stakeholder education. CYS, JPO and VFMA will next entities to undergo training in FY 14-15	MH Matters County Grant	OBH Childrens' Coordinator is taking the lead in planning and documenting YMHFA training and staff certification per National Council requirements.
Adults: MHFA	Under MH Matters Grant funding, DelCo was able to have 9 MHFA instructors trained and certified in FY 13-14, although no trainings have been done as of June 2014.	Under the DelCo Cares initiative, MHFA training will be provided in FY 14-15 to all colleges/universities interested. Penn St, DCCC, and VFMA are the first to book trainings.	MH Matters Regional Grant	3 OBH Instructors will take the lead in planning and documenting MHFA training and staff certification per National Council requirements.
Adults: SAMHSA TTI Grant	Working with OMHSAS, the CRIF Operations Team was successful in obtaining a SAMHSA TTI grant to document the CRIF SDC model in DelCo and replicate it in other PA counties and nationally.	Temple and the MHASP received contracts for TTI funds to develop a CRIF manual, create a fidelity tool, document CRIF II outcomes, and create a financial sustainability plan in FY 14-15.	Reinvestment SAMHSA TTI Grant	OBH and Magellan will work with OMHSAS to track and report outcomes on the various TTI deliverables to NASMHPD and SAMHSA as defined in state/county/federal contracts.

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C.2. Delaware County Office of Behavioral Health, Mental Health Goals/Outcomes, 3rd Quarter FY 13-14 County Human Services Plan

#	Population/Goal	Outcome Measured/Goal	Tool/Methodology	Quarterly Cumulative Results	Comments
1	Forensic: Increase penetration rate of police departments with CIT trained officers and # of officers certified	Obtain participation and graduation of at least one CIT trained officer in 2/3 (30) of 45 municipal, county, and univ. PD's	Police Chiefs receive letters inviting officers to attend semi-annual certification classes and receive CIT lapel pins	Q1 = Marketing – 78 officers to date Q2 = 19/45 (42%) - 26 officers Q3 = Marketing – 104 officers to date Q4 = YTD = 19/45 (42%) – 104 officers	27 officers registered for the April 2014 class. 2 new departments added: Penn St./Cheyney St. University. % calculations adjusted.
2	Forensic: Convert the MAST Team CTT caseload to a 100% Forensic ACT (FACT) caseload (65/65 = 100%)	The MAST Team CTT will convert to a FACT model and gradually increase forensic admits until 100% of caseload is forensic	FACT Steering Comm. will track new admits and measure active forensic cases as % of total caseload last day of qtr	Q1 = 29/64 (45%) forensic Q2 = 32/62 (52%) forensic Q3 = 41/64 (64%) forensic Q4 = YTD = 41/64 (64%) forensic	URMC MH Court program teleconference held 4/7. MAST teleconference TBD. URMC on-site technical assistance to be held 6/16.
3	Forensic: Implement Forensic Peer Support in the county prison and for inmates released to community	Peerstar, LLC will provide jail in-reach forensic peer support services and also serve inmates on MA released to the community	Peerstar reports number of jail in-reach and community cases served with active caseload taken last day of qtr	Q1 = 17 jail – 1 community Q2 = 19 jail - 4 community Q3 = 19 jail – 3 community Q4 = YTD = 55 jail – 8 community	Prison census consistent. Community census low due to lack of referrals. Active marketing efforts. Number served is not unduplicated.
4	Forensic: Implement DOC max-out tracking to assure release plans are in place for the SMI target population	OBH and Reg Forensic Liaison coordinate w/SCI's to assure that treatment/housing linkages are in place for all SMI max-outs	OBH tracks SMI max-out cases for treatment and housing referrals and linkages for all inmates unless service is refused	Q1 = 1 housing - 6 Outpatient 100% Q2 = 2 housing – 1 Outpatient 100% Q3 = 0 housing – 0 Outpatient 0% Q4 = YTD = 3 housing - 7 Outpatient 100%	4 max-outs in Q3. 2 refused services/2 others moved out of county. 11 max-outs YTD w/100% linkages for those accepting services.
5	Forensic: Implement a Forensic Transitional Housing Program (THP) to house the target population	CEC, Intl. will create a 9-bed Forensic THP within its Chester CCC program with a targeted 6-9 month length of stay	OBH will track Forensic THP referral, placement, and discharge to assure transitional length of stay and timely step-down	Q1 = Permits, Prog. Descript. Q2 = LOA, Initial referrals Q3 = Rehab done/1 st admissions Q4 Q4 = YTD = No placements to date	OBH to conduct final start-up site visit in early April. Once site is approved, 1 st admission expected 4/15.
6	Norristown State Hosp. CSP reviews will be completed at designated intervals per OMHSAS SMH discharge policy	OBH liaisons will complete CSP reviews at 1, 3, 6, 9 and 12 month intervals for individuals discharged from Norristown	OBH will complete CSP documents per OMHSAS policy, and will track reviews for each person for 1 year post discharge	Q1 = 1/6-mo – 1 total Q2 = 1/1-mo – 1/9-mo - 2 total Q3 = 2/12-mo – 2 total Q4 = YTD = 5 total CSP reviews completed	2 cases successfully completed 12 mo. follow-up process. 1 new CHIPP discharge in Q3 w/2 Q4 CHIPP discharges planned.
7	Transition-Age: Develop the caseload of the new DelCo ACT program with 25-30% Transition-Age Youth	Following ACT standards, gradually build caseload to include 25-30 TAY, with 80% retention rate	Qtrly ACT Steering Comm will review ACT admissions to assure TAY access and retention rates are on target	Q1 = 2 adult – 0 TAY – (0%) – 2 tot Q2 = 3 adult – 7 TAY – (70%) – 10 tot Q3 = 8 adult – 9 TAY – (53%) – 17 tot Q4 = YTD = 8 adult – 9 TAY – (53%) 17 tot	DelCo ACT reports slower than anticipated referral rate. Caseload admission rate expected to accelerate in Q4 if referrals increase.

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#	Population/Goal	Outcome Measured/Goal	Tool/Methodology	Quarterly Cumulative Results	Comments
8	Adult: Launch a campaign in Delaware County to promote the I'm The Evidence (ITE) initiative	Conduct ITE information sessions, encourage on-line memberships, and integrate ITE recognition cards into county events	Conduct at least one event each quarter awarding ITE recognition cards to a targeted population	Q1 = ITE at PATH conference Q2 = 8 HUD/SLS - 5 Peer/Peer certs Q3 = 27 CIT police officers Q4 = YTD = 40 ITE cards awarded	Conference call with MHA PA endorsed local ITE plan w/particular interest in CIT and other community group recognition awards.
9	Adult: Provide system-wide training in Supported Employment (SE) values, philosophy and services	Conduct SE information sessions and one conference in 13-14 via Temple Collaborative contract	Various SE sessions will be targeted for 2014 and the numbers of trainings/ stakeholders per session will be tracked/reported	Q1 = SE fidelity process developed Q2 = SE training plan developed Q3 = 2 SE trainings - 25 trainees Q4 = YTD = 2 trainings – 25 trainees	Training held in March for CSP and AHI. Q4 training scheduled for JPM, NAMI, and CPS, along w/half-day SE Conference.
10	Older Adult: Increase therapeutic counselling services to homebound older adult target population	NHS of DelCo will develop a caseload of 25 homebound older adults who will receive therapeutic counselling	NHS of DelCo will provide outreach, marketing, access, and tracking of therapeutic counselling for up to 25 cases	Q1 = Information not yet available Q2 = 23 active cases (92% capacity) Q3 = 21 active cases (84% capacity) Q4 = YTD = Ave. 22 active cases (88%)	No admissions during the qtr. 2 discharges to nursing facilities: 1 out of county and 1 out of state.
11	Children: Increase penetration rate of county stakeholders certified in YMHFA	Obtain participation of child serving agencies and certify at least 20 stakeholders per quarter	Stakeholders will attend the 8 hr evidence-based YMHFA course taught by DelCo certified instructors	Q1 = Awarded MH Matters Grant Q2 = 4 DelCo Instructors certified Q3 = 3 sessions – 48 certificates Q4 = YTD = 3 sessions – 48 certificates	Q3 training for 48 Juvenile Detention staff. Additional YMHFA trainings being scheduled with JPO, CYS, Valley Forge MA, etc.
12	Children: Increase penetration rate of children 0-6 accessing behavioral health Early Intervention intake	Increase average number of Early Intervention intakes for children 0-6 by 3 cases per quarter	Extended Assessment Units will track and report to OBH quarterly intake data for children 0-6	Q1 = 23 cases (66% decrease 68 Q4) Q2 = 52 cases (226% increase) Q3 = 68 cases (131% increase) Q4 = YTD = 68 cases (296% increase)	Q1 decrease due to school year ending. Ave. FY 12-13 caseload was 65. Ave. FY 13-14 caseload is 48 w/0% year over year net increase.
13	Homeless: Develop a SOAR protocol to expedite SSI/SSD application approval for mentally ill homeless	OBH will develop a tracking mechanism to measure the time from initial application to SSA awards approval	Case managers complete SOAR applications and send to OBH to be tracked and processed with SSA	Q1 = Two SOAR grants rejected Q2 = 30 case mgrs. SOAR trained Q3 = 1 st application filed 2/25 Q4 = YTD = 1 SOAR application to date	1 st application filed but not approved. 2 potential SOAR applicants identified at Life Center shelter.
14	Adult: Provide Mobile Crisis Intervention services to county constituents on a 24/7 as-needed basis	Elwyn's DCCCT program will respond to all outreach requests with mobile crisis intervention services on a timely basis	DCCCT will track/report number of outreach calls received and responded to, including the average response time per call	Q1 = 315 calls – xxx outreaches Q2 = 338 calls – xxx outreaches Q3 = 315 calls – 296 outreaches Q4 = YTD = 968 calls – 296 +x outreaches	DCCCT responded to 94% Q3 outreach call requests with average response time of 50 mins. 6% of calls are refusals/unavailable.

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INTELLECTUAL DISABILITIES

The Delaware County Office of Intellectual Disabilities (OID) remains committed to flexibility in funding services from various financial sources. Services can be funded through the use of Base funding, Waiver capacity or Medical Assistance. The primary goals in the use of Base funding are to promote individual independence, support life in the community in the least restrictive setting to meet individual needs, and reduce the cost of services including residential placement.

Needs Assessment – OID will monitor the number of individuals served in each goal category, as well as the funds expended, utilizing data in HCSIS and the County and State databases. Strategies will be re-examined and revised as necessary.

