

**FY 2013-14 CHESTER COUNTY  
HUMAN SERVICES  
BLOCK GRANT PLAN**

**June 12, 2013**

## CHESTER COUNTY HUMAN SERVICES BLOCK GRANT (HSBG) PLAN

### 1. Public Hearing Notice

The Chester County Commissioners, in conjunction with the Director of the Chester County Department of Human Services, scheduled two Public Hearings to gather public input on our FY 2013-14 Chester County Human Services Block (HSBG) Grant Plan. The Public Hearings were advertised in the Daily Local News as required by the Sunshine Act. In addition, stakeholders were notified by e-mail of these meetings through all of the human services departments' Advisory Boards, committees, newsletters, and websites, Family and Community Partnership, System of Care Advisory Team, Housing Action Teams, Chester County Department of Community Development's E-Newsletter, Latino Advisory Board, Community Health Assessment Leadership Committee, and Child and Family Focus, the contracted provider of our family engagement activities. A proof of publication is included in Appendix "D".

The first Public Hearing was held on Tuesday, April 23, 2013 from 4:30-6:00 PM at the Government Services Center in West Chester to reach residents and consumers who work during the day and are available in the late afternoon/early evening. Forty-five people attended this meeting, which includes eighteen county staff and the rest were providers, seniors and community members.

The second Public Hearing was held on Wednesday, April 24, 2013 from 2:00-4:00 PM at the Brandywine Health Center's Conference Room in Coatesville. The Hearing was scheduled in the afternoon to reach constituents and families who are only available during the daytime hours. This site was selected for a daytime meeting because the Community Dental Clinic and ChesPenn Health Services are located in the same building. We anticipated being able to reach consumers at this site as they are familiar with the building. However, the turnout at this site was less than in FY 2012-13. Only 34 people attended this meeting. County staff are included in that number.

(Please see Appendix "E" for copies of the Public Hearings Sign-In Sheets.)

An attempt was made at the Public Hearings to clarify that the HSBG funds are not newly acquired funds, but are those historically allocated from the state. The opportunity for public input was to obtain feedback on the draft plan, which outlined the planning process over the past year, funding changes made in FY 2012-13, planning themes, and funding plan highlights. Input from these hearings and all of the stakeholder meetings that were held as part of our FY 2013-14 planning will guide any changes to the initial FY 2013-14 budget as well as mid-year reallocations next fiscal year. The public hearings also provided an opportunity for the county to present information on the FY 2012-13 mid-year reallocations that resulted from stakeholder input and ongoing planning.

Input at the Public Hearings included, but was not limited to, maintaining mental health and intellectual disabilities at pre FY 2012-13 levels, increase advocacy and mentoring, as well as funding for senior centers.

## **2. Waiver**

We plan to utilize the Human Services Policy Team process to review spending in each categorical area midway through the fiscal year and monthly thereafter. If, at those Policy Team reviews, it is determined that there are projected over and under expenditures, funds will be re-distributed and the service areas cited above will be used as a guide. If the amount that is available to be redistributed is more than 25% of one categorical area's original allocation, the county will prepare the required documentation at that time to request a waiver to the 75/25 requirement.

## **3. County Planning Team**

The Chester County Department of Human Services (DHS) set in place mechanisms that lay a foundation for involving internal and external stakeholders in the planning process for the FY 2013-14 Chester County Human Services Block Grant Plan. Our System of Care approach has been built on engagement with families, youth, and adult consumers in all categorical areas, inclusive of all ages, all human services, as well as juvenile delinquency. The System of Care philosophy guides the planning process with the philosophical concepts of cross systems, single plan, family engagement, accessibility, family driven, youth guided, strengths based, culturally competent, community based services, least restrictive setting, and fiscally responsible services.

The regular meetings of several cross systems stakeholder groups are an opportunity for regular input into our programming. These include the Family and Community Partnership, Equal Voices Group, and System of Care Advisory Team; each of which are composed of consumers, families, youth, providers, and county staff. These teams meet regularly, have open membership, and many attendees are involved in current planning efforts of the categorical departments.

Each categorical department utilized various stakeholder groups to gather input on programming needs to inform the FY 2013-14 HSBG. This included their advisory boards and community committees, including but not limited to: Community Support Program, Consumer Satisfaction Teams, Foster Parent Association, Adoptive Parents Group, Mental Health Adult Subcommittee of the Mental Health/Intellectual Disability (MH/ID) Advisory Board, Mental Health Children's Subcommittee, Intellectual Disability Committee of the MH/ID Advisory Board, and regular meetings held with mental health providers and, separately, with Drug and Alcohol providers.

Two of the categorical departments held special planning meetings to engage consumers and various stakeholders in this year's planning efforts. The Department of Children, Youth and Families facilitated a half-day meeting attended by consumers, family members, providers, Advisory Board members and county staff to solicit input for the Block Grant Plan and Needs Based Budget and Plan. The Department of Drug and Alcohol Services also held a special group

comprised solely of alumni at one of the providers to gather feedback on the delivery system and gaps in services.

Two additional planning processes, recently completed, have also helped to inform this planning process. One is a comprehensive homeless services plan, titled “Decade to Doorways” (adopted November, 2011), which lays out the path to end homelessness in ten years. The other is RoadMAPP to Health (2012), conducted by the Chester County Health Department in conjunction with Chester County Hospital. This plan covered both physical and behavioral health needs.

The final process of incorporating the various sources of input involved two groups which directed the efforts: The Policy Leadership Team and the Planning Team. The HSBG Policy Leadership Team is comprised of the Directors and Deputy Directors of all the categorical human services departments, the Director of the Department of Community Development, the Deputy Human Services Director of Managed Behavioral Health Care, and the Chief Juvenile Probation Officer. This is the same team that meets monthly to review spending and re-allocate funds. The HSBG Planning Team is facilitated by the Department of Human Services Planner and comprised of the Director of the Department of Community Development, Director of the Drug and Alcohol Department, and planners from Children Youth and Families and Mental Health/Intellectual and Developmental Disabilities.

The HSBG Planning Team synthesized the public and staff input, outcome data, and utilization data into categorical priorities. The Policy Leadership Team reviewed those priorities and goal statements against public input gathered during the year. The draft priorities were reviewed by the System of Care Advisory Team at their March meeting.

The FY 2013-14 HSBG Summary Plan was the product of those processes. This Summary Plan was presented at the two public hearings for review and comment and was posted on the Department of Human Services website for several weeks for comment. The final Human Services Block Grant plan was presented to the Chester County Commissioners in June, 2013 for approval, prior to submission to the Department of Public Welfare.

**Programming Priorities – FY 2013-14:**

As a result of the planning process, input from the Public Hearings, review of outcomes and all of our internal and external stakeholder meetings (See Appendix “F” for a list of all the stakeholder planning meetings), the following priorities were identified and are listed in rank order for each of the departments funded through the HSBG.

**Top FY 2013-14 Priorities (in rank order within each Department):**

**Children, Youth and Families:**

1. Housing Programs, including transitional-aged youth
2. Family engagement, including family Group Decision Making (expanded to the general public), and Youth and Family Teams
3. Evening Reporting Center

4. Truancy Programming
5. Family Functional Therapy

**Drug and Alcohol:**

1. Ensure timely, accessible assessments
2. Ensure timely, accessible treatment services representing the full continuum of care are available to, and received by clients and provided in the most appropriate, least restrictive level of care
3. Recovery Specialist in outpatient providers; other recovery supports in community (Long-term)
4. Bilingual information/outreach to the public and enhanced treatment services for Spanish speaking clients/community (Long-term)
5. Housing for clients exiting residential treatment, in conjunction with the Homeless Assistance Program

**Mental Health/Intellectual Disability (MH/ID):**

1. Advocacy, public education and outreach
  - Maintain MH/ID consultant time for outreach/public education and explore enhancements
  - MH/ID advocacy services and MH/ID outreach and awareness materials
  - Three Mental Health Common Ground licenses
  - Annualize MH/ID contract (liaison with Deaf/Hard of Hearing community)
2. Strengthen residential services
  - Mental Health Community Residential Rehabilitation (CRR) program staff salaries and maintenance
  - Mental Health uninsured in Enhanced Long Term Structure Residence (ELTSR), Extended Acute Care Inpatient Program (EAC), & STAR programs
  - Maintain current levels of Mental Health Supported Living
  - Intellectual Disability funds for Life Sharing support and Employment/Day supports for four consumers
  - Mental Health short-term emergency residential funding, in conjunction with the Homeless Assistance Program
3. Strengthen outpatient services
  - Intellectual Disability funds for assistive technology
  - Develop Community Crisis Team with expertise serving Intellectual Disability/Mental Health dually diagnosed consumers
4. Enhance employment supports
  - Enhance existing and reinstate one Mental Health Supported Employment program
  - Annualize employment technical assistance to Intellectual Disability teams, schools & providers

**Homeless Assistance:**

1. Financial/rent assistance for prevention
2. Security deposit assistance to shorten emergency and transitional shelter stays
3. Shelter beds based on a housing first model

**Human Services and Supports:**

1. Five Information and Referral sites in the county
2. Bridge funding for evidence-based services (Ex. Youth and Family Teams, Multi-Systemic Therapy and Family Group Decision Making)
3. Support a Financial Stability Center, which will assist consumers in navigating services aimed at increasing income, increasing assets, and decreasing debt. The Department of Human Services will fund an office at the Financial Stability Center, where caseworkers can have client appointments and assist them in becoming familiar with other services (Long term)

**Aging: (No HSBG funds allocated to Aging at this time)**

1. Increase awareness of the shared housing program already operated by the Home of the Sparrow
2. Increase community awareness of Aging programs
3. Develop Peer Support services for the Aging population, in conjunction with the Mental Health system
4. Develop a base of volunteers to provide contact/calls with seniors who live alone

**4. Needs Assessment**

Chester County reviewed many sources of data and information as part of their needs assessment in preparation for developing the HSBG Summary Plan and the final HSBG Plan. Some of this information is described in the previous section. In addition to the planning processes described previously, we incorporated data from several other groups and planning tools, including the Needs Based Budget and Plan. Chester County also reviewed the data from Child Stats and our Chester County Profile provided by the Department of Public Welfare.

