PHILADELPHIA COUNTY HUMAN SERVICES PLAN

INTRODUCTION

In January 2008, Mayor Michael Nutter created the Office of the Deputy Mayor for Health & Opportunity to coordinate the City’s social service systems’ efforts through improved information and policy change, budgetary oversight, and collaboration. The departments that comprise the Health and Opportunity cluster are the Office of Supportive Housing (OSH), the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), the Department of Human Services (DHS), and the Philadelphia Department of Public Health (PDPH).

The Office of Supportive Housing (OSH) is the public entity charged with the policy, planning and coordination of the City’s response to homelessness. OSH is responsible for shelter and transitional housing for homeless singles and families.

The Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) includes the Office of Mental Health, Office of Addiction Services, Intellectual disAbility Services, and Philadelphia County’s Medicaid behavioral health managed care organization, Community Behavioral Health (CBH).

The Department of Human Services (DHS) provides and promotes safety and permanency for children and youth at risk of abuse, neglect and delinquency.

The Philadelphia Department of Public Health (PDPH) provides and monitors public health services including communicable disease prevention and treatment, food safety, and environmental health services. PDPH operates eight neighborhood health centers that provide primary medical care to all city residents regardless of their ability to pay, including about 20,000 children.

The Health and Opportunity departments’ work is inextricably linked through both content and the populations served. As such, the commissioners and their staff are involved in a variety of cross-system forums aimed at coordinated strategic planning, resource maximization, and streamlined access to those resources for individuals and families.

On a monthly basis, the four commissioners meet to discuss cluster priorities, crosscutting initiatives, budget management and service planning across the system. Senior and line staff meet in a variety of settings on a routine basis to discuss policy and operational responses to issues such as the service needs of individuals moving to a community setting, services for youth aging out of the DHS system, and services for youth involved with DHS who have behavioral health issues.
Several key interdepartmental initiatives have been launched after public input identified areas of particular need, including:

- The Mayor’s Homeless Plan, launched in May 2008, brought together the City, the Philadelphia Housing Authority, and a network of services providers to collaborate on a comprehensive plan to reduce the number of individuals experiencing homelessness. DBHIDS and OSH took a lead role in coordinating the provision of services offered to individuals and families targeted for dedicated housing opportunities.

- The Permanent Supportive Housing Leadership Team is comprised of the commissioners and their deputies and other relevant staff as needed. This group crafted the vision and goals for the development of a permanent supportive housing “clearinghouse” that serves as a single point of housing access for individuals in the Health and Opportunity priority populations who have both a service and housing need. Six interdepartmental teams worked with private sector partners to develop the infrastructure and processes for the housing clearinghouse and its counterpart, a behavioral health services access portal.

- The Policy and Analysis Center was created to provide a forum for public agencies to identify priority topics of mutual interest where leadership believes there is a need for improvement. The ultimate goal of the Center is to make evidence-informed changes to current policy and practice models in an effort to improve outcomes for the individuals and families served by the public agencies. DBHIDS, OSH, PDPH and DHS participate along with the Philadelphia School District. Current projects include the identification of young children at risk for poor education and health outcomes, the impact of public housing assistance on education outcomes, and the movement of chronically homeless individuals into permanent housing opportunities.

- The Department of Human Services and the Department of Behavioral Health and Intellectual disAbility Services are doing joint planning and program development to insure adequate services for youth aging out of the child welfare system who have behavioral health or intellectual disability issues.

PUBLIC HEARINGS AND INVOLVEMENT

Multiple forums and formal hearings are held to provide the public opportunities to comment on the proposed spending plans for the City’s departments of Behavioral Health and Intellectual disAbility Services, Human Services, and Public Health and the Office of Supportive Housing.

On April 17, 2013, the Commissioners of the four departments presented their proposed FY 2013-2014 spending plans to the City Council of the City of Philadelphia. Each of the department heads testified about service plans supported by their budget request, including information on each department’s budgeted amount for fiscal year 2014 broken out by city and outside funding source, a description of the populations to be served, the department’s key goals and objectives for FY14, and the challenges anticipated in the fiscal year. In addition, department heads testified about initiatives and programs launched in prior years and those to be launched in FY14.
All Council committee meetings and hearings are open to members of the public -- who are also permitted to speak and present testimony. Committee meetings and hearings are announced a minimum of five days in advance of being held. Hearings are held in City Hall, with budget hearings being held in neighborhoods throughout the City as well. Announcement of the hearings includes the title of the bills under consideration, as well as the time and place of the hearing. All announcements are required to be advertised (see attached) in the local newspapers with the three largest daily circulations. Announcements must also be posted in the office of the Chief Clerk of Council. Finally, to ensure maximum public awareness of activity in Council, notices of the time, date and place of public meetings must be advertised not less than three days before the meeting in a newspaper of general circulation. Hearing notices are also published on the City’s website. Public hearings are broadcast on a local cable channel and can be viewed live online. City Council also publishes transcripts of the hearings and keeps a video catalog of past hearings.

The City of Philadelphia, pursuant to the Pennsylvania Intergovernmental Cooperation Authority Act, is required to submit a five-year financial and strategic plan annually to the Pennsylvania Intergovernmental Cooperation Authority (PICA). The Act gives the Authority, which was created for the purpose of providing financial assistance to the City of Philadelphia in overcoming a financial crisis, financial and oversight functions for the City, including the power to review and approve five-year financial plans prepared at least annually.

The five-year financial plan includes the City’s revenue and expenditure projections for the next five years, the City’s economic forecast, and demographic projections. The expenditure projections include each City department’s projected budgets for the current and next four years. Additionally, the plan lays out the Mayor’s key goals for the five years, including goals for each City department. These goals are accompanied by each department’s performance measures from the prior year and the department’s targets for the upcoming year.

Prior to the plan’s submission to PICA, it must be approved by City Council. Council holds a series of public hearings for this purpose, at which the heads of the Health and Opportunity departments appear, as does every city department head, to discuss proposed budgets, department goals and service delivery. The public is invited to testify as well. The city’s Five Year Plan is posted on the City’s website.

In addition to the above referenced public hearings, stakeholders, advocates, family members, and consumers are afforded a variety of mechanisms to inform the goals, priorities, and services of the Health and Opportunity departments.

Each year, in consultation with the McKinney Public/Private Strategic Planning Committee, the Office of Supportive Housing conducts a needs review to establish funding priorities. Needs and gaps are reviewed, and funding allocation priorities are established. The Committee representatives are from both public and private sectors, including veterans’ services, the School District of Philadelphia, the Philadelphia Housing Authority, youth-serving providers, advocacy agencies, and homeless and formerly homeless individuals.
The Department of Human Services conducts multiple meetings and community forums throughout the year to insure the public, providers, advocates, and consumers have input. In May, a foster parent recruitment town hall was held to increase awareness and solicit input on increasing participation. A youth engagement conference was held in June to improve older youth engagement, and in November, a conference focused on increasing adoption and permanency rates was held.

In the Department of Behavioral Health and Intellectual disability Services (DBHIDS), stakeholder input was derived from a number of standing boards and committees that serve as forums for ongoing dialogue and information sharing between DBHIDS and many constituent groups. These groups include the Recovery Advisory Committee, the Community Support Project (CSP), the Forensic Task Force, the Behavioral Health Intellectual Disability Committee, the Philadelphia Compact (focused on children’s services), the Person-First Task Force, the Outpatient Transformation Committee, the Philadelphia Alliance, the Philadelphia Coalition, the Philadelphia Parent Support Groups, and the Family Resource Network.

The Office of Addiction Services (OAS) has an Advisory Board that provides advice, consultation and support on an ongoing basis on issues affecting services, including policy, advocacy, and service improvement. The Board includes, among others, persons in recovery, those active in treatment, providers, family members, and the recovery advocacy community. Additionally, OAS is guided by The Mayor’s Drug and Alcohol Executive Commission, composed of people in recovery, spiritual/faith leaders, and representatives of systems that are related to addiction services. Both groups meet monthly. In addition, staff uses client focus groups to assist in service planning.

MENTAL HEALTH SERVICES

I. Introduction and Overview

In fiscal year 2013/14, the central themes of recovery and resilience continue to guide the progressive transformation of the Philadelphia behavioral health system, including those elements funded with county mental health dollars. Recovery is defined as the process of pursuing a fulfilling and contributing life regardless of personal challenges. Resilience is a protective process that enables people to cope effectively when faced with significant adversity. These concepts were the foundation for the Transformation Practice Guidelines for Recovery and Resilience Oriented Treatment issued by the Department of Behavioral Health and Intellectual disability Services (DBHIDS) in 2011. Practice Guideline goals and values reinforce the expectation that all services and policies will be strengths-based, family inclusive, and focused on community inclusion. These priorities, along with input from local stakeholders, inform decision-making regarding the expenditure of county funding for mental health services.

Stakeholder input was derived from a number of standing boards and committees that serve as forums for ongoing dialogue and information sharing between DBHIDS and many constituent
groups. These groups include the Community Support Project (CSP), the Forensic Task Force, the Behavioral Health Intellectual Disability Committee, the Philadelphia Compact (children), the Person-First Task Force, the Housing Advisory Board, the Philadelphia Alliance, the Philadelphia Coalition, and the Family Resource Network.

Within this context, in FY 2013/14, county dollars totaling $134,014,099 are being invested to provide an array of essential mental health services for children, transition age youth, and adults. General service categories include the following:

1. Services for individuals who are uninsured or underinsured.
2. Services ineligible for Medical Assistance reimbursement.

Approximately 40% of county mental health dollars allocated to DBHIDS were originally tied to closure and downsizing of state hospitals. These and other funds continue to support state hospital diversion and discharge resources. The remainder of the county allocation funds local priorities including comprehensive services for the homeless, residential/housing supports, and outpatient treatment for the uninsured. Populations served via these resources include transition age youth as well as adults who are being diverted or released from state hospitals or county jails (see Section II. Key Transformation Initiatives).

Quality Improvement Measures
The following indicators are among those routinely tracked to assess the performance of mental health services and promote positive outcomes:

- Increase in the percent of mental health outpatient appointments that occur within 30 days of referral.
- Decrease in readmissions within 30 days to inpatient psychiatric treatment.
- Increase in the rate of follow-up within 30 days of discharge from inpatient psychiatric treatment.
- Decrease in utilization of Crisis Response Center services.
- Increase in the number of placements of homeless individuals into behavioral health supported housing.
- Decrease in the number of people served in out-of-state residential facilities.
- Decrease in new admissions to residential facilities.
- Training of clinical staff members in trauma-informed assessment and interventions.
- The role & impact of peer support are continuously evaluated to determine its contribution to program culture.

II. Key Transformation Initiatives
The following 2013/14 initiatives address service gaps and advance the recovery and resilience transformation of mental health services in Philadelphia County. At a minimum, these services are designed to provide assistance in the least restrictive, appropriate settings for children, youth, and adults. More importantly, they offer participants the flexible supports needed to achieve individualized recovery/resilience goals, including those related to active community participation.
A. Homeless Services

Services targeted to this highly vulnerable population continue to constitute a local priority supported in part by county mental health funding.

i. Large numbers of individuals remain homeless on the streets of Philadelphia, including many with mental health needs. In FY 2013, outreach workers documented 41,868 contacts with 6,302 unduplicated homeless individuals. This constitutes a 13% increase from the prior year in terms of persons served, and an 18% increase in number of contacts. Seven percent of those contacts resulted in placements into shelter or other programs and the number of placements increased 28% in comparison to FY 2012.

ii. In FY 2012/13, DBHIDS spending for homeless services totaled $38,826,454, including $16,662,113 in combined county dollars and reinvestment funds. The expenditure of county funds on homeless resources is expected to increase in FY 2013/14. County funded services dedicated to this population include outreach, case management, outpatient treatment, and residential/housing supports.