OID BASE GOALS AND OUTCOMES

BASE GOALS	TARGET NUMBER/PERCENT	HOW TO TRACK
Fund temporary or permanent services (“bridge funding”) to individuals in emergency situations until Waiver conversion or to prevent placement	20	Require special Base funding request process; Base Authorization Report
Supplement P/FDS Funds with Base	20	Require Special Base Funding Request Process; Base Authorization Report
Increase Supported and Competitive Employment	2	Base Authorization Report and Individual Tracking
Increase Number of Individuals in Lifesharing	1	Base Authorization Report
Continue Base Funding for Individuals in Residential Placement as Appropriate	58	Base Authorization Report (number will decrease through attrition)

Monitoring of Goals – The number of individuals served in each category will be tracked, as well as the amount of funds expended. These figures will be examined monthly and strategies will be revised as necessary to achieve the desired outcomes.

Continuum of Services – OID provides a wide array of services ranging from those provided in the community to those provided out-of-home. Services include Supports Coordination, Family Support Services (includes camps, respite, in-home staffing, and home adaptations), Supported Employment, day services, community and large congregate residential care, Lifesharing, Participant Driven Services, and Behavior Support among other specialized services. Supports Coordinators work with individuals to maximize familial support and community resources. Families are also linked to advocates, and other service systems.

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Strategies – Assessment of needs begins with intake. Further assessment occurs when the Supports Coordinator meets with the family and/or individual. If needs are identified, a PUNS is completed. Many individuals have no immediate needs for services and receive only Supports Coordination services. Others require minimal supports and may receive services through FSS or other Base funding; while others may need more intensive levels of service and may be waiting for Waiver capacity. For those with immediate needs for whom there is no Waiver capacity, several actions may occur. The individual may be supported through cross system services and/or community supports; the family may be offered Base funded Family Support Services; or in emergency situations, the individual may receive more extensive services and supports utilizing Base funding up to and including residential care. Other strategies to serve the maximum number of individuals and stretch base dollars include:

- Providing Base “bridge” funding to pay for emergency residential placements or extensive in-home services until Waiver capacity is available
- Using Base funds to supplement services for individuals in the P/FDS Waiver program that have reached the financial cap, but who do not require significant funding to warrant conversion to Consolidated Waiver
- Increasing promotional and educational strategies, and collaborating with providers and advocates to increase the number of individuals in Lifesharing
- Supporting individuals who are no longer eligible for OVR services but require continued Supported Employment, and excessive waiver funds are not needed
- Collaborating across service systems and accessing natural community supports to ensure maximum use of resources and to reduce use of Base funds where they are not required
- Reducing ongoing use of Base funding for permanent Base residential placements through attrition and through conversion of some individuals to Waiver funding, if possible; with savings applied to serve additional individuals in need

	Estimated/Actual Individuals Served in FY 13-14	Projected Individuals to be served in FY 14-15
Supported Employment	22	24
Sheltered Workshop	28	28
Adult Training Facility	14	15 (one added who is in Independence Waiver which cannot pay for day program)
Base Funded Supports Coordination	425	435
Residential (6400)	60 (does not include temporary emergency placements)	58

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Lifesharing (6500)	1	2
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Services	161	170

Supported Employment – Supported Employment services include job finding, job placement and ongoing support at the work site as needed, and are provided by several agencies operating in the County. Individuals are always referred to OVR prior to being referred to an agency for assessment and services paid for through ODP. As OVR services phase out, an individual may phase in to Waiver or Base funded agency services. Also, if OVR is unable to serve an individual at the time they are referred, the individual will be referred directly to an agency for services. In the 13-14 FY, two new individuals were added using Base funds to prevent them from losing jobs they had held for a number of years. In FY 14-15 OVR expects to increase the number of new individuals in Supported Employment utilizing Base funding (if Waiver funding is not available) and Waiver capacity. The Employment Forum created in February, 2012 was continued in the 13-14 FY. The group, made up of stakeholders across the system including individuals and families, has been working on a strategic plan. This plan should be ready for implementation in the 14-15 FY. Training on Customized Employment was held on July 31, 2013 and was well received. The group continues to reach out for additional members, including school districts, business members, individuals, family members, and advocates. Via strategies such as collaboration with other stakeholders; promoting informational resources; encouraging customized employment; creating expectations for skill development in day programs; and developing and hosting informational events; the goal is to increase the number of individuals in supported or competitive employment by at least 10 % regardless of funding source. In the 13-14 FY, approximately 225 Individuals were employed either part or full time, and approximately 30% of the 39 graduates elected Supported Employment as opposed to a workshop or day program.

Base Funded Supports Coordination – OVR currently provides Supports Coordination (SC) as part of the county office and also subcontracts with other SCOs to provide SC services to 425 Base funded individuals. Base funds are used to provide SC services for individuals that do not have MA (or are in an MA category that does not cover case management), as well as those individuals living in private and state ICF/ID programs. Supports Coordinators continue to support the transition of individuals from State centers and ICF/ID programs to the community. In the 14-15 FY, Supports Coordinators will continue to transition individuals from the CK Center (a program operated by Catholic Social Services) to ICF/ID homes in the community. Two of these individuals were converted to Waiver funding and moved into Waiver placements in the 13-14 FY. There are 4 individuals projected to move into Waiver funding from the CK Center in 14-15; two will receive in-home supports and two will move into residential placement. At this time, no individuals residing in state centers have requested to move into the community. However, if such a request is made, SC services will be provided to assist with the

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transition. If no other funds are made available, Base funds will be used to support these case management efforts. Currently, 249 individuals reside in private ICF programs, while 45 individuals reside in state centers.

Lifesharing Options – 31 individuals have been served in Lifesharing in FY 13-14; one of these individuals was Base funded. Plans for the 14-15 FY include serving one additional individual from the community in Base funded Lifesharing, and potentially moving individuals receiving long term Base funding in non-Waiver eligible settings to Base funded Lifesharing. Savings from moves out of long term residential care will be used to help additional individuals in need. In addition, two of the individuals currently in the CK Center ICF/ID are slated to move into Waiver funded Lifesharing next year. Lifesharing continues to be discussed as an option at all ISP meetings for individuals in residential care. In addition, Lifesharing informational events will be held throughout the year to hopefully increase family and individual interest in this option.

Cross Systems Communications and Training – OID coordinates with a variety of entities in the service system including OVR, the County Assistance Office, local school districts, the Intermediate Unit, the Transition Council, the justice system, EPSDT, insurance company Special Needs Units, Local Housing Options Team (LHOT), SEPTA, Community integration Network (health), the Children’s Cabinet, the Right to Education Task Force, Magellan Behavioral Health, and many other private and public agencies. These efforts decrease the likelihood that individuals will require more costly services and/or placement in the OID system. OID meets regularly with other Delaware County Human Services Departments. For example, Multisystem Kids Meetings with OID, CYS and OBH, and DD Adult Collaboration Meetings between OID and OBH each occur every few months. The DD Collaboration between OID and OBH has increased to more appropriately serve individuals with dual diagnoses. Use of mental health resources in combination with OID Base funding have enabled the system to thus far avoid any State Center/State Hospital admissions. OID and OBH are also planning for RTF-A temporary residential care and possibly a community team of professionals to support individuals with dual diagnoses in the community. OID regularly attends the OBH quarterly meetings with OMHSAS; and regularly interacts with COSA on behalf of elderly individuals with ID, their parents, or those individuals with ID ages 18 to 59 with abuse allegations. OID also offers trainings about its services in various forums and invites outside groups to present their services to OID staff. The goals of these efforts are to ensure that staff appropriately support individuals, and to avoid institutional placement.

Emergency Supports – Despite the scarcity of Waiver capacity to meet the need, OID is able to manage Base funding and other available resources to assist individuals in emergency circumstances. Whenever possible, supports are provided to maintain individuals in their community homes and to avoid residential placement. If an individual is in emergency need of supports, a special Base funding request process must be followed and approval obtained before Base funding can be used. Base funds can be used for in-home or other community supports, or for temporary residential placement.

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The ultimate goal is to convert funding to P/FDS or Consolidated Waiver as soon as possible. In FY 13-14, OID spent over \$720,000 in Base funds for emergency support services and temporary placements. These efforts will continue in FY 14-15. If the emergency need occurs outside of normal work hours, OID has an on-call system in which an OID professional works with the family, individual and/or provider to secure needed supports.

Administrative Funding – OID complies with all of the requirements of the AE Operating Agreement. All required functions have been maintained despite the addition of multiple ODP directives. These directives have required the implementation of new and complex processes; resulting in increased need for training and a strain on all OID staff. Given rising requirements for new processes and procedures and rising operating costs, the Administrative Entity is unable to withstand any budget cuts without significant consequences to its ability to comply with all of the ODP requirements.

HOMELESS ASSISTANCE SERVICES

Describe the continuum of services to homeless and near homeless individuals and families within the county. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

Continuum of Care (CoC) for Homeless and near Homeless Individuals and Families

Homeless Services Coalition In 1991, representatives from three county offices along with several homeless service providers spearheaded the creation of the Homeless Services Coalition (HSC). Over the past 18 months, the HSC has been in a transitional phase as we are implementing the requirements of the HEARTH Act. The CoC now has an 18 member Governing Board with 5 standing committees and a governance charter, the CoC Advisory Team and the full membership of the HSC with recently restructured committees. This structure allows us to stay informed and on line with the needs of the homeless population in Delaware County. HSCGB members were nominated and serve voluntarily for specific terms.

The HSC is the center our CoC structure. With over 100 members and a shared mission, public & private organizations have invested their time & efforts in the HSC for the very purpose of collaboration & identifying & addressing gaps. Dedication and volunteerism are the driving forces in our collaboration. Meeting attendance, sub-committee participation & partnerships in new programs are vital to our 22 year success. These activities ensure information sharing, discussion of gaps, CoC outcomes evaluation and developing gap implementation plans. Consumer participation brings their voice to the table. County Offices comprise the Continuum of Care Advisory Team (CoCAT) and functions as an advisory to the HSCGB. The CoCAT meets 15-20 times/year to further address the ever changing CoC housing gaps, funding, HMIS, and performance issues.

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Annual Countywide meetings allow all stakeholders the opportunity to discuss CoC priorities, plan for meeting identified needs and gaps and discuss our progress on reducing the number of people who become homeless.

When systemic CoC needs are identified, they are brought to the HSC and CoCAT for discussion, planning and decision making purposes. Responsibilities under the HSCGB and CoCAT include management of the CoC via a governance charter, implementing the CoC, developing, 10 Year Plan and implementing coordinated intake and assessment countywide.

Our CoC System has six components: Outreach, Prevention, Emergency Shelter, Transitional Housing, Permanent Supportive Housing and Supportive Social Services. Each component has many services available to meet the varying needs of the homeless population.

CoC System Priorities & Funding Sources

Delaware County CoC has the following 5 Priorities, which mirror the Federal Plan priorities.

As the HSC Governing Board begins their oversight of our CoC, they will be closely monitoring program performance, cost effectiveness and developing outcomes and measures so that our CoC continually improves.

CoC System Priorities & Funding Sources- Delaware County CoC has the following 4 Priorities, which mirror the Federal Plan priorities.