Another source used in our needs assessment was the Point in Time Count. A part of the Decade to Doorways is the annual Point in Time count conducted by the Department of Community Development. This is an annual count of homeless people on the streets, in emergency shelters and in transitional living situations.

Beginning in January, 2013, the Policy Leadership Team was expanded to include the Fiscal Officer and Planner for the Department of Human Services. This group has been meeting monthly to review expenditures, re-allocate funding, review outcomes, and identify any potential needs or gaps for future fiscal years planning.

Outcomes were established in the fall of 2012 for all of the categorical areas in the Human Services Block Grant for FY 2012-13. These outcomes were tracked on a quarterly basis throughout the first year of our block grant implementation. Data for several outcomes are not yet available because we are dependent on a new state information system or are using FY 2012-13 to establish a baseline. A complete summary of these outcomes for the first six months of FY 2012-13 is included in Appendix "H".

**5. Human Services Narrative**

The County of Chester is well placed to continue to implement our Human Services Plan because we have the infrastructure and organizational design to be successful. The organizational design incorporates all the human service categorical departments (Aging, Children, Youth and Families, Drug and Alcohol, Mental Health/Intellectual and Developmental Disabilities, and Youth Center) reporting to the Human Services Department Director. In addition, Child Care Information Services, HealthChoices, the Human Services Development Fund and state food programs are administered directly out of the Department of Human Services (DHS). The Homeless Assistance Program is overseen by a sister county department, Department of Community Development, which works very closely with the Department of Human Services.

The County of Chester has had this organizational design for more than twenty years, with the last twelve under the same leadership. In this design, the Department of Human Services does not have a vested interest in any one categorical area and therefore can ensure the plans and funding decisions are fair from the broad perspective.

The human services categorical departments are guided by the System of Care philosophy outlined earlier. The results from embracing this philosophy across all human service departments, coupled with the county's human services' organizational design, has allowed us to develop more evidence based community options that are effective in preventing youth and adults from entering restrictive placement settings. The flexibility of the block grant funding will help us continue on that path.

**Changes from First Year of Implementation:**

Chester County modified parts of the FY 2012-13 Human Services Block Grant spending plan based on the feedback from the public hearings held last fall. In addition, the Policy Leadership Team monthly Block Grant Plan review meetings were conducted to monitor the spending. These began in January, 2013 and made it possible to track areas that were projected to be under spent or over spent, as well as to consider new needs as they were identified. As a result, funds have been shifted during the year between programs.

Below is a summary of the of the budget changes that have been made during our first year of Block Grant implementation (FY 2012-13):

- Increased Mental Health Advocacy and Mentoring contracts so that projected FY 2012-13 billing will be \$73,000 more than originally budgeted.
- Maintained Intellectual Disability Advocacy and Mentoring contracts at FY 2011-12 levels (had been projected for a cut). However, due to staff turnover at the provider agency, actual advocacy provided dropped.
- Re-established Deaf/Hard of Hearing cross-systems (Mental Health/intellectual Disability/Aging) outreach contract.
- Increased drug and alcohol funding by \$500,000 for non-hospital inpatient services.
- Increased funding to mental health outpatient providers, retroactive to July, 2012.
- Increased funding to the Aging Department to provide additional support for community based services, including Meals on Wheels and the senior centers.
- Increased funding in the Human Services and Supports area to establish a fifth Information and Referral site to be located in Coatesville.
- Restored rate cut to the four Information and Referral providers, retroactive to July, 2012.
- Increased Homeless Assistance funding by \$23,600 to meet demand.

It is anticipated that some funds will be carried over from FY 2012-13 and will be used for the areas of need identified in both years' planning processes. These include system navigation, increased advocacy, and emergency residential placement for consumers with an intellectual disability.

Below is more specific information on each of the block grant “legacy” service areas, including the estimated number to be served, the services provided and the goals we developed to monitor our progress in implementing the Human Services Block Grant Plan during FY 2012-13.

### **HUMAN SERVICES AND SUPPORTS**

The Department of Human Services (DHS) is required to oversee and coordinate the categorical departments, via 1.) administrative activities, such as finance, human resources, and planning; and 2.) service provision, ensuring the services are provided as an integrated system that is accessible to consumers, and demonstrates positive outcomes. Human Services and Supports funds for Interagency Coordination are used for some of the staffing costs involved in this coordination, integration, and planning.

Access to services for residents of all ages and abilities has been the primary focus of our Human Services and Supports funds in FY 2012-13 and will remain primary in FY 2013-14. The Human Services Block Grant (HSBG) funds in the Human Services and Supports category have been primarily utilized to promote and ensure access to services, via contracts with providers scattered throughout the county to provide information and referral services. We began FY 2012-13 with funding four information and referral providers, but increased this number to five as part of our mid-year reallocation process. In FY 2011-12, these four providers served a total of 8,102 unduplicated clients and are on track to serve approximately 8,000 clients again this year.

The county also offers an on-line Health and Human Services Community Resource Directory in both English and Spanish for the public to access information on services in the county. The database has almost 1,000 providers with a wide variety of programs. Staff from the DHS update and maintain the database on a daily basis. The DHS is committed to continue providing resources to enhance and promote access to services for all residents of Chester County through block grant funding. Human Services and Supports funds are used to support the hosting of this Directory from RTM Designs.

#### **Mid-Year Changes for Human Services and Supports in FY 2012-13 and for FY 2013-14**

- Added an additional site in response to the planning feedback from FY 2012-13 that advocated for an information and referral site in Coatesville that had been closed several years ago due to cuts in our Human Services Development Fund allocation. We will continue to fund five information and referral sites in FY 2013-14.
- Restored rate cut to the four Information and Referral providers, retroactive to July, 2012. We anticipate maintaining this level of funding in FY 2013-14.
- Provided “bridge funding” to fill a gap in family engagement services for certain youth needing evidence-based services (Youth and Family Teams also known as High Fidelity Wraparound, Multi-Systemic Therapy and Family Group Decision Making). This funding will be needed in FY 2013-14.
- We anticipate funding some aging services for seniors due to cuts in the Aging Waiver Program.

- Establish a space in FY 2013-14 in the soon to be developed Financial Stability Center for human services caseworkers to meet with clients in the community or while accessing other supportive services through the Center. This will allow county staff to work in conjunction with the Navigator at the Center who assists consumers to increase income, decrease debt and increase assets.

The Department of Human Services (DHS) is projecting to use HSBG funds in FY 2013-14 for Human Services and Supports to continue to fund the five community-based agencies for information and referral services. The grid showing our Human Services and Supports outcomes identified in last year’s HSBG for the first two quarters of FY 2012-13 is included in Appendix “H”. Below is the grid showing the anticipated number of consumers to be served in FY 2013-14 through Human Services and Supports funds.

	<b>Estimated / Actual Individuals served in FY 2012-13</b>	<b>Projected Individuals to be served in FY 2013-14</b>
Adult Services		
Aging Services		
Generic Services (I&R)	8,000	8,500
Specialized Services (Bridge Funding)	5	25

**AGING SERVICES**

Although Chester County is not projecting to use Human Services Block Grant (HSBG) funds to provide Aging Services in FY 2013-14, the Executive Director of the Department of Aging Services has been an active participant in our HSBG planning. The Aging Department was asked to set priorities for FY 2013-14 in conjunction with the other human service departments. Below are the priorities for Aging Services.

**Peer Support**

The Department of Aging recognizes a growing need to address consumers who appear to have undiagnosed mental health issues. These issues come to our attention through calls from the public, as well as issues with consumers currently served through our Waiver, Options and Family Caregiver Support Program. A peer specialist would be utilized in the following ways:

- To make visits to current consumers who exhibit behaviors which may be associated with mental health issues
- To accompany an on call Care Manager to speak with consumers who come to our attention and may benefit from mental health treatment
- To visit senior centers to speak with seniors about mental health issues

The goal of the proposal would be to:

- Reduce the stigma associated with a mental health issue
- Provide education about the benefits of appropriate mental health treatment
- Encourage seniors to reach out to the mental health system and engage in mental health treatment

Chester County will access Mental Health Peer Support through the Mental Health system using HSBG funding.

### **Shared Housing Program**

Affordable housing continues to be a major concern for older residents of Chester County. Many residents are not aware of alternate housing programs. The Shared Housing Program, as operated by Home of the Sparrow, is an affordable alternative for many seniors. The program has requirements which include:

- Application and screening of both home sharer and home seeker
- One-on-one interviews with each
- Criminal history checks for each
- Compatibility meeting between home sharer and home seeker
- Contract between the two which outlines requirements for that specific arrangement
- Monthly monitoring contact to resolve issues that may arise and help ensure a comfortable and safe environment for both the home sharer and home seeker

The Chester County Department of Aging Services will join with Home of the Sparrow to increase awareness and promote the Shared Housing Program.

