

**FY 2014-15 CHESTER COUNTY  
HUMAN SERVICES  
BLOCK GRANT PLAN**

**July 2014**

**Assurance of Compliance**

The Chester County Commissioners will act on our FY 2014-15 Human Service Block Grant Plan at the July 8<sup>th</sup> Commissioners Meeting. Our signed Assurance of Compliance will be sent following the July 8<sup>th</sup> Commissioners Meeting.

## Part I: County Planning Process

### 1. Identification of Critical Stakeholder Groups

The County of Chester is well placed to continue to implement our Human Services Block Grant 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. 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 Chester County Department of Human Services (DHS) built on our prior success involving internal and external stakeholders in the planning process for the FY 2014-15 Chester County Human Services Block Grant (HSBG) Plan. We continue to integrate our System of Care approach, which is 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, into our planning efforts. The philosophical concepts of System of Care - 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 - are used to guide the planning process in Chester County.

### 2. Involvement of Stakeholder Participation in Planning

Each of the categorical departments engaged department-specific stakeholder groups to gather input for the FY 2014-15 HSBG planning. These groups included advisory boards and community committees, including, but not limited to: Department of Drug and Alcohol Services (D&A) Advisory Board; Directors of County D&A Providers; D&A Alumni Group, which includes clients; Department of Children, Youth and Families (CYF) Advisory Committee; Mental Health Adult and Children’s Subcommittees of the Mental Health/Intellectual and Developmental Disabilities (MH/IDD) Advisory Board; Intellectual Disability Committee of the MH/IDD Advisory Board; and ongoing mental health, drug and alcohol and in-home provider meetings.

The regular meetings of several cross systems stakeholder groups are also 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 is 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.

The RoadMAPP to Health, a comprehensive county health and human services planning effort completed in 2012 that addressed both physical and behavioral health needs, and “Decade to Doorways,” the county’s 10-Year Plan to End Homelessness, also continue to inform and guide our HSBG planning as well. A number of committees have evolved from these two planning processes that include county staff from all of the human services departments, Health Department, Department of Community Development, provider agencies, United Way, and various community stakeholders. The broad based representation on these committees has provided continuity to all of our county’s planning efforts, including HSBG planning.

The Policy Leadership Team and the Planning Team continue to provide leadership and guidance in our planning for the FY 2014-15 Human Services Block Grant (HSBG). The HSBG Policy Leadership Team is comprised of the 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 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.

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 Department of Drug and Alcohol Services, and planners from the Departments of 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. As a result of these planning processes, the input from the Public Hearings, internal and external stakeholder meetings (See Appendix “F” for a list of all the stakeholder planning meetings), and a review of outcomes, priorities were identified and listed in rank order for each of the departments funded through the HSBG.

The flexibility of the block grant funding helps support our System of Care philosophy outlined earlier in all of the human services categorical departments. As a result of embracing this philosophy across all human service departments and the county’s human services’ organizational design, we are able to support a strong evidence based and evidence informed community system that helps to provide a broad array of services for adults and youth that best meet the needs of those we serve.

Below is a summary of the Human Services Block Grant Planning that summarizes the goals, common themes, and priorities of the categorical departments included in the Block Grant. Goals and priorities are not listed for the Department of Aging Services as they are not included in the Human Services Block Grant (HSBG). There are no funds from the Department of Aging included in HSBG

funds. While the Department of Aging has their own Five-Year Plan that details their goals and priorities, they are active participants in the Human Service Policy Team and planning.

**GOALS** - The goals reflect what the Departments want to accomplish with HSBG funds:

**Department of Children, Youth, and Families (CYF):** To provide the necessary supports to families in order to keep children safely in their homes wherever possible.

**Department of Drug and Alcohol Services (D&A):** To ensure timely access to the full continuum of treatment services, including initial assessment, is available to individuals. Services received should be based on individual need, and provided in the most clinically appropriate level of care for the clinically appropriate length of time.

**Mental Health/Intellectual Disability Department (MH/ID):** To maintain core services at a high standard with evidence-based, best and promising practices throughout, while developing new recovery-oriented services in response to identified need.

**Department of Community Development (DCD):** To prevent homelessness by using the HSBG funds to support rental assistance for those facing eviction, "Transition in Place" programs that provide financial assistance to households to help them stay in their current housing, Emergency Shelters, and Transitional Housing Programs.

**Department of Human Services (DHS):** To promote and ensure access to needed services for residents of all ages and abilities, ensuring the services are provided as an integrated system that is accessible to consumers and demonstrates positive outcomes.

**COMMON THEMES FROM PLANNING INPUT** - The categorical departments included in the Human Services Block Grant (HSBG) Plan coordinated many meetings of internal and external stakeholders to gather input for the FY 2014-15 HSBG Plan, as previously described. Below is a summary of the common themes (not in rank order) from the feedback from all of the Departments' meetings, as well as the Public Hearings held in the spring of 2014:

1. Need for increased advocacy, public education, and outreach with family, community, and consumers
2. Need for more flexible crisis services
3. Need for increased evidence-based, evidence-informed, and best practice programs across all areas
4. Need for supported employment supports and services (MH/ID)
5. Need for bilingual services
6. Need for increased services and supports for transition-aged youth
7. Need for more representative payee services

8. Need for more services to support persons with autism and service gaps in this area
9. Need for more Certified Peer and Recovery Support Specialists
10. Need for flexible, supported housing options and outreach and engagement services for individuals and families, including housing options and rent assistance

**TOP FY 2014-15 PRIORITIES (in rank order)**

**As part of our planning efforts, we developed areas of priority for each department funded through the Human Services Block Grant. These are strictly areas or themes of priority, not specific activities to be implemented, that were used to help create the budgets for each department. They were simply used to guide our planning and fiscal decision-making practices.**

– All of the departments included in the Human Services Block Grant reviewed their individual feedback, current programming, unmet needs, and outcomes and, as a result of the current planning and stakeholder input, identified the top three priorities for their respective departments for the FY 2014-15 Block Grant. These priorities are listed below for each department.