	Priority Area	CoC Service Action Plan	Achievements
1	Reduce the number of people who become homeless	Prevent homelessness via intake, assessment, housing counseling services and emergency financial assistance	For the 4 th year, we have reduced the total number of homeless persons who become homeless at a point in time.
	Reduce the length of stay for those who become homeless	Decrease shelter length of stays by moving homeless people into an array of transitional housing and rapid-rehousing programs	50% of the persons who exit shelter programs had a length of stay of less than 120 days.
3	Reduce Homeless Recidivism	Provide Permanent Housing solutions to at risk populations; and provide support, tracking and follow-up services to those who become stability housed.	Coordinated Assessment process was designed and some funding secured. Launch date is 8/14.
4	Promote financial security	Provide opportunities for income growth and ensure all access to mainstream resources. Develop a SOAR program.	SOAR Program training was held in fall of 2013. Economic Task Force will developed.
5	HMIS/Program Outcomes	Maintain an operable HMIS system capable of drawing data for the purpose of program evaluation to determine CoC performance and use for system wide planning	System wide data reports have been generated on the above priorities. Data will be used to generate performance baselines.

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As the HEARTH ACT implementation continues, many changes are foreseeable in our CoC, particularly with ensuring the HSC operates as a governing charter, formalizing centralized intake services, reducing the length of shelter stay and ensuring more permanent housing beds are available to meet the needs of our priority populations.

CoC Gaps Analysis, Unmet Needs and Priority Populations

Each year, the CoC is required to update our unmet needs for Emergency Shelter, Transitional Housing and Permanent Housing Beds. Based on data collected in our HMIS, Point-in-Time (PIT) counts of sheltered and unsheltered people and our current bed capacity and utilization rate from the Housing Inventory Chart (**HIC**), the following PIT gaps are identified for FY 14-15. The HIC also provides data on bed utilization.

	Need For Beds *	Available Beds	Gap in Bed #
Emergency Shelter	341	341	0
Transitional Housing	303	278	25
Permanent Housing	451	386	65
Total	1095	1005	90
Chronically Homeless	60	49	11

* Need for beds is determined by the waiting lists and an estimate of persons who need that program as the next step from shelter or transitional housing.

The following PIT Counts were conducted on January 28, 2014.

	Emergency Shelter	Transitional Housing	Unsheltered	Total
Persons in Families with Children	111	141	0	252
Persons in Households without Children	169	41	47	257
Total Persons Counted	280	182	47	509

Priority Sub- Populations -_Based on data from the PIT Count on 1/28/14, it is estimated that 40% of homeless persons counted have a severe mental illness; 22% have chronic substance issues; 1% fall within the Intellectual Disability guidelines, 10% are aging, and 12% are transition-age youth. In addition, we had 35 chronically homeless individuals and homeless families identified. There were 20 veteran households also identified (Federal priority).

The priority populations in our CoC will continue to be the following:

Priority Sub-Populations	Primary Goal
Chronically Homeless Individuals and Families	Incrementally create permanent supportive housing beds to meet the supportive needs of this population
Veterans	Identify Homeless and Near Homeless veterans and ensure access to and placement in stable housing
Transition Age Youth	Continue identifying and exploring the needs of the population and dedicate permanent housing slots

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Vulnerable Adults & the Elderly	Ensure that vulnerable and fragile elderly adults are not living on the street
Homeless Children	Ensure the educational needs of homeless children are met

The data utilized and analyzed in the development of the Homeless Assistance Plan expenditures include the following:

- Gap Analysis and Unmet Needs
- Point-In-Time Count (PIT) & Sub-Population Reports
- Housing Inventory Chart (HIC)
- Annual Homeless Assessment Report (AHAR)
- Annual Performance Report (APR)
- Homeless Management Information System (HMIS) reports.
- Employment and Income status of persons at entrance and exit
- PIT Counts twice annually.

The HAP service priorities are:

- Maintain the operations of seven shelter programs and two day center programs
- Fund intake services for homeless families and adult only households
- Fund Homeless Prevention Assistance
- Fund Transitional housing or rapid re-housing programs that leads to stable housing

HAP Components

The 2014-15 HSBG Homeless Assistance allocation plan is based on level funding and continuing the priorities established in the 2013-14 Plan. There are no major changes to the plan for FY 2014-15. The funding priorities for the HSBG HA dollars are to support the shelter programs, as this is one of the three major funding sources for shelter; intake and coordinated assessment services for homeless and near-homeless persons and transitional and rapid-rehousing related programs.

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Bridge Housing	None	None
Case Management	650	650
Rental Assistance	160	160
Emergency Shelter	540	540
Other Housing Supports	35	35

For Each HAP Service Component, describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided).

Bridge Housing: NOT APPLICABLE – *This service is not provided as we eliminated it over the last two years due to funding reductions and system changes.*

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Case Management: No Changes for FY 14-15

Provider	Service Area	Description	Program Evaluation
Community Action Agency	Intake for shelter, prevention services and Case Mgmt. for transitional housing.	Provides centralized screening, intake and assessment for emergency shelter for families with children, financial rent and utility assistance and funds case management for 3 transitional housing programs and Homeless Prevention services.	Number of Households where homelessness was prevented or diverted. Number of households re-housed and how quickly they were rehoused.
Domestic Abuse Project	Shelter Services	Provides case management at the Safe House Shelter.	Reduction in homeless recidivism.
Mental Health Association	Connect	Centralized intake, outreach and case management for single adults in eastern portion of county.	
Salvation Army	Stepping Stone	Centralized intake, outreach and case management for single adults in southern portion of county.	

Rental Assistance: No Changes for FY 14-15

Provider	Service Area	Description	Program Evaluation
Community Action Agency	Rent Assistance	Homeless prevention financial assistance for rental arrears to prevent evictions and utility assistance.	Number of Households where homelessness was prevented or diverted. Number of households re-housed. Average payments per household.

Emergency Shelter: No Changes for FY 14-15

Provider	Service Area	Description	Program Evaluation
Community Action Agency	Temporary Emergency Shelter	Voucher based motel placement for primarily vulnerable single adults and families with children.	Length of Stay in Shelter.
Cobbs Creek Housing	Life Center of Eastern Del. County	Supports operations at this facility based shelter for single men and women.	Shelter exits to permanent situations. Increase in income. Increase access to mainstream benefits.
Mental Health Association	Connect-By-Night	Supports operations and staffing at this overnight church based shelter for single adults.	
Salvation Army	Warming Center	Supports operations and staffing at this overnight shelter for single adults.	
Wesley House	Wesley House	Supports shelter operation and staffing costs for families with children and single adult women at this facility based shelter.	

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Other Housing Supports: No Changes for FY 14-15

Provider	Service Area	Description	Program Evaluation
Community Action Agency	Specialized Transitional Housing	This transitional housing program supports families coming from shelter whose income is almost sufficient to support their monthly housing costs with a decreasing rental subsidy.	Shelter exits to permanent situations. Increase in income. Increase access to mainstream benefits

County level measures monitored by the County Planning Team – Program

The County Planning Team will monitor the following measures to ensure programs operate efficiently and are cost effective.

- Discharge destinations for clients upon exit or verified connection to permanent housing;
- Increased participation by homeless individuals in mainstream programs
- Length of Stay in Shelter and Transitional programs
- Homeless Recidivism
- Reduction on first time homelessness.

Describe the current status of the county’s HMIS implementation.

In 2007, Delaware County implemented the CARES Homeless Management Information System (HMIS). Our system is web-based and has 55 programs and 112 users from 15 organizations. Our HMIS has the following functions: intake, case management, assessment, service planning, outreach module, online referral, daily bed register, and inter-agency data sharing. In 2013-14, we introduced a Bulletin Board Welcome screen which provides a forum for customized data, CoC updates and other news, CoC Calendar and links to important websites. We hope to implement scanning and electronic filing of homeless verification documents in 14-15.

CHILD WELFARE

Delaware County CYs investigates allegations of child abuse and neglect, as mandated by state law, providing immediate and necessary intervention to insure child safety. CYs assesses family strengths, needs and resources and provides a range of services to strengthen the family’s ability to provide care and protection for their children. When children cannot remain safely with their families, the agency provides temporary out of home care, in the least restrictive setting, with comprehensive services to assure timely permanence through reunification or another permanent plan.

The CYs Housing Initiative, Family Group Decision Making and Multi-Systemic Therapy are integrated into the County Human Services Block Grant and all are key pieces of the continuum of services provided by the agency. The Housing Initiative has evolved over several years into a wide ranging program, providing temporary emergency shelter, transitional housing services, case management and emergency financial assistance to

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county families. CYS has worked collaboratively with the county's Adult Services and Homeless Assistance Services to insure a broad array of services are available to meet the needs of homeless individuals and families in the county. Children do not enter out of home care solely based on the family's lack of stable housing. CYS has requested adjustments through the Needs Based Plan and Budget process to support the housing initiative and insure funding is available to fully implement the program. The Housing Stability / Financial Assistance component of the Housing Initiative provides financial assistance to prevent evictions, help with utility shut-offs, provide initial move-in costs and shallow rent assistance in emergency situations. This flexible funding has prevented homelessness, supported self-reliance and has insured shelter space is available for these families and individuals most in need.

Multi-Systemic Therapy has been utilized by the CYS and the Office of Juvenile Probation for several years to work with adolescents with chronic behavioral issues and parent child conflict, at imminent risk of out of home placement. In Delaware County, MST is provided by Child Guidance Resource Center. It focuses on placement prevention and stabilizing the youth and family situation. It is a MA funded service and funds from the block grant are used to fund salary and benefits for a case manager that assists with the Medical Assistance application process. MST has been successful in preventing placement for over ninety percent of youth receiving the service.

Family Group Decision Making is funded partially through the Human Services Block Grant. The program has been expanded over the past two years with requests for additional funding made through the Needs Based Plan and Budget process. The number of referrals for Family Group Decision Making doubled over a one year period. Family Group Decision Making has been successfully used to prevent out of home placement, identify kinship resources, build supportive family networks and establish life connections for older youth. Act 91, which expands criteria for transitioning youth to remain in foster care beyond the age of 18, also re-focuses attention on the necessity of identifying and developing strong life connections for all youth and FGDM has been utilized to support these efforts. Family Group Decision Making has also been successful for youth under the Shared Case Responsibility of CYS and Juvenile Probation, to negate the need for the youth to move from out of home placement in the delinquency system out of home care in the dependency system by fully engaging the family network to a make a safe plan for the youth.

CYS has identified three service outcomes that the county hopes to achieve as a result of child welfare services funded through the block grant. Outcomes are congruent with outcomes and measures cited in the annual Needs Based Plan and Budget and support the tenets of safety, permanency and well-being.

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Outcomes	
Safety	<ol style="list-style-type: none"> 1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate.
Permanency	<ol style="list-style-type: none"> 1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections if preserved for children.
Child & Family Well-being	<ol style="list-style-type: none"> 1. Families have enhanced capacity to provide for their children's needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs.