### **Increase Community Awareness of Aging Programs**

Lack of awareness of aging services is identified as a need in every survey received by the Department of Aging Services. In the last five years, the Department has increased public speaking engagements, attendance at expos and initiated two new annual events. It is believed that residents do not retain the information unless they need it at the time. In an effort to improve awareness of the services for seniors, the Department will do the following:

- Increase e-mail distribution of the Department's quarterly newsletter
- Evaluate and follow recommendations from the Department's Marketing Committee
- Enlist the APPRISE and Ombudsman volunteers in adding discussion about Aging services during their meetings with residents

## **MENTAL HEALTH SERVICES**

### **Array of Services**

Chester County contracts with a variety of community providers for all levels of service, including:

#### **Children 0-21**

- Outpatient psychiatry and outpatient therapy
- Dialectical Behavior Therapy (DBT) for adolescents
- Family Based Services
- Partial Hospital Program
- Blended case management and resource coordination
- Student Assistance Program
- Family and Parent Mentor Program
- Children's Review Team (for diversion from RTF)
- Psychiatry and therapy in the Youth Center
- Children's wrap-around behavioral health services: Mobile therapy, behavior specialist services and therapeutic staff support services
- Consumer/Family Satisfaction Team
- Latino Advisory Council and Parent Cafés

### **Adults 18+**

- Crisis Intervention, Crisis Residential, Peer-run Warm line, nursing support
- Outpatient psychiatry, therapy, blended case management and resource coordination. Training and continuing support in trauma-informed care, Trauma Recovery and Empowerment Model (TREM), Men's Trauma Recovery and Empowerment Model (M-TREM), Dialectical Behavior Therapy (DBT) and Cognitive Behavior Therapy (CBT)
- Assertive Community Treatment (ACT) Team
- MISA co-occurring competency
- Psychiatric rehabilitation, site based, Clubhouse model and community-based (mobile)
- Supported Living services, Community Residential Rehabilitation (Maximum and moderate levels of support), Enhanced Long Term Structure Residence (ELTSR), short-term emergency housing
- Supported employment (Evidence based model and sheltered workshop)
- Behavior analysis and intervention
- Representative Payee services
- Consumer/Family Satisfaction Team
- Compeer friendship program
- NAMI: Family support, individual advocacy
- Peer run Peer Support Center
- Deaf/hard-of-hearing case management outreach
- Mental Health (MH) Court Diversion program (includes forensic peer, forensic evaluations, forensic case management )
- Forensic House (in-house case management support for men in a shelter-plus-care housing)
- Therapeutic support for men with sexually problematic behaviors
- Commitment Court; Hearing Review Officer and Solicitor
- Ambulance transportation
- Other medically targeted transportation
- Inpatient psychiatric care
- Community outreach and education programs. (including "Stages" consumer/community integrated creative and performing arts event)
- Development of Certified Peer Specialist staff in Crisis Services, Core Providers, Outpatient, Assertive Community Treatment, and forensic services
- Supported education program in conjunction with Delaware County Community College
- WRAP trainings and support; Certified Peer Specialist training, introduction of "Common Ground" shared decision-making software (copyright Pat Deegan and Associates)

### **Highlights of Achievements and Programmatic Improvements**

- Shift in system focus from congregate living to supported living; permanent independent housing through reinvestment and other funds. Four housing development projects in conjunction with Department of Community Development, using reinvestment funds as capital investment in return for set-asides in community housing developments.
- Training and continuing support in Evidence Based Practices (Trauma Recovery and Empowerment Model, Assertive Community Treatment, Dialectal Behavior Therapy, Supported Employment, Compeer, Peer Services).
- Expansion of Psychiatric Advisory Panel that reviews and advises on system development from a psychiatric perspective.
- Increasing reliance on Certified Peer Specialists as key supports throughout the system.

Gaps:

- Specialist support for individuals with complex medical needs, with sexually problematic behaviors, and with a history of community violence.

### **Special/Underserved Populations**

Below are the services and supports for the Special/Underserved Populations in Chester County.

- Individuals transitioning out of state hospitals: Individually designed housing plus supports for one individual
- Transition-Aged Youth: Specialized ACT team with intensive supported housing program for young people aged 18-25
- Older Adults: Piloted use of peers with seniors on mental health issues, some targeted Mental Health (MH) outreach and education by Certified Peer Specialists at Senior Centers
- Co-occurring: Substantial training with performance-based incentives for agencies adopting co-occurring competency policies and procedures
- Justice-involved Individuals : a) MH Diversion Court, b) Post-reentry “Protocol” program with combined adult probation and mental health, c) Forensic house which uses shelter-plus care funding for the house and in-house case management and support
- Veterans: Strong relationship and collaborations with the Coatesville VA Medical Center
- Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers: Trainings on LGBTQI issues for county human services staff and providers
- Racial/Ethnic/Linguistic minorities: Latino Advisory Council in southern part of the county targeting Hispanic population, which developed our Parent Cafes.

### **Recovery-Oriented Systems Transformation**

The Department of Drug and Alcohol Services has always been grounded in the recovery model. Recognition of the potential for Mental Health recovery became a key foundation over 20 years ago and Chester County Mental Health/Intellectual and Developmental Disabilities (MH/IDD) began implementing systems transformation guided by this in the late 90’s. The MH/IDD’s contracts specify deliverables culled from the Connecticut “Domains of Recovery” tables. The Department of Human Services also adopted the System of Care (SOC) Practice Model approximately eight years ago. The County recently made the commitment to cross walk our current recovery and system of care practices with the ROSC. This will include education of key staff, stakeholders, and community members regarding the ROSC and a “self assessment process” to identify next steps and priority areas for FY 2013-14. Since the county has been so progressive with its adoption of the recovery model within the mental health system and with the SOC across all of our systems, the ROSC seems to be a natural progression in the county’s growth.

In recent years, the mental health system converted partial hospital programs to psych rehabilitation, including mobile Psych Rehab; expanded Peer Services; created supported education and supported employment programs, and collaborated with the Department of Community Development to increase permanent supported housing. In addition, the mental health system introduced Common Ground software (copyright Pat Deegan and Associates) that supports shared decision making with an emphasis on the Personal Medicine approach (copyright Pat Deegan and Associates).

The Department of Human Services and specifically Mental Health/Intellectual and Developmental Disabilities, Drug and Alcohol Services and HealthChoices Program are planning the following initiatives in FY 2013-14:

- ROSC orientation and training- Spring and Summer 2013
- Self Assessment Process to identify next steps for strategic planning and identification of priority areas- Fall/Winter 2013/2014
- Development and analysis of programmatic and fiscal impact of targeted priorities-Winter/Spring 2014
- Development of implementation plan, including priorities

## **INTELLECTUAL DISABILITY SERVICES**

### **Array of Services**

Chester County contracts with community providers for all levels of service. Services include

#### **Children**

- Support Coordination
- Advocacy
- Respite
- Home and Vehicle Adaptations
- Family Education

#### **Adults**

- Support Coordination
- Advocacy
- Employment—Job Finding and Job Support (Post OVR)
- Day Services (Pre-Vocational, Adult Day)
- Transportation
- Life Skills Development through Home and Community Habilitation
- Behavior Support
- Physical, Occupational and Speech Therapies (after all insurances)
- Assistive Technology
- Skilled Nursing
- Companion Services
- Respite
- Unlicensed and Licensed Residential Supports
- Unlicensed and Licensed Life Sharing

### **Strategies To Be Used**

The consumer's "team", which includes the individual, family, the Supports Coordinator, and other natural and paid supports involved with the person, including representatives from other service systems, outlines the strengths, needs, desires and dreams of the person and the types of support needed to be successful. The team uses this information to develop an Individualized Support Plan (ISP) that outlines steps and strategies to provide the needed supports. Sources for these supports include family and other natural supports, insurance services (physical and behavioral health), the education system, and Intellectual Disability (ID) funding as the payer of last resort. When ID funding is necessary, the Supports Coordinator submits a request to the Administrative Entity to determine if resources are available. If the request is approved, services are authorized. The team then completes

a Prioritization of Urgency of Need (PUNS) form for any unmet needs or needs anticipated within five years. Supports needed within six months are considered Emergency, supports needed within two years are Critical, and those needed within five years are put in Planning status.

### **Supported Employment**

Chester County Intellectual Disability programs are moving towards an Employment First philosophy. The first step is for teams to develop intensive justifications for pre-vocational and job finding supports. Both services should focus on closing the gaps to achieve progress toward employment. Since these services should be short-term supports that eventually result in employment, the team reviews progress on both newly requested and existing services bi-annually to determine if continued services are justified. Funding for Employment Supports will continue to be a priority and area of growth, as these services are more cost effective than facility-based.

### **Base Funded Supports Coordination**

Supports Coordination is available for all individuals registered for services, regardless of their funding source. The Supports Coordinator is required to work with consumers' teams to develop Individual Service Plans as described above. The Supports Coordinator locates, coordinates, and monitors the supports and services authorized for each consumer. The frequency of contact with each consumer is guided by funding stream requirements and individual life situations that may require more contact to coordinate supports. Base funds pay for Supports Coordination when the consumer is not eligible for Medical Assistance.

At times, individual needs or lack of provider program resources cause consumers to enter or remain in residential services provided on a campus setting. These campus services are not eligible for Waiver funding. Chester County works to help individuals move from base-funded campus settings as quickly as possible into appropriate community settings eligible for Waiver funding. Such moves may be initiated by the individual, the provider, the team, or the County Administrative Entity. All moves require review and approval by the Administrative Entity. The team is responsible to identify the individual's strengths, needs, and the supports to meet those needs. The Supports Coordinator works with the County Administrative Entity on referrals and potential placements, and timelines for moves when a community placement is secured. Once a move is confirmed, the individual either is enrolled in the Consolidated Waiver (if available), or continued with base funds until a Consolidated Waiver slot becomes available. Once a slot is available, through attrition, conversion or new initiative funding, the ID base funds then become available to meet the needs of other individuals.

### **Life Sharing Options**

Life Sharing is a residential support that provides maximum community integration for the individual receiving that support. The individual lives in the private home of a host person or family. Recently, many Life Sharing programs have expanded to provide emergency respite in new or existing host homes. This provides a much needed opportunity for respite, and also enables individuals interested in Life Sharing to meet potential Life Sharing providers. The ID Program has been able to use Life Sharing/Respite, which can be funded by base or Waiver funds, to move persons with Emergency need of out-of-home placement into Life Sharing situations. This is a low-cost use of base funds to

alleviate the Emergency need until Waiver funding becomes available and allows for continued support and growth of the Office of Developmental Programs Life Sharing Initiative. Four new Life Sharing slots are projected to be funded through HSBG funds in FY 2013-14.

### **Cross-Systems Communication and Training**

Chester County Mental Health and Intellectual and Developmental Disabilities works very closely with the Department of Children, Youth and Families, Community Care Behavioral Health, and Child and Family Focus, our primary provider of advocacy services in the county, in assuring cross system collaboration. Cross-system meetings between these entities are held approximately every six weeks. During these meetings, the participants share program philosophies, provide informal cross training, and review children who are at risk of out-of-home placement or placed in (Residential Treatment Facilities (RTF) or therapeutic foster care. In addition, the group reviews children with current or anticipated support needs, including projected timelines and types of needs. This allows the group to collaborate on mapping supports, services, funding needs, barriers, and to assign responsibilities well in advance. If the Intellectual Disability (ID) Program is responsible for some or all of the supports, this information is used to plan base funding needs, prioritize anticipated waiver capacity, and/or report needs to the state to support State budget planning for increased waiver capacity.