**CYF:**

1. Maintain Housing Program for families and transition-aged youth
2. Family Group Decision Making (Expand to general community)
3. Truancy Program

**D&A:**

1. Insure timely, accessible assessments
2. Insure timely, accessible treatment services representing the full continuum of care are available to and received by clients. Services received should be based on assessed, individual client need, and provided in the most clinically appropriate level of care
3. Recovery Specialist in outpatient providers; other recovery supports in community

**MH:**

1. Emergency and acute care best practices for complex consumers, including extended acute unit and community-based individualized supports for high risk consumers
2. System advocacy, outreach, and community education, including Stages, Community Conversations, and Mental Health First Aid Training, to improve information to newly diagnosed young people
3. Maintain range and type of evidence-based Supported Employment projects

**ID:**

1. Advocacy, public education, and outreach
2. Strengthen residential services
3. Strengthen outpatient services

**DCD:**

1. Funding for Emergency Rental Assistance
2. Funding for “Transition in Place” programs

### 3. Funding for Emergency Shelter and Transitional Housing Facilities

#### DHS:

1. Support outreach and information and referral services throughout the county
2. Support evidence-based practices for children and families transitioning from other services , such as Youth and Family Teams, Multi-Systemic Therapy, and Functional Family Therapy
3. Parenting supports and skill development for families through Family Center and Fatherhood Programs

The FY 2014-15 HSBG Plan is a product of all the planning processes described above. A draft FY 2014-15 HSBG 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 for approval, prior to submission to the Department of Public Welfare.

### 3. Use of Funds to Meet Needs

As we look back at the Human Services Block Grant (HSBG) process after almost two years of participation, we recognize that the flexibility of the Block Grant has worked well in Chester County. The planning and decision-making processes needed to implement the Human Services Block Grant (HSBG) have been very collaborative and fair across all systems. The flexibility accorded through the Block Grant allowed us to make mid-year decisions last fiscal year to reallocate funds to address unexpected and unmet needs. It also helped us to look at financial planning across the human services and not just individual budgeting within the categorical departments.

We have been able to stretch the horizon in our planning and implementation of services beyond single year planning and to stabilize services in the outpatient arena through the flexibility of HSBG funds. In response to the feedback from the public hearings and various stakeholder planning groups, we were able to respond to the requests for an Information and Referral site in Coatesville and quickly contracted with a provider to implement this program. Although the flexibility of the Human Services Block Grant is beneficial overall, our needs still exceed our resources.

We anticipate that SFY 2014-15 will be a financially challenging year. The 10% cut to the HSBG funds was mitigated this year due to the receipt of a redistribution of unspent funds from the state to mental health and intellectual disability, as well as some carry over HSBG from SFY 2012-13. None of these funds may be carried forward beyond this fiscal year. Additionally, our outreach and education efforts have proven results that have resulted in an increased demand for services and supports that now must be addressed with significantly less funds. This prohibits our ability to enhance current programs or design new ones and ensure that we would have sufficient funds to support these programs on an ongoing basis. As a result, fiscal year 2014-15 will be a challenging year and we will focus on maintaining a strong, high quality core service system.

### 4. Programmatic and/or Funding Changes

Throughout the 2013-14 fiscal year, HSBG Review Meetings were facilitated monthly to monitor the spending and discuss changes and modifications, if necessary. These meetings allowed us to track service needs and areas that were projected to be under spent or over spent, as well as to consider new needs as they were identified. We expect some budget reallocations will be made by June.

Below is a summary of the programmatic changes and funding enhancements that have been made during our second year of HSBG implementation (FY 2013-14):

- Increased outreach and awareness efforts across all systems, including the addition of an Information and Referral site in Coatesville and the start of an Intellectual Disability newsletter (Everyday PossABILITIES)
- Increased the budget for advocacy programming to assist individuals with mental health and intellectual disabilities to receive support and knowledge of the human services systems
- Developed a “Road Map” for mental health, intellectual disability, drug and alcohol services , and child care information services, as a tool to help families, individuals, and stakeholders to navigate the systems
- Developed an Employment Strategic Plan for Chester County to become an “Employment First” county over the next 4-5 years for persons with mental health and intellectual disabilities
- Developed and funded comprehensive housing and supportive services to ensure safety in the community for several individuals with very intensive mental health needs
- Implemented several sessions on Career Building for families and young adults, including strategies to achieve meaningful employment
- Increased mental health and drug and alcohol outpatient rates to increase access and ensure timely and efficient service delivery
- Increased rates for Psychiatric Rehab services, which is a meaningful and community inclusive program with positive outcomes
- Increased the funding for housing and supportive housing services for dependent families involved with the Department of Children, Youth, and Families and transition-aged youth

At this point, we anticipate a small amount of funds may be carried over from FY 2013-14; however, we will not have a final amount until all FY 2013-14 invoices are processed. This carryover will not result in any substantial programmatic changes as a result of our planning processes.

## **Part II: Public Hearing Notice**

### **1. Proof of Publication 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 2014-15 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, Chester County Department of Community Development's E-Newsletter, Latino Advisory Board, and Child and Family Focus, the contracted provider of our family engagement activities. A proof of publication is included in Appendix "D".

### **2. Actual Dates of Public Hearings**

The first Public Hearing was held on Monday, April 14, 2014 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-two people attended this meeting, which includes twenty-one county staff and the rest were provider staff, seniors, and community members.

The second Public Hearing was held on Tuesday, April 15, 2014 from 1:30-3:00 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, ChesPenn Health Services, and two of our core outpatient mental health providers are located in Coatesville. We anticipated being able to reach consumers at this site as they are familiar with the area. However, the turnout at this site was less than in FY 2013-14. Only 27 people attended this meeting, which includes 15 county staff in that number.

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

### **3. Summary of Each Public Hearing**

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 2013-14, planning themes, and funding plan highlights. Input from these hearings and all of the stakeholder meetings that were held as part of our FY 2014-15 planning will guide any changes to the initial FY 2014-15 budget, as well as mid-year reallocations. The public hearings also provided an opportunity for the county to present information on the FY 2013-14 mid-year reallocations that resulted from stakeholder input and ongoing planning.