Outcome	Measurement and Frequency	All Child Welfare Services in HSBG Contributing to Outcome
Continuity of family relationships and connections is preserved for children	Thirty percent of all FGDM conferences will identify potential kinship caregivers for children who require out of home placement. This will be measured quarterly through tracking and follow-up for all FGDM conferences.	Family Group Decision Making
Children are safely maintained in their own home whenever possible.	Less than 10% of children and families accepted for service by CYS and receiving services through the CYS Housing Initiative will require out of home placement. This will be measured quarterly through tracking and follow-up for all CYS involved families receiving services through the Housing Initiative.	Housing Initiative
Children are safely maintained in their own home whenever possible.	Eighty percent of youth referred for MST services will successfully complete the program and will not require out of home placement. This will be measured quarterly through tracking and follow-up for all county involved families receiving services MST services.	Multi-Systemic Therapy

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Family Group Decision Making

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing	Expanding
			X	

Family Group Decision Making is a practice of empowering family members to create a plan to address concerns identified by child welfare agencies. During a FGDM conference, family members, friends, child welfare workers, and other professionals discuss the family's strengths, concerns, and resources in order to create a plan to promote safety, permanency, and well-being for the family. CYS implemented Family Group Decision Making in Fiscal Year 2012-2013, with a focus on improving life connections for older youth, increasing kinship care for youth that require out of home placement and providing support and structure for families to prevent placement of children in out of home care. Family Group Decision Making has continued to grow, with additional funding requested through the Needs Based Plan and Budget process.

	13-14	14-15
Target Population	**See below	**See below
# of Referrals	56	80
# Successfully completing program	46	80
Cost per year	***\$40,500	***\$40,500
Per Diem Cost/Program funded amount	\$3000 / conference \$1000 / referral w/o conference \$250 / unsuccessful referral	\$3000 / conference \$1000 / referral w/o conference \$250 / unsuccessful referral
Name of provider	A Second Chance	A Second Chance Community Service Foundation

**Family Group Decision Making has been offered to families receiving child welfare services, to create a family plan to address ongoing child welfare concerns. FGDM has been utilized for families with children in out of home care to explore kinship resources. It has also been used to build and sustain kinship support systems to prevent placement when families are struggling. FGDM has been successful in engaging life connections for transition age youth and has been used with Shared Case Responsibility youth to seek

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family alternatives so a youth does not move from a delinquency placement to a dependency placement.

***Funding through the Human Services Block Grant provided funds for thirteen Family Group Decision Making conferences. Additional funding for Family Group Decision Making was requested through the Needs Based Plan and Budget process. The referral numbers in the chart reflect all FGDM conferences completed by the agency in the fiscal year.

Multi-Systemic Therapy

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing	Expanding
			X	

Multi-Systemic Therapy has been utilized in Delaware County for many years. MST provides intensive home and community based mental health services to youth with chronic delinquent behavior and serious emotional concerns. The focus of MST is placement prevention, decrease in delinquent behavior and improved functioning at home and school. MST serves youth in the CYS and JPO systems and has been an important component of the agency placement prevention services.

MST provides quarterly data on outcomes, to include information on placement, delinquent behavior and school or work attendance.

	13-14	14-15
Target Population	CYS and JPO involved youth with chronic delinquent behavior and serious emotional concerns. Priority is given to youth at imminent risk of out of home placement	CYS and JPO involved youth with chronic delinquent behavior and serious emotional concerns. Priority is given to youth at imminent risk of out of home placement
# of Referrals	120	120
# Successfully completing program	108	108
Cost per year	\$33,017	\$33,017

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HUMAN SERVICES PLAN
FY 2014-15**

	13-14	14-15
Per Diem Cost/Program funded amount	**see below	** see below
Name of provider	Child Guidance Resource Center	Child Guidance Resource Center

** MST services are funded through Medical Assistance. Block grant funding is used to fund salary and benefits for a case manager to assist families with the Medical Assistance application process. All funds were fully utilized.

Housing Initiative

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing	Expanding
			X	

The CYH Housing Initiative has been in existence for several years and has been a primary component of the agency's placement prevention efforts. The Housing program consists of five components, funded through the Human Service Block Grant with some additional funding requested through the Needs Based Plan and Budget process.

The Temporary Emergency Shelter Program provides temporary hotel placement for families facing homelessness, but not necessarily experiencing child welfare concerns that would require CYH Intervention.

The Family Management Center is a homeless shelter working only with families accepted for services with CYH. Family Management Center provides three to nine months of emergency shelter, along with case management services, support groups and life skills education to promote self-sufficiency for families.

The Transitional Housing Program works with higher functioning families, accepted for service by Children and Youth. Families are placed in housing units where they live independently and receive case management services, rental subsidies, counseling and other community based services. Under the auspices of the Transitional Housing program, the agency has also built in emergency financial assistance used to prevent evictions and emergency utility shut-offs as well as provide assistance for move-in costs and shallow rent assistance for temporary hardship.

DELAWARE COUNTY HUMAN SERVICES PLAN FY 2014-15

Wesley House is the lone homeless shelter in the city of Chester that provides emergency housing to families with children, without the requirement of CYs involvement. Due to increased need, Wesley House has also provided shelter to CYs involved families who could not be served through the Family Management Center. The continued funding of Wesley House is essential to child safety and prevention of placement.

	13-14	14-15
Target Population	Homeless families and individuals requiring emergency shelter and / or assistance.	Homeless families and individuals requiring emergency shelter and / or assistance.
# of Referrals	*see below	*see below
# Successfully completing program	*see below	*see below
Cost per year	\$1,047,838	\$1,047,838
Per Diem Cost/Program funded amount	*see below	*see below
Name of provider	Community Action Agency of Delaware County	Community Action Agency of Delaware County

The Temporary Emergency Shelter Program provided shelter to 85 households in FY 13/14, serving 124 adults and 167 children. Seventy nine households successfully completed the program, with outcomes ranging from moving into shelter, to moving into rental units, with or without subsidy. The Temporary Emergency Shelter program has capacity to serve the same number of households in FY 14/15. The program has unit costs ranging from \$69.00 to \$79.00 per day.

The Family Management Center provided shelter to 31 families in FY 13/14, consisting of 40 adults and 57 children. Fifteen families were positively discharged from the shelter in FY 13/14. The program has capacity to serve 40 families in FY 14/15, at a unit cost of \$105.00 per day.

The Transitional Housing Program received 24 referrals and provided case management and rental subsidies to twenty three households in FY 13/14, consisting of 30 adults and 40 children. Five households were not able to successfully complete the program and three children were placed in foster care after discharge from Transitional Housing, as a result of other child welfare issues. Eight households were successfully discharged from the program and were able to maintain housing. The program has unit costs ranging from \$41.00 to \$57.00 per day.

The Emergency Financial Assistance program provided financial assistance to twenty seven households, consisting of 34 adults and 90 children. Unit costs for the program ranged from \$100 to \$3000. There was an exceptional cost of \$5000 to replace a furnace

DELAWARE COUNTY HUMAN SERVICES PLAN FY 2014-15

in a home owned by a family to insure heat in the winter months and prevent placement of their children. The program will have capacity to serve the same number of households in FY 14/15.

Wesley House provided shelter to 61 households in FY 13/14, consisting of 71 adults and 109 children. Thirty households were successfully discharged from the program, moving into independent housing or another supportive housing program. The unit cost for the program is \$86.00 per day. The program will have the capacity to serve the same number of households in FY 14/15.

If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed. All funds were fully utilized.

DRUG AND ALCOHOL SERVICES

Delaware County provides drug and alcohol treatment services for adolescent and adults, primarily through contracts with six in-county provider agencies. Services include: screening and assessment; outpatient counseling for adolescents and adults; opioid treatment, including methadone maintenance; continuous treatment team programs for individuals with long-term disabling alcohol and drug dependence disorders; less intensive case management services offered through the outpatient counseling agencies; detoxification; and residential services.

The residential services include short-term/variable length-of-stay treatment (30 days or less), long-term treatment, and halfway houses. In addition to serving women in all of the residential treatment programs. Services are available to all who meet the necessary criteria based on a level of care assessment. Once individuals are assessed, they are referred to a Delaware County contracted agency that provides drug and alcohol treatment services. By accessing county wide treatment, residents will receive the following services:

- Screening and Comprehensive Assessments
- Determination of appropriate treatment placement based on client needs
- Consultation and Education materials
- Referrals and linkages to other services within the treatment provider network

Delaware County also continues ongoing coordinated efforts with staff from the CAO offices to help facilitate appropriate funding for Delaware County residents while receiving Drug and Alcohol treatment.

Delaware County three anchor providers have minimal waiting list issues for assessments and/or referrals to treatment. There are times that detox beds are not available the same day as the assessment has been completed. In those cases, the individual is asked to come back or call in the next day to see if a bed is available.

DELAWARE COUNTY HUMAN SERVICES PLAN FY 2014-15

The county continues to have long lasting relationships with other human service systems; specifically, CYS. We have assisted CYS in facilitating treatment to address the needs of a family who has entered their system. Local community leaders and providers have joined with the county to seek improved ways to serve children and their families in our communities.

Coordinated efforts have been viewed as a way to improve results for children and their families. Our county has begun to form lasting, emerging partnerships among the county human service departments which have led to a significant amount of collaboration in the development of policies and adoption of principles for ongoing work in the field of treatment and recovery.

As Heroin and narcotic prescription drugs top the list of those drugs most popular and available in Delaware County. The drug problem continues to accelerate at a dangerous rate, and threatens to excessively burden our county finances and play havoc with families and businesses on many levels.

The increase of heroin/opiate users has created a rise in the need for detox beds, thus effecting the availability of that level of care. There has also been an increase in opiate users also using benzodiazepines, which also increases the need for detox level of care.

Delaware County continues to make available one residential treatment stay per rolling calendar year for all Delaware County residents. In addition, with the maximum of eight detox days per rolling calendar year. These restrictions can cause outpatient clinics to become flooded with individuals in need of treatment services.

Target Populations

Delaware County residents who are 60 years of age and older are eligible to receive drug and alcohol treatment if they complete an assessment and a level of care is determined. Case coordination services are provided at two of our outpatient providers who can help link and refer these individuals to any other needed services.

Individuals with co-occurring psychiatric and substance abuse disorders can access a co-occurring level of care for drug and alcohol treatment. Treatment services available to these individuals could include, IMR, Dialectical Behavioral Therapy and other treatment modalities designed for this population in either outpatient or inpatient settings.

Individuals who are involved in the criminal justice system are eligible for a drug and alcohol assessment and treatment if a level of care is determined. If this individual is currently incarcerated, evaluations are completed and sent to the SCA for review and approval. If approved, this individual is then sent to a contracted treatment provider for treatment. Individuals involved in the treatment court program in Delaware County, also have a treatment court specific group that could be offered to them at one of our

DELAWARE COUNTY HUMAN SERVICES PLAN FY 2014-15

contracted outpatient providers where they can focus specifically on their criminal justice needs.