### **Emergency Supports**

Intellectual Disability (ID) base resources will be used to maintain existing services and support new Emergency needs of those not enrolled in a Waiver program. Staff will continue to use the required Individual Service Plan checklist and PUNS process to review needs and justify service requests. If all ID resources are exhausted and service needs cannot be met, priority will be given to maintaining base-funded residential supports and services necessary to avoid institutional placements, supports to avoid more expensive out-of-home placement, and supports for individuals living independently without family supports.

### **Administrative Funding**

The ID Administration budget is funded by both ID Base and Waiver Administration resources, both within the Human Services Block Grant (HSBG). The cost allocation methodology is based on funding allocations (confirmed Waiver expenses), as well as the tasks and requirements associated with the Waiver Commitment and Waiver revenues. The Waiver Administration provides for all activities associated with consumers enrolled in the Waivers as well as assuring compliance with all requirements outlined in the current Administrative Entity Operating Agreement. The HSBG funding also includes IM4Q. A portion of the ID Administration budget is ID base and used to support activities associated with services or individuals not eligible for Waiver. It also covers training, advocacy, and other activities to support administrative duties, such as intake and registration, a portion of Incident and Risk Management, oversight consumers not enrolled in a Waiver, ID base contracts and payments, contract monitoring, funding approval to meet individual needs, and Individual Service Plan review and service authorization.

Below is the chart showing only those ID consumers for whom base funds or HSBG funds will be used:

	<b>Estimated/Actual Individuals Served in FY 2012-13</b>	<b>Projected Individuals to be Served in FY 2013-14</b>
Supported Employment	75	90
Sheltered Workshop	50	50
Adult Training Facility	20	25
Base Funded Supports Coordination	150	150
Residential (6400)	26	26
Life Sharing (6500)	6	10
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Supports Services	125	200

## **HOMELESS ASSISTANCE**

### **Continuum of Services**

Currently the continuum of services for Human Services Block Grant Homeless Assistance Program (HAP) funded clients is as follows:

- Emergency Shelter
- Transitional Housing and Transition in Place
- Rental/Security Deposit Assistance to prevent homelessness

Below is the chart showing the projected numbers to be served in FY 2013-14 through HAP funding:

	<b>Estimated/Actual Individuals served in FY 2012-13</b>	<b>Projected Individuals to be served in FY 2013-14</b>
Bridge Housing	202	202
Case Management	N/A	N/A
Rental Assistance	162	162
Emergency Shelter	141	141
Other Housing Supports	N/A	N/A

### **Bridge Housing**

#### **Services Provided**

- Two “bricks and mortar” Transitional Housing Providers funded through HSBG funds.
- One “Transition in Place” Program, which provides financial assistance.

#### **Proposed Changes**

- One of our “bricks and mortar” Transitional Housing Providers will be shortening the length of stay to six months and selling one of their buildings.
- Above Provider will then implement a scattered site “Transition in Place” Permanent Housing program for 12 months.
- Our traditional “bricks and mortar” Transitional Housing Providers will be re-evaluating the per diem/unit for service budgets as these providers express current rates do not fully cover the costs to house the families served.

### **Case Management**

- Case Management is not currently funded through DPW HAP funds and no plans to do so in FY 2013-14.

### **Rental Assistance**

#### **Services Provided**

- One “county-wide” rent assistance provider through HAP funds.

#### **Proposed Changes**

- No changes proposed.

### **Emergency Shelter**

#### **Services Provided**

- Two Emergency Shelter Providers funded through HSBG HAP Funds (One for men and one for women with children).

#### **Proposed Changes**

- All Emergency Shelter Providers will be re-evaluating the per diem/unit for service budgets as these providers express current rates do not fully cover the costs to shelter the individuals served.

### **Other Housing Supports**

- No other “Housing Supports” are funded through HSBG Homeless Assistance Program (HAP) funds, but the HAP Providers will be working closely with our new Coordinated Assessment Provider in FY 2013-14.

### **HMIS Status**

- All HSBG HAP funded providers (with the exception of Domestic Violence Center of Chester County) enter data into our HMIS system, Service Point from Bowman Systems.
- Current HMIS system is fully compliant with all HUD guidelines.

## **CHILD WELFARE**

### **Successes and Challenges of the Child Welfare System**

- Chester County has the lowest placement rate per thousand of children of any third class county in Pennsylvania.
- Child Welfare Special Grants programs currently underway will be continued through the Human Services Block Grant (HSBG) funding.

### **Promising Practice**

#### **Description of Services/ Target Population, and Service Provider**

- The Evening Reporting Center (ERC) is the only identified Promising Practice being provided in Chester County and is operated by Chester County Youth Center staff.
- Services are provided Monday – Friday from 3:00 - 9:00 PM at the Youth Center, with a meal and positive activities, including homework help.
- Target population is delinquent males who are low to medium at-risk youth that have never been in detention or have never been placed in an out-of-home placement.

#### **Estimated Costs, Number Served, Funding Method and Outcomes**

- In FY 2012-13, the ERC was program funded at an estimated cost of \$261,209.

- In FY 2012-13, we anticipate 70 youth will be served and 75 in FY 2013-14.
- Our Promising Practice Outcomes for the first two quarters are in Appendix “H”.

## **Housing**

### **Description of Services/ Target Population, and Service Provider**

- One HSBG funded Housing Program is operated by Human Services, Inc., which targets families requiring housing assistance to keep their children at home or to return their children from placement.
- The other Housing Program is implemented by PathStone Corporation, which targets transition aged youth.
- Both Programs utilize a Coordinator to assist youth and families in locating housing and gaining the skills and resources needed to become self-sufficient.
- Both Programs also provide financial assistance in the form of either a one-time only payment of a security deposit, rent, and/or utilities or ongoing rent and utility assistance.

### **Estimated Costs, Number Served, Funding Method and Outcomes**

- Both Housing Programs are funded on a Fee-For-Service basis, but the costs of rent and utilities paid on behalf of families or youth are covered in the budget.
- In FY 2012-13, we estimated \$229,500 for the housing program, but have moved \$80,500 of unspent funds from Evidence Based Programs to the Housing Program to cover the projected costs in FY 2012-13.
- We anticipate 80 consumers being served in FY 2012-13 and 100 in FY 2013-14.
- Our Promising Practice Outcomes for the first two quarters are in Appendix “H”.

## **Alternatives to Truancy**

### **Description of Services/ Target Population, and Service Provider**

- The Truancy Prevention Program (TPP), implemented by New Life, Youth and Family Services, is the only Alternatives to Truancy Program being provided in Chester County.
- The target population is children of compulsory school age or post enrollment who have excessive excused absences, excessive tardies, or four or more unlawful absences.
- The TPP is a diversion program to avoid the family needing to be opened with CYF through attendance monitoring and twice weekly therapeutic services with the student and family.

### **Estimated Costs, Number Served, Funding Method and Outcomes**

- The TPP is currently funded on a Fee-For-Service basis at an estimated cost of \$102,500.
- In FY 2012-13 and FY 2013-14, we anticipate 100 students will be served.
- Our Promising Practice Outcomes for the first two quarters are in Appendix “H”.
- A Request for Proposals was released in March, 2013 seeking proposals to provide the Alternatives to Truancy Program for FY 2013-14 at an estimate cost of \$275,000.

## **Evidence Based Programs**

### **Description of Services/ Target Population, and Service Provider**

In FY 2012-13 and FY 2013-14, five evidence-based programs will be funded as detailed below.

- Multi-Systemic Therapy (MST) provides an intensive family and community-based therapeutic service to delinquent or dependent youth and their families, where a youth is exhibiting serious antisocial behavior, and is operated by Community Solutions, Inc.

- Functional Family Therapy (FFT) is a family intervention program for at-risk youth aged 11-18 and their families, including youth with mental health and substance abuse issues and is implemented by Vision Quest National, LTD.
- Family Group Decision-Making (FGDM) is a family-centered practice that maximizes family input and decision making with professional agency support and is operated by Justice Works Youth Care, Inc. and several Department of Children, Youth and Families staff.
- Family Development Credentialing (FDC) is a professional development course and credentialing program for helping professionals to learn and practice skills of strength-based family support with families and is implemented through county staff and consultants.
- High Fidelity Wraparound Known as Youth and Family Teams (YFT) is a team-based, collaborative family engagement process for families with children and youth with mental health needs that helps identify and use their strengths and community resources to develop and implement service plans to reduce the use of other restrictive mental health services and is implemented by Child and Family Focus.

### **Estimated Costs, Number Served, Funding Method and Outcomes**

The Outcomes for the first two quarters of FY 2012-13 for all of our HSBG-funded Child Welfare Programs are in Appendix "H".

- MST is funded on a Fee-For-Service basis at an estimated cost of \$220,000 in FY 2012-13 and FY 2013-14 and 60 youth are projected to receive MST services each fiscal year. The HSBG funding is used until families can become eligible, if possible, to receive Medical Assistance funding for MST services.
- FFT is funded on a Fee-For-Service basis at an estimated cost of \$73,060 in FY 2012-13 and FY 2013-14 and 50 youth are projected to receive MST services each fiscal year. The HSBG funding is used until families can become eligible, if possible, to receive Medical Assistance funding for FFT services.
- FGDM is funded according to the State rates for FGDM services. We estimate spending \$222,300 in FY 2012-13, but project more will be needed in FY 2013-14 with an estimated 100 conferences being held each fiscal year.
- FDC is funded on an hourly basis for instruction and advisement. In FY 2012-13, we project spending \$35,000 to serve about 25 people, but anticipate only spending \$25,650 in FY 2013-14 for approximately 20 people.
- YFT is funded on a Fee-For-Service basis at an estimated cost of \$167,580 in FY 2012-13 and 47 youth are projected to receive YFT services this fiscal year. Efforts are underway to identify which family engagement processes are best utilized with particular families and based on the determination of best usage, the projected funding and number served for FY 2013-14 may increase or decrease for YFT.