B. State Hospital Discharge and Diversion Services

As noted previously, a large percentage of county funds allocated to DBHIDS were associated with the closure and right sizing of local state psychiatric hospitals. These county dollars continue to support community-based resources for individuals being discharged or diverted from state hospitalization.

i. In FY 2013/14, efforts will continue to stem the flow of state hospital admissions while hastening discharges to the community. Despite Philadelphia’s sizable population, that currently exceeds 1.5 million people, DBHIDS places very few people into the Norristown State Hospital (NSH) civil unit (current civil census: 62). Of the 62 individuals in NSH, 55 have lengths of stay greater than 2 years (combined forensic and civil days), 48 if only counting days in the civil section. Only 24 of these 55 have been clinically cleared for discharge to existing levels of community-based care. Of this 24, 13 have criminal court involvement (3 probation, 10 open criminal charges). The courts are not always amenable to discharging some individuals that we believe are discharge ready. Four individuals have thus far declined to consider any in-community placement options. Of the remaining 38, 27 have been determined to require ongoing state hospital treatment, 8 require a STAR LTSR (locked highly structured setting), 2 for prison, and 1 undetermined.

ii. Controlling NSH admissions is especially difficult due to criminal justice transfers/admissions. Of the current census, 32 individuals are hospitalized based on a criminal court order. Of the remaining 30 civil commitments or voluntary admissions, 14 are on the unit with expired criminal jurisdiction. In FY 2012/13, there were 9 criminal justice related admissions to the Civil Unit (7 via NSH forensic unit, 2 from SCI Graterford and Houtzdale). As of December 5, 2013, Philadelphia had a waiting list of 35 for the civil unit and as of January 14, 2014, NSH forensic unit had a census of 86 Philadelphians with a wait list of 43 (of a total wait list of 81). The oldest referral was from July 2013.
iii. There was no new CHIPPS allocation for Philadelphia for FY 2012/13 and there is none projected for 2013/2014. During FY 2011/12, Philadelphia was awarded 6 months of funding ($110,000 per person annualized). Due to State budget cuts, this allocation was reduced by 10% in FY 2012/13 and now stands at $2,079,000. Philadelphia initially targeted individuals within the system who would benefit from the Carelink STAR program for persons with challenging sexual behaviors. Priorities included the conversion of an existing service to an LTSR and the establishment of a new 5-6 bed step down unit. Subsequent to the identification of transition candidates, program development and property identification was halted based on the announcement of budgetary reductions, inclusive of CHIPPS funding cuts. Focus then shifted to enhancing existing system resources and a target group extending beyond those who require supports to address sexual behaviors. We were able to discharge 15 individuals during 2012/13. Three more people were discharged during the first half of FY14. Prior to the conclusion of FY14, 9 additional individuals are projected for discharge.

iv. Efforts to divert people from the state hospital have included an expanded commitment to certified peer services, representative payee arrangements, and the provision of specialized, individualized supports and programming for high need individuals.

C. Mental Health First Aid
(MHFA) is a groundbreaking early intervention, public education program that teaches community members how to identify, understand, and respond to individuals experiencing behavioral health challenges. MHFA training dispels stigma and misinformation about behavioral health challenges that impede efforts to connect individuals with appropriate care. In concert with DBHIDS’ public health approach to emphasize wellness and recovery/resilience-oriented care, MHFA is intended to reduce stigma, increase mental health awareness, strengthen community and cross-system capacity, support recovery and resilience, and increase early intervention and access to behavioral health services.

MHFA received approval for a three-year Strategic Plan with an annual $1.1 million budget to train 22,000 individuals. Goals for 2013/14 are focused on training 6,500 individuals. DBHIDS hopes to use community mental health funds to sustain MHFA, potentially in combination with foundation and federal grant dollars. In August 2013, MHFA Philadelphia received a Mental Health Matters Grant for $10,000. These funds will be used for promotional materials and training resources. Since January 2012, DBHIDS has conducted 147 trainings and trained 2,533 Philadelphians, including the training of 124 instructors. In partnership with Drexel University School of Public Health, DBHIDS will be evaluating the effectiveness and impact of MHFA in Philadelphia. Primary 2013/14 implementation objectives involve developing a sustainable infrastructure and fostering collaborations with key strategic partners throughout the city. In partnership with the Scattergood Foundation, DBHIDS created a MHFA Implementation Strategic Plan. This plan will serve as an implementation road map that can be utilized by other cities and states across the nation.
DBHIDS’ efforts to disseminate MHFA training are in line with the national vision to see MHFA become as common as cardiopulmonary resuscitation (CPR) by 2020. Philadelphia’s local MHFA partnership with the American Red Cross (ARC) is pioneering this national effort. For the first time, anywhere in the world, MHFA trainings will be offered in conjunction with citizen CPR. In December 2013, DBHIDS and ARC signed a Memorandum of Understanding (MOU), which includes ARC’s commitment to offer two MHFA/Citizens CPR trainings per month. In addition to ARC, MHFA is also partnering with faith-based organizations, the National Constitution Center, the School District of Philadelphia, the Philadelphia Departments of Human Services and Police, and many others. A growing network of MHFA community training hubs is being established throughout the city to increase training access. There are currently 16 hubs in development with more to come in the future. DBHIDS will support our strategic partners to seek funding and grant opportunities to implement and sustain MHFA efforts in their organizations. For example, DBHIDS recently supported ARC with its application for the Scattergood Foundation Annual Innovations $25,000.00 Award. It is believed that the availability of this training, if broad enough, will promote a caring and informed citizenry, which will in turn improve the behavioral health and wellness of individuals, neighborhoods, communities, and the City at large.

D. Transition Age Youth Services

According to the National Alliance of Mental Illness (NAMI), 25% of young adults between the ages of 18-24 have a diagnosable mental illness. This translates into 44,750 young adults who are in need of mental health services in Philadelphia. Only 813, or 2%, of residents between the ages of 18 – 21 received county-funded, mental health services in FY 2013. 5,378 individuals in this age bracket received HealthChoices funded mental health services in FY 2013. Many of these individuals are confronted with the challenge of transitioning from the children’s service system to the adult network of care. This group will expand to include many of the 1,148 youth expected to age out of the Philadelphia Department of Human Services (DHS) children’s service system in FY14. Efforts to address the unique needs of this age group are ongoing, as indicated below:

i. Since September 2013, 35 youth transitioned to adult, behavioral health services after leaving DHS care at age 18. These youth accessed group homes with the support of behavioral specialists, as well as mobile therapy and/or outpatient treatment. Two of these youth present significant mental health challenges and are benefitting from intensive Community Treatment Team services.

ii. Transition age youth, including homeless young adults, have been established as a specialty population that will receive priority consideration for access to Supported Housing and Housing First resources.

iii. In FY14, the City of Philadelphia convened the Older Youth Work Group (OYWG). The goal of the OYWG is to better understand the needs of older youth in DHS’ care, particularly those with co-occurring behavioral health needs and intellectual disabilities, and to identify ways to improve the outcomes of older youth in care. This cross-systems collaboration is especially important in light of recent Department of Human Services’ (DHS) efforts to reduce their youth...
congregate residential capacity over the next five years. Currently, 13% of youth in congregate care are between 18 and 21. Adopting the Annie E. Casey model of Expedited Permanency Review Meetings, DHS, along with DBHIDS and CBH, is conducting “team meetings” that involve interviewing youth and families to determine how they can transition to home or home-like settings. The goal for DHS during the next year is to transition 150 youth from congregate care into treatment foster care settings. The per diem for congregate care ranges from $100 to $375 per day depending upon the type of congregate care setting. The first year reduction will result in a savings of $1.5 million. This may, however, prompt an increase in the demand for behavioral health services including wraparound and residential treatment services through CBH.

E. Older Adults
According to the US Census Bureau, as of 2012, there were 188,808 Philadelphia residents age 65 or over. The Centers for Disease Control reports that 20% of older adults experience mental health concerns. This percentage applied to Philadelphia means that almost 38,000 older residents are in need of mental health supports. 1,603 people age 65 or older received county funded mental health treatment in FY 2013. HealthChoices penetration rates for this population were more positive. Over thirty percent (30.8%) of MA eligible Philadelphians between the ages of 50-65 accessed Medicaid reimbursed behavioral health services in FY13.

Efforts to extend services to this growing population are ongoing. For example, in FY14 thirty older adults transitioned from congregate, mental health housing with medical supports to apartment-based living arrangements (permanent supported housing). Fourteen additional older individuals are expected to make the transition to a similar arrangement later this fiscal year. This change promotes greater independence and enhances community integration. The prospect of expanding the capacity of this resource is also under consideration.

F. Racial and Linguistic Minorities
According to the US Census Bureau, there are 685,590 persons identified as African American residing in Philadelphia. SAMHSA indicates that 19.7% of African Americans over the age of 18 had a mental illness within the past year. This percentage applied to Philadelphia projects that over 135,000 Philadelphians in this minority group are likely to suffer from mental illness. Only 10,762, or 8%, received county funded mental health treatment in FY 2013. However, 48,983 African Americans received HealthChoices funded mental health services in FY 2013.

Based on a sampling of Philadelphia zip codes, there are significant racial disparities pertaining to behavioral health outpatient utilization. For example, Asian-Americans have very low rates of mental health and substance abuse outpatient use, while Hispanic utilization is higher than the rate for Philadelphia overall. These findings and other considerations have led to the decision to expand outpatient services in some regions of Philadelphia in 2014.
Philadelphia County allocates $25,000 annually to provide both foreign language and American Sign Language (ASL) interpreters for individuals who are receiving or are seeking access to local behavioral health services.

i. The Philadelphia Refugee Mental Health Collaborative (PRMHC) is a group of resettlement agencies, mental health providers, physicians and arts organizations working to link refugees to culturally and linguistically appropriate mental health care. A multidisciplinary, trauma-informed approach is employed to help families process past exposure to violence and current resettlement stress through therapy, support groups and community-building arts projects.

ii. A combined group of community stakeholders and professionals have begun meeting to plan for the establishment of holistic services targeted to local Southeast Asian cultural communities. This collaboration is convened by DBHIDS staff in conjunction with two Chinese-American psychiatrists who have been working with Chinatown residents.

iii. The Deaf-Hearing Communication Center, estimates that approximately 10,000 people use sign language as their main means of communication in the greater Philadelphia region. In an effort to better serve this population, Community Behavioral Health, the local HealthChoices Managed Care Organization, has developed an internal Interpreter Team. This team is responsible for overseeing the deployment of non-English speaking and American Sign Language interpreters for individuals accessing Medicaid reimbursed services that do not have bilingual clinicians on staff.

G. Jail Diversion and Release Services

Significant numbers of people with mental health needs are currently, or have previously been, incarcerated in the Philadelphia Prison System. Multiple strategies have been employed to maximize efforts to serve this population via limited county funding and collaboration with other funding/service systems.

In December 2013, 11.4% (1001/8791) on average were identified as having a serious mental illness out of the total Philadelphia Prison System population. This constitutes a slight decrease from July 2011 (-17.4%), and an increase from July 2010 (+15%). According to Department of Corrections prison rosters, 270 people with mental health needs are scheduled to be released from Philadelphia jails during calendar year 2012. Based on the percentage of persons with mental illness who are incarcerated, this number may be higher. Approximately 70% of the 270 individuals are projected to need mental health treatment and case management services upon discharge. Based on two years of reentry activity data, 10% to 15% of this group will require specialized housing. This number has shown progressive growth over the last five years.

In 2012, DBHIDS was awarded a grant from the Pennsylvania Commission on Crime and Delinquency (PCCD) for funding to support a Forensic Re-Entry Master Leasing program. The grant started in July 2012 and includes funds for rental subsidies and furniture for 7 people who are re-entering the community from incarceration and need Permanent
Supportive Housing to prevent homelessness and move forward in their recovery. Each participant receives case management services upon discharge from incarceration. The grant is the result of extensive cooperation between the criminal justice system and DBHIDS, with most referrals originating from Philadelphia's Mental Health Court. To date, there have been 24 referrals to the program, 12 admissions, and 7 discharges.

Crisis Intervention Team training is provided based on an innovative national model focused on reducing potentially violent encounters between responding officers and community members through education and service coordination. As of January 15, 2014, 2,022 people have received CIT training, including 1,917 Philadelphia police officers. Ten CIT training sessions are now offered each year. This initiative involves extensive coordination involving DBHIDS, the Philadelphia Police Department, the Mental Health Association of Southeastern Pennsylvania, the Police Advisory Commission, Project H.O.M.E., the Family Training and Advocacy Center, and the University of Pennsylvania. $98,000 in county funding is budgeted to support this project in 14.

Veteran’s Grant – Pennsylvania Jail Diversion and Trauma Recovery (JDTR) Initiative for Veterans: This 5 year, $394,000/year, grant is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant is administered via the State of Pennsylvania with a pilot site in Philadelphia and a pilot site in Allegheny County. The project runs from April 1, 2010 - March 31, 2015. The Commonwealth of Pennsylvania funded the Philadelphia pilot for four years ending March 31, 2014, with the remaining year dedicated to statewide implementation. Philadelphia County employs the grant to focus on diverting veterans at the court level, through the First Judicial District of Pennsylvania Municipal Court Veterans Court, and concurrently integrate veterans’ issues and content into advanced Crisis Intervention Team (CIT) training curriculum for police officers who already completed the 40-hour CIT program. Eighty-seven percent (631) of the officers who are eligible for advanced training have completed this program to date. In October 2012, the Department received another SAMHSA grant for expansion of treatment services for veterans. Through the work of both of these grants, as of December 31, 2013, 102 individuals have been referred to the Jail Diversion and Trauma Recovery Program and the Enhanced Integrated Substance Abuse Treatment Services. Of the 102 individuals, 41 individuals have graduated from Veterans Court. Individuals who graduate from Veterans Court have successfully completed the supervision and treatment requirements assigned by a judge and have been successfully diverted from deeper involvement with the criminal justice system. 51 individuals are still enrolled in Veterans Court and receiving services, which include a variety of mental health and substance abuse treatment services (e.g., trauma-specific treatment, anger management, drug and alcohol counseling, urine drug screens), and 10 individuals did not complete the program. Veterans Court has an overall recidivism rate of 6%.
DBHIDS also provides multiple levels of county-funded, forensic, residential programming ranging from intensive, specialized congregate to permanent supported housing. The combined capacity of these resources is 73 beds with a total annualized cost of $3,790,638.