Adults ages 18 and above is a general population that has several services available to them within Delaware County. This population can be assessed and referred to drug and alcohol treatment at either an outpatient or inpatient level. Case Coordination services is also available to this target population.

Adolescents who are between the age of 12 and 18 are able to be assessed for inpatient or outpatient drug and alcohol levels of care. We have two contracted outpatient services in the county who provide treatment for adolescents. This includes therapy in individual, family and group settings.

Recovery-Oriented Services

Delaware County has executed letters of agreement with two Recovery Houses to meet the residential needs of the D&A population, including persons with co-occurring disorders and forensic involvement.

Currently, one recovery house is dedicated to providing a safe place where women in recovery can live as well as a supportive environment where women can continue their recovery efforts and build life skills. Each resident is encouraged to create her own personal set of goals to achieve. This is a transitional living facility for women who are recovering from alcohol or substance abuse with a capacity for 18 female residents.

Another recovery house located in residential communities and are for men and women who desire a sober living environment. These houses provides a safe, supportive and structured environment and is designed for both men and women who have completed an inpatient alcohol and drug treatment program or attended an outpatient treatment program or those who are on probation or parole in need of transitional housing. Currently, there are three different locations; two houses have six male beds available and another house has eight female beds available.

The Contingency Fund continues to be a helpful recovery support to individuals who are engaged in the public behavioral health system and living in the community, through the purchase of items or services, or emergency payments to support their housing, when there is a critical need and no other means of support available.

With the influx of opiate related deaths, the local community leaders and grieving families and the recovery community have had candlelight vigils for the past two years to remember those who have lost their lives and to encourage those in recovery to continue, one day at a time.

DELAWARE COUNTY HUMAN SERVICES PLAN FY 2014-15

Drug and alcohol providers have enhanced the 12 step principles of recovery by allowing alums of their programs to “give back.” On a monthly basis clients who have completed inpatient are invited back to share with other alum and current clients.

Pennsylvania Recovery Organization - Achieving Community Together (PRO-ACT) is a grassroots advocacy and recovery support initiative of The Council covering Southeastern Pennsylvania and is provided space at local provider to be a resource to the community, offering family education and support on a monthly basis. This organization also works with local providers and grassroots recovery groups in organizing teams for the annual Recovery Walks. This event has been held in Philadelphia annually for the past 12 years. Providers and other group are encouraged to attend and/or give a financial sponsor to help those in recovery

Drug and Alcohol - Target Populations

Population	Available Services	Gaps/Unmet Needs
Older Adults (Ages 60 and above)	Case Coordination, Inpatient/Outpatient services,	Groups for older adults only
Adults (ages 18 and above)	Inpatient or outpatient group settings	N/A
Transition Age Youth (ages 18 to 26)	Inpatient or outpatient group settings with others in their same age group, young adult track in an inpatient setting	N/A
Adolescents (under 18)	Individual, Family and Group therapy, Case Coordination Services	Limited in county treatment providers
Individuals with Co-Occurring Psychiatric and Substance use disorders	IMR, DBT, and other treatment modalities designed for this population at an outpatient or inpatient setting	N/A
Criminal Justice Involved Individuals	Outpatient groups specific for treatment court individuals where they can focus on their criminal justice needs, Drug Treatment Court, Prison Liaisons to help facilitate referrals to levels of care, Alumni Group, Monthly Family Group	N/A
Veterans	Veterans Treatment Court	N/A
Racial/Ethnic/Linguistic Minorities	Short-term inpatient for Hispanic speaking males,	Interpreters

HUMAN SERVICES and SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

The 2014-15 HSBG Human Services and Supports (HSS) allocation plan is based on level funding and continuing the priorities established in the 2013-14 Plan. There are no major changes to the allocation plan.

DELAWARE COUNTY HUMAN SERVICES PLAN FY 2014-15

Over the years, HSDF has funded a comprehensive array of services for county residents covering each of the allowable categorical services (Adult, Aging, CYS and, Drug & Alcohol (D&A), Homeless Assistance, MH, Intellectual Disabilities (ID), and Specialized Services. Past State budget reductions have drastically reduced the array of services funded. In FY 12-13, as the Human Services Block Grant (HSBG) was piloted, the Homeless Assistance programs once categorized under HSDF were transferred to the HSBG Homeless Assistance Category. The programs and services that remained under the HSS portion of the HSBG, HSS remain priorities for the County in FY 2014-15.

The Offices that fall under the Department of Human Services (DHS) routinely shares and receives information across systems, facilitates connections and communication among providers, promotes and provides training, and follows-up on areas of concern. There is an active commitment within DHS to provide the community with access to seamless, quality services by continuously improving effectiveness and responsiveness to community needs, maximizing resources, enhancing collaboration and coordination, removing barriers to the extent possible and delivering services as efficiently and cost-effectively as possible.

Categorical needs, service coordination and integration are promoted through the monthly meetings of administrators and the consolidation of financial functions, contracting and management information systems. Administrators, managers and staff participate in a large variety of local, regional and statewide planning groups. Service coordination is encouraged by County Council and is an expectation for provider agencies.

The Division of Adult and Family Services (AFS) manages the HSS. AFS is responsible for convening the AIDS Consortium of Delaware County, ensuring the coordination of all AIDS service providers in the county and providing county leadership in the regional needs assessment. AS also participates in priority-setting and service planning conducted annually by the region's HIV/AIDS Planning Council for federal Ryan White Part A and B and State 106 funding. AS also coordinates with OBH, the Office of CYS, County Office of Housing and Community Development, Community Action Agency, and the Homeless Services Coalition to address the needs of the near/homeless population for prevention services, outreach, supportive services, emergency shelter, and transitional and permanent housing resources. Formal, comprehensive, countywide needs assessment and planning activities year-round include a point in time count of the homeless and a countywide consumer forum for homeless individuals. This process culminates in the annual submission of a consolidated application for funding new and renewal projects under the HUD Continuum of Care for the Homeless funding opportunity. AS also administers the web-based Homeless Management Information System, Medical Assistance Transportation Program (MATP), Family Center initiative, emergency food assistance, and various contracted adult services for the County.

Stakeholders include Delaware County Women's Commission, Local Housing Options

DELAWARE COUNTY HUMAN SERVICES PLAN FY 2014-15

Team, Homeless Services Coalition, AIDS Consortium of Delaware County, Delaware County Interfaith Food Assistance Network and DHS Administrators.

HSS Target Populations

1. **HIV/AIDS** - The direct service program will serve individuals and families infected or affected by HIV/AIDS regardless of age. Prevention education and outreach will be available to the entire community but targets schools, churches, and seniors. Some of the greatest growth in HIV/AIDS incidence is among seniors who are historically under-targeted for outreach and education. One provider has partnered with the County Office of Services for the Aging (COSA) to train all levels of their staff, have sexual activity incorporated into client assessments, and expand programming in the community for seniors.
2. **Homeless Adults** – The Life Skills programs offered at Catholic Social Services offers unique workshops to teach how to be successful in life with regards to housing and finances by looking at why they are not successful now. This program receives the highest of evaluations from attendees.
3. **Disabled Adults** – Homemaker Services assist people in living independently in their own homes. Many times people just need a little extra help to live successfully on their own and they do not quality (nor want) a higher level of assisted living or care.
4. **Parents & Caretakers** – The Family Center program targets Parents as teachers. HSDF funding is used as required match for this program.

	Estimated / Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Adult Services	87	82
Aging Services	0	0
Generic Services	0	0
Specialized Services	1,295	1,190

Adult Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.

Provider	Program or Service	Description	Proposed Numbers	Proposed Expenditures
Family & Community Services	Counseling	Sliding fee scale one-on-one counseling for adults who do not have resources to obtain this much needed service.	6	<u>\$ 4,500</u>
Mercy Home Health	Homemaker	Homemaker staff assists eligible clients with activities of daily living such as light cleaning, laundry and grocery shopping.	6	\$ 7,500

DELAWARE COUNTY HUMAN SERVICES PLAN FY 2014-15

Catholic Social Services	Life Skills Education	<p>Housing Resource Coordination is a workshop on home maintenance, housing resources and other supports.</p> <p>Alternative Solutions is a workshop that explores and teaches clients decision making skills and money management techniques. Both target homeless persons.</p>	70	\$ 47,790
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Aging Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided. **Not applicable**

Generic Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided. **Not applicable**

Specialized Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.

Provider	Program or Service	Description	Proposed Numbers	Proposed Expenditures
Delaware County Intermediate Unit	Family Centers	Services include Parents As Teachers, parent education classes, teen support groups, preventive health services, crisis intervention, Project Elect, and information and referral. In addition, the Family Centers have formal Memoranda of Understanding with Chester Youth Build and Head Start to provide service components to benefit the common populations of each.	45	\$ 22,039
Community Health & Education Org. (CHEO)	HIV/AIDS Health Outreach & Education	Community Health and Education Outreach, Inc. (CHEO) is a community based, non-profit volunteer organization. In existence since April 2002, its mission is to provide the community with education information and resources on widely ranging health matters, with particular emphasis on HIV/AIDS.	45	\$ 7,350
Family & community Services	HIV/AIDS Programs	<p>Counseling and case management: Non-medical HIV/AIDS related services, assessment, service plan development and accessing all services and resources appropriate to their needs, including HIV case management, medical care, services and entitlements.</p> <p>Prevention education and outreach particularly targeting schools, churches and community groups and a peer-led consumer group, where selected consumers and the peer-facilitator are</p>	1,100	<u>\$ 77,500</u>

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Provider	Program or Service	Description	Proposed Numbers	Proposed Expenditures
		also participating in outreach and education activities.		

Interagency Coordination: Describe how the funding will be utilized by the County for planning and management activities designed to improve the effectiveness of county human services.

Provider	Program or Service	Description	Proposed Expenditures
Division of Adult Services	County Service Coordination	Coordination of local planning and coordinating bodies in multiple service fields. Coordinator for the Delaware County Women's Commission whose goal is to assist the County in: 1) assessing the needs of women and girls; 2) identifying existing resources to meet those needs; 3) promoting the utilization of identified resources; 4) identifying service gaps, and 5) making recommendations to the Department of Human Services and County Council for improvements to services	\$ 25,250

If you plan to utilize HSDf funding for other human services, please provide a brief description of the use and amount of the funding. **Not applicable.** Of the \$510,596 in Human Services and Supports allocation, \$267,607 has been moved to Homeless Assistance Services.