## **DRUG AND ALCOHOL SERVICES**

### **Current Substance Abuse System**

The Chester County Department of Drug and Alcohol Services serves as the Single County Authority (SCA) for Chester County, responsible for the planning, coordination, and administration of community alcohol and other drug prevention, intervention, and treatment services. The Department also provides case management services for those individuals in need of inpatient care or participants in specialty programs via the court system or grant funded initiatives. Below are bullets summarizing the current system of services.

- -Decentralized" access to services through five points of entry at subcontracted providers located throughout Chester County.

- Two other points of entry providers that service sub-populations for specialized services, (methadone maintenance and adolescent treatment).
- An after-hours protocol for all County Hospital Emergency Departments and contracted Outpatient Providers.
- Access to Drug and Alcohol (D&A) system is through one of five subcontracted point of entry providers who complete a screening tool and assess Level of Care, using the Pennsylvania Client Placement Criteria. Contractual standards ensure that an emergent situation will be addressed within one hour of the initial call. Urgent issues must be addressed within 24 hours and routine assessments must be scheduled within three business days.
- The SCA provides a full continuum of services to include Outpatient, Intensive Outpatient, Partial Hospitalization, Medically Managed Detox, Medically Managed Rehab, Medically Monitored Detox, Medically Monitored Rehab and Halfway House through 51 contracts with licensed programs to meet the substance abuse needs of Chester County residents.
- Services include programs that address sub/specialty populations and their needs (Women with Children, Co-occurring- Mental Health/Drug and Alcohol, Adolescents, forensically involved, opiate addiction etc.).
- Currently, there are no waiting lists for any services although most funding for inpatient rehab level of care was exhausted by December 31, 2012 and the SCA had to rely on securing other funding sources and resources to maintain existing services.
- A mid-year re-allocation of \$500,000 of Human Services Block Grant (HSBG) funds was given to the SCA to provide non-hospital inpatient D&A services. Hopefully, the flexibility of the Block Grant will continue to assist the SCA in serving Chester County residents who need substance abuse services in all levels of care, to include specialized care for target sub-populations (dually diagnosed, transitional age youth 18-25 years old, the older adult population, adolescents and their families).
- Coordination within the county human services system has been accomplished through the SCA and its subcontracted providers who actively participate in the System of Care Practice model, which ensures all stakeholders are involved in the planning and service delivery process to maximize resources and achieve success via a single plan of care and the use of natural resources within the family and community to support ongoing recovery.

### **Emerging Substance Abuse Trends**

Information collected from the Chester County Department of Drug and Alcohol Services FY 2011-12 Annual Report and/or the Chester County Treatment Needs Assessment completed in 2012 show the following trends and emerging needs:

- Heroin and other opiates are the second most used substance. Chester County has seen a steady increase in this number over the last several years. According to data for our Needs Assessment completed in May, 2012, seventy-two (72%) percent of all admissions into inpatient level of care can be attributed to heroin or other opiate use.
- Chester County has also seen an overall 4% increase in the 18-25 year old population. This group also now appears to be presenting to treatment in higher numbers with more complex clinical issues.
- Thirty-five percent (35%) of those individuals seeking residential level of care are also experiencing co-occurring disorders (mental health and substance abuse).
- The Latino population in Chester County is increasing, and spreading to other communities besides Southern Chester County. Our current service delivery network must bolster existing services, primarily increasing bilingual/bicultural staff to meet the needs as well as participate in outreach and engagement activities.

### **Services for Specific Populations**

Access to services, including assessments and treatment; the continuum of service available; the funding available for services; and the intersystem's work and collaboration with other agencies and human service departments are the same for all specific populations as described in the Current Substance Abuse System above. Any additional services for a specific population are listed below.

#### **Older Adult (60+) Services**

- Center for Addictive Disease has specialized outpatient services provided by a Licensed Clinical Social Worker (LCSW) to include both individual and group modalities.
- The SCA also maintains a contract with Eagleville Hospital, which does very well with the older adult population with medical conditions, who also need residential substance abuse treatment.
- Eagleville Hospital also has a Geriatric Psychiatric Unit and has the ability to transfer clients from D&A services to Geriatric Psychiatric services as long as coordination of services and payment are addressed.
- The SCA entered into a Memorandum of Understanding (MOU) with the Department of Aging and the Department of Mental Health/Intellectual and Developmental Disabilities (MH/IDD) to begin monthly case consultation to ensure an understanding of the needs of older adults presenting with multiple issues (to include the process of aging, older adult health, and mental health concerns of aging).

#### **Adults (Ages 18-55)**

- No specific/different services for this population than those listed in the Current Substance Abuse System above.

#### **Transition-Age Youth (Ages 18-26)**

- Two inpatient treatment programs cater to the needs of this age group, Fresh Start and Today, Inc.
- The Leading Everyone to Achieve Potential (LEAP Program is a SAMSHA /BJA grant funded initiative, that focuses on providing additional services to this age group within the Drug Court and Recovery Court programs. Services include: Screening, Assessment, Mental Health Screening, Psychological Evaluations, Trauma Screening and Trauma Recovery Empowerment Model (TREM) services, Vocation/Educational Services and Cognitive Behavioral Therapy (CBT) intervention.

#### **Adolescents (Under 18)**

- All of the five contracted point of entry providers can provide screening, assessment, individual counseling and family counseling to an adolescent and their family members. Three of these five programs also offer group therapy for adolescents dealing with substance abuse problems.
- The SCA maintains five contracts for inpatient residential care, specifically licensed for adolescents.
- The Changes Program, operated through the Chester County Intermediate Unit, is a licensed treatment facility as well as an alternate school placement. This program is unique in that staff provides addiction treatment (Intensive Outpatient Program and partial hospitalization) as well as education on site five days per week, throughout the entire year.

#### **Individuals with Co-occurring Psychiatric and Substance Use Disorders**

The Chester County Department of Drug and Alcohol Services and its contracted network of providers have long recognized that many individuals presenting in need of substance abuse treatment also have co-occurring disorders that will need to be addressed to achieve ongoing recovery. It is our intention that all clients receive holistic care, and that the "No Wrong Door" philosophy is utilized in wrapping appropriate services around a client to maximize success. In the

FY 2012-13 Needs Assessment, data suggest that 35% of all individuals presenting for inpatient residential care for substance abuse issues have been diagnosed with a mental health disorder requiring specialized care. To address this need, the following supports and programs are in place. The SCA has contracts in place with numerous inpatient care programs that are dually licensed in the state of Pennsylvania to provide drug and alcohol as well as mental health treatment.

- Other inpatient facilities are also required to have access to and service agreements in place with local mental health care providers so aftercare services may be arranged with a seamless transition.
- Over the past two years, all outpatient/point of entry contracted providers have completed a joint initiative involving the SCA, Department of MH/IDD and our managed health care provider, Community Care Behavioral Health (CCBH), to address the need to obtain co-occurring competent status via staff training, review of policy/procedures, modification of forms to include co-occurring components, interagency service agreements and finally adopting practice models to include System of Care and the “No Wrong Door Philosophy”.
- Our contracted entry points have psychiatric time on site, which may include psychiatric evaluations, medication checks or case consultation reimbursable via the SCA contract.
- The SCA will also pay for case management services if the client is involved in the mental health service delivery system and ongoing case collaboration/consultation is needed.
- One provider within the contract network is able to perform psychological evaluations and testing, with a targeted sub-population (18-25 year olds), involved in the Treatment Courts to assist the client and treating clinical team when it appears the client is struggling or not responding to clinical approaches in their outpatient settings.

### **HSBG Funding for Drug and Alcohol Services**

Regarding the Human Service Block Grant (HSBG) Funding, our plan for next year is to ensure that current services are maintained. We are also hopeful that the flexibility of the HSBG will continue to assist the SCA in serving Chester County residents who need substance abuse services, for all populations described above and in all levels of care, and perhaps allow us to re-institute support and other services that were cut due to funding issues.

### **Recovery-Oriented Supports**

Chester County has always approached recovery in a manner that emphasizes the use of natural supports in one’s community to strengthen and fortify the recovery effort. The Chester County Department of Drug and Alcohol Services has an existing advisory board whose members include those who have direct experience in seeking and finding recovery whether it is as a Person in Recovery or as a family member. This group, as appropriate, acts as the steering committee in assisting us and our contracted network in making connections and forming alliances in assisting those new to the recovery process. One component of this is the strong ties to 12 Step Programs currently operating within the county and surrounding areas. Many of our contracted providers have on site meetings for individuals to attend and become familiar with the 12 Step Fellowship. Within the 12 Step Fellowship, a smaller group of individuals has agreed to serve as mentors in assisting others in finding a meeting or home group to meet someone’s needs.

In addition to these resources, the SCA had, in years past, funded a Recovery Support Specialist position for all five contracted point of entry providers. This position was vital as it provided assistance with meeting basic needs as well as navigating the service systems. These positions had

to be eliminated due to ongoing funding cuts at the federal and state levels. It is our intent to access Human Services Block Grant dollars to bring the Recovery Support Positions position back into our outpatient network, if funding is sufficient.

There are several other natural supports found in many of our communities across the county. A few examples of groups and organizations that are available to support a Person in Recovery and their family members and help meet their various needs are Coatesville Youth Initiative, Community Volunteers in Medicine, ChesPenn, faith-based organizations, Open Hearth, and the Gateway Program. Finally, initial discussions between Human Services, Drug and Alcohol, Mental Health/ Intellectual and Developmental Disabilities and our managed health care provider regarding Recovery-Oriented Services (ROSC) have just begun. The initial plan is to educate ourselves on ROSC and determine if and how this may be implemented in Chester County.