H. Permanent Supported Housing Transformation
As in past years, mental health residential and housing support services account for the largest expenditure of county dollars in FY 2014 ($74,724,920). Currently, these funds contribute substantially to the provision of housing for over 2,700 individuals annually, most of whom would otherwise be homeless, hospitalized, or incarcerated.

i. Efforts are continuing to transition people from county funded congregate programs into apartment-based permanent supported housing arrangements. This project involves decoupling residential service supports and housing accommodations in terms of funding and oversight. Three agencies have been selected to pilot this initiative that will result in the conversion of over 300 residential slots and the placement of an equal number of individuals into permanent supportive housing over an 18-month period beginning in FY 2012/13. Services dedicated to these supported housing arrangements will be funded via HealthChoices and include peer supports, ACT teams, case management, and mobile psychiatric rehabilitation.

ii. Shortly after Mayor Michael Nutter took office in January 2008, he established the need to end street-level homelessness in Philadelphia as a critical goal. This declaration sparked discussions with the Philadelphia Housing Authority (PHA), the largest affordable housing provider in the state with over 14,000 owned units, serving over 80,000 low income persons. This collaboration resulted in dedicated housing for 500 people for one year, including 200 Housing Choice Vouchers for one-bedroom units and 300 openings in PHA’s conventional housing for families. Since 2008, the housing provided by PHA has continued and increased the City’s permanent housing inventory for families by 259% and for individuals by 69%.

As of November 2013, 928 single adults leased and moved into their own housing with a Housing Choice Voucher and Medicaid funded supports. To date, our housing retention rate is 89%. Supports are maintained for a minimum of one year and feedback reports regarding individuals’ progress related to housing outcomes are required on a monthly basis. Strengths-based, individualized recovery plans are also used to define and direct supportive services. A Tenant Services Liaison position was also established to act as the intermediary between private sector landlords and case management staff. This role remains critical in identifying and resolving client housing stability issues.

I. Outpatient Services for the Uninsured
Despite absorbing major budget cuts in FY 2012/13, outpatient services for the uninsured remain a local priority due to high levels of unemployment and projected changes resulting from the Healthy PA plan. In FY14, DBHIDS did not reduce FY 2014 planning allocations for outpatient services for the uninsured. The 2014 outpatient allocations
represented the merger of children’s programs and adult programs and were defined as a set aside pool of funds that could be accessed through encounter billing for treatment services provided to the uninsured. The funding strategies were based on historic treatment and reimbursement patterns as well as preferred practices going forward. The specific amount of the set aside was not guaranteed due to the possibility of fluctuations in year-to-year funding availability. In addition to funds dedicated specifically to treatment, effective FY 2013/14, some available dollars are being allocated to support essential, non-billable outpatient supports such as collateral contacts with family members, other professionals, etc.

XEO - Project One Plus was initiated in 2012/13 in response to the Commonwealth’s requirement that non-MA claims and encounter reporting be 837/5010 HIPAA compliant. Full production is targeted for the third quarter of FY14. The DBHIDS goal is to develop an efficient and compliant information system and process for non-MA claims and encounters.

J. Consumer Directed Treatment

Beating the Blues: In FY 2013/14 DBHIDS approved an evidenced-based, Beating the Blues (BtB) pilot. This initiative provides web-based, cognitive therapeutic, self-help treatment interventions for individuals suffering from anxiety and depression. BtB first came to the US in 2011 following extensive dissemination in Europe. In June 2013, BtB was added to SAMHSA’s National Registry of evidence-based programs and practices. BtB constitutes an important, additional resource contributing to Philadelphia County’s public health approach to service delivery. This low-cost, scalable, and efficient self-care approach leverages technology by using a web-based platform to enhance accessibility. The project will be implemented in 4 phases, beginning with a pilot serving 100-150 participants. Later phases will focus on expanding the expanding this resource system-wide. This program started September 2013 with full implementation beginning in January 2014. Additionally, discussions are occurring with Temple University to develop an evaluation plan for the BtB initiative, the integration of a recovery outcomes scale into the program, and the establishment of a steering committee. The annualized budget is $155,300.

Common Ground: In FY 2013/2014 DBHIDS established a partnership with Pat Deegan, the originator of CommonGround. CommonGround is a web-based application that helps people prepare to meet with psychiatrists and arrive at the best decisions for treatment and recovery. Via this resource, individuals prepare in advance so that during their appointments they are prepared to work with their doctor to maximize their treatment and recovery outcomes. In addition, CommonGround has the ability to link individuals to information about treatment and suggestions to help them manage their conditions and advance their recovery. Five agencies implemented CommonGround during 2012/13. Four agencies incorporated the project within their Community Integrated Recovery Centers (CIRC) and one agency incorporated the project within their Outpatient Department. Each unit is supported by a Certified Peer Specialist (CPS) and a Supervisor. The CPS is available to provide hands on technical assistance with the tool as well as guidance to the individual through the overall
process. Each agency received a different level of funding based on staffing and equipment needs (web browser and high speed internet access). Overall funding targeted to this initiative was $552,000 for FY 2013 and projected to be $595,000 for FY 2014. There is also discussion regarding the inclusion of this resource as a HealthChoices reimbursable service in FY 2014.

K. LGBTQ – Morris Home

In early 2009, the Trans-Health Information Project (TIP) provided estimates that between 3,000 to 10,000 Philadelphians identified themselves as either transgender, gender-variant or gender non-conforming. These data, in conjunction with information outlined in seminal research on the physical and behavioral health needs of the transgender and gender-variant people in Philadelphia (Carson, 2008, Physical and Emotional Health Needs of Transgender Individuals in Philadelphia), provided the impetus that moved Morris Home from an idea to a reality. Morris Home, an 8-bed, co-occurring treatment residence for transgendered individuals, opened in April 2012. The first program of its kind in the country, Morris Home addresses participants holistically, focusing on their behavioral health and physical health needs in a culturally aware, trauma focused and recovery based manner. Staffing of the program is also representative of this population. In FY 2013, the program remained at capacity with a growing waiting list (currently at 30) and discussions about expansion were active. In response to growing demand, the prospect of adding an additional 4 beds is currently under consideration.

L. Co-Occurring Case Management

The DBHIDS Case Management Unit identified a critical “gap” within the system of care. Specifically, too many individuals are experiencing delayed access to case management supports because Addictions case management resources are operating at full capacity with growing waiting lists. This situation is compounded by the fact that many people who meet medical necessity criteria for TCM also have a co-occurring disorder (COD) and some case managers are ill equipped to address substance use related needs. In response to this issue, a cost neutral pilot was proposed in the second quarter of 2014.

This pilot involves identifying available case management capacity within agencies that are willing to convert some staff (2 case managers and 1 supervisor) to serve people with COD. Co-occurring training will be provided for these staff, along with assessment tools, technical assistance, and monitoring during the pilot period. Referral review and authorization processes will also be developed. Currently, two providers have been identified and the training curriculum is being finalized to begin the readiness process for the transitioning of staff within these case management teams. It is anticipated that referrals will start to be accepted in the fourth quarter of 2014.

M. Peer Support Services

One of the greatest resources for people in recovery is the support offered by their peers. DBHIDS provides peer support programs and activities in which people with mental health and/or drug/alcohol issues are assisted by peers, who use their first-hand experience to
provide invaluable inspiration, motivation, encouragement, and support. The Philadelphia
CPS movement continues to grow. Throughout FY12-13, the CPS initiative expanded to
include working with peers in an emergency care environment through our People Engaging
and Empowering Recovery Responses through Crisis. Accomplishments associated with this
initiative included:

- Completed two-day Kick Off event for Philadelphia’s Crisis Response Centers.
- Completed CPS supervisory training for provider agencies.
- Developed an implementation and readiness model for provider agencies.
- Identified and trained CPS for employment placement in crisis setting.

Further, several Peer Support Services accomplishments were achieved, including the
following:

- 90 individuals completed the CPS training program in 2012 and a third were
  successful in securing employment that year.
- Assertive Outreach was extended to 437 graduated Certified Peer Specialists via a
  Telephone/Mail Survey.
- 27 unemployed Certified Peer Specialists were re-engaged to participate in DBHIDS
  Initiatives.
- Assertive outreach to encourage youth CPS participation.

Approaches being explored for the expansion of the CPS initiative in 2014 are outlined
below:

- Training and Supervision provided to the network of CPS Supervisors (development
  of more inclusive models)
- Provide additional resources including an evidence base for the efficacy of peer
  support services model
- Increased engagement through outreach
- Increase provider support (assistance with CPS utilization)
- Continue to develop best practices (national model for Peer Support Services)

N. Warm-Line: The Warm-Line Project offers a “listening ear” and assistance to people with
regard to the achievement of their recovery goals by linking callers to resources. It is
designed to benefit people confronted with a range of challenges including anxiety,
depression, loss, stress and other life challenges. The Warm Line is operated by 1.5 FTE
trained Certified Peer Specialists (CPS) 5 days/week for 3 hours/day, for an average of 108
calls per month in 2012 and 136 calls monthly in 2013. The estimated FY 2013/14 cost for
this initiative is $56,660.

O. Monitoring to Improve Outcomes
In 2011, DBHIDS streamlined provider-level performance measurement and analysis
resulting in the introduction of the Network Improvement and Accountability
Collaborative. In keeping with the focus on aligning practices with a recovery/resilience-
oriented system of care, NIAC was established to create and sustain a high quality
network that ensures access to services, provides effective, individualized, and holistic care, and builds on program strengths while promoting community support and mobilization.

Network Inclusion Criteria (NIC), apply to all behavioral health and substance use services for children, families and adults, across all levels of care, and all funding mechanisms. Providers must comply with these criteria in order to be included and retained in the DBHIDS network. A pilot phase of the tool and complementary scoring component began August 1, 2013. To date, 17 agencies have received NIC/NIAC site reviews. Provider feedback sessions are conducted each month to elicit comments and reactions regarding the new process. Although this is an evolving and dynamic initiative, a formal evaluation/review is scheduled to occur at the conclusion of the first year, during the first quarter of FY 2015.

INTELLECTUAL DISABILITY SERVICES
The Commonwealth of Pennsylvania, Department of Public Welfare, Office of Developmental Programs (ODP), supports more than 6,700 individuals. Providers offer a broad range of supports and direct services including supports coordination, in-home supports and respite services, employment and adult day services, and community living and Lifesharing services. These direct services are reimbursed primarily through the Consolidated Waiver, the Person/Family Directed Support Waiver (P/FDSW), or Targeted Service Management (TSM). In addition, $18,122,596 million in Base funding is allocated to Philadelphia for direct services, as well as $13,727,550 in Waiver Administration dollars.

Waiver Capacity
While there have been some increases in capacity in recent years, Waiver capacity generally becomes available only when a person is discharged from the Waiver either through death or by moving out of state. Persons in need who cannot be accommodated within Waiver capacity are served through Base funding, as available.

IDS established and implemented a process for managing our allotted Waiver capacity for the Person/Family Directed Support Waiver (P/FDSW) and the Consolidated Waiver. Specifically, IDS works closely with ODP to manage capacity in licensed community homes and Lifesharing, and within available P/FDSW capacity. The capacity management process includes overall capacity, emergency and vacancy management. Administrative Entities (AEs) are responsible for effective and efficient use of capacity.

P/FDSW supports individuals living at home with their families. P/FDSW does not include out-of-home residential services. The current maximum expenditure per person, or “cap,” is $30,000. IDS, individuals and their families, Supports Coordinators, providers, and other advocates remain concerned that while the P/FDSW cap has increased, it is still too low and will not adequately fund necessary community supports and services. The “cap” is limiting our capacity to address “significant non-residential need” and will result in a higher number of
people waiting for enrollment in the Consolidated Waiver. An increase to $35,000 or $40,000 would make P/FDSW viable for a much larger group of individuals including those who want full-time support for employment or community habilitation.

**The Consolidated Waiver** provides support for individuals to live at home, live in Lifesharing or in a community home, and receive employment, vocational or day services. The Consolidated Waiver provides reimbursement for most residential community living, and some daytime supports. For almost 30 years, the Consolidated Waiver has enabled funds previously used for institutional care to be used for community services.

**Waiting for Services - the Prioritization of Urgency of Need for Services (PUNS)**

As of January 16, 2014, there are 3,816 individuals receiving Medicaid Waiver services and 2,970 individuals who are not enrolled in a Medicaid Waiver. Persons in the latter group receive minimal services. The growing number of people waiting for community services is evidence of the crucial importance of ongoing initiatives to reduce the waiting list and identify resources to address service gaps. A priority of the PA system must be to address the needs of people not in either of the Waivers, who are in emergency situations or in critical need of services.

As new people are registered, the number of people needing services continues to grow. The PA Waiting List Campaign informs the Governor, legislators and the public about the growing waiting list. As of November 30, 2013, their website identifies 2,732 Philadelphians waiting for service, out of over 14,229 individuals statewide.