V. SUMMARY

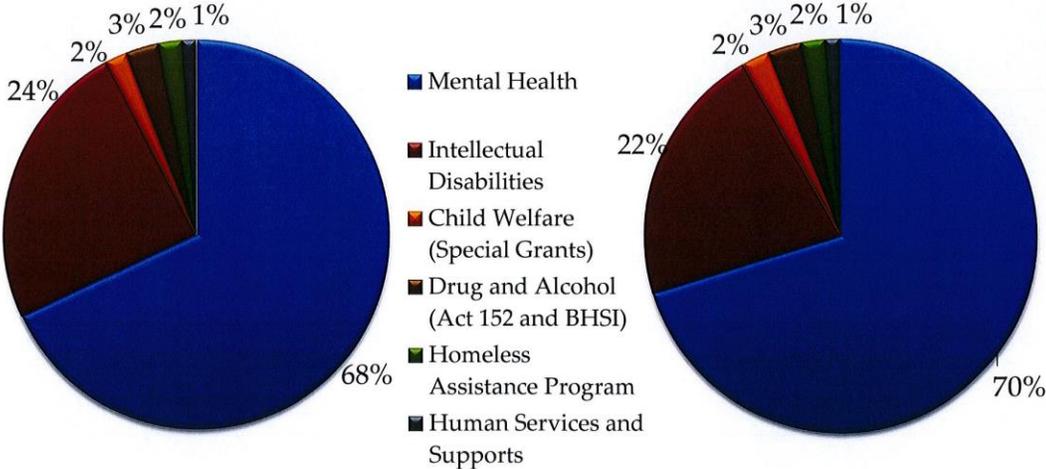
Delaware County had been operating under a Human Services model for several years and the natural progression to a block grant model was easily achieved. We believe we have been able to maximize the benefits of being a block grant county to the betterment of DCHS, our providers, and the individuals we serve. Although each categorical department always involved multiple stakeholder groups in decision making, planning, and development of initiatives, as a block grant county we have coordinated stakeholder involvement so that input is generated for and across all departments. We are all in agreement that it is essential to collaborate and share the goal of holistic approaches to services. We continue to move beyond the point of identifying what we cannot do to thinking about what we can do to meet the identified needs of the residents we serve.

During FY 2013-14, we did not request a waiver and were able to move funds within the 20% allowable. The surplus we were able to retain from 2012-13 was used during FY 13-14 to cover the deficit in Drug and Alcohol. This will allow the County to keep the D&A system opened through June 2014 and serve an additional 544 individuals in need of D&A residential treatment. We will not be requesting a waiver for FY 2014-15 either. Our intent is to again apply each categorical allocation to the legacy department and work within that resource, as is depicted in the below charts.

DELAWARE COUNTY HUMAN SERVICES PLAN FY 2014-15

FISCAL YEAR 2013/14

FISCAL YEAR 2014/15



Funding for 2014/2015 remained consistent with 2013/2014 for all funds except Mental Health. Percentage shift due to additional CHIPP funds allocated.

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**DELAWARE COUNTY
HUMAN SERVICES PLAN
FY 2014-15**

Appendix A

**Fiscal Year 2014-2015
COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE**

COUNTY OF: Delaware

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B. The County assures, in compliance with Act 80, that the Pre-Expenditure Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to the Department of Public Welfare.
- D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):
 1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.
 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

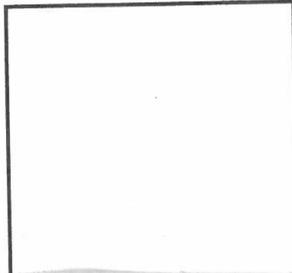
COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signature	Please Print	Date
	Thomas J. McGarrigle, Chairman	6/18/14
	Mario J. Civera, Jr, Vice-Chairman	6/18/14
	Colleen P. Morrone, Member	6/18/14
	John P. McBlain, Member	6/18/14
	David J. White, Member	6/18/14

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DELAWARE COUNTY
HUMAN SERVICES PLAN
FY 2014-15

Copy of Notice or Publication



PUBLIC HEARINGS SCHEDULED FOR HUMAN SERVICES PLAN REVIEW

The Delaware County Department of Human Services will hold two public hearings to receive comments on the Human Services Plan FY 14/15.

The first hearing will take place:

Monday, June 9, 2014
Government Center, County Council Meeting Room
201 W Front St
Media at 4:00 pm

The second hearing will take place:

Monday, June 16, 2014
Welcome House
7700 West Chester Pk
Upper Darby at 4:00 pm

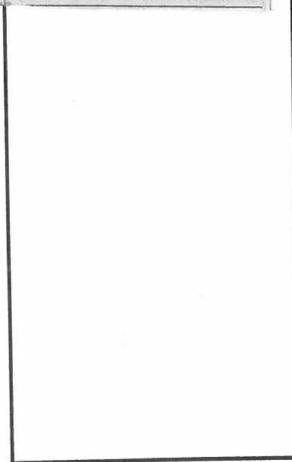
Copies of the "Draft" plan are available as of June 4, 2014 for review at:

- Welcome House in Upper Darby,
- Department of Human Services, 4th Floor, 20 S. 69th St, in Upper Darby,
- Media/Upper Providence Library, 3 E. Front St, in Media,
- the County website, www.co.delaware.pa.us, click on Departments, then Human Services Department, then County Human Services Draft Plan.

Those persons wishing to present testimony should contact Gayle Oddi at 610-713-2376, in order to be scheduled. Typed copies of testimony may be submitted in advance to the Office of Behavioral Health, 20 S. 69th St, Upper Darby, PA 19082.

YOUR PARTICIPATION DOES MAKE A DIFFERENCE!

DCT June 1, a-1



Proof of Publication of Notice in Delaware County Daily Time

Under Newspaper Advertising Act. No. 587, Approved May 16, 1929

State of Pennsylvania, }
County of Delaware, } SS.

LYNN D. BETTCHER designated agent of CENTRAL STATES PUBLISHING being duly sworn, deposes and says that the DELAWARE COUNTY DAILY TIMES, a daily newspaper of general as defined in the above-mentioned Act, published at Primos, Delaware County, Pennsylvania, was established in 1876, and issued and published continuously thereafter for a period of 100 years and for a period of more than immediately prior hereto, (under the name Chester Times prior to November 2, 1959) in the City of Chester Delaware and further says that the printed notice or publication attached hereto is an exact copy of a notice or printed and published in the regular edition and issues of the DELAWARE COUNTY DAILY TIMES on the following dates.....

June 1, A.D. 20 14

and that said advertising was inserted in all respects as ordered.

Affiant further deposes that he is the proper person duly authorized by CENTRAL STATES PUBLISHING, INC. publisher of said DELAWARE COUNTY DAILY TIMES, a newspaper of general circulation the foregoing statement under oath and that affiant is not interested in the subject matter of the aforesaid advertisement, and that all allegations in the foregoing statements as to time, place and character of publication are true.

Lynn D. Bettcher
Sworn to and subscribed before me this

7th day of July 20 14

Kathleen Ragni
Notary Public

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Kathleen Ragni, Notary Public
Upper Darby Twp., Delaware County
My Commission Expires March 2, 2015
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

**DELAWARE COUNTY
HUMAN SERVICES PLAN
FY 2014-15**

SUMMARY OF PUBLIC HEARING COMMENTS

June 9, 2014 at Delaware County Government Center in Media

In attendance from the public: see attached complete sign-in sheet.

In attendance from Delaware County Human Services: Joseph Dougherty, Jonna DiStefano, Deirdre Gordon, Sandy Garrison, Pete Hladish, Susan Proulx, Beth Downs, Dorothy Stewart, Peter Hladish, Jackie Hartney, Gretchen Sidler, Nicole Glover, Chris Seibert, Aju Matthew, Chris Seibert, and Gayle Oddi.

The first Public Hearing for the FY 2014-15 Delaware County Human Services Plan was called to order at 4:03 pm. Following a welcome from Joseph Dougherty, Director of Human Services, and introductions of county staff, Joseph Dougherty presented brief comments concerning the plan and process for the public hearing.

Joseph Dougherty then summarized the plan details with a brief PowerPoint presentation. Joe noted this is the third block grant submission. The FY 14-15 plan is due July 7, 2014 after conducting two public hearings. The goal of the meeting today is to get your input. Joe noted there are seven funding sources for the block grant, the same as in the original plan; MH, Intellectual Disabilities, Homeless Assistance, Child Welfare, D&A Services (two funding streams), and Human Services Development Fund/Human Service Supports. The total consumers served with the block grant are 25,520. Joe mentioned our budget is based on a flat budget. However there has been some talk about a \$1.3 billion state deficit that may negatively affect our funding for 2014-15. Jonna DiStefano noted the ID section of individuals served may appear low but it is only base dollars and does not include waiver dollars. Joe noted the plan gave us the flexibility to meet the needs of our consumers. Jonna noted the county wanted to review outcomes for the block grant. This year goals were defined and outcomes measured.

Jonna stated we are so please and thankful for your presence today. We are here to receive your comments. The hearing was then opened for public commentary with those wishing to make oral remarks.

Tom Reinke – Is this just base/state dollars and does it mean that any program that uses federal dollars is not involved in this block grant? Jonna advised the block grant initiative in Pennsylvania only involves base dollars which are primarily state. It does not include waiver dollars. Pete Hladish, County Chief Fiscal Officer however advised there are some federal dollars that the state considers part of the block grant (\$1.2 million). Jonna added that base dollars are used for PFDS and other programs.

Tom Reinke – Is there a process for doing a needs assessment involving the advisory committee to determine how to allocate the dollars? Jonna replied the county does not allocate the dollars, the state allocates the dollars. Jonna added that a needs assessment is different for each categorical. Susan Proulx advised, for example, that a consumer

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HUMAN SERVICES PLAN
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would register with OID, and once registered their needs are assessed and services are then determined. Some folks may get Supports Coordination, others may get more services. Tom responded that his question is a little different and maybe there is a misconception out there that the block funding allows money to be pulled from one categorical into another categorical. Joe responded there are administrators meetings on a regular basis and we discuss funding for each program. Once a need is discussed, fiscal advises the dollars needed or available, and then the money can be moved. Joe stated that prior to the block grant there may have been unspent dollars in each categorical that had to be returned to the state because we could not move it around. Now we have the flexibility to move between categoricals. Tom then asked if we, the county, like the block grant. Joe replied yes because we no longer send money back to the state when we have a need in another categorical. The hard part with the block grant is that it came with a 10 percent cut. Joe added that one disadvantage is when Haverford State Hospital closed and reduced beds at Norristown State Hospital we received CHIPP dollars which were locked in, and separate. Now those CHIPP dollars are part of the block grant and would be affected by any new cuts. Joe stated other counties struggled because they did not have a Human Services system like Delaware County that work together. Joe mentioned we have not asked for a waiver which is to move more money than the allowable from one categorical to another. The first year we had to spend 80 percent within each categorical, the second year it was 75 percent and this year it drops even more to 50%. Delaware County has not asked for a waiver. We have been able to serve more D&A consumers which does affect other systems down the road.

Tom Reinke – At the state level has this change made the dollars more political? Joe advised no and that not all counties are part of the block grant. Initially there were 20 pilot counties and in year two they added 10 counties. The dollars are still categorical in the state budget, not just lumped as block grant.

Diane Pepper – Can you speak to intake and PUNS. Susan responded it depends on the situation and the information collected at intake. Some families may request very little while others may need more services. Supports Coordinators are constantly receiving training on how to conduct the intake and determine the need.