Appendix "A"

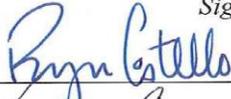
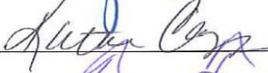
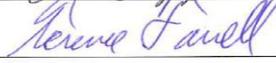
Appendix A  
Fiscal Year 2013-2014

COUNTY HUMAN SERVICES PLAN  
ASSURANCE OF COMPLIANCE

COUNTY OF: Chester

- 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**

<i>Signatures</i>	<i>Please Print</i>	
	RYAN COSTELLO	Date: 6.5.13
	KATHI COZZONE	Date: 6.5.13
	TERENCE FARRELL	Date: 6.5.13

**APPENDIX C**  
**HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

County: Chester	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES	
<b>MENTAL HEALTH SERVICES</b>							
ACT and CTT	15		166,944				
Administrator's Office			1,040,610	385		25,000	
Administrative Management	370		607,197				
Adult Developmental Training							
Children's Evidence Based Practices							
Children's Psychosocial Rehab							
Community Employment	50		144,180				
Community Residential Services	160		5,861,363	145,160	415,869		
Community Services	1,405		714,025			29,000	
Consumer Driven Services							
Crisis Intervention	1,700		1,475,000				
Emergency Services	50		183,028				
Facility Based Vocational Rehab	60		166,497				
Family Based Services							
Family Support Services	500		198,316				
Housing Support	160		2,231,196				
Other							
Outpatient	1,305		336,367				
Partial Hospitalization							
Peer Support	65		61,716				
Psychiatric Inpatient Hospitalization	10		30,000				
Psychiatric Rehabilitation	40		274,540				
Social Rehab Services	230		201,399				
Targeted Case Management	400		350,926				
Transitional and Community Integration							
<b>TOTAL MH SERVICES</b>	<b>6,520</b>	<b>0</b>	<b>14,043,304</b>	<b>145,545</b>	<b>415,869</b>	<b>54,000</b>	
<b>INTELLECTUAL DISABILITIES SERVICES</b>							
Admin Office	1,519		2,168,515			127	
Case Management	223		325,000			2,599,297	
Community Residential Services	25		1,938,990		139,256		
Community Based Services	300		1,726,866				
Other							
<b>TOTAL ID SERVICES</b>	<b>2,067</b>	<b>0</b>	<b>6,159,371</b>	<b>0</b>	<b>139,256</b>	<b>2,599,424</b>	
<b>HOMELESS ASSISTANCE SERVICES</b>							
Bridge Housing	202		113,079				
Case Management							
Rental Assistance	162		45,000				
Emergency Shelter	141		90,000				
Other Housing Supports							
<b>TOTAL HAP SERVICES</b>	<b>505</b>	<b>0</b>	<b>248,079</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>CHILDREN &amp; YOUTH SERVICES</b>							
Evidence Based Services	260		546,058		191,515		
Promising Practice	75		261,209				
Alternatives to Truancy	75		225,000				
Housing	100		250,000				
<b>TOTAL C &amp; Y SERVICES</b>	<b>510</b>	<b>0</b>	<b>1,282,267</b>	<b>0</b>	<b>191,515</b>	<b>0</b>	
<b>DRUG AND ALCOHOL SERVICES</b>							
Inpatient non hospital	375		1,104,492				
Inpatient Hospital							
Partial Hospitalization							
Outpatient/IOP	521		267,009				
Medication Assisted Therapy							
Recovery Support Services	450		150,000				
Prevention							
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	<b>1,346</b>	<b>0</b>	<b>1,521,501</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>HUMAN SERVICES AND SUPPORTS</b>							
Adult Services							
Aging Services							
Generic Services	8,500		245,000				
Specialized Services	25		50,000				
Interagency Coordination			75,845				
<b>TOTAL HUMAN SERVICES AND SUPPORTS</b>	<b>8,525</b>	<b>0</b>	<b>370,845</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>COUNTY BLOCK GRANT ADMINISTRATION</b>			<b>275,272</b>		<b>0</b>		
<b>GRAND TOTAL</b>		<b>19,473</b>	<b>0</b>	<b>23,900,639</b>	<b>145,545</b>	<b>746,640</b>	<b>2,653,424</b>

<b>CHESTER COUNTY</b>							
<b>HUMAN SERVICES BLOCK GRANT</b>	<b>Appendix C-1</b>						
<b>May 15, 2013</b>							
	2012/2013	2012/2013	2013/2014				
	TOTAL FISCAL YEAR						
	ORIGINAL						
<u>Category/Type of Service</u>	<u>Budgeted Amount</u>	<u>Year-End Projection</u>	<u>Budgeted Amount</u>				
<b>TOTAL MH SERVICES</b>	13,880,516	13,327,278	14,043,304				
<b>TOTAL ID SERVICES</b>	6,407,752	5,427,516	6,159,371				
<b>TOTAL HAP SERVICES</b>	248,079	297,197	248,079				
<b>TOTAL C &amp; Y SERVICES</b>	1,473,782	1,232,598	1,282,267				
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	1,373,445	1,873,445	1,521,501				
<b>TOTAL HUMAN SERVICES AND SUPPORTS</b>	241,793	553,998	370,845				
<b>COUNTY BLOCK GRANT ADMINISTRATION</b>	275,272	275,272	275,272				
<b>TOTAL COUNTY BLOCK GRANT</b>	23,900,639	22,987,304	23,900,639				
<b>TOTAL COUNTY MATCH</b>	740,920	711,676	746,640				
<b>TOTAL EXPENSES</b>	24,641,559	23,698,980	24,647,279				

**Proof of Publication of Notice in the Daily Local News**  
 Under Newspaper Advertising Act No. 587, Approved May 16, 1929

State of Pennsylvania {ss: \_\_\_\_\_ {No. \_\_\_\_\_ Term, 2013  
 County of Chester

Patricia Sigda, Legal Representative of the Daily Local News Company, a corporation, of the County and State aforesaid, being duly affirmed, deposes and says that the Daily Local News, a newspaper of general circulation, published at 250 N. Bradford, Ave., West Chester, PA, County and State aforesaid, was established November 19, 1872, and Incorporated December 11, 1911, since which date the Daily Local News has been regularly issued in said county, and that the printed notice or publication attached hereto is exactly the same as printed and published in the regular editions and issues of the said Daily Local News on the following dates viz:

April 15 A.D. 2013

Affiant further deposes that he/she is the proper person duly authorized by the Daily Local News Company, a corporation, publishers of said Daily Local News, a newspaper of general circulation, to verify the foregoing statement under oath, and that affiant is not interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statements as to time, place and character of publication are true.

**COPY OF NOTICE OR PUBLICATION**

**PUBLIC HEARINGS**

County of Chester  
 Board of Commissioners  
 Department of Human Services  
 Tuesday, April 23, 2013 at  
 4:30 PM  
 Chester County  
 Government Services Center  
 601 Westtown Road, Suite 170  
 West Chester, PA 19380-0990

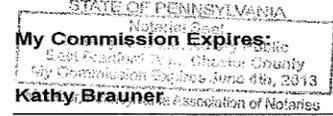
AND

Wednesday, April 24, 2013 at  
 2:00 PM  
 Brandywine Health Center  
 Conference Room  
 744 East Lincoln Highway  
 Coatesville, PA 19320

Purpose: To receive Public Comments on the FY 2013-14 Human Services Block Grant Plan for the Chester County Department of Human Services. A draft plan will be posted on the Department of Human Services website at [www.chesco.org/human](http://www.chesco.org/human) or is available by calling 610-344-5262.

*Patricia Sigda*  
 affirmed to and subscribed before me this 15

day of April 2013  
*Kathy Brauner*  
 Notary/Public



DHS Planner

601 Westtown Rd., Suite 330

West Chester, PA 19380-0990

To DAILY LOCAL NEWS COMPANY, Dr.  
 For publishing the notice or publication attached hereto on the above stated dates .....\$  
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DAILY LOCAL NEWS, a Corporation, Publishers of the DAILY LOCAL NEWS, a newspaper of General Circulation.

Block Grant Plan Public Hearing Sign-In Sheet - April 23, 2013

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Block Grant Plan Public Hearing Sign-In Sheet - April 23, 2013

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Block Grant Plan Public Hearing Sign-In Sheet - April 24, 2013

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Block Grant Plan Public Hearing Sign-In Sheet - April 24, 2013

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**FY 2013-14 HSBG Planning Meeting Summary**

<b>Date of Meeting</b>	<b>Department Facilitating</b>	<b>Name of Meeting</b>	<b>Number Attending</b>	<b>Type of Attendees (Internal/External/Both)</b>
01/07/13	CYF	DCYF Senior Management Meeting	8	Internal
01/16/13	CYF	DCYF Advisory Board Meeting	10	External
01/28/13	CYF	DCYF Program Subcom. to Advisory Bd.	6	Both
01/29/13	CYF	DCYF In Home Program Liaison Meeting.	9	Internal
01/30/13	CYF	Family Engagement Training Meeting	19	Both
02/25/13	CYF	Child Welfare Key Stakholder Meeting	34	Both
01/18/13	D&A	D&A Staff Internal Block Grant Meeting	13	Internal
01/14/13	D&A	D&A Advisory Council Meeting	4	External
01/17/13	D&A	D&A Directors Meeting	9	Both
03/03/13	D&A	D&A Alumni Group Meeting	13	External
03/05/13	D&A	D&A Directors Meeting	7	External
01/07/03	DHS	HSBG Review Meeting	8	Internal
02/05/13	DHS	HSBG Review Meeting	10	Internal
03/05/13	DHS	HSBG Review Meeting	10	Internal
04/02/13	DHS	HSBG Review Meeting	10	Internal
04/23/13	DHS	Public Hearing	45	Both
04/24/13	DHS	Public Hearing	34	Both
05/07/13	DHS	HSBG Review Meeting	10	Internal
01/08/13	MH/ID	Early Intervention Providers		External
01/08/13	MH/ID	Children's Subcommittee of MH/IDD Board		Both
01/09/13	MH/ID	Psychiatric Advisory Panel	10	External
01/14/13	MH/ID	Adult MH Subcommittee of MH/IDD Board	7	Both
01/15/13	MH/ID	Equal Voices Luncheon		External
01/16/13	MH/ID	Quality Subcommittee of MH/IDD Board	6	Both
01/17/13	MH/ID	Chester County NAMI		External
02/05/13	MH/ID	Internal Quality Management		Internal
02/06/13	MH/ID	ID Self Determination Subcommittee of MH/IDD Board	15	External
02/06/13	MH/ID	Community Support Program	22	External
02/11/13	MH/ID	Adult MH Subcommittee of MH/IDD Board	9	Both
02/12/13	MH/ID	Children's Subcommittee of MH/IDD Board		Both
02/21/13	MH/ID	Chester County NAMI		External
02/27/13	MH/ID	Psychiatric Advisory Panel	10	External