The chart that follows documents the number of people in need of supports and services in each of the categories, Emergency, Critical, and Planning.

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>EMERGENCY</th>
<th>CRITICAL</th>
<th>PLANNING</th>
<th>GRAND TOTAL</th>
</tr>
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<tbody>
<tr>
<td>Philadelphia</td>
<td>1,043</td>
<td>1,087</td>
<td>602</td>
<td>2,732</td>
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</table>

Without availability of Waiver capacity, and an adequate safety net through Base funding, with a process for meeting emergency needs, individuals who have spent their whole lives in the community can be faced with the prospect of institutionalization as their only option for service. The PA system needs an effective, efficient process for responding to emergencies, which includes anticipating and planning for emergencies.

**2014 Aging Caregiver Initiative**

The ODP allocated Consolidated Waiver capacity for 61 people that live at home with caregivers who are over 60 years old. This capacity helped aging caregivers to receive assistance to support their family member through in-home and behavioral supports, respite, day services, and jobs. In some cases, caregivers were no longer able to support their family member at home due to their own health issues and people were able to move to community homes or Lifesharing.
2014 Graduate Initiative
ODP allocated Person/ Family Directed Support Waiver (P/FDS) capacity for 86 high school graduates. This increase in waiver capacity provided families with the opportunity to receive supported employment, home and community habilitation, behavioral supports, and respite for caregivers.

Individuals receiving comprehensive services in a Private Licensed Facility (PLF) or community setting
A significant portion of IDS Base dollars fund individuals living in Base-funded residential services. The number of individuals served changes as people enter and leave the system and as Waiver capacity becomes available.

Many aging-out youth are served in a Private Licensed Facility (PLF) while community services are developed. IDS decreased its reliance on PLFs because appropriate community services would best serve many individuals, but use of PLFs increased in recent years due to a lack of available providers offering appropriate community services or a lack of Waiver capacity to serve individuals in the community.

Non-Residential Services
Non-residential or community services include employment, family support, habilitation, respite, and behavior support.

Employment 1st
IDS is committed to supporting successful employment outcomes. Introduced in 2006, Employment 1st focuses on integrated, community-based employment as the first option for individuals with an intellectual disability. Employment is a critical aspect of living an everyday life in the community. Supports Coordinators are required to discuss employment with individuals and families as part of the individual planning process. Employment is the great equalizer. When people are employed, earning money, working side-by-side with others, many of the issues that separate people simply go away.

Family Driven Support Services (FDSS)
For the 2,970 families not enrolled in a Waiver, there is limited service availability. About 2,100 of those individuals, who live with their family or on their own, receive an average of $600 annually in FDSS funds. Families use FDSS for a variety of self-directed supports such as respite, home and community habilitation, summer camp, adaptive equipment, family aide, therapies, homemaker/chores service, and minor adaptations to the home or vehicle. FDSS recognizes that individuals and families best know their needs and the supports to meet those needs. FDSS promotes inclusion of individuals in their community, using generic activities and services to support the development of relationships with other community members. Because 48% of registered individuals are not enrolled in a Waiver due to capacity limits, any reduction will impact individuals and families who only receive minimal support. FDSS remains a small, but extremely vital program. Philadelphia IDS supports initiatives that encourage and promote inclusion, and enable greater independence.
Among these initiatives are:

**Everyone Communicates!**
Everyone Communicates is an initiative of IDS and ODP to develop supports and strategies to enhance communication in the home, the residence, in the community and workplace. As we know, not everyone communicates using words. It can be very difficult for people to communicate who do not use words. The initiative is designed to promote awareness and support families, staff, friends and co-workers to assist people with intellectual disabilities to make their needs and desires known, to make known what is not needed, to make meaningful choices, and to achieve self-determination. This goal is part of the Individual Support Plan (ISP) process; information about an individual’s communication “status” is required for ISP approval.

**Public Awareness and Educational Initiatives**
IDS created the public awareness campaign, “It’s All About Community,” to promote the gifts and abilities of people with intellectual disabilities as well as the contributions of staff and community members to enhance the lives of people with intellectual disabilities. This campaign has been a central theme for over 20 years in the Philadelphia ID community. Our efforts include working with community groups and neighborhood organizations focusing on common values and issues.

In FY 2013-14, the Temple University Institute on Disabilities and IDS continued to provide “Visionary Voices,” a collaborative effort to collect and share the stories of individuals, families, advocates, and stakeholders who helped shape today’s service system. The initiative ensures that these historical stories are preserved for future generations and that the lessons learned will help shape the future.

The following non-residential services continue to be impacted by the funding cuts enacted in FY 2012-13:

**OBRA Base Supports Coordination and Services**
OBRA services include both supports coordination and services to individuals living in nursing homes.

**Supports Coordination (SC)/Case Management**
Base supports coordination, previously known as case management, is funded at a 1:70 staff to client ratio for the approximately 2,970 individuals not enrolled in one of the Medicaid Waivers. Waiver participant ratio is generally 1:30-35 for Consolidated Waiver and 1:40-45 for P/FDS Waiver. Due to these high ratios, supports coordinators have insufficient time to complete many routine tasks or to respond to emergencies on their caseload, especially in light of the fact that those individuals have minimal to no service.
### Employment Services

Employment 1st Philadelphia is a multi-year initiative designed to promote supported employment outcomes for Philadelphians with an intellectual disability. Supported by a four-year strategic plan, this initiative is led by a steering committee, representing stakeholders from various groups including individuals, family members, providers, State, and county staff. The steering committee meets monthly to strategize on ways to increase employment outcomes and track progress on the strategic plan. In addition to the Steering Committee, this initiative has six workgroups that meet on a regular basis in an effort to increase supported employment outcomes. The workgroups include:

1. **Capacity Building:** This workgroup strives to increase successful employment outcomes by promoting best practices and identifying incentives for implementing best practices in the provision of employment supports.
2. **Employer Relations / Public Relations:** This newly combined workgroup is working on partnering with employers in an effort to increase the number of individuals employed, as well as raising the visibility of people with intellectual disabilities as an untapped, talented workforce.
3. **Supports Coordination:** This workgroup provides learning opportunities and information dissemination to Supports Coordinators (SCs) as a way to provide meaningful tools to

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Estimated / Actual Individuals served in FY 12-13</th>
<th>Projected Individuals to be served in FY 13-14</th>
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<td>Supported Employment</td>
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<td>Sheltered Workshop</td>
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<td>Base Funded Supports Coordination</td>
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<tr>
<td>Residential (6400)</td>
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<td>Lifesharing (6500)</td>
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<td>PDS/Vendor Fiscal</td>
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</tr>
<tr>
<td>Family Driven Family Support Services</td>
<td>2062</td>
<td>2049</td>
</tr>
</tbody>
</table>
encourage, support and monitor quality employment support services so that individuals achieve successful employment outcomes.

4. Transition: This workgroup informs, educates and empowers students, family members, faculty, and service providers regarding the school-to-work transition process for students ages 14-21.

5. Systems and Policy: This workgroup identifies systemic and provider issues, strengths and weaknesses, trends, and unit costs, in order to address barriers to supported employment.

6. Data: This workgroup developed a web-based data system (EmployStat) to capture, measure, and analyze data related to supported employment. Ongoing development takes place to enhance the system, as well as provide meaningful reports to various stakeholders.

Base Funded Supports Coordination
Base Funded Supports Coordination is provided under several circumstances. When an individual is not eligible for Medical Assistance, supports coordination is funded through base dollars. IDS monitors Supports Coordination Organizations to ensure that families receive the assistance needed to apply/reapply for MA. Currently, there are 10 Supports Coordination Organizations serving individuals in Philadelphia County. In addition, individuals living in State centers and intermediate care facilities/ID receive supports coordination funded by base dollars. In FY14, IDS initiated a review of individuals in these larger institutional settings to evaluate their appropriateness for community living. Five individuals moved from these settings to waiver community homes in FY14 and planning is underway for eight more individuals to transition to smaller community settings by June 30, 2014. IDS is in the initial planning stage to move up to 10 more individuals in large settings to waiver funded community settings in FY15. IDS also funds base supports coordination up to 30 days prior to an individual’s move from State Centers to the community as waiver documents are collected and team meetings are conducted.

Lifesharing Options
Lifesharing is a residential service that provides and offers the opportunity for individuals supported by IDS to be part of a family. Individuals experience the opportunity to live with a family in a safe, secure and nurturing environment. In turn, as part of a family, people participate in the life of their neighborhood and community and experience greater independence, self-esteem, and self-determination. There are currently 228 individuals being served in the Lifesharing program in Philadelphia County through the Consolidated Waiver and Base funding. Lifesharing has been promoted through several venues, such as community outreach, provider and family networking activities, the creation of a Lifesharing video, development of informational brochures and personal stories booklets. Additionally, we have sought to educate families and individuals about the benefits of Lifesharing. We will begin conversations in fiscal year 2015 with DHS to strategize how to support foster homes with youth ageing out of the children and youth system to become Lifesharing homes for those youth.
Cross Systems Communication and Training:

Collaboration, Training and Technical Assistance
A variety of training and technical assistance activities support the work of IDS and its primary initiatives performed by both IDS staff and contracted provider staff. Activities are developed to promote best practices, ensure compliance with ODP requirements and promote a better understanding of intellectual disabilities. The reduction in the training and technical assistance contracts in fiscal year 2012-13 have continued in 2013-14.

IDS’ training and collaborative efforts support and provide cross-training and professional development to promote a better understanding of mental health and intellectual disabilities. IDS provides training in a variety of educational forums to ensure that the cross-systems members and the public understand intellectual disabilities and the supporting services system in Philadelphia. IDS presents at the DBHIDS’ First Friday series annually to educate cross-systems groups on topics that relate to co-occurring intellectual disability and behavioral health conditions. For the coming year we propose to continue providing educational trainings to our DBH unit, families and individuals, the community, providers, DHS, the Philadelphia School System, and others. IDS also participates on the DBHIDS Training Education Employment Committee. This Cross-Systems training committee collaborates to make inroads into understanding the similarities and differences in the approach to mental health problems and intellectual disabilities. Our current efforts are to ensure that the DBHIDS Practice Guidelines are infused into all DBHIDS stakeholder and employee trainings.

A new project to support people who have an intellectual disability as well as mental health challenges has resulted in the implementation of the Behavioral Health and Intellectual disAbility Community Treatment Team (BHID CTT), funded through CBH. This program, jointly conceptualized through a committee that includes DBH, IDS, CBH, Commonwealth Regional Offices of ODP and OMHSAS and the Southeast Regional HCQU, is designed to bring intensive supports to people who have both an intellectual disability and mental health challenges. Its purpose is to decrease hospitalizations and crisis visits and increase recovery outcomes with individuals remaining in their home community. The new BHID CTT program represents a collaborative effort among three components of the DBHIDS based upon conceptual agreement that the targeted individuals deserve better and more appropriate support services to address their dual diagnoses. In developing partnerships between the involved departments and improving service delivery to promote stability and recovery, all programs involved could achieve savings. Secondarily, but importantly, the intra-departmental collaboration has created a broader understanding among units and better working relationships.

Emergency Supports
A portion of the base allocation received by IDS is utilized to support individuals in residential settings that are not waiver eligible. As described in the base supports coordination section, IDS is attempting to move some individuals out of these non-waiver settings. This will serve to release funds for individuals in emergency situations, as well as individuals who live with families.
Emergency respite is also provided when a family member passes away or is hospitalized unexpectedly. IDS acknowledges the need to support individuals who require emergency supports when there is no waiver capacity available. IDS maintains a list of individuals in need of emergency services. This list is reviewed weekly by the IDS capacity management team in order to determine the next priority for filling waiver capacity as it becomes available. In addition, IDS appeals to the State Regional ODP’s unanticipated emergency capacity when dire needs are presented for individuals who were previously unknown to IDS. IDS also appeals to the State for approval to exceed base respite limitations when circumstances occur that cause families to request more than 28 days of respite in a fiscal year.

Supports Coordination Organizations communicate with IDS when emergency situations occur and IDS assists in problem solving to find alternative resources. IDS contracts with Hall Mercer Community Behavioral Health Center to provide emergency housing resources. This agency is available after hours and on weekends to take calls from hospitals and police.