Diane Perry – How many graduates will there be this year? Susan responded 50 and still growing. People are still registering with the office. Currently there is no guarantee for the graduates. We are worried we will not have enough capacity for the graduates.

Diane Perry – Is there a possibility that graduates, if not guaranteed a PFDS waiver, could use base dollars until there is money for them? Susan responded it is possible depending on need.

Kathleen Perry – No relation to Diane Perry, for the record. For consumers who have registered with OID, have followed the process, and have base dollars or PFDS waiver, how will they be prioritized versus folks who have yet to register? Susan responded it

**DELAWARE COUNTY
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depends on the need. If folks are already lined up with a service, we will not take that away. We will look at supplementing, if needed. Kathleen added it has worked wonderful for us, I do not know how you all do it for so many.

Diane Perry – Asked about the percentage of the block grant for OID, was it 24 and now 22 percent Joe responded that the percentage changed, but not the actual allocation due to the addition of CHIPP dollars into Mental Health.

Jonna mentioned that in the block grant if there are any surplus dollars we are now allowed to keep a certain percentage as carry over.

Rich Ziegler, Horizon House – The County's emphasis on expanding and maintaining infrastructure is particularly helpful for the specialized population. Their strategy especially in homeless services providing the match for HUD dollars provides a big benefit with the federal dollars versus little funds from the county. Rich noted the increase in the elderly medically fragile population and the needs of that population. Rich thanked the county for acknowledging the fact that providers have not received an increase and continue to do more with less and that Delaware County has continued to be proactive about preserving the funds to maintain services. Joe mentioned that HSA, which is IT, Fiscal, and contracts, has reduced its budget over the last four years by over \$500,000. We are always looking at being more efficient and effective to make the dollars stretch. Jonna added that the original 10 percent cut in OID was absorbed in administration, with no loss of dollars to services.

Maureen Anello, ARC of Delaware County – Maureen noted the phrase used in Human Services, doing more with less, cannot continue to be sustained. We would like to advocate for more money. Maureen added she has been receiving calls from parents of children with autism and she must tell them they cannot help unless they have another diagnosis too. People are now living with autism, not dying from it. Autism needs to be added as a funded category because if they do not get services, they will show up in other services, like those represented in this room. ARC's position across the state is to request more money. Jonna encourages everyone to contact their legislators because your voice carries weight. Maureen advised to just keep talking about the issues.

Tom Reinke – Tom stated he and another dad started a non-profit and opened up a stand at a food market. Many families connected with them about their child having autism or other issues. Tom would recruit parents and get their info. Tom found a dad who would lead a support group for these families but once contacted about a meeting no one showed up. Tom suggested the ARC move to a different approach; rather than case management, create groups like the old 60's style of things. Yes we do need more money but we also need to be creative.

Sharon Gratsy, CAA – Sharon advocates for the flexibility of the block grant. It helped the Life Center shelter to remain open through this tough winter. The dollars received

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through CYS allowed us to support 33 families. If the families were not in a shelter the money would have been used to place those children in foster care. Services are also linked while at the shelter. It is instrumental how we link and work together. The folks from the shelter appreciate the block grant too and have all signed in support of the block grant (attached).

Jennifer East, Keystone Center – Jennifer noted we have had cuts in D&A over the past few years and with the heroin epidemic and the accidental overdoses, we are appreciative of the flexibility of the block grant to help D&A services to remain open.

Deidre Gordon, CYS – Deidre added that all CYS families are involved with one or more additional systems. CYS tries to keep all kids out of foster care since it is damaging to the children and expensive.

Maureen Anello, ARC of Delaware County – Maureen offered the ARC's services for assessment if you meet a child who just seems to need more help and you are not sure of the specific problem. The ARC is here to help with services. They cannot diagnosis but can help determine the supports and services needed to stabilize the situation. Maureen appreciates and applauds the creativity in the plan and the partnership with Magellan.

Dave Moran, CCMC – Dave thanked the county and the block grant for the ability to keep the D&A system open since the D&A system struggles with less funding over the years. Dave questioned the new affordable insurance policies out there that have extremely high co-pays. D&A clients will not be able to afford the co-pays, therefore not in treatment. Who can help with the co-pays? Jonna responded that with the new insurance, if people are seeking treatment through their insurance, which may free up base dollars and the county may be able to assist with co-pays but everything depends on the budget. Jonna reminded people to advocate with your legislators for more money into the system.

Joe thanked everyone for coming and we appreciate your comments and attendance.

SUMMARY OF 2ND PUBLIC HEARING COMMENTS

Monday, June 16, 2014, at the Welcome House Clubhouse program site in Upper Darby

In attendance from the public: see attached sign-in sheet.

In attendance from Delaware County Human Services: Joseph Dougherty, Jonna DiStefano, Deirdre Gordon, Peter Hladish, Aju Matthew, Armando Perdigon, Chris Seibert, Lisa Blair, Pamela Schaible, Donna Holiday, Jackie Hartney, Linda Moore-Singleton, Susan Proulx, Lois Bowman, Elisa-Beth Gardner, and Gayle Oddi

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The second Public Hearing for the FY 2014-15 Delaware County Human Services Plan was called to order at 4:04 pm. Joseph Dougherty, Director of Human Services, welcomed all and asked for introductions from county staff.

Joseph Dougherty then summarized the plan details with a brief PowerPoint presentation. Noting this is the third planning year for the block grant and the second public hearing. To make it clear, this is not all the funding for each categorical; an example is that OID waiver funds are not included in the block grant. The consumers' server through the block grant is about 25,500. Joe noted the budget may have a deficit of up to \$1.7 billion which has not been signed. We based our plan on the governor's proposed budget, which is level funded. Joe mentioned that Delaware County has not asked for a waiver to move money from one category to another. A waiver is needed to move more than the minimum dollars from one category to another.

Sharron Davis, CPS – Sharron asked about the MH billing situation when a provider is no longer able to bill for transportation. Jonna responded there was a policy clarification that confirmed transportation to a meeting is no longer billable. However if interaction during that time was considered therapeutic, than it would be billable. Jonna noted it was the federal government that audited Pennsylvania to bring about the change. Speak with Lois Bowman after the hearing for more information.

Duane Newman, Mercy Fitz – Duane confirmed the federal definition of case management does not include transportation which caused the restriction. Duane suggested speaking with the provider involved for clarification.

Jenaira Potter – Jenaira had specific concerns about a provider and CYS. Jonna advised Deirdre Gordon will speak with you after the hearing today to address your concerns and we will look into your concerns.

Jonna discussed the plan and its preparation, the planning team, and distribution. The draft plan was sent out to county providers and available at meetings of the MH/ID and D&A Boards, Community Support Program Committee, Homeless Services Coalition, and Children's Cabinet, and copies were placed at the County Courthouse, and the public Library in Media, and here at Welcome House, for review. Jonna noted an Advisory Committee was formed comprised of county staff, providers, and consumers to review the plan and its process, as a direct result of comments received during the public hearings with the initial FY 12-13 plan. Jonna described the block grant allocations. Each department is allocated certain dollars. If at the end of the year, a department could not use all the dollars, we look at each department and determine where best to use those dollars. We have continued to keep D&A residential programs open for the complete year due to the flexibility. Also, we thought we might need to shut down one of the shelters but were able to sustain it due to the block grant flexibility.

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Sharron Davis, CPS – Sharron asked how do you determine the need, does anyone go out to the providers to visit and review or is it all on paper? Jonna responded we work closely with the Consumer Satisfaction Team (CST) who do visit the programs and provide feedback. Chris Seibert also visits the homeless shelters on a regular basis. Each categorical does their part in visiting providers and providing feedback. If you have a problem with a particular provider let us know and we will look into your concerns. Jonna noted Donna Holiday will speak with you after the hearing about your concerns.

Jenaira Potter – Jenaira asked if another shelter would be opening. Jonna noted we are struggling to keep open the ones we operate now. Chris Seibert will speak with Jenaira after the hearing about her homelessness concerns.

Jonna returned to the PowerPoint to go over some goals and outcomes.

Phyllis DeRosa – Phyllis asked if someone is a MH advocate can they also be CIT trained to work alongside the police. Jonna responded the purpose of CIT is to train police officers. Jonna noted that OBH is currently involved with MH Treatment Court, D&A Treatment Court, Veterans Treatment Court and work closely with the courts to get advocacy out there. How can an advocate get involved? Jonna will have Lisa Gardner speak with you after the hearing.

Jonna returned to the PowerPoint to review some goals and outcomes.

Jim Collins, CPS – Jim asked about a \$580,000 grant from the state to the county received last year to educate courts and schools on addiction. Then I saw that County Council started the Heroin Task Force (HTF) and I am aware of a drug summit held at Ridley Middle School recently. Could the money be used for a county-wide drug summit for schools and courts? There is not enough education for people in the community with a uniform program to include all drugs. So I guess my questions is was there a grant and how is it being used? Jonna responded that the HTF, formed and facilitated by District Attorney, Jack Whelan, was awarded a drug free community grant and as a result created a program for schools and communities, like the one at Ridley Middle School. More are scheduled for the fall since school will be closing soon. The grant focuses on information and education. **Linda Moore-Singleton, D&A** added a county-wide summit is in the works as they are looking for a qualified speaker to present on all topics to schools and professionals. Linda also noted that the DA's office does present the Safe Schools Summit yearly. Jonna added there is a coalition group as a subgroup of the Heroin Task Force. Linda will meet with you after the meeting to discuss your possible involvement.

Jonna returned to the PowerPoint to go over some goals and outcomes. Joe also advised the draft plan is available on the County website.

David Sams – David asked what is going to happen in light of the VA issues, what will happen if they cannot take care of the veterans and their MH issues. Jonna responded

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our local government is very invested in veterans. However the issues related to lack of services for vets are nation-wide. Joe noted that if the federal government stops serving veterans through the VA the county would not be able to handle all the veterans.

Bill Kaiser, MHA – Bill noted the forward thinking of the county with peer services, CIT, and ASSIST training and their overall vision. Delco has always been in the forefront of issues and decisions.

Jeremy Abbott – Wanted to thank you for funding programs like CRIF because it has helped me out. Before CRIF I was isolated, would sit in my room, not become involved in the community. I am now a CPS trainer and have become more open. Jonna explained CRIF and that Delaware County received one of four grants nationally to expand CRIF in other counties.

Sharron Davis, CPS – Sharron is a 2014 CPS graduate. Thanks for the opportunity to attend. Will there be more opportunities to fund more classes a year since there is only one per year now. Lois Bowman responded we choose individuals to attend the list from the training based on their ability to get and sustain a job. Lois advised 169 have finished the training and not all are working now but a good number are working.

Lisa Gardner, OBH – Lisa discussed her journey since leaving New York nine years ago and now working for the county full time, first time in 15 years. She advised the NY no longer has case management so just imagine if in PA we did not have case managers at all. Lisa noted she was in the first CPS class and ready to work when she graduated but no jobs available. Lisa will talk to Sharron Davis about CPS classes and jobs after the hearing.