02/28/13	MH/ID	MH/IDD Advisory Board	10	Both
03/06/13	MH/ID	Community Support Program	10	External
03/06/13	MH/ID	ID Self Determination Subcommittee of MH/IDD Board		External
03/11/13	MH/ID	Adult MH Subcommittee of MH/IDD Board	9	Both
03/12/13	MH/ID	Children's Subcommittee of MH/IDD Board		Both
03/20/13	MH/ID	Internal Quality Management		Internal
03/21/13	MH/ID	Chester County NAMI		External
03/28/13	MH/ID	MH/IDD Advisory Board		Both
04/03/13	MH/ID	ID Self Determination Subcommittee of MH/IDD Board	15	Both
04/08/13	MH/ID	Adult MH Subcommittee of MH/IDD Board	9	Both
04/08/13	MH/ID	Children's Subcommittee of MH/IDD Board	20	Both
04/24/13	MH/ID	Psychiatric Advisory Panel	15	External

**Comments Received Electronically following the Public Hearings**

**Comments from Kelly Frizen, a parent and Director of Voice and Vision**

Thank you for the public presentation for the block grant spending. As a parent in this County who has been a part of and benefitted greatly from most of the children’s MH services (starting with early intervention after international adoption to wraparound to MH to JPO unfortunately and YFT and residential and family based as well as trainings and support groups and private therapies) I appreciate so much the County’s willingness to take input from the community in planning. We have also had 5 years’ experience in this county raising our niece who was at one time an at risk, pregnant 16 year old and so that put us in the realm of MA and custody and grand-family considerations. It’s not like we started out to be a family with so much need and certainly not any want to reach out for Medical Assistance! But, with all these experiences, I have come to appreciate so much the wealth of support in this County. I hesitate to speak in public meetings because of my CFST role and because it’s a bit intimidating to be a parent (you know, the one with the children with so many “issues”).

I am happy to see the threads of keeping children out of placement and better/clearer access to services. With regard to transition age services, please consider that these are needed for mental health young adults and not just IDD/autistic. Also, with regard to ‘access’, please consider that the access points are far and many over the maturity of a child and so whatever the mechanism that it be useful for providers, families, and schools, so no matter where you ‘access’ (or request or need services) the window in looks the same (web page, services flyer, twitter, facebook, whatever) and can allow a way in to investigate categories or symptoms of care whether you are a lay person or provider who knows all the buzz words. Also, I would respectfully request that much more link be built between schools and mental health services so that families whose children present with mental health patterns can have an access point at school where they have basic knowledge of mental health challenges for families (depression, bipolar, anxiety, OCD, trauma/attachment) and school personnel are held more accountable to help families recognize the symptoms and at least point families on a solid path. Too many times over the 15 years of raising my children symptoms were ignored or chalked up to behavior and it took a crisis in the teen years to get noticed.

The IEP process for us was all behavioral and in hind site there just should have been so much more emotional support and guidance for trauma. There were signs earlier the school seemed to ignore or dismiss as family issues. They take notice only when you say your kid has been hospitalized and will be gone then they sign everything to allow them to go to a special school. Finally, I would like to put a plug in that consideration be made for providers of traditionally MA services be opened up to accept/work with private insurance. There are families in the MA system using the rich MA mental health services because they have no choice because you cannot get these services through the private insurance company. Why not go after the state decision makers to lobby for private insurance to cover things like family based services and peer specialists and case management?

**Comments from Michael Brody, Director of Service Operations, Mental Health Association of Southeast Pennsylvania (MHSAP)**

Good afternoon- on behalf of the MHASP we appreciate the opportunity to review and comment on the above named plan. We applaud the intent of the “**Department of Mental Health/Intellectual Disability**: To maintain health and safety and to promote Recovery and Self-Determination through wider use of evidence-based and promising clinical practices, staff training and development, use of Certified Peer Specialists, and close management of ID services and Waiver capacity.”, especially as it relates to increased use of Certified Peer Specialists. However, in the priorities section of the plan there is no specific indication of any increases or enhancements to this type of service.

As in past years, we would encourage the Department to create Mobile Peer Support Services for the residents of Chester County. We appreciate your consideration of this idea and service.

**Comments from Don Faix,**

Thank you for the opportunity to comment on the Block Grant Plan for 2013-2014. I was unable to attend the Public Hearings so I appreciate the chance to submit my comments in writing. My comments are in two forms: suggestions and questions. They are not meant to be critical but helpful in communicating with parents and the general public.

While I understand the Plan is about next year, I think there needs to be sufficient information about how the Plan worked for the current or past year. I appreciate that your current data is for only six months and not fully complete. However, it would be very helpful to present that data so the public could have some basis for understanding how much was spent in whatever areas for which you had solid information and reasons why the analysis was incomplete. To say that “85% of the outcomes have met or exceeded the baseline data” is not very helpful. It has the scent that something is being covered up. This is an instance where the best data you have should be reported.

The following questions are for clarity regarding the summary of your 2012-13 budget changes:

1. You mentioned budget increases by some departments. Where did the money come from?
2. For some departments you only mentioned that their budgets increased. How much?
3. How much did ID Advocacy drop due to turnover and will it be made up this year?
4. What criteria did you use in transferring the funds?
5. Did you transfer funds from ID while there still is a waiting list for services? Why?

The following comments are related to the 2013-14 Plan:

1. What metrics are you planning to use to quantify and measure goal achievement?
2. What is the difference between a theme and a need? Is this just a wish list? Could you have prioritized and would it have strengthened your planning?
3. What are the costs associated with your priorities and where are they in Appendix C?

4. What happened to the 10% County match? (The total is 3.1% with the largest, 14.2% for C & Y)
5. How many clients are being served by each department?
6. What is the total Block Grant amount for this year and next?
7. What is "Other Planned Expenditures"?

**Comments from Jeanne Meikrantz, Director of the ARC of Chester County**

Thank you for the opportunity to review and provide public comment on the Chester County Draft FY 2013-2014 Human Services Block Grant Plan. It is obvious from the draft plan and the public hearings that the staff at the County as well as the County Commissioners are committed to the full implementation of the Block Grant in order to meet the needs of the citizens of Chester County. The Arc of Chester County appreciates the hard work being done by the Human Service Department staff and program office staff. We are thankful for your dedication and commitment to individuals with disabilities and their families.

The draft plan for FY 13-14 includes a number of priorities that should support the full inclusion and lives of individuals with disabilities and their families.

That being said we continue to be concerned that funding allocated for meeting the unique needs of individuals with an intellectual disability and their families is and will be diverted. It does appear that in FY 12-13 funds allocated for individuals with an intellectual disability were diverted to other populations. Given the number of individuals registered with Chester County on the Emergency Waiting list currently (65) we are concerned that these diverted funds could and should have been used to address the needs of those on the waiting list but were instead diverted to other populations.

We were unable to ascertain from the plan what criteria was and will be used to make decisions on the amount of funds that were and will be redirected. We request the County develop criteria for determining need and how funds be distributed based on that criteria. We also request the County share the specific statistics on the amount of funds transferred and how the funds were used.

If you have any questions regarding these comments please contact me at 610-696-8090.

**Outcomes for First Six Months of FY 2012-13****Mental Health (MH) Services**

<b>Outcome</b>	<b>Measure</b>	<b>Achieved</b>
No more than 10% of MH Blended Case Management consumers will have an inpatient stay while actively receiving Blended CM services	Total number of MH Blended Case Management recipients in FY 2012-13	Establishing baseline in FY 2012-13
At least 25% of Mental Health Housing Options Team (MHOT) referrals will receive base-funded housing or supports	Total number of MHOT referrals in FY 2012-13	19/83 = 23%
Fewer than 25% of MH consumers receiving crisis services will be hospitalized in an inpatient facility, as a monthly average	Total number of MH consumers receiving crisis services each month in FY 2012-13	Monthly average for period = 16%

**Intellectual Disability (ID) Services**

<b>Outcome</b>	<b>Measure</b>	<b>Achieved</b>
At least 5% of Waiver-eligible ID registrants in a Waiver-ineligible site will be moved to a Waiver-eligible site	Total number of Waiver-eligible ID registrants in a Waiver ineligible site in FY 2012-13	8%
At least 40% of recent ID graduates will have services to meet emergent needs within one year of graduation	Total number of recent ID graduates in FY 2012-13	15/43 = 35%
At least 5% of Base-funded ID registrants will be moved to a Waiver slot	Total number of Base-funded ID registrants in FY 2012-13	20/670 = 3% (14 PF, 6 CW)
Number of individuals in ID State Centers will be no more than seven	Total number of individuals in ID State Centers in FY 2012-13	7

**Homeless Assistance**

<b>Outcome</b>	<b>Measure</b>	<b>Achieved</b>
At least 89% of clients will maintain permanent housing for six months following discharge from a transitional housing program	Total number of clients in a transitional housing program in FY 2012-13	Establishing baseline in FY 2012-13
At least 40% of all adult clients exiting a contracted transitional housing program will be employed at discharge	Total number of clients exiting a contracted transitional housing program in FY 2012-13	Establishing baseline in FY 2012-13
In FY 2013-14, all contracted emergency shelter providers will be required to reduce their Length of Stay by 10%	Length of stay for all contracted emergency shelter providers in FY 2012-13	Establishing baseline in FY 2012-13
100% of eligible clients surveyed will maintain or obtain permanent housing for six months after receiving rental assistance	Total number of clients receiving rental assistance in FY 2012-13	Establishing baseline in FY 2012-13

100% of clients deemed ineligible for Rental Assistance and unable to maintain and/or obtain permanent housing will be referred to appropriate housing and/or case management resources for follow up	Total number of clients deemed ineligible for Rental Assistance and unable to maintain and/or obtain permanent housing in FY 2012-13	Establishing baseline in FY 2012-13
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### Child Welfare