**Administrative Entity Obligations and Administrative Services**

The role of the Administrative Entity (AE) has changed significantly, from a county-based system that contracted with agencies for services in a program-funded model, to one that approves and authorizes services for individuals and manages service capacity, in addition to other AE responsibilities. IDS is contractually obligated to DPW/ODP to conduct the “business” of the intellectual disability service system in Philadelphia, in a manner consistent and standardized with PA’s other AEs. The AE is responsible for ensuring local implementation of statewide policy and business procedures using ODP regulations, policy, and guidelines, including:

- Compliance with the AE oversight process includes self-assessment as well as direct monitoring by ODP.
- Implement ODP established priorities such as employment, life-sharing, communication, restraint reduction.
- Review and approval of individual support plans and authorization of individual services on annual review updates, critical revisions, and fiscal year renewals for approximately 7,000 individuals. Each individual typically has at least four plan updates or revisions each year resulting in 30,000 plan reviews annually.
- Support the Claims Resolution process to ensure that it is working effectively.
- Ensure Quality Management strategies are implemented through monitoring.
- Conduct biennial Provider Qualification and Provider Monitoring for 112 providers. This year we are assigned 68 providers for monitoring and 55 for qualifications.
- Manage Base or state-only funding.
- Ensure complete and timely service authorization to enable providers to bill PROMISE for all direct services; process non-Waiver and non-TSM payments.
- Manage Waiting List Initiatives when available.
- Ongoing weekly management of Waiver capacity.
- Monitor Supports Coordination to comply with AE oversight and planning.
- Ensure service access for Waiver eligible Services.
Monitor the Prioritization of Urgency of Need for Services (PUNS) to ensure that needs are identified and prioritized when capacity is available.

This list provides examples of AE responsibilities but is not a complete listing. While the FY13 approved budget included a reduction in administrative funding, there was no reduction in responsibilities. In fact, Philadelphia has increased responsibilities through the Provider Qualification and Monitoring processes and increased detail required in other administrative processes. Therefore, Philadelphia will use its entire funding allocated for administration, $13,727,550. This funding supports internal functions of IDS and contracted services, including training and technical assistance, advocacy and Independent Monitoring for Quality (IM4Q), support for implementation of new initiatives and the Southeast Regional Health Care Quality Unit (HCQU). It also supports Federal Court mandated annual independent monitoring for members of the Pennhurst plaintiff class.

**HOMELESS ASSISTANCE SERVICES**

The City/County of Philadelphia has developed and implemented a system for preventing and addressing homelessness and meeting the needs of homeless persons and families. The City of Philadelphia’s Office of Supportive Housing (OSH) is the agency charged with the policy, planning, and coordination of the City’s response to homelessness. Initially established in the late 1980’s as the Office of Services to the Homeless and Adults, OSH now resides under the Office of the Deputy Mayor for Health and Opportunity as a result of the reorganization of City services initiated by Mayor Michael A. Nutter in January 2008. OSH administers Homeless Assistance Program funding, which is used to provide case management in emergency and transitional housing programs, per diem funding for emergency shelter beds, and operating cost funding for transitional housing through the Bridge Program, which includes the Pennfree component. Goals for individuals to be served through these programs are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Estimated / Actual Individuals served in FY 12-13</th>
<th>Projected Individuals to be served in FY 13-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridge Housing</td>
<td>1907</td>
<td>1925</td>
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<tr>
<td>Case Management</td>
<td>6269</td>
<td>6275</td>
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<td>Rental Assistance</td>
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<td>Emergency Shelter</td>
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<tr>
<td>Other Housing Supports</td>
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</tr>
</tbody>
</table>

Philadelphia, as a county, balances the variety of needs and directs resources and tools to multiple subpopulations, in partnership with other City departments and the nonprofit and advocacy communities. Needs and gaps are reviewed, and funding allocation priorities are established in consultation with the McKinney Public/Private Strategic Planning Committee. The Committee oversees the Continuum of Care (CoC), leads the Homeless Management
Information System (HMIS), and reports efforts in the HUD-mandated Consolidated Plan. The Committee representatives are from both public and private sectors, including veterans’ services, the School District of Philadelphia, the Philadelphia Housing Authority, youth-serving providers, advocacy agencies, and homeless and formerly homeless individuals. A representative from OSH participates on the County’s Emergency Food and Shelter Program Board, which is convened by the United Way of Greater Philadelphia and Southern New Jersey.

The City of Philadelphia’s overall strategy for meeting priority homeless needs is guided by the goals outlined in “Creating Homes, Strengthening Communities, and Improving Systems: Philadelphia’s Ten Year Plan to End Homelessness.” The Plan was developed by a broad group of stakeholders, endorsed by then Mayor Street in 2005, and recalibrated in 2008 under Mayor Michael A. Nutter with a specific focus on increasing housing and treatment opportunities. The City set a goal of creating 6,500 new housing opportunities between 2008 and 2013 for homeless individuals and families, including:

- 2,000 units of permanent supportive housing; and
- 4,500 short- and long-term rental subsidies

The strategies to meet this goal are:

- The utilization of HUD Continuum of Care, HOME, CDBG, and Housing Trust Funds dollars to develop new units of permanent supportive housing;
- Leveraging 200 housing opportunities annually from the Philadelphia Housing Authority (PHA) for single individuals experiencing homelessness, with priority given to those who are chronically homeless;
- Leveraging 300 housing opportunities annually from PHA for families experiencing homelessness;
- The utilization of the HUD Homelessness Prevention and Rapid Re-housing Program (and the retooled Emergency Solutions Grant program and Housing Trust Fund dollars) to provide shorter-term rental subsidies.

From 2008-13, 5,400 housing opportunities were created toward the 6,500 goal. The goals of the Ten Year Plan are as follows:

1. Open the “back door” out of homelessness – ensure that all Philadelphians have a safe, accessible, and affordable home.
2. Close the “front door” to homelessness – implement successful prevention strategies.
3. Ensure that no one in Philadelphia needs to live on the street.
4. Fully integrate all health and social services to aid in preventing and addressing homelessness.
5. Generate the political will, civic support and public and private resources to end homelessness.
6. Build human capital through excellent employment preparation and training programs, and jobs at a livable wage.
7. Support families and individuals to promote long-term independence and prevent their return to homelessness.
Components of Philadelphia’s Continuum of services for homeless individuals and families include:

**Homelessness Prevention and Rapid Re-Housing**
The City of Philadelphia received over $23 million in federal and state American Recovery and Reinvestment Act funding in 2009 for homelessness prevention and rapid re-housing (HPRP) activities over a three-year period. Homelessness prevention services include housing stabilization and cash assistance (for rent, utilities, and security deposits) to help resolve a housing crisis and prevent homelessness. More than 4,000 households were served. Rapid re-housing provides housing stabilization and cash assistance (for rent, security deposit, utility deposits, payments or arrearages) to move homeless households living in emergency or transitional housing back into private market housing. More than 1,300 households moved out of homelessness and into housing in the community. Subsequent funding for prevention and rapid re-housing activities has been allocated through the new HEARTH Act Emergency Solutions Grant (H-ESG).

**Housing Retention**
Housing retention services include housing counseling and mortgage assistance to households in targeted zip codes to resolve an immediate housing crisis and prevent households from losing the home and becoming homeless. This activity is a part of Philadelphia’s nationally recognized Foreclosure Prevention Program. Housing retention is funded in part through Philadelphia’s Housing Trust Fund. Two hundred ten (210) households received financial assistance in FY13.

**Emergency Assistance and Response Unit (EARU)**
Emergency assistance and response activities encompass relocation and/or emergency housing assistance for victims of natural disasters such as fires, gas explosions, collapsed buildings and weather-related crises and residents of units declared unfit or unsafe. In addition, EARU provides rental assistance to help households avoid eviction, or funds to relocate when required. More than 900 households were served through the ARRA HPRP grant. Going forward, City funds and H-ESG funds are used for this purpose.

**Centralized Intake Services**
The Office of Supportive Housing (OSH) provides centralized intake services for 33 emergency housing programs. Caseworkers assess eligibility and service needs of consumers presenting for placement into emergency housing, and attempt to place them in the most appropriate emergency or alternative housing facilities. Mental health assessments and referrals to drug and alcohol treatment, health services, children and youth services, legal services and veterans services are provided as needed. Emergency housing programs that are not under contract with OSH are funded primarily with private resources, and may thus perform their own intake and independently arrange for the delivery of services. Central intake into emergency housing is funded by the City.
Street Outreach
This activity focuses on the vulnerable men and women living outdoors in Philadelphia, including 24 hour a day, 7 days a week, 365 days a year street outreach teams who locate and engage individuals living on the streets and encourage them to accept services, treatment, and housing. The Outreach Coordination Center, located at Project H.O.M.E. and funded by the City’s Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), provides a central “dispatch” to coordinate outreach efforts and respond to citizen calls to an outreach hotline.

Emergency Housing
Emergency housing refers to facilities that provide short-term accommodations for homeless individuals and families, through which providers resolve immediate housing crises, assess level of need, and provide case management assistance to help obtain appropriate longer-term housing and income/benefits. Housing and services are typically provided for up to 90 days or until specific goals are accomplished by the client. HAP funding has been allocated for per diem emergency housing and for case management in 13 emergency housing facilities, including the sole emergency housing facility dedicated to victims of domestic violence.

Safe Havens
Safe Havens are entry-level programs that serve hard-to-reach homeless persons who have severe mental illness, are living on the streets, and have been unable or unwilling to participate in supportive services. They provide a 24-hour residence for an unspecified duration, and do not require participation in services or referrals as a condition of occupancy. After a period of stabilization in a safe haven, residents are often willing to participate in services and often become ready to move to treatment or more permanent housing. DBHIDS funds the Safe Haven system.

Transitional Housing
Transitional housing is defined as time-limited housing with supportive services to encourage homeless individuals and families to live more self-sufficiently. This semi-independent form of supportive housing is used to facilitate movement from emergency to permanent housing. Transitional housing is primarily provided by non-profit partners and faith-based organizations, and supportive services may be offered by the organization managing the housing facility or by other public or private agencies. HAP Bridge funds are allocated to 12 transitional housing programs, and to case management services at 11 of the 12 programs. This includes 9 programs that receive HUD Supportive Housing Program funding and for which HAP funds meet the matching funding requirements; and for case management in 2 programs with rent subsidies funded by HOME. Pennfree funding is allocated to 3 transitional housing programs. In addition, HAP funds are allocated for case management for families embarking on the Blueprint Program, a partnership with the Philadelphia Housing Authority (PHA) through which PHA provides up to 300 units of family housing annually to the City for homeless families. To date, the City and PHA report more than 1,100 families housed.
Drug/Alcohol Treatment for Chronically Homeless Individuals
More than 120 treatment slots have been created and funded by DBHIDS to assist men and women with long histories of chronic homelessness to embark on recovery from addiction through the Journey of Hope Program. At the end of the program, successful graduates may be able to obtain a Housing Choice Voucher or other resource to support housing stability and continued sobriety under the City/PHA Blueprint Program in which PHA has provided an allocation of 200 vouchers annually for single men and women.

Permanent Supportive Housing
Permanent supportive housing refers to long-term (not time-limited), safe, and decent living arrangements that are linked to supportive services for homeless and disabled individuals and families. Permanent supportive housing enables homeless persons to live independently, which is the ultimate goal of the homeless Continuum of Care. This inventory includes more than 2,300 units, primarily funded through the HUD Homeless Assistance Program. Required matching funds are provided by the Department of Behavioral Health and Intellectual disAbility Services, the Department of Human Services, and the AIDS Activities Coordinating Office. Philadelphia’s permanent supportive housing inventory also includes 450 units of the evidence-based model called Housing First, with housing funded primarily through HUD and services through Medicaid.

Philadelphia County utilizes a Homeless Management Information System (HMIS), as required by HUD, to maintain client-level data and assess client outcomes. The elements described below can be obtained through HMIS.
- Known destination for clients upon exit or verified connection to permanent housing
- Increased participation by homeless individuals in mainstream systems (i.e., health care, employment training, etc.)

CHILDREN AND YOUTH SERVICES
The City of Philadelphia Department of Human Services (DHS) is currently undergoing a system-wide transformation of the manner in which services are delivered to children and families. This transformation is called Improving Outcomes for Children (IOC). IOC is based on the theory that a community-based approach with clearly defined roles between county and provider staff will positively impact safety, permanency and wellbeing. The goals of IOC are to have:
1. More children and youth maintained safely in their own homes and communities
2. More children and youth achieving timely permanence
3. A reduction in the use of congregate care
4. Improved child and family functioning

Under IOC, services will be delivered to children and families in their own neighborhoods by organizations called Community Umbrella Agencies (CUA). DHS has selected ten CUAs. Currently, 4 CUAs are receiving cases. By January of 2015, all CUAs will be receiving cases. During the transition period, DHS is operating a dual system.
The Department of Human Services does not have promising practices or alternatives to truancy in its special grants category. The Department does have the following evidenced based practices:

- Multidimensional Treatment Foster Care
- Family Group Decision Making
- Functional Family Therapy

Additionally, DHS has a series of programs under the Housing Category.

Evidence Based Programs:

Program Name: Multidimensional Treatment Foster Care

<table>
<thead>
<tr>
<th>Fiscal year</th>
<th>11-12</th>
<th>12-13</th>
<th>13-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population</td>
<td>N/A</td>
<td>N/A</td>
<td>Adolescents in Out of Home Placement due to serious and/or emotional problems</td>
</tr>
<tr>
<td># of Referrals</td>
<td>N/A</td>
<td>N/A</td>
<td>6</td>
</tr>
<tr>
<td># Successfully completing program</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Cost per year</td>
<td>N/A</td>
<td>N/A</td>
<td>$79,854</td>
</tr>
<tr>
<td>Per Diem Cost/Program funded amount</td>
<td></td>
<td></td>
<td>$131.97</td>
</tr>
<tr>
<td># of MA referrals</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td># of Non MA referrals</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of provider</td>
<td>N/A</td>
<td>N/A</td>
<td>Northeast Treatment Center</td>
</tr>
</tbody>
</table>

The following are service outcomes:
- Divert youth from institutional and residential settings.
- Improve consistent academic engagement and emotional health stabilization.
- Create opportunities for youth to live successfully in a family rather than a group or institutional setting.
- Provide effective parenting in order to support sustainable success over time; decrease extended out of home placements, while improving the quality of care and lives of service recipients and their families.

The MTFC interventions typically are 6-9 months and rely heavily on intensive, coordinated multi-method interventions conducted in the MTFC foster home, with additional service to the biological family, and skills coaching and academic support for the youth. A program lead oversees and coordinates the interventions across settings. Progress of the youth is tracked through daily phone contact with the MTFC program. Team leaders include program
supervisors (program lead) that are responsible for coordinating all aspects of the treatment program. These professionals serve as consultants to the foster parents, provide support and supervision in the form of weekly meetings including an individual therapist, family therapist, and skills coach. Families are also coached and supported in learning specific parenting approaches that are practiced with the youth. This is a new program being implemented for FY 2013-2014, expected to begin in April 2014. For FY 2014-15, the program is expected to be fully operational and funding will not be underutilized.

Program Name: Family Group Decision Making

<table>
<thead>
<tr>
<th></th>
<th>11-12</th>
<th>12-13</th>
<th>13-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population</td>
<td>Families who have youth in placement or at risk of being in placement</td>
<td>Families who have youth in placement or at risk of being in placement</td>
<td>Families who have youth in placement or at risk of being in placement</td>
</tr>
<tr>
<td># of Referrals</td>
<td>1098</td>
<td>1028</td>
<td>1100 (estimated)</td>
</tr>
<tr>
<td># Successfully completing program</td>
<td>567</td>
<td>530</td>
<td>600 (estimated)</td>
</tr>
<tr>
<td>Cost per year</td>
<td>$1,469,792</td>
<td>$2,888,928</td>
<td>$2,739,536</td>
</tr>
<tr>
<td>Per Diem Cost/Program funded amount</td>
<td>$3000 Successful conference $1000 Coordinated Services $250 Unsuccessful referral</td>
<td>$3000 Successful conference $1000 Coordinated Services $250 Unsuccessful referral</td>
<td>$3000 Successful conference $1000 Coordinated Services $250 Unsuccessful referral</td>
</tr>
<tr>
<td># of MA referrals</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td># of Non MA referrals</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of provider</td>
<td>A Second Chance Inc. It Takes A Village</td>
<td>A Second Chance Inc. It Takes A Village</td>
<td>A Second Chance Inc. It Takes A Village</td>
</tr>
</tbody>
</table>

The following are the service outcomes expected from Family Group Decision Making.

- To prevent placement both of children and youth receiving in-home services and of those in danger of entering the delinquent or dependent system.
- To stabilize placement and decrease placement disruptions.
- To improve stability upon discharge from placement.
- To shorten placement stays and improve timeliness of reunification.
To improve identification and engagement of family resources, particularly fathers, paternal family and supports for older youth.

Strengthen families by allowing them to plan by identifying their strengths and using their own resources to improve outcomes for children.

Service outcomes are measured through a dual tracking system that includes the Department’s database in conjunction with the Provider’s. Outcomes are captured monthly and have been reported to the State quarterly since early 2009.

FGDM was first introduced in FY08/09. DHS initially underspent its FGDM allocation as the program was rolled out. From FY08/09 to FY09/10, referrals and expenditures increased significantly. In FY 12, DHS spent $2,888,928.

The stipend for successfully completing FGDM conferences is $3000. For cases that are initiated but not completed, a rate of $1000 is paid. Unsuccessful referrals are paid at a rate of $250.

The Department has an established protocol with child welfare providers, Community Umbrella Agencies (CUA), and DHS staff to assure that Family Finding is included within the service plans of families when applicable and appropriate.

Program Name: Functional Family Therapy

<table>
<thead>
<tr>
<th>Target Population</th>
<th>11-12</th>
<th>12-13</th>
<th>13-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delinquent Non-CBH Eligible youth</td>
<td>Delinquent Non-CBH Eligible youth</td>
<td>Delinquent Non-CBH Eligible youth</td>
<td></td>
</tr>
<tr>
<td># of Referrals</td>
<td>531</td>
<td>750</td>
<td></td>
</tr>
<tr>
<td># Successfully completing program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost per year</td>
<td>$133,738</td>
<td>$66,570</td>
<td>$150,000</td>
</tr>
<tr>
<td>Per Diem Cost/Program funded amount</td>
<td>$237.75</td>
<td>$237.75</td>
<td>$237.75</td>
</tr>
<tr>
<td># of MA referrals</td>
<td>466</td>
<td>675</td>
<td></td>
</tr>
<tr>
<td># of Non MA referrals</td>
<td>65</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Name of provider</td>
<td>Consortium VisionQuest Intercultural</td>
<td>Consortium VisionQuest Intercultural</td>
<td>Consortium VisionQuest Intercultural</td>
</tr>
</tbody>
</table>
The following outcomes will be tracked and measured through JCMS:

- Re-arrest rates at three months.
- Re-arrest rates at six months.
- Long term placement rates for new FFT users.

Underspending in FY12/13, was attributed to a higher than anticipated number of clients being picked up by CBH.

Program Name: Housing Initiative

<table>
<thead>
<tr>
<th></th>
<th>11-12</th>
<th>12-13</th>
<th>13-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population</td>
<td>Youth</td>
<td>Youth</td>
<td>Youth</td>
</tr>
<tr>
<td></td>
<td>transitioning to</td>
<td>transitioning to</td>
<td>transitioning to</td>
</tr>
<tr>
<td></td>
<td>independence;</td>
<td>independence;</td>
<td>independence;</td>
</tr>
<tr>
<td></td>
<td>Families whose</td>
<td>Families whose</td>
<td>Families whose</td>
</tr>
<tr>
<td></td>
<td>primary issue is</td>
<td>primary issue is</td>
<td>primary issue is</td>
</tr>
<tr>
<td></td>
<td>homelessness</td>
<td>homelessness</td>
<td>homelessness</td>
</tr>
<tr>
<td># of Referrals</td>
<td>115</td>
<td>189</td>
<td>220</td>
</tr>
<tr>
<td># Successfully</td>
<td>74 Exits</td>
<td>79 Exits</td>
<td>115 Exits</td>
</tr>
<tr>
<td>completing program</td>
<td>53 to stable</td>
<td>58 to stable</td>
<td>75 to stable</td>
</tr>
<tr>
<td></td>
<td>housing</td>
<td>housing</td>
<td>housing</td>
</tr>
<tr>
<td>Cost per year</td>
<td>$1,519,306</td>
<td>$1,373,661</td>
<td>$2,047,650</td>
</tr>
<tr>
<td>Per Diem Cost/Program</td>
<td>MFS – 21,332</td>
<td>MFS – 21,332</td>
<td>MFS/SHP – 21,332</td>
</tr>
<tr>
<td>funded amount</td>
<td>VYH – 8,493.40</td>
<td>VYH – 8,493.40</td>
<td>VYH – 8,493.40</td>
</tr>
<tr>
<td></td>
<td>CVCA – 394.71</td>
<td>CVCA – 394.71</td>
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<tr>
<td></td>
<td>NH – 23.90</td>
<td>NH – 23.90</td>
<td>NH – 23.90</td>
</tr>
<tr>
<td># of MA referrals</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td># of Non MA referrals</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of provider</td>
<td>Methodist</td>
<td>Methodist</td>
<td>Methodist</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>Family</td>
<td>Family</td>
</tr>
<tr>
<td></td>
<td>Services;</td>
<td>Services;</td>
<td>Services;</td>
</tr>
<tr>
<td></td>
<td>Valley Youth</td>
<td>Valley Youth</td>
<td>Valley Youth</td>
</tr>
<tr>
<td></td>
<td>House; Carson</td>
<td>House; Carson</td>
<td>House; Carson</td>
</tr>
<tr>
<td></td>
<td>Valley</td>
<td>Valley</td>
<td>Valley</td>
</tr>
<tr>
<td></td>
<td>Children’s Aid;</td>
<td>Children’s Aid;</td>
<td>Children’s Aid;</td>
</tr>
<tr>
<td></td>
<td>Northern</td>
<td>Northern</td>
<td>Northern</td>
</tr>
<tr>
<td></td>
<td>Homes</td>
<td>Homes</td>
<td>Homes</td>
</tr>
</tbody>
</table>
DHS has partnered with an agency to provide new housing and social services to aged out homeless youth. This special grants program (The Quads) will provide transitional supportive housing and service supports based on the unique needs of the population. There will be up to 50 units. In addition, three established programs, Shelter Plus Care, Blueprint and the Family Unification Program are supportive housing programs that serve to prevent youth from going into placement, separating families, placing youth into the foster care system, and preventing families from being homeless due to inadequate housing and supportive resources. These two programs provide housing and supportive services to families who are at risk of homelessness and strengthen families by surrounding them with services to improve outcomes for children. While it provides housing for the families, it also provides an avenue for families to achieve self-sufficiency and independence. It is unknown if this new initiative has been discussed with the regional office.

The following are the outcomes that DHS expects.

- Reunite or stabilize families more quickly when the primary issue is homelessness or substandard housing
- Facilitate a successful transition of youth who have aged out of placement with DHS but who require supports as they transition to independent living or back into DHS through Act 91.
- Prevent the return of youth homelessness.

In addition to the outcomes, a measurement of success is the number of families placed through this program. Outcomes will be measured via monthly reports submitted by provider agencies with breakdown of clients served, services provided, discharges and exit interview data.

**DRUG AND ALCOHOL SERVICES**

BHSI/ Act 152 program

I. **Introduction and Overview**

The Philadelphia Single County Authority, the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) Office of Addiction Services (OAS), will continue to manage and integrate funds from several funding sources to support an efficient, coordinated recovery-oriented system of care. In FY 2013/14, services will be offered in a manner consistent with departmental transformational goals and core values presented in the Transformation Practice Guidelines for Recovery and Resilience Oriented Treatment issued by DBHIDS in 2011. Funding managed by OAS will total $9,868,601 for FY 2013/14, which is the same level as last year. This represents a 10% reduction in funding compared to FY 2012. For the delivery of services funded with these dollars, the Office will subcontract with PMHCC for the provision of Behavioral Health Special Initiatives (BHSI) services for those individuals meeting requirements as defined by the Office of Mental Health and Substance Abuse Services. The primary goal of this program is to make treatment available to substance abusing individuals who are uninsured and not eligible for the provision of such services through other funding mechanisms. It is
further intended that these services will be delivered in a cost-effective manner that does not compromise clinical efficacy. In order to accomplish these goals, the program will utilize principles of managed care to coordinate treatment and provide appropriate support services for the identified population. During the course of treatment, individuals will be connected to all appropriate recovery support services and supports from related systems of care in order to maximize the potential for sustained long-term recovery. For FY 2013/14, it is projected that approximately 9800 individuals will be served.

II. Services to be Provided
The BHSI/Act 152 block grant funds will support a range of addiction treatment services including outpatient, intensive outpatient, all levels of residential rehabilitation, and detoxification services. These services and their specific descriptions are listed within the Pennsylvania Client Placement Criteria (PCPC); the document/criteria used to determine the correct or appropriate level of care. Based on past utilization patterns and funding levels, it is anticipated that 9800 individuals will receive one or more of these licensed treatment services over the course of FY 2013/14. A more specific breakdown of each level of care and individuals served is listed in Appendix B – Drug and Alcohol Services.

In addition to BHSI/Act 152 services, recipients will be eligible for services available through several grant-funded projects. The City operates an Access to Recovery (ATR) program that is in the fourth year of a 4-year grant cycle. The grant provides for a range of recovery support services designed to complement treatment and sustain long-term recovery. ATR project supports include short-term emergency recovery housing, vocational and educational interventions, and an array of individualized support for GED testing and tokens for transportation. Over 3,000 individuals will receive these services in FY 13. 2,207 people are projected to be served during the current federal fiscal year. This number has been titrated down in preparation for the conclusion of this grant-funded initiative in September 2014.

Another federal grant supports intensive case management services for chronically homeless individuals and then links those recipients to transitional and long-term housing. Two hundred (200) people will receive these specialized supports.

For individuals with a criminal justice background, a state grant supports screening, assessment and case management services for those sentenced to the Intermediate Punishment (IP) program. During the course of the year, 600 individuals will be part of the IP Program.