Input at the first Public Hearing included comments from a community service agency in the southern part of Chester County regarding the increase in the number of homeless persons, especially families, they are serving and the need for support to address this issue. Issues

discussed also included the importance of peer support services for individuals with mental health and substance abuse issues and the need for increased collaboration with natural supports in the community to educate residents about available social services. Several providers discussed the importance of the services they provide and encouraged continued support for their particular services. The discussions also focused on the increased complexity of needs that providers and county staff are seeing in clients across many program areas that brings new challenges to meet these complex needs. The feedback related to increased needs for homeless families has been integrated into the Chester County Department of Community Development's (DCD's) planning efforts through Decade to Doorways, DCD's ten year plan to end homelessness,

The participant feedback at the second Public Hearing primarily focused on issues related to individuals with an intellectual disability and the need for employment supports for individuals with mental health and intellectual disability issues. Several attendees praised the flexibility of the Block Grant and the ability of the county to make decisions and funding changes across departments to meet needs based on funding priorities.

Additional comment was also solicited and received via our website and these comments are included in Appendix "G". Some of this feedback was related to additional representative payee services and services for individuals with autism. The need for these services is beyond the scope of the Human Services Block Grant funding and will be addressed through other avenues.

### **Part III: Waiver Request**

We plan to utilize the HSBG Policy Leadership 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 redistributed and the service areas cited above will be used as a guide. If the amount that is available to be redistributed is more than 50% of one categorical area's original allocation, the county will prepare the required documentation at that time to request a waiver to the 50/50 requirement.

### **Part IV: Human Services Narrative**

#### **MENTAL HEALTH SERVICES**

##### ***a. Program Highlights of Achievements and Programmatic Improvements***

- Shift in system focus from congregate living to supported living is continuing; this includes the establishment of permanent independent housing options through reinvestment and other funds. Implemented residential and treatment support programs for three young individuals with significant community and self-risk behaviors. (Funded 30% through CHIPP and 70% HSBG funds).
- Developed a web-based training on housing options for Chester County mental health service providers.

- Provided training and continuing support in Evidence Based Practices (Trauma Recovery and Empowerment Model, Assertive Community Treatment, Dialectal Behavior Therapy, Supported Employment, Compeer, Peer Services).
- Partnered with the Office of Mental Health and Substance Abuse Services (OMHSAS) and Carelink Services in an application to the Federal Government for a 5-year grant to expand Supported Employment.
- Developed community information and education tools, which have had excellent responses from the community and providers (Newsflash, “Minding Your Health” Newsletter, and “Navigation Maps” of all DHS Department services, including Mental Health).
- Introduced “Community Conversations on Mental Illness” to great acclaim (funded through a “Mental Health Matters” grant). Have hosted these events at senior centers, libraries, West Chester Borough hall, (with the support of the Mayor of West Chester), West Chester University, Coatesville High School, and other venues.
- Expanded Psychiatric Advisory Panel that reviews and advises on mental health system delivery and system development from a psychiatric perspective.
- Increased use of Certified Peer Specialists as key supports throughout the system.
- Utilized grant funds to train volunteers in Mental Health First Aid in a train the trainer project and will begin offering training throughout the county.
- Expansion and collaboration between the Disaster Crisis Outreach and Referral (DCORT) Team, Department of Emergency Services, and the Health Department, has solidified. Organized several trainings, including by the American Red Cross, Medical Reserve Corps, and an expert presentation on “Who’s In Charge” during a response to a disaster. DCORT was mobilized twice in 2014 for the ice storm that significantly impacted Chester County and a subsequent snow storm.
- Collaboration with the Coatesville Veteran’s Administration (VA) Medical Center is continuing. Exploring ways to integrate VA and Community services.
- Developed specialized supports for individuals with complex medical needs, with sexually problematic behaviors, and with a history of community violence.
- Collaborated on development of medium-term acute inpatient care for especially challenging psychiatric conditions in collaboration with Bucks, Delaware, and Montgomery Counties and their respective behavioral health managed care organizations.

***b. Strengths and Unmet Needs***

- **Older Adults (Ages 60 and above)**

- Strengths:

- Supporting Older Adult Peer Specialists in our Core Providers, in collaboration with the Chester County Department of Aging Services.
    - Utilized our “Mental Health Matters” grant in the County to develop a series of “Community Conversations about Mental Illness” and targeted Senior Centers for some of these “conversations”, which have been very well received and have had requests for return visits.
    - Have set asides in a Housing development project for seniors. (Capital investment provided through reinvestment funds.)

- Needs:
  - Expansion of specialist services at all levels for the growing older adult population, including housing support for older adults with age-related challenges to daily living in addition to a mental illness.
- **Adults (Ages 18 and above)**
  - Strengths:
    - Comprehensive array of services with an increasing number of evidence-based practices in all areas (clinical, housing support, and employment support).
    - Developed excellent working collaborations with a variety of departments and organizations: the Veteran’s Medical Center at Coatesville, Department of Aging Services, Department of Community Development, Department of Drug and Alcohol Services, Chester County Health Department, Department of Emergency Services, and Phoenixville and Brandywine Community Health Foundations.
    - Continuing to strengthen the push towards recovery oriented and integrated services, using a Recovery Oriented System of Care (ROSC) Initiative in addition to other person-centered initiatives, such as use of Common Ground software.
    - Strong community education and outreach activities, including the Community Conversations” that have proven to be a very positive event.
    - Facilitated having a group of Chester County individuals to attend the Mental Health First Aid “train the trainer” course funded through a regional Mental Health Matters grant.
    - Continue to operate a Mental Health Court Prison Diversion program.
    - Actively using Involuntary Outpatient Commitments as a tool to support certain individuals in the Community.
  - Needs:
    - Increased availability of and access to supported employment services.
    - Services at all levels for individuals with complex needs and behaviors that present as a community risk.
- **Transition-Aged Youth (Ages 18-26)**
  - Strengths:
    - Developed individualized residential and treatment program(s) for two young men with sexually problematic behaviors.
    - Continue to operate a Transition-aged Youth (TAY) supported living program and a TAY Assertive Community Treatment (ACT) Team.
  - Needs:
    - Additional Certified Peer Specialists from this age cohort.
    - Expansion of Supported Employment Program to target needs of TAY.
    - Development of different, TAY targeted, information tools.
    - Development of programs that target learning of daily living/recovery skills.
    - Services for TAY youth with complex needs who present as a community risk.
- **Children (Under 18)**
  - Strengths:
    - Comprehensive array of specialist services offered at Core Providers.

- Good collaborative partnerships with the Chester County Youth Center, Department of Children, Youth, and Families and Juvenile Probation Office.
  - Utilizing Parent Child Interactive Therapy with good outcomes being reported.
- Needs:
  - Develop different relationship with schools, where strengths are seen as balancing each other.

## **Special/Underserved Populations**

- **Individuals transitioning out of state hospitals**

- Strengths:
  - Few Chester County individuals remain in State Hospitals and programs developed in past years with CHIPP funds are able to serve some individuals.
- Needs:
  - Most Chester County individuals remaining in the State Hospital have extremely acute and complex needs and require resources that stretch our system beyond the breaking point.
  - More specialist psychiatry that can assess the complex needs of individuals with physical health needs and psychiatric needs that have proven resistant to treatment.

- **Co-occurring Mental Health/Substance Abuse**

- Strengths:
  - Co-occurring competence in Core Providers allows integration up to a point in the evaluations/assessments of individuals with co-occurring disorders.
  - County has access to some inpatient/residential co-occurring treatment facilities.
- Needs
  - Increased seamless integration of services.

- **Justice-Involved Individuals**

- Strengths:
  - MH Diversion Court has existed for several years with good outcomes.
  - MH Protocol program exists for individuals discharged from Chester County Prison who are still on Probation or Parole.
  - “Forensic” House caters to a small number of individuals who are released from Chester County Prison with a mental illness and are eligible for homeless funding.
- Needs:
  - More resources for criminal justice involved individuals with mental illness, who are no longer incarcerated, and who pose a community risk.

- **Veterans**

- Strengths:
  - Excellent relationship with the Veteran’s Administration Medical Center (VAMC) located in Coatesville.
  - Psychiatrist from the VAMC attends the Chester County Psychiatric Advisory panel.
  - Willingness on all sides to see how services can be more integrated.
- Needs:
  - Need changes in regulations to allow a broader integration of services for veterans who need mental health services.

- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI)**

- Strengths:

- Mental health professionals working in Chester County have attended training and conferences on key issues targeted to this population.
  - Needs:
    - None identified at this time.
- **Racial/Ethnic/Linguistic Minorities**
  - Strengths:
    - Increasing number of professional staff who speak a language other than English (Spanish is the prime need) and who have experienced other cultures.
  - Needs:
    - Need more staff who can speak languages other than English and Spanish, including American Sign Language.
- **Other, if any**
  - Strengths:
    - No other populations identified
  - Needs:

***c. Recovery-Oriented Systems Transformation***

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 1990's. The MH/IDD's contracts specify deliverables culled from the Connecticut "Domains of Recovery" tables. The Department of Drug and Alcohol Services has always been grounded in the recovery model and they continually seek to strengthen this approach.

The Department of Human Services also adopted the System of Care (SOC) Practice Model approximately ten years ago. System of Care and a Recovery-Oriented System of Care (ROSC) have at their core, the shared values of individual and family driven services that focus on community and peer supports as part of a comprehensive system. We are currently undergoing a "self assessment process" that includes focus groups conducted by Voice and Vision with consumers, families, providers, and other stakeholders to identify our strengths, gaps, next steps, and priority areas for FY 2014-15.

In recent years, the mental health system converted partial hospital programs to psychiatric 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 Departments of Mental Health/Intellectual and Developmental Disabilities (MH/IDD), Drug and Alcohol Services (D&A), and Managed Behavioral Health are planning the following initiatives in FY 2014-15:

- Continuing ROSC orientation and training
  - In 2013, the Chester County Departments of Human Services, MH/IDD, and D&A Services along with our Behavioral Health Managed Care Organization ( MCO) partner, Community Care Behavioral Health, created the ROSC Leadership Group. It was decided that in order to determine the next steps in developing our MH and D&A ROSC, a robust assessment of the current strengths, challenges, barriers and recommendations throughout the outpatient MH and D&A system was necessary. The County’s consultants, Paul Poplawski and Voice and Vision, completed face to face survey groups with approximately 175 key stakeholders: providers, staff, peers, people in recovery, family and community members, between May and August 2014. In October 2014, a Final Report was submitted to the County. The ROSC Leadership Group is now in the review and analysis phase with the goals of creating next steps for Chester County ROSC in 2015.
  - Funding Resources Needed – No additional resources needed at this time.
  - Tracking Mechanism – The Implementation Plan, which will be developed after the ROSC Leadership Group reviews the Final Report, will be finalized by March 31, 2015 and will include milestones and the method of tracking progress,
  
- In cooperation with Bucks, Delaware and Montgomery Counties, Community Care Behavioral Health, Magellan Behavioral Health, and Brooke Glen Hospital, developing a regional extended acute care program at Brooke Glen Hospital
  - The Extended Acute Care opened on October 2, 2014 and is receiving and treating consumers from the southeast region, including Chester County.
  - Funding Resources Needed – No additional resources needed as it will be fee-for service funded through insurance, such as Health Choices.
  - Tracking Mechanism – The use of Extended Acute Care services will be tracked and discussed in routine Health Choices monthly Finance Management Meetings.
  
- Implementing a county-wide training program for Mental Health First Aid
  - Chester County was funded through a regional grant to implement Mental Health First Aid Training (MHFA). Chester County was able to train seven instructors in adult MHFA Training in 2014 so far. In addition, through collaboration with the Brandywine Health Foundation and Philadelphia, three instructors were also trained in Youth MHFA.

The planning process for MHFA in 2015 is rather fluid, as it depends on the training module and the location of the training. We are committed to continuing the MHFA trainings in 2015 throughout the county. One of the target populations identified for 2015 is law enforcement. We are currently scheduling our first MHFA Training for this population. MHFA Training will also be discussed and

offered to staff from homeless shelters and homeless services providers as part of the Cross-System Partnership Team planning for 2015 that is addressed below.

Since MHFA Training is an evidence-based program, the National Council on Behavioral Health tracks our outcomes. Staff from the Department of Human Services input the data into the National Council database. We also keep evaluations of the trainers and review them with them periodically. This will be our plan for 2015, as well.

- Developing improved procedures to streamline communications between homeless shelters, homeless service supports and mental health, drug and alcohol, and Aging service providers
  - As part of the Chester County Department of Community Development's (DCD's) planning efforts thorough Decade to Doorways, DCD's ten year plan to prevent and end homelessness, staff from the Departments of Human Services, Mental Health, Drug and Alcohol Services, Aging, and the Community Development began meeting in March 2014 to discuss ways to improve procedures to streamline communications between homeless shelters, homeless service supports, and mental health, drug and alcohol, and aging service providers. From April-July 2014, we reviewed data internally and then met with staff from Connect Points, the single point of access for entry into emergency shelter in Chester County, and several homeless system providers to solicit more information regarding needs and gaps.

As a result of this planning, a Cross-System Partnership Team was developed, which is comprised of county human services staff, Connect Points staff, and homeless service system provider staff. The Team sponsored a Cross-System Partnership In-Service Day on September 15, 2014, which was attended by over 75 people, including mental health, drug and alcohol, and homeless services system providers and county staff. The goals of the training were to begin to establish relationships and identify points of contacts between the homeless service system providers and mental health, drug and alcohol, and aging service providers, as well as understand and manage expectations of each other. The feedback from the In-Service Day was positive and many staff from homeless shelters, homeless service supports, and mental health, drug and alcohol, and aging service providers were interested in continuing to build on the relationships established and the work completed that day.

In early 2015, the Cross-System Partnership Team will facilitate four regional groups as the follow-up planning from the In-Service Day recommendations. The groups will include representatives of the homeless service system providers and mental health, drug and alcohol, and aging service providers for each region. The plan is to have each region identify several leaders to continue facilitating the groups and establishing next steps for each group. The county human services department staff will provide technical assistance to the groups as needed. We anticipate that we will have a better idea what the next steps will be after the

regional groups have met several times. We will also look for commonalities across the regions as they identify their next steps and needs.

Funding Resources Needed – No funding needs at this time. Our future funding needs will be determined by June 30, 2015, after the four regional groups have met several times and identified their needs and goals.

Tracking Mechanism – The Chester County Department of Human Services staff will track the progress of the regional groups and the tracking objectives will be developed by June 30, 2015.

- Continuing to develop “Community Conversations”
  - From March through June 2014, Chester County MH/IDD and external stakeholder partners held 17 events called Community Conversations about Mental Health. These events were held throughout the county at a variety of community-based locations and at different times of day. More than 200 individuals participated and overall feedback was positive.

Using a national model from the Substance Abuse and Mental Health Services Administration (SAMHSA), the event facilitators developed a flexible structure that included:

- Basic information on the subject of mental health and personal wellbeing through information and experience sharing in conversations; printed materials
- The importance of our “natural support systems” and utilizing general community resources, such as libraries, senior centers, YMCAs, faith-based organizations, etc.
- The continuum of mental health and strategies for preventing mental health concerns from developing or escalating
- Local resources and how to access them

While the personality of each event was determined by the participants and location, almost all Community Conversations about Mental Health shared an unexpected outcome. At each event, there was a spontaneous, candid sharing of personal experiences and feelings surrounding this topic. All types of participants, meeting at varied locations, wanted to have meaningful discussions about mental health. Most came to the conversation with some familiarity or understanding on the topic, some had experienced very serious and difficult situations. Challenges were recognized, but most participants focused on our opportunities to increase understanding about the topic of mental health, rather than focusing on negative experiences. Conversations also focused on how to maintain and improve our personal mental health and wellbeing.

Chester County's Community Conversations about Mental Health had such positive feedback in 2014 that MHIDD has had requests to continue the project. Using materials and equipment purchased with grant funds in 2014, and with community support, we will continue holding the events throughout 2015. During that time, we will research other funds through local grant-making foundations and other community resources. We will also continue to use the Pre- and Post-Conversation Surveys to measure outcomes and gather important feedback from participants.

## **INTELLECTUAL DISABILITY SERVICES**

### ***Array of Services***

#### **Youth – Age 21**

- Services for registered consumers with an intellectual disability are available based on needs and available resources. Registrants under the age of 21 are typically supported through a combination of school resources, as well as supplemental supports available to them through Medical Assistance (Early Periodic Screening and Diagnostic Testing/EPST). These supplemental supports may be available in both the school and the home and will be based on assessed need. In rare cases, out of home placement may be approved by the school or by the Behavioral Health Managed Care Organization (MCO).
- In addition, Intellectual Disability services may be available to support respite, home and vehicle adaptations. In some cases, additional supports may be available to supplement services when available insurance-funded services have been exhausted and a health and welfare issue persists.

#### **Age 21 and Over (Post School Graduation)**

- Appropriate supports focus primarily on employment, but services needed to assure health and welfare may also be available. Services may include Job Supports, Day Program Skill Activities, Habilitation, Respite, or Residential Supports, including Life Sharing and Group Homes.

### ***Strategies To Be Used***

All persons with unmet needs have a Prioritization of Needs for Services (PUNS) completed. This identifies both timeframes for when supports will be needed, as well as the type(s) of supports that are needed. Timeframes are "Emergency" –immediate up to 6 months; "Critical" –within 2 years; "Planning" –within 5 years. Frequent reviews and updates are completed to monitor upcoming needs. These are prioritized by date and by level of health and welfare impact if supports are not provided. Base services may be used when available to provide supports to those who have needs when waiver resources are not available. Although both the Person Family Directed Supports Waiver (PFDWS) and the Consolidated Waiver are funded through Medical Assistance, availability is limited to "Capacity Allocation" that is provided by the Office of Developmental Programs. When a waiver becomes available either through attrition or new funding initiatives, all individuals not enrolled in a waiver who are in "Emergency" status or who are using temporary non-waiver resources are reviewed to determine priority offering intent to

enroll in a waiver program. Only those whose needs fall under the Person Family Directed Supports Waiver can be considered for that program. All others can only be considered when Consolidated Waiver is available. The Office of Developmental Programs has at times restricted new funding initiate enrollment to target specific populations (Graduates, Aging Care Giver, Life Sharing, etc) and these instructions are typically issued at the time the new resources are released.

### ***Supported Employment***

In our efforts to Support an Employment First Community and the belief that everyone should be provided the opportunity to work and be employed to their fullest potential, funding for Job Supports may be available after resources available through the Office of Vocational Rehabilitation (OVR) have been used. The OVR does provide job finding services and initial job training for those who qualify for their services. Intellectual Disability (ID) resources may be available to support ongoing follow along at the appropriate level. This support may be available through Waiver programs as well as Base resources. A limited amount of “Employment Pilot” money is targeted to support these start up job supports post OVR for those persons aged 16-24.

### ***Base Funded Supports Coordination***

The MR/ID Act of 1966 provides for Supports Coordination for all individuals registered for Intellectual Disability (ID) services. Supports Coordination is provided free of charge. The targeted outcome of Supports Coordination is to assist an individual and their support network to locate and coordinate supports. This includes both natural and paid support regardless of funding source, such as schools, insurance, or ID funding. They are also responsible for monitoring the health and welfare of the person, as well as the efficacy of any supports and services that are being provided through the ID system.

It is expected that all persons will be assisted to apply for Medical Assistance that would provide for Supports Coordination Services through Targeted Services Case Management. Transitional funding will be provided for up to three months pending a determination not to exceed 30 units. Ongoing Base Funding up to 150 units annually will be provided consistent with FY 2013-14 when a person is deemed ineligible for Target Service Case Management (TSM) funding and requires:

- Annual Coordination and Monitoring of the Individual Support Plan.
- Base Funded resources will be used to support Supports Coordination (SC) activities for individuals who are not eligible for TSM services. The Supports Coordination is to provide ongoing monitoring, identification of emergent needs, and coordination of supports and services needed for transition to community based settings when needed and approved. Individuals with emergent needs who live in Intermediate Care Facility/Intellectual Disability (ICF/ID) will be prioritized in the same manner as all individuals with emergent needs. Benjamin resources will be requested to support State ICF/ID movement. The

Administrative Entity (AE) and Supports Coordination Organizations (SCO) will cooperate with any and all activities to provide coordination and transition to community based programs. This includes moves associated with Office of Developmental Programs (ODP) approved conversion to community settings and Administrative Entity approved use of waiver maintenance resources. “Money Follows the Person” resources will be accessed when available and as appropriate for allowable Supports Coordination service transition periods.

- Periodic and ongoing monitoring for changing needs and identification of emergent needs via use of the PUNS and communication with the AE.
- Coordination of emergency supports.

### ***Life Sharing Options***

Life Sharing is a residential option that can be considered based on funding availability. This service provides for a “family home” environment in the home of a Life Sharing host. It is intended to fully integrate the person in the home in the local community while maintaining the inclusion of the natural family. Supports are provided in various combinations including, by the life sharing family, natural family supports as available/desired, and other supplemental or substitute supports. This program has been identified by the Office of Developmental Programs, as well as by Chester County, as a model that is to be considered by all and used as a first residential option when appropriate. At times we have been able to provide emergency respite in a Life Sharing Home that has transitioned into long term living arrangements. We will continue to support this activity to provide least restrictive community living arrangements.

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

All Chester County Human Services Departments have been training in cross systems collaboration using the “Systems of Care” model. This is a training that is not only available to county staff, but also the provider network. Cross systems collaboration and the use of a “single plan” is expected when cases present as complex, in crisis, or multi-system.

### ***Emergency Supports***

As emergencies arise, needs will be assessed and prioritized. Supports will be provided if resources are available. Funding will then be transitioned to waiver when capacity becomes available. If resources are not available and the situation meets criteria of an unanticipated emergency, a request will be submitted to the Office of Developmental Programs. All Supports Coordination Organizations (SCO) are required to maintain after hours emergency contacts as part of their qualifications. Contacts for Administrative staff have been made available to all SCO Directors and Provider Agencies should an emergency present outside of normal working hours. Therefore, emergencies are handled the same regardless of when they occur. At present, we do not maintain any “reserve” for emergencies but work within the expectation that services are

fluid and short term supports can be put in place while a determination is made on available resources or waiver capacity/enrollment.

**Administrative Funding**

Annual budgeting for the known needs is completed prior to the start of each fiscal year. Maintenance of effort is applied consistent with the known needs and priorities. For unanticipated needs, budget reviews and prioritization is determined by the Policy Team. Resources needed to support the functions of the Administrative Entity Operating Agreement are prioritized and supported.

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 2013-14</b>	<b>Projected Individuals to be Served in FY 2014-15</b>
Supported Employment	75	82
Sheltered Workshop	42	50
Adult Training Facility	13	18
Base Funded Supports Coordination	185	185
Residential (6400)	18	23
Life Sharing (6500)	7	5
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Support Services	186	225

**HOMELESS ASSISTANCE**

**Continuum of Services**

Currently the continuum of services in regards to the Department of Public Welfare (DPW)

Homeless Assistance Program funds is as follows:

- Emergency Shelter (Good Samaritan and Friend’s Association)
- Transitional Housing and Transition in Place (PA Home of the Sparrow, Friend’s Association, and Domestic Violence Center of Chester County)
- Rental/Security Deposit Assistance to prevent homelessness (Human Services, Inc.)

There is a significant gap in Rental Assistance, as well as the ability to serve large families experiencing homelessness. The Transition in Place model has allowed our providers to serve far more people than in the past and prevented homelessness for many families.

**Bridge Housing**

**Services Provided**

- Bridge Housing” currently consist of the two “bricks and mortar” Transitional Housing Providers (PA Home of the Sparrow and Domestic Violence Center of Chester County) and two “Transition in Place” Programs operated by Friend’s Association and PA Home of the Sparrow, which provides

financial assistance to keep people in their current housing or rapidly re-house families from a shelter to permanent housing.

- The PA Home of the Sparrow Transitional “bricks and mortar” Transitional Housing Program shortened their maximum length of stay to six months in FY 2013-14 and will continue with that model in FY 2014-15. The residential program is called “Phase I”. When Phase I is completed, the provider will implement “Phase II” which is a scattered site, “Transition in Place” Permanent Housing Program, where they provide financial assistance for consumers to live in their own apartments for up to twelve months. The Provider’s goal is that their consumers spend up to six months at the Transitional Housing program on Walnut Street (Phase I) in West Chester and then move on to their own apartment with financial assistance (Phase II), for up to an additional 12 months.

### **Evaluation of Programs**

The Department of Community Development monitors each of these programs at least once a year and our data (shown below) indicates that the requests/needs for assistance has increased while the Transition in Place model implemented has allowed the providers to serve far more families and increase the number of placements into permanent housing, as well as preventing homelessness.

### **Proposed Changes**

There are no proposed changes in Bridge Housing Programs in FY 2014-15.

### ***Case Management***

Case Management is not currently funded through Department of Public Welfare (DPW) Homeless Assistance Program (HAP) funds nor are there any plans to do so in FY 2014-15. However, there has been a need expressed by our Decade to Doorways Systems Change Action Committee to provide Case Management for households currently experiencing homelessness, but are unable to be placed into shelters or rapidly re-housed in a timely matter. The reason we have not applied for funding for Case Management through DPW HAP in the past is that the funding is limited and we have prioritized the existing programs.

### ***Rental Assistance***

#### **Services Provided**

The primary “County wide” rental assistance provider under DPW HAP is Human Services, Inc.

#### **Evaluation of Programs**

The Department of Community Development monitors this program at least once a year and makes any changes deemed necessary. The data has shown that we are serving larger families (4+ children) with Rental Assistance, which is a new trend in FY 2013-14.

#### **Proposed Changes**

The need for Rental Assistance services is significant and the Department of Community Development has added additional resources in order to attempt to meet this need.

**Emergency Shelter**

**Services Provided**

Two providers will continue to be funded through DPW HAP funding . Good Samaritan Shelter will serve single men and Friend’s Association will serve women with children and families in FY 2014-15.

**Evaluation of Programs**

The Department of Community Development monitored both of these programs in FY 2013-14 and no changes were needed. It should be noted that the Coordinated Assessment Provider, ConnectPoints, has reported that there are a significant number of families experiencing homelessness that cannot be placed into emergency shelters due to lack of available beds. We are also seeing bigger families (4+ children) needing emergency shelter than in previous years.

**Proposed Changes**

There will be no changes in emergency shelter provision through DPW HAP funding for FY 2014-15.

**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 Coordinated Assessment Provider in FY 2014-15 to identify any unmet needs or issues.

**HMIS Status**

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

Below is the chart showing the projected numbers to be served in FY 2014-15 through HAP funding:

	<b>Estimated/Actual Individuals served in FY 2013-14</b>	<b>Projected Individuals to be served in FY 2014-15</b>
Bridge Housing	400	475
Case Management	N/A	N/A
Rental Assistance	425-450	500
Emergency Shelter	200	240
Other Housing Supports	N/A	N/A

**CHILD WELFARE**

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

The Chester County Department of Children, Youth, and Families has continued to provide an array of services to children who remain in their own homes, as well as services for the approximately 150 children in out-of-home placement at any one time. By providing services in their own homes, children are able to avoid the trauma that is incurred when they are

placed outside of their homes and the issues that affect a child's welfare are able to be addressed quicker and more directly. The Chester County Department of Children, Youth, and Families is proud to have the lowest placement rate of any third class county in Pennsylvania. The Special Grants funding through the Human Services Block Grant will continue to be used to provide evidence-based and Promising Practices programs in FY 2014-15, as these programs have been successful in improving the permanency, safety, and well-being of children involved with our child welfare system.

One of our recent successes has been our work with increasing Family Finding services. During the past few months, we have worked to train staff from and develop contracts with six provider agencies to provide Family Finding services. The focus of these services is to locate relatives and kin to help support children in care towards making permanency plans as well as working to support caregivers and children in their own homes. The six provider agencies are helping to address the Family Finding requirements passed into law in Pennsylvania effective September 2013. It has been challenging to develop a network to address the need given a 60 day implementation window from passage of the legislation to effective date. In addition, the Pennsylvania Legislature has been passing many bills that will change the Child Protective Services Law and have major implications on service delivery at the same time the Concurrent Planning Bulletin requirements will need to be implemented in FY 2014-15.

### ***Use of Special Grants Funding in Conjunction with other Sources***

The Special Grant funds included in the Human Services Block Grant are used in conjunction with other funds, such as Act 148 funds and Health Choices funds, to provide an array of supportive in-home services to children and families involved with the Chester County Department of Children, Youth, and Families or at risk of becoming involved in the child welfare system. These services are targeted to address issues, such as homelessness, truancy, behavior issues, and family functioning, that increase the likelihood that families will remain intact and children will remain safely in the home.

The Housing Program is an excellent example of one area where we are collaboratively working with other stakeholders and funding sources to ensure families and transition-aged youth involved with the Chester County Department of Children, Youth, and Families are receiving the most appropriate housing and housing support services they need. The Housing Action Team (HAT), which is comprised of representatives from the Department of Children, Youth, and Families; Department of Human Services; Department of Mental Health and Intellectual Disability; Department of Community Development; Department of Drug and Alcohol Services; Juvenile Probation Office; and contracted housing providers, reviews all

referrals to the Housing Program and identifies the most appropriate program and funding source from all of the housing and housing support programs in the county. As a result of this review process, families may be referred to the Housing Program, Shelter Plus Care Programs, Section 8, Public Housing, or Rapid Re-housing Programs depending on the specific needs of the family. The experience of the cross-system representatives on the HAT allows us to make decisions to maximize resources and ensure families are being referred to the most appropriate program and funding source.

***Identification of Outcomes***

Below are the three outcomes the Chester County Department of Children, Youth, and Families expect to achieve by implementing the child welfare services funded through the Human Services Block Grant in FY 2014-15.

<b>Outcome</b>	<b>Measurement and Frequency</b>	<b>All Child Welfare Services in HSBG Contributing to Outcome</b>
Children are safely maintained in their own home whenever possible and appropriate	Number and percentage of children who remain in their own home while involved with programs funded through the HSBG	<ul style="list-style-type: none"> <li>• High Fidelity Wraparound (Youth and Family Teams)</li> <li>• Multi-Systemic Therapy</li> <li>• Functional Family Therapy</li> <li>• Family Group Decision-Making</li> <li>• Evening Reporting Center</li> <li>• Housing Program</li> <li>• Truancy Program</li> </ul>
Families have enhanced capacity to provide for their children's needs	Number and percentage of families that complete all four phases of the High Fidelity Wraparound Model	<ul style="list-style-type: none"> <li>• Youth and Family Teams</li> </ul>
Children receive appropriate services to meet their educational needs	Number and percentage of children participating in the Truancy Program that have improved school attendance as a result of participation in this Program	<ul style="list-style-type: none"> <li>• Truancy Program</li> </ul>



**Description of Population Served**

The target population is youth who are involved with CYF and/or JPO and are between the ages of 12-17 with antisocial and acting out behaviors and/or may be identified as high risk as assessed by the Youth Level of Service Inventory, including high risk juveniles who have committed drug-related or higher level offenses and are likely to have violated the conditions of their probation. All of the participants are at risk of an out of home placement due to their behavioral issues.

<b>Program Name:</b>	Functional Family Therapy (FFT)			
<b>Status</b>	<b>Enter Y or N</b>			
Continuation from 2013-2014	Y			
New implementation for 2014-2015				
Funded and delivered services in 2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			X	
	<b>13-14</b>		<b>14-15</b>	
Target Population	Dependent/Delinquent youth and families		Dependent/Delinquent youth and families	
# of Referrals	25-30		Approx. 35-40	
# Successfully completing program	Approx. 75-80%		Approx. 75-80%	
Cost per year	\$40,000		\$73,060	
Per Diem Cost/Program funded amount	Per Diem Cost		Per Diem Cost	
Name of provider	Vision Quest National		Vision Quest National	

**Description of Program**

The Functional Family Therapy (FFT) Program is approximately twelve sessions over a three to four-month period of time. The Program provides family-based therapeutic treatment services by a Master’s Level therapist, with a full-time caseload of 12-15 cases at one time. The therapist is expected to see active youth/families on a face-to-face basis at least once a week for a minimum of one hour, with more services in the early stages of engagement as needed.

**Indication of Need/Data Used**

Staffing of the FFT Program in FY 2013-14 was not at capacity, so the numbers served were lower than anticipated. The need for the Program remained high throughout the year and we anticipate this to continue in FY 2014-15. The provider has hired the appropriate number of staff recently, so we expect the number served to increase soon.

**Description of Population Served**

Functional Family Therapy (FFT) services are targeted to high-risk youth aged 12-18 who are currently involved with the Chester County Department of Children, Youth and Families (CYF) or the Juvenile Probation Office (JPO) and have behavioral and/or mental health issues. The services are geared

toward youth who are transitioning from an out-of-home placement or experiencing problems in their home or community and at risk of an out of home placement.

<b>Program Name:</b>	Family Development Credentialing (FDC/SFW) – Credential for Strengths-Based Family Workers			
<b>Status</b>	<b>Enter Y or N</b>			
Continuation from 2013-2014	Y			
New implementation for 2014-2015				
Funded and delivered services in 2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			X	
	<b>13-14</b>		<b>14-15</b>	
Target Population	Chester County Professionals working with families		Chester County Professionals working with families	
# of Referrals	23		20-25	
# Successfully completing program	14		15	
Cost per year	\$30,000		\$30,000	
Per Diem Cost/Program funded amount	Program funded; Hourly rate for instruction and advisement		Program funded; Hourly rate for instruction and advisement	
Name of provider	CCDCYF plus Contractors		CCDCYF plus Contractors	

**Description of Program**

Credential for Strengths Based Family Workers is a professional training and credentialing program that is comprised of a competency-based curriculum. It is unique in its focus on the development and documentation of knowledge and skill through the portfolio. Workers who complete the program are better able to facilitate a family’s ability to set and reach their own goals.

**Indication of Need/Data Used**

The number of people participating in this program continues to increase each year. Likewise, the number of participants who get certified is also increasing each year.

**Description of Population Served**

Frontline family workers from a wide range of government, private, and not-for-profit agencies as well as businesses and large corporations are eligible to complete the program.

<b>Program Name:</b>	Family Group Decision Making (FGDM)			
<b>Status</b>	<b>Enter Y or N</b>			
Continuation from 2013-2014	Y			
New implementation for 2014-2015				
Funded and delivered services in				

2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			X	
		<b>13-14</b>		<b>14-15</b>
Target Population		Families open with DCYF or JPO		Families open with DCYF or JPO plus Families in Community
# of Referrals		99		Approx. 125-135
# Successfully completing program		Approx. 60%		Approx. 60%
Cost per year		\$216,638		\$276,858
Per Diem Cost/Program funded amount		State FGDM rates		State FGDM rates
Name of provider		DCYF and Justice Works		DCYF and Justice Works

**Description of Program**

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 two Department of Children, Youth and Families staff.

**Indication of Need/Data Used**

The number of referrals that have come through the Intake Unit at DCYF significantly increased this year.

**Description of Population Served**

The target population is families who are currently involved with the Chester County Department of Children, Youth, and Families (CYF) and/or the Chester County Juvenile Probation Office (JPO).

Program Name:	High Fidelity Wraparound/Youth and Family Teams (YFT)
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<b>Status</b>	<b>Enter Y or N</b>			
Continuation from 2013-2014	Y			
New implementation for 2014-2015				
Funded and delivered services in 2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			X	

	<b>13-14</b>	<b>14-15</b>
Target Population	Dependent/Delinquent youth with mental health issues and their families	Dependent/Delinquent youth with mental health issues and their families
# of Referrals	Approx. 25-30	Approx. 30-35

# Successfully completing program	Approx. 40-50%	Approx. 40-50%
Cost per year	\$140,718	\$167,580
Per Diem Cost/Program funded amount	Per Diem Cost	Per Diem Cost
Name of provider	Child and Family Focus	Child and Family Focus

**Description of Program**

High Fidelity Wraparound, known in Chester County 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. The program is implemented by Child and Family Focus.

**Indication of Need/Data Used**

Although there was some turnover in provider staff this fiscal year, the number of referrals has remained constant. We anticipate this trend to continue in FY 2014-15.

**Description of Population Served**

Participants will be families who are involved with CYF or JPO who do not have Medical Assistance, have a child or youth in an out of home placement or at risk of an out of home placement and are involved with multiple systems. All families will be referred by a case worker or probation officer to receive YFT services.

Program Name:	Housing Program for Families and Transition Aged Youth				
<b>Status</b>	<b>Enter Y or N</b>				
Continuation from 2013-2014	Y				
New implementation for 2014-2015					
Funded and delivered services in 2013-2014 but not renewing in 2014-2015					
Requesting funds for 2014-2015 (new, continuing or expanding)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>		
		X			
	<b>13-14</b>		<b>14-15</b>		
Target Population	Families and/or Transition Age Youth requiring housing assistance		Families and/or Transition Age Youth requiring housing assistance		
# of Referrals	Approx. 60		Approx. 75-80		
# Successfully completing program	Approx. 50%		Approx. 50%		
Cost per year	\$210,247		\$250,000		
Per Diem Cost/Program funded amount	Per Diem Cost		Per Diem Cost		

Name of provider	Human Services, Inc. and PathStone Corporation	Human Services