Outcome	Measure	Achieved
(MST) At least 80% of youth and families enrolled in MST services will successfully complete the program	Total number of CYF and JPO referrals completing the program in FY 2012-13	10/19 =52.6%
(MST) No more than 30% of youth discharged from the program will be re-arrested within 12 months of termination from the program	Total number of CYF and JPO youth terminated from the program in FY 2012-13	Baseline to be established in FY 2012-13
(MST) No more than 30% of youth discharged from the program will be placed out of home within 12 months of termination from the program	Total number of CYF and JPO youth terminated from the program in FY 2012-13	Baseline to be established in FY 2012-13
(FFT) At least 70% of youth and families enrolled in FFT services will successfully complete all three phases of the program	Total number of youth/families from CYF and JPO receiving FFT services in FY 2012-13	12/13=92%
(FFT) No more than 30% of youth discharged from the program will be re-arrested within 12 months of termination from the program	Total number of youth from CYF and JPO discharged from FFT in FY 2012-13	Baseline to be established in FY 2012-13
(FFT) No more than 30% of youth discharged from the program will be placed out of home within 12 months of termination from the program	Total number of youth from CYF and JPO discharged from FFT in FY 2012-13	Baseline to be established in FY 2012-13
(YFT) At least 25% of families will successfully complete all four phases of the High Fidelity Wraparound model in FY 2012-13	Total number of CYF and JPO funded families discharged from the program in FY 2012-13	2/9=22%
(YFT) At least 80% of children served by YFT will remain at home or successfully transition home from placement and remain in their home while enrolled in the program	Total number of CYF and JPO funded children receiving YFT services in FY 2012-13	100%
(YFT) At least 75% of families will increase the number of natural supports utilized by each family from the start of the program to discharge	Total number of natural supports utilized by each CYF/JPO funded family receiving YFT services in FY 2012-13	4/5=80%

(FGDM) At least 80% of children participating in an FGDM conference who are living in the home at the time of the conference will still be living at home 6 months after the conference was held	Total number of CYF and JPO children participating in an FGDM conference in FY 2012-13	Baseline to be established in FY 2012-13
(FGDM) At least 20% of referrals for FGDM services will be minority families in FY 2012-13	Total number of CYF referrals to FGDM reviewed by race in FY 2012-13	24%
(FDC) The number of credentialed persons working with families in Chester County will increase by at least 50% in FY 2012-13 from the number currently credentialed in FY11-12	Total number of FDC credentialed persons in Chester County in FY 2012-13	31 were credentialed as of FY11-12. As of 12/31/12, 24 participants remained in the FDC and only 16 need to pass the test to meet the goal
(ERC) At least 80% of the youth enrolled in the ERC will successfully complete the program (determined at discharge)	Total number of youth discharged from the ERC in FY 2012-13	23/28=82.1%
(ERC) When used as an alternative to Detention, at least 85% of youth who participate in the ERC program will avoid placement in the Detention Center while enrolled in the ERC and for 3 months after discharge from the program	Total number of youth enrolled in or discharged from the ERC in FY 2012-13	12/13=92.3%
(ERC) When used as an alternative to Placement, at least 75% of youth who participate in the ERC will avoid an out of home placement while enrolled in the ERC and for 3 months following discharge.	Total number of youth enrolled in or discharged from the ERC in FY 2012-13	8/14=57.1%
(TAY Housing) 50% of youth who enter the program in FY 2012-13 will find safe and affordable housing while enrolled in the program	Total number of youth from JPO and CYF participating in the program in FY 2012-13	5/13=38%
(TAY Housing) 50% of youth who secure housing in FY 2012-13 will increase their portion of the rent and utilities within 6 months of receiving financial assistance	Total number of youth from JPO and CYF participating in the program in FY 2012-13	3/5=60%
(TAY Housing) 75% of youth who are unemployed when enrolling in the program will find full-time employment within 6 months of enrollment	Total number of youth from JPO and CYF participating in the program in FY 2012-13	3/12=25%
(Family Housing) 50% of families receiving financial assistance will increase their income by the end of the program	Total number of families receiving financial assistance who are discharged from the program in FY 2012-13	6/8=75%

(Family Housing) 75% of families will maintain housing at the completion of the program	Total number of families discharged from the program in FY 2012-13	8/8=100%
(Truancy Program) 75% of all participants will have attendance rates that fall within the participant's school guidelines from the time the youth is referred to 6 months following discharge	Total number of children discharged from TPP program in FY 2012-13	Baseline to be established in FY 2012-13
(Truancy Program) 75% of all participants who are discharged in FY 2012-13 will have improved school performance as measured by a successful promotion to the next grade.	Total number of children discharged from TPP program in FY 2012-13	Baseline to be established in FY 2012-13
(Truancy Program) 75% of participants and their families will be connected to at least one community based resource while involved in the TPP, such as advocate services, recreational programs, therapeutic supports	Total number of children receiving services from TPP program in FY 2012-13	27/34=79.4%

### Drug and Alcohol Services

Outcome	Measure	Achieved
Routine assessments are completed by approved assessment site within 7 days of referral	Total #of assessments completed in FY 2012-13	Data not available for FY 12-13 due to changes in the State's data system. Baseline will be developed in FY 13-14
Clients are admitted into treatment services within 14 days of assessment	Total number of clients receiving an assessment who are recommended for treatment services in FY 2012-13	Data not available for FY 12-13 due to changes in the State's data system. Baseline will be developed in FY 13-14

### Human Services and Supports

Outcome	Measure	Achieved
A minimum of 40% of unduplicated clients who have received Information and Referral Services will be contacted to confirm they received the service to which they were referred	Total number of unduplicated consumers receiving information and referral services in FY 2012-13	80.2% of unduplicated clients were followed up on to see if they received the referred service
A minimum of 50% of those clients contacted will actually have received the service to which they were referred	Total number of unduplicated clients who were followed up on in FY 2012-13 by the four I&R sites	75.6% of all clients contacted received the service to which they were referred

Additional Information received from Chester County in response to questions from Plan review by the Department:

- The Plan did not identify needs for any of the MH population groups. If there are unmet needs for any of these population groups, please provide the information.
  - Below are the identified needs for all of the population groups:

Note to OMHSAS: Please understand that we have proposed to fund the top priorities to the best of our ability, considering the limited funds from ten years of cuts and the FY 12/13 10% cut. Therefore, we have gaps and unmet needs in every possible area of mental health services, as well as addiction, housing, and child welfare evidence based practices.

- **Older Adults (ages 60 and above)** We see the need to get more seniors engaged in MH services, so we are planning to train a Peer Support Specialist to work with older adults to engage them more. The needs below for housing for adults also apply to Older Adults.
- **Adults (ages 18 and above)** Housing and Employment are the primary needs for this population, which can only partially be addressed in this plan, due to ten years of funding cuts. We need additional funds for Employment supports and more Supportive Living slots. In addition, we have two sexually problematic offenders who need housing. Also, our outpatient/Core Provider mental health system is struggling financially due to insufficient rates for every service.
- **Transition-Age Youth (ages 18 through 26)** Housing and Employment are also the primary needs for this population and although we have plans to increase these services, funds are needed. For both Adults and TAY, we also have plans to pay for performance for evidence based services.
- **Children (under 18)** Unmet needs for this age group include those noted above for the outpatient/Core Provider system. We also need more mentor/advocate supports, respite services, and the funds to hire a MH Child Services Coordinator.
- **Special/Underserved Populations**
  - **Individuals transitioning out of state hospitals** - We have moved most of our consumers out already, but we need more funds than are offered by the state for a safe transition with this “high need” population.
  - **Co-occurring** – Increase the number of core providers identified as co-occurring specialty as we only have one at present. The county, HSBG and HealthChoices, pays a premium for this service.
  - **Justice-involved individuals** – Continue to maintain MH court and related MH Protocol. Again, the lack of adequate funds for outpatient/Core Provider service also affect our ability to serve this population, the veterans, the LGBT consumers and minority clients.
  - **Veterans** – Trauma Informed Care has been established after considerable training and we plan to work closely with the Coatesville VAMC.
  - **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers** - Need to address providers to have regular Culturally Competent Trainings and well trained staff.

- **Racial/Ethnic/Linguistic minorities** – Need to continue working with all Core providers to hire more bilingual Spanish/English speaking staff and to promote the Latino Advisory Board.
- Please clarify if the measures for FY 12/13 (identified in Appendix H) are the ones that the county will be tracking in FY 13/14 also.
  - Yes, the outcome measures for FY 12-13 will be the same measures that we will be tracking in FY 13-14.
- Please provide information on the Recovery Supports that are funded in the 13/14 plan since this was not addressed in the narrative. Will this fund the 5 Recovery positions?
  - Yes, the \$150,000 in the Recovery Support Services line item are for the five Recovery Support Specialists mentioned in the Recovery-Oriented Supports section of the Drug and Alcohol Services narrative.
- The expenditures and clients identified in the C&Y narrative do not agree with the expenditures and clients in the C&Y budget (Appendix C). Please ensure that the estimated clients and projected costs in the narrative agree to the budget for each of the planned services.
  - The estimated number of clients and the planned expenditures in Appendix “C” are the correct numbers. The differences in the Child Welfare narrative were estimated costs based on our expectations for possible changes in FY 13-14. The numbers in the narrative have been changed to match the figures in Appendix “C”. Below are the changes to the three evidence-based programs that did not match in Appendix “C”:
    - Housing
      - We anticipate 100 consumers being served in FY 2013-14 at a cost of \$250,000.
    - Alternatives to Truancy
      - In FY 2013-14, we anticipate 75 students will be served at a cost of \$225,000.
    - Evidence Based Programs
      - We anticipate a total of 260 consumers being served through all of the Evidence-Based Practices in FY 2013-14 at a cost of \$546,058.

Below is the info for Chester County’s Evidence-Based services you requested:

<b>Program</b>	<b>Projected Expenditures</b>	<b>Estimated Clients</b>
Multi-Systemic Therapy (MST)	\$ 155,977	40
Functional Family Therapy (FFT)	\$ 73,060	50
Family Group Decision Making (FGDM)	\$ 165,159	110
Family Development Credentialing (FDC)	\$ 30,000	25
High Fidelity Wraparound (Youth & Family Teams in Chester County-YFT)	\$ 121,862	35
<b>TOTAL</b>	<b>\$ 546,058</b>	<b>260</b>