Age related population groups receive access to the same licensed levels of care identified in the PCPC. Specialized populations e.g. adolescents, adults or co-occurring individuals are connected with specialized treatment programs that have been modified to address their needs. Philadelphia has a diverse network of addiction services but is continuously striving to refine and enhance services for special populations.
Throughout the contract year, the BHSI/Act 152 program activities will include:

- Outreach to individuals and organizations having contact with persons whose substance abuse requires a treatment intervention. Depending upon the person’s financial circumstances, BHSI may pay for such services;
- Determination of eligibility/non eligibility requirements;
- Registration of eligible individuals;
- Direct assessment and clinical recommendations emerging from the evaluations of individuals potentially needing services;
- Determination of an individual's level of care, according to the Pennsylvania Client Placement Criteria (PCPC);
- Generation of service authorizations for treatment services provided at State DDAP licensed treatment facilities;
- Phone and on-site utilization review of treatment services provided;
- Monitoring/Tracking of individuals as they move through authorized services;
- Assisting providers to secure support services for individuals during treatment and as part of discharge plans;
- Collecting follow-up information from treatment providers on all enrolled individuals;
- Processing of provider invoices and payment for authorized treatment services;
- Maintenance of a management information system that supports project activities, data collection, and generation of all required individual activity and financial reports; and
- The provision of State required reporting for individuals served and funds expended.

III. Public Input

The Philadelphia Single County Authority, the Office of Addiction Services, has several ongoing mechanisms to receive public input and guide the way services are planned and delivered. The Mayor’s Drug and Alcohol Executive Commission is composed of people in recovery, spiritual/faith leaders, and representatives of systems that are related to addiction services including Adult Probation and Parole, Juvenile Justice, Education, Health, Homeless Services and the Domestic Violence network. This body is appointed by the Mayor’s Office to serve in an advisory capacity to review the City/County drug and alcohol prevention, intervention, treatment and recovery support services. The Commission is mandated by the State’s Single State Agency (SSA) under the auspices of the Pennsylvania Drug and Alcohol Abuse Control Act of 1973. The Commission holds monthly public meetings, visits local service providers and hosts an annual “Making A Difference” Recognition Dinner. This event highlights local leaders who have made significant contributions to the field and/or are recognized as positive role models or “voices of recovery.”

The Office of Addiction Services (OAS) Advisory Board was established in July of 2007. This group provides advice, consultation, and support to OAS on key questions/concerns that impact services. The group reviews and comments on policy direction, provides advocacy around the need for addiction treatment, identifies issues and seeks to improve services. The composition of this group includes persons in recovery, individuals who are active in treatment, treatment...
providers (including special populations and specialized services), those who are providing recovery support services, the research community, family members, the recovery advocacy community, the Consumer Satisfaction Team, child and adolescent services, representation from higher education, and DBHIDS staff and other city department staff.

Both groups meet monthly and discussed the County Human Services funding mechanism and the role of addiction services within these funding streams.

In addition to these standing advisory bodies, office personnel conduct periodic focus groups composed completely of Philadelphians currently receiving addiction services. These groups meet in the spring and inform the Office of the latest drug trends as well as how the system is responding to utilization patterns. All this information is used to shape the allocation of funds and distribution of services.

IV. Target Population
All persons in Philadelphia County who have lost Medical Assistance eligibility or would have been eligible for Medical Assistance prior to the enactment of ACT 35 are eligible for BHSI support. In addition, that population that gains funding eligibility through ACT 152 – those on Medical Assistance, but not yet covered by HealthChoices - will be supported through this funding stream if all other admission requirements are met.

V. BHSI/Act 152 Service Management
The model of service delivery used in the Philadelphia BHSI initiative relies on a direct service management approach. The Philadelphia model calls for an administrative coordination or networking process that matches individuals to available resources and then undertakes a case-by-case review to verify the appropriateness of the level of care and the provision of treatment services. This approach blends principles of managed care – pre-screening prior to admission, authorization for a specific service, and concurrent review - with service management features in order to provide appropriate access to services, service coordination and continuity of care. All individuals who are registered with the program and are in active treatment at a State licensed facility are assigned to a BHSI Clinical Staff member. Some Clinical Staff members maintain a caseload and are responsible for monitoring all phases of an individual’s treatment.

VI. Individual Flow Process
The BHSI Service Management/Managed Care Model developed for this initiative is designed to increase access for the target population to treatment services and direct the movement of those individuals through the treatment system. Once in the system, emphasis is placed on assuring that individuals receive services appropriate to their needs and that they progress through a continuum of care as efficiently as possible.

It is the policy of BHSI to provide services to any individual without regard to age, race, sex, religion or sexual orientation. In order to receive these services a prospective individual must:
1. Be a resident of Philadelphia County;
2. Have a substance abuse/dependence problem and be willing to accept voluntary treatment;
3. Be verified as not currently being eligible for behavioral health/mental health benefits through Medical Assistance coverage in any of the fourteen Philadelphia County Assistance Office Districts or any other medical insurance;
4. Individuals who are underinsured through various medical insurance plans may be considered;
5. Have annual legal income of $10,000 or below.

A. Referral, Evaluation and Placement

Individual referrals may come from any interested person or organization including a person’s self-referral. When BHSI Clinical Staff members receive a referral, they review all information necessary to ascertain if the individual is not MA eligible and in which level of care he/she would best be served. If the information provided appears to qualify an individual for funding, the provider agency at which the individual has presented or to which they are being referred can interview the individual for the purpose of assessment. This evaluation will include the face-to-face administration of the Addiction Severity Index (ASI) or a comparable instrument covering each of the seven areas as outlined within the ASI. The Addiction Severity Index or its counterpart will be utilized in addition to other intake/evaluation forms required by the State Department of Drug and Alcohol Programs, or as needed to complete the level of care determination (PCPC).

When the individual’s evaluation meets requirements for BHSI funding, such funding is approved for the facility designated to provide treatment.

B. Aspects of the PCPC and Level of Care Determination

All level of care determinations are made in conjunction with the Pennsylvania Client Placement Criteria for the Treatment of Psychoactive Substance Use Disorders. This determination is made by matching the reported symptomatology and pertinent psychosocial factors against those outlined by six “Dimensions” (Intoxication/Withdrawal, Biomedical Conditions & Complications, Emotional/Behavioral Conditions & Complications, Treatment Acceptance & Resistance, Relapse Potential, Recovery Environment), and four Levels of Care (1A Outpatient, 1B Intensive O/P, 2A Partial Hospital, 2B Half-Way House, 3A Medically Monitored Non-Hospital Detoxification, 3B Medically Monitored Short-Term Residential, 3C Medically Monitored Long-Term Residential, 4A Medically Managed Detoxification, 4B Medically Managed Inpatient Residential).

A tentative long-term treatment plan may also be considered. In many cases, the site at which the individual first presents will serve as the initial evaluation site, but will not necessarily be the recommended provider of treatment for that individual. In the event a different facility is to be
utilized other than the site at which the individual presents, the Clinical Staff will inform the admitting facility of this determination as well as contact the provider identified for the individual’s treatment.

The BHSI Clinical Staff documents the entire evaluation, assessment and referral process. All Clinical Staff are familiar with the “Level of Care Guidelines” and will use these as the primary decision-making tools. Individuals with acute or chronic medical conditions or complicated histories of addiction or treatment will be brought to the attention of the Supervisors, Clinical Management and/or Manager, Clinical Management. Cases involving complicated medical or pharmacological scenarios are brought to the Program Director for review and possible referral for additional psychiatric and/or medical consultation. Once the entire process is concluded and the individual is still deemed to be fit for the specified level of care funded through BHSI, the Clinical Staff Member will formally initiate an authorization for treatment service, which is validated by the issuing of an approval number.

a. Service Authorization
At the completion of the evaluation and assessment process, the clinical staff member initiates the assignment of an approval number. A service authorization identifying the type of treatment and a specific number of treatment units will then be generated. The delivery of the approval number to a provider agency will act as assurance that funding for the service provided will be reimbursed. The service authorizations received by the provider agency serve as the basis for invoicing services rendered. These service authorizations identify the individual, the type of services, and the number of treatment units authorized.

If an individual does not stay in treatment for the total number of authorized treatment units, the Clinical Staff member completes a revised service authorization for the actual number of treatment units provided. A copy of the service authorization is generated and mailed on a weekly basis to the provider. Service authorizations include the date of admission but, consistent with MA Policy, the authorizations do not include the day of discharge.

b. Utilization Review
All registered individuals are subject to periodic, concurrent utilization review to insure that they are receiving quality treatment at the appropriate level of care. The UR will take place via a facsimile of a PCPC continued stay review and a phone review or involve an on-site chart audit. On-site UR will be conducted by Project Staff.

The emphasis will be on:
1) Insuring that the individual has met the criteria for registration;
2) Determining that the individual still requires the level of care provided at the treatment site;
3) Verifying the presence of a current treatment plan;
4) Determining that the appropriate support services have been identified to meet the individual’s apparent needs; and
5) Assessing individualized treatment and biopsychosocial aftercare plans for appropriateness.

The Director refers all quality assurance issues to the Drug and Alcohol Abuse Program Director at OAS. OAS, in accordance with DDAP regulations and internal operating procedures, regularly monitors local drug and alcohol providers to insure the provision of quality treatment services.

c. Discharge

The BHSI Program documents all individual movement to the best of staff’s ability. When an individual is discharged from the participating treatment facility, the Clinical Staff member notes the date and other relevant information. The Clinical Staff member documents in detail the reason for discharge and all aftercare referral information including all support services that were arranged. The Clinical Staff member will also write a short entry in the progress notes documenting the discharge.

As long as the individual is receiving BHSI funding they are considered active, however, once the individual leaves active treatment, BHSI service management activity effectively ceases until the next contact/request for services. However, the Office of Addiction Services Intensive Case Management Unit may continue to support and track the individual.

d. Follow-up Procedure

BHSI collects initial follow-up data on all individuals registered by the program. DDAP regulations require all licensed facilities to conduct follow-up procedures on all individuals they have treated. In an effort to adhere to these procedures, BHSI contacts the treatment facility at least monthly to request the results of their follow-up attempts on all program individuals who were discharged within the prior month.

VII. Data Collection/Reporting

PMHCC and BHSI staff continue to enhance the computer software that supports BHSI activities and report generation. The BHSI software program currently provides for individual registration, service authorization, invoicing, and individual activity reports. The staff may have to add modules that support and track the data re-submission process, and then automatically adjust the program’s database to conform to state disallowance determinations.

Enhancements have been made to automate program activities that were previously handled manually. The program will also use the DDAP algorithm to generate a 14-digit unique individual identifier for each individual receiving program service.

This computer system can track data regarding system utilizers in various ways. The enhanced computerization not only allows for communication between other designated sites, but also
tracks individuals as they move between various levels of care.

VIII. Provider Level of Care Grievance Procedure for BHSI
At the time a BHSI provider presents an individual’s profile for potential funding, the provider is informed in the event that funding is denied; and the reasons specifically detailed. Should the provider or the individual directly wish to grieve the determination, they first convey their intention to the Clinical Staff member. The Clinical Staff member would then request the rationale for the grievance of the level of care determination from the provider. The information would then be presented to the Supervisors, Clinical Management and/or Manager, Clinical Management. They will review all of the information available and communicate directly with the provider and/or the individual. In the event that the provider/individual is still in disagreement with the explanation, the issue would be presented to the Program Director. The Program Director will render a determination within three working days. Should the Program Director support the opinion that funding for residential non-hospital rehabilitation or detoxification is not appropriate, the provider/individual may request that the situation be presented to the SCA Director, to whom the Program Director reports at the Office of Addiction Services (OAS), whose decision will be made available at the end of seven working days. Following this, if further redress is necessary, the provider/individual is entitled to have the case referred to the Office of Mental Health and Substance Abuse Services, Department of Public Welfare.

This same grievance procedure holds true for provider agencies requesting extension to a predetermined length of stay for a given individual. The request for extension is initiated by the provider agency thirty days prior to the end of the individual’s agreed upon length of stay.

All these processes are designed to insure that this portion of the block grant funding is accurately targeted and responsive to the needs of Philadelphians struggling with addiction challenges.

HUMAN SERVICES DEVELOPMENT FUND

There is an ongoing planning process for the Human Services Development Fund (HSDF) grant within each of the City departments and the Office of Health and Opportunity. From year-to-year, funding allocations may change in response to specific health and social service needs within the City, as well as from ongoing community input stemming from advisory boards, providers, and direct contact with residents by departmental personnel. This information is compiled and assessed by staff in the Office of the Deputy Mayor for Health and Opportunity looking at need and other funding available to respond to the need.

The following are being supported by HSDF funds:

- Services
  - The City, through the Philadelphia Department of Public Health (PDPH), is committed to reducing the incidence of HIV among its citizens, especially in
populations at the greatest risk of infection. HSDF dollars support comprehensive programs for health education and risk reduction with the overall goal of reducing the incidence of HIV infection in Philadelphia.

- The PDPH offers a range of client-centered services, funded in part with HSDF dollars, that link HIV/AIDS infected clients with health care, psychosocial and other services to insure timely, coordinated access to medically appropriate levels of health care and support services and continuity of care, ongoing assessment of the client’s and other family members’ needs and personal support systems, provision of meals and nutritional supplements along with inpatient case management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities.

- The City invests dollars to reduce and prevent the incidence of children and adults poisoned from lead. HSDF dollars are utilized to expand the capacity of PDPH to hire lead abatement workers that screen, identify and reduce the number of homes containing lead within the city.

- The City utilizes HSDF dollars to supplement existing programs within the Office of Supportive Housing. These programs include short-term emergency shelter for individuals and families, emergency relocation services and transitional housing services. Additionally, dollars are utilized for adult protective staff to investigate abuse claims against impaired adults.

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<tr>
<th>Adult Services</th>
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<th>Projected Individuals to be served in FY 13-14</th>
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<td>Generic Services</td>
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<tr>
<td>Specialized Services</td>
<td>7071</td>
<td>7071</td>
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</table>

- Administration
  - A portion of HSDF funds are utilized within the Office of the Deputy Mayor for Health and Opportunity for service coordination between the departments receiving funds and the associated monitoring and fiscal reporting.

- Specialized Services
  - Through its Outreach Education Program, Polish American Social Services (PASS) remains a vital link between Philadelphia’s low-income population, especially the Polish/Slavic community, and the existing social service and health care delivery systems. The major objective of this program is to provide preventive and early intervention services to those who are economically disadvantaged. PASS provides services to poor and elderly individuals, focusing on those who have language and cultural barriers to self-sufficiency, with comprehensive bilingual advocacy, translation services, benefits counseling, and information and referral services that enhance their overall financial well-being and physical and mental health.
The Philadelphia Department of Recreation has organized its youth programming, Teen Centers and Youth Access Centers, under one programming umbrella known as Youth and Community Centers (YCC). The structure allows the department to provide a standard framework of program goals and activities that reflect the needs and culture of the community in which each center is located. The YCCs are utilized as venues for traditional recreational programming and serve as gateways for referral to a variety of recreation programming opportunities within the department. Funding from this grant serves as partial support for YCC staffing and programming.

Global Philadelphia is a program that improves access to city services for residents from diverse linguistic communities through translation services. HSDF allocations are utilized to fund translations of vital documents into up to 104 languages, deploy interpreters at various health center locations, and provide telephonic interpretation services.

With HSDF funding, Women Against Abuse provides aid to adult females being abused. Women Against Abuse provides legal and counseling services to abused women. These services include court advocacy to violence survivors, court accompaniment, referrals, support services, and safety planning.
<table>
<thead>
<tr>
<th></th>
<th>ESTIMATED CLIENTS</th>
<th>DPW ALLOCATION (STATE AND FEDERAL)</th>
<th>PLANNED EXPENDITURES (STATE AND FEDERAL)</th>
<th>COUNTY MATCH</th>
<th>OTHER PLANNED EXPENDITURES</th>
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<th>PLANNED EXPENDITURES (STATE AND FEDERAL)</th>
<th>COUNTY MATCH</th>
<th>OTHER PLANNED EXPENDITURES</th>
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<td><strong>Grand Total</strong></td>
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<td>192,204,837</td>
<td>6,634,255</td>
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*In partnership with OMHSAS, Partial Hospital Programs for adults in Philadelphia County have been transformed into Community Integrated Recovery Centers (CIRCs). CIRCs blend Outpatient treatment and Psychiatric Rehabilitation Services (PRS) to provide individualized programming designed to promote recovery and encourage independence. Each CIRC program is required to have both Outpatient and PRS licenses. Uninsured individuals comprise 8 to 10 percent of CIRC participants.

Rev March 18, 2014
Appendix A
Fiscal Year 2013-2014

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Philadelphia

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

Signatures  Please Print  Date: 1/31/14

Date:

Date:
The Committee of the Whole of the Council of the City of Philadelphia will hold a Public Hearing on Monday, March 25, 2013, at 10:00 AM, in Room 400, City Hall, to hear testimony on the following items:

130178  An Ordinance to adopt a Capital Program for the six Fiscal Years 2014-2019 inclusive.

130179  An Ordinance to adopt a Fiscal 2014 Capital Budget.

130180  An Ordinance adopting the Operating Budget for Fiscal Year 2014.

130190  Resolution providing for the approval by the Council of the City of Philadelphia of a Revised Five Year Financial Plan for the City of Philadelphia covering Fiscal Years 2014 through 2018, and incorporating proposed changes with respect to Fiscal Year 2013, which is to be submitted by the Mayor to the Pennsylvania Intergovernmental Cooperation Authority (the "Authority") pursuant to the Intergovernmental Cooperation Agreement, authorized by an ordinance of this Council approved by the Mayor on January 3, 1992 (Bill No. 1563-A), by and between the City and the Authority.

Immediately following the public hearing, a meeting of the Committee of the Whole, open to the public, will be held to consider the action to be taken on the above listed items.

Copies of the foregoing items are available in the Office of the Chief Clerk of the Council, Room 402, City Hall.

Michael Decker
Chief Clerk
City of Philadelphia

Recessed Hearing Notice

The Committee of the Whole of the Council of the City of Philadelphia held a Public Hearing on Monday, March 25, 2013, and recessed the public hearing until Tuesday, March 26, 2013 at 10:00 AM, in Room 400, City Hall, to hear further testimony on the following:

130178  An Ordinance to adopt a Capital Program for the six Fiscal Years 2014-2019 inclusive.

130179  An Ordinance to adopt a Fiscal 2014 Capital Budget.

130180  An Ordinance adopting the Operating Budget for Fiscal Year 2014.

130190  Resolution providing for the approval by the Council of the City of Philadelphia of a Revised Five Year Financial Plan for the City of Philadelphia covering Fiscal Years 2014 through 2018, and incorporating proposed changes with respect to Fiscal Year 2013, which is to be submitted by the Mayor to the Pennsylvania Intergovernmental Cooperation Authority (the "Authority") pursuant to the Intergovernmental Cooperation Agreement, authorized by an ordinance of this Council approved by the Mayor on January 3, 1992 (Bill No. 1563-A), by and between the City and the Authority.

Immediately following the public hearing, a meeting of the Committee of the Whole, open to the public, will be held to consider the action to be taken on the above listed items.

Copies of the foregoing items are available in the Office of the Chief Clerk of the Council, Room 402, City Hall.

Michael Decker
Chief Clerk
City of Philadelphia  
Recessed Hearing Notice  

The Committee of the Whole of the Council of the City of Philadelphia held a Public Hearing on Tuesday, March 26, 2013, and recessed the public hearing until Wednesday, March 27, 2013 at 10:00 AM, in Room 400, City Hall, to hear further testimony on the following:

130178  
An Ordinance to adopt a Capital Program for the six Fiscal Years 2014-2019 inclusive.

130179  
An Ordinance to adopt a Fiscal 2014 Capital Budget.

130180  
An Ordinance adopting the Operating Budget for Fiscal Year 2014.

130190  
Resolution providing for the approval by the Council of the City of Philadelphia of a Revised Five Year Financial Plan for the City of Philadelphia covering Fiscal Years 2014 through 2018, and incorporating proposed changes with respect to Fiscal Year 2013, which is to be submitted by the Mayor to the Pennsylvania Intergovernmental Cooperation Authority (the "Authority") pursuant to the Intergovernmental Cooperation Agreement, authorized by an ordinance of this Council approved by the Mayor on January 3, 1992 (Bill No. 1563-A), by and between the City and the Authority.

Immediately following the public hearing, a meeting of the Committee of the Whole, open to the public, will be held to consider the action to be taken on the above listed items.

Copies of the foregoing items are available in the Office of the Chief Clerk of the Council, Room 402, City Hall.

Michael Decker  
Chief Clerk
City of Philadelphia

Recessed Hearing Notice

The Committee of the Whole of the Council of the City of Philadelphia held a Public Hearing on Wednesday, March 27, 2013, and recessed the public hearing until Tuesday, April 2, 2013 at 10:00 AM, in Room 400, City Hall, to hear further testimony on the following:

130178 An Ordinance to adopt a Capital Program for the six Fiscal Years 2014-2019 inclusive.

130179 An Ordinance to adopt a Fiscal 2014 Capital Budget.

130180 An Ordinance adopting the Operating Budget for Fiscal Year 2014.

130190 Resolution providing for the approval by the Council of the City of Philadelphia of a Revised Five Year Financial Plan for the City of Philadelphia covering Fiscal Years 2014 through 2018, and incorporating proposed changes with respect to Fiscal Year 2013, which is to be submitted by the Mayor to the Pennsylvania Intergovernmental Cooperation Authority (the "Authority") pursuant to the Intergovernmental Cooperation Agreement, authorized by an ordinance of this Council approved by the Mayor on January 3, 1992 (Bill No. 1563-A), by and between the City and the Authority.

Immediately following the public hearing, a meeting of the Committee of the Whole, open to the public, will be held to consider the action to be taken on the above listed items.

Copies of the foregoing items are available in the Office of the Chief Clerk of the Council, Room 402, City Hall.

Michael Decker
Chief Clerk
The Committee of the Whole of the Council of the City of Philadelphia held a Public Hearing on Wednesday, April 17, 2013, and recessed the public hearing until Monday, April 22, 2013 at 10:00 AM, in Room 400, City Hall, to hear further testimony on the following:

130178  An Ordinance to adopt a Capital Program for the six Fiscal Years 2014-2019 inclusive.

130179  An Ordinance to adopt a Fiscal 2014 Capital Budget.

130180  An Ordinance adopting the Operating Budget for Fiscal Year 2014.

130190  Resolution providing for the approval by the Council of the City of Philadelphia of a Revised Five Year Financial Plan for the City of Philadelphia covering Fiscal Years 2014 through 2018, and incorporating proposed changes with respect to Fiscal Year 2013, which is to be submitted by the Mayor to the Pennsylvania Intergovernmental Cooperation Authority (the "Authority") pursuant to the Intergovernmental Cooperation Agreement, authorized by an ordinance of this Council approved by the Mayor on January 3, 1992 (Bill No. 1563-A), by and between the City and the Authority.

Immediately following the public hearing, a meeting of the Committee of the Whole, open to the public, will be held to consider the action to be taken on the above listed items.

Copies of the foregoing items are available in the Office of the Chief Clerk of the Council, Room 402, City Hall.

Michael Decker
Chief Clerk
City of Philadelphia Public Hearing Notice

The Committee of the Whole of the Council of the City of Philadelphia will hold a Public Hearing on Wednesday, April 17, 2013, from 6:00 PM to 8:00 PM, at Penn's Landing Caterers, 1301 South Christopher Columbus Boulevard, Philadelphia, PA 19147, to hear testimony on the following items:

2. An Ordinance to adopt a Fiscal 2014 Capital Budget.
3. An Ordinance adopting the Operating Budget for Fiscal Year 2014.
4. Resolution providing for the approval by the Council of the City of Philadelphia of a Revised Five Year Financial Plan for the City of Philadelphia covering Fiscal Years 2014 through 2018, and incorporating proposed changes with respect to Fiscal Year 2013, which is to be submitted by the Mayor to the Pennsylvania Intergovernmental Cooperation Authority (the “Authority”) pursuant to the Intergovernmental Cooperation Agreement, authorized by an ordinance of the Council approved by the Mayor on January 3, 1992 (Bill No. 1563-A), between the City and the Authority. Immediately following the public hearing, a meeting of the Committee of the Whole, open to the public, will be held to consider the action to be taken on the above listed items.

Copies of the foregoing items are available in the Office of the Chief Clerk of the Council, Room 402, City Hall.
July 30, 2013

The Honorable Michael Nutter
Mayor of Philadelphia
City Hall, Room 215
Broad and Market Streets
Philadelphia, Pennsylvania 19107

Dear Mayor Nutter:

Due to the passage of the 2013-2014 state budget, your Homeless Assistance Program (HAP) allocation for Fiscal Year (FY) 2013-2014 is $7,970,371. Your total HAP allocation of $7,970,371 includes $2,535,571 in state HAP funds, $4,183,000 in Federal Social Services Block Grant (SSBG) and $1,251,800 in Federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) funds. The $2,535,571 in state funds and the $4,183,000 in Federal SSBG funds are to be utilized in any or all of the five HAP service components. The $1,251,800 in Federal SAPTBG funds is targeted for PennFree Bridge Housing services only.

The County Human Services Plan Guidelines and budget form for the FY 2013-2014 will be distributed by the Department of Public Welfare in the near future. The deadline for your plan and budget form will be communicated when you receive the Plan Guidelines. Please prepare the HAP portion of your Plan based on the budget amount in this allocation letter. Instructions for submitting your Plan will be included in the County Human Services Plan Guidelines.

Act 55 of 2013 expanded participation in the Human Services Block Grant Program to 30 counties in FY 2013-2014. The amount and terms of this allocation are subject to change should your county decide to apply and be approved by the Department to participate in the program.

We look forward to continuing our mutual efforts to serve people who are homeless or near homeless. Please contact Ms. Ingrid M. Santiago, HAP Manager at (717) 772-7829 if you have any questions.

Sincerely,

Lourdes R. Padilla

Enclosures

cc: Ms. Roberta Cancellier

RECEIVED
AUG 2, 2013

By

Dr. Dainette Rodden, KPB, QMCL