Sharron Davis, CPS – Sharron suggested that providers get all of their services together to discuss and share ideas and opportunities.

Jim Collins, CPS – Jim thanked the county for all the classes he has taken, WRAP facilitator, NA, homeless, and CPS and fine tuning his abilities. Jim announced he survived CYS-over a custody battle with his two children. Jim suggested a CYS CPS class of parents who have gone through the system and survived. In the beginning of his CYS fight, he resisted but once he gave in and complied he regained custody of his daughter. Jim gives a lot of credit for him becoming the parent today. He thought that listening to another parent who has been through the CYS system would be encouraging for new parents entering the system. Jim noted there are no support groups out there for parents with children in the state custody. Deirdre will talk with Jim Collins about his parent group idea after the hearing.

June Sams, CPS – June wanted to back up Jim and his suggestion about parent support.

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Joe Dougherty added in defense of CYS, they do care about children and their parents. Their goal is to keep the child in the home. Many families are helped because of CYS.

Deirdre Gordon, CYS – Deirdre added that the child welfare portion of the block grant pays for housing services and CYS has served 11 families who otherwise would be in foster care.

Sue Brown – Sue wanted to thank the county for helping her beginning five years ago. She now attends monthly meetings and gets out of the house.

Sharron Davis, CPS – Sharron stated she spoke with Margo Davidson, state representative, about a hotel coming to the old Sears location and getting rid of the parking garage behind Sears. This would mean increased jobs for the area. Sharron would like to discuss having jobs for people with MH issues. Sharron asked how to approach. Joe Dougherty suggested sending an email or call her state representative's office.

Phyllis DeRosa, CPS – Phyllis took the CPS training in 2011 and this program works. It pulls you into a world of support. Phyllis adds we need resources. Phyllis would like to focus on the big issues, CYS, D&A, CIT and the criminal justice system. Phyllis would like to see the county open its doors to CPS and make available names of people in need so we could work with them. We need to create jobs. Jonna appreciates your comments but we would never be able to share the names of clients due to privacy issues. There are peers and stakeholders involved in many meetings at the county level, unfortunately they are not paid positions.

Bill Kaiser, MHA – Bill noted MHA is available to help with job placement.

June Sams, CPS – June mentioned Dennis Marion, Deputy Secretary, would be the person to address your questions concerning MH job placement. June advised there is a meeting on Wednesday and she will be going to Harrisburg along with 50 to 100 other folks to discuss the state budget and keeping the MH money as is.

Lois Bowman added that taking the CPS class is not the only way to get a job. You should be honing your skills continually and looking for and being open to all opportunities. You need to practice your skills maybe even working at getting a driver's license.

Jenaira Potter – Jenaira advised he took the WRAP training and it has helped her to be a better person, to help others, to get her anger issues under control, and to regain custody of her child.

Duane Newman, Mercy Fitz – Duane added the last comment. One of the reasons he has been involved with CSP for several years it that we need to find common ground, work together, and not be adversarial especially when we are advocating for services.

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Joe Dougherty thanks everyone for their attendance and comments.

SUMMARY OF ADVISORY COMMITTEE VIA CONFERENCE CALL COMMENTS

June 24, 2014

Attendance via conference call: Joe Dougherty, Jonna DiStefano, Pete Hladish, Sandy Garrison, Susan Proulx, Chris Seibert, Dorothy Stewart, Maureen Anello, Rich Ziegler, Jennifer East and Gayle Oddi.

The County conducted a conference call with the Block Grant Advisory Committee on June 25, 2014. Joseph Dougherty, Director of Human Services, welcomed everyone to the call and asked if they all had the opportunity to review the draft Plan. He also thanked those who attended either one of the two the Public Hearings. Joe reviewed the discussions from the Public Hearings and asked it members of the advisory Committee had any additional comments. Joe stated we had 26 at the government center and 46 at Welcome House, probably our best turnouts for public hearings. There was great feedback at both hearings. In particular at government center we cleared up that for ID the block grant does not include waiver dollars. At Welcome House we received a good suggestion to begin peer support for CYS families. The biggest concern hanging over the block grant is the state budget and the proposed deficit.

Jennifer East, Keystone – Jennifer asked if certain streams of the budget continue to get cut year after year. Joe responded they are looking for money and DPW is targeted because it is such a big chunk. Joe added that the 10 percent reductions was the first significant cut in a long time. Waiver had been increased last year.

Susan Proulx, added recently the state has a rate setting process, with incredibly low rates and that is the only way the state can control spending.

Jonna DiStefano added that D&A took a double hit when they also lost the Act 152 unspent dollars from other counties which amounted to \$350,000. Jonna believes D&A in Delaware County has been underfunded. Jonna noted we have been seeing more people needing services and more expensive services. **Susan Proulx** added she does not feel D&A is targeted, just severely underfunded.

Chris Seibert mentioned that prior to the block grant, the Human Services Development Fund and the Homeless Assistance Program both experienced significant cuts.

Joe Dougherty noted that the block grant provides a pool of money which is more flexible to share with all the systems.

Jennifer East noted the block grant has been very positive for D&A.

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Maureen Anello, The ARC – Maureen is hearing much confusion from consumers. Her office is fielding calls from parents of children with autism as that is a developmental disability. Also calls concerning the misperception about taking MH dollars to use for other things and we are responding they are only using surplus dollars in another category. Also individuals with only an Autism diagnosis cannot be helped at this time and we are referring the parents to their legislators at the state level.

Joe Dougherty responded we allocate dollars in each categorical. We meet the need in each area and if there are surplus we shift those to the area needed.

Susan Proulx mentioned we spend more and more out of base dollars. This year we have spent an enormous amount of base dollars, taking advantage of every single dollar.

Jonna DiStefano stated that surplus may be a bad choice of words, rather we should be saying underspent. If underspent in a categorical then we would look at a program facing a deficit. We need to advocate for more dollars for D&A with the help of our providers.

Maureen Anello mentioned the concern about the waiting lists which is not new. Maureen added the heroin epidemic is affecting the ID population as well. The ARC can help as a resource.

Jennifer East added adolescents who started on pills are transitioning to heroin because it is cheaper and the 18-26 year olds are accessing all levels of the system and it is costing lots of money. However if there is adequate treatment then perhaps they move out of the system quicker, therefore using less money.

Jonna DiStefano stated the Heroin Task Force's mission to provide education to schools, parents, and even the real estate association to make sellers aware of the prescription drug problem. Jonna noted the drug take back boxes have been placed at local police departments and the Government Center.

Dorothy Stewart, CYS – Dorothy noted CYS has seen a large increase of child placement due to the heroin problem.

Rich Ziegler, Horizon House – Rich added the Psych Rehab Services has seen an increase of referrals of people with Autism Spectrum Disorder and the difficulty of options for those people. Rich noted the county has done a great job of creating the housing continuum but there are limited options available for the elderly and medically fragile population. **Joe Dougherty** asked if they are using the COSA waiver program. Rich responded not as much as possible. **Joe** noted CCMC will be opening a 20 bed Geriatric psych unit at Fair Acres.

Rich Ziegler noted several typos in the draft plan.

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Joe Dougherty thanked everyone for being on the call and added we appreciate your time and participation.

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To Delaware County council,

We the staff and clients of the Life Center, want to send our biggest "Thanks" for your help!

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APPENDIX C 1
BUDGET

APPENDIX C-1 - BLOCK GRANT COUNTIES HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	52		516,800			2,022,820
Administrator's Office			1,438,624			82,735
Administrative Management	10,800		1,580,429	119,968		360,468
Adult Developmental Training						
Children's Evidence Based Practices						345,000
Children's Psychosocial Rehab	175		103,446			236,554
Community Employment	250		453,982			100,000
Community Residential Services	465		20,417,235		764,671	28,749
Community Services	2,500		1,090,801			977,660
Consumer Driven Services	125		58,886			
Crisis Intervention	425		495,157			
Emergency Services						
Facility Based Vocational Rehab						
Family Based Services	13		30,000			
Family Support Services	35		18,980			124,048
Housing Support	892		253,231			
Other						
Outpatient	1,879		1,725,887			
Partial Hospitalization						
Peer Support	60		24,960			
Psychiatric Inpatient Hospitalization	95		182,000			
Psychiatric Rehabilitation	200		598,985			
Social Rehab Services	264		453,019			
Targeted Case Management	750		977,764			
Transitional and Community Integration						
TOTAL MH SERVICES	18,980	30,415,186	30,415,186	119,968	764,671	4,278,034

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APPENDIX C 1
BUDGET

APPENDIX C-1 - BLOCK GRANT COUNTIES HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
INTELLECTUAL DISABILITIES SERVICES						
Admin Office	N/A		1,693,940			
Case Management	408		676,000			
Community Residential Services	69		6,174,632			
Community Based Services	289		796,016	340,000	150,134	
Other						
TOTAL ID SERVICES	746	9,338,588	9,338,588	340,000	150,134	0
HOMELESS ASSISTANCE SERVICES						
Bridge Housing						
Case Management	650		519,607			
Rental Assistance	160		36,000			
Emergency Shelter	640		449,816			
Other Housing Supports	35		17,000			
TOTAL HAP SERVICES *	1,385	838,684	1,022,423		0	0
CHILDREN & YOUTH SERVICES						
Evidence Based Services **	200		69,841		3,676	
Promising Practice						
Housing - Family Management Center	100		367,942		53,058	
Housing - Temporary Emergency Shelter	291		110,120		15,880	
Housing - Transitional Housing	194		194,107		27,990	
Housing - Wesley House	180		218,493		31,507	
TOTAL C & Y SERVICES	965	960,503	960,503		132,111	0

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APPENDIX C-1 - BLOCK GRANT COUNTIES HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Inpatient non hospital	669		1,003,527			
Inpatient Hospital	8		16,782			
Partial Hospitalization	1		585			
Outpatient/IOP	123		94,453			
Medication Assisted Therapy						
Recovery Support Services						
Case/Care Management	177		75,254			
Other Intervention						
Prevention						
TOTAL DRUG AND ALCOHOL SERVICES	978	1,220,601	1,190,601		0	0
HUMAN SERVICES AND SUPPORTS						
Adult Services	82		59,790			
Aging Services						
Generic Services						
Specialized Services	1,190		106,889			
Children and Youth Services						
Interagency Coordination			25,250			
TOTAL HUMAN SERVICES AND SUPPORTS *	1,272	510,596	191,929		0	0
COUNTY BLOCK GRANT ADMINISTRATION			164,928		0	
GRAND TOTAL	24,326	43,284,158	43,284,158	459,968	1,046,916	4,278,034

* Of the \$510,596 in Human Services and Supports allocation, \$267,607 has been moved to Homeless Assistance Services.

**Children and Youth - Evidence Based Services clients represents number of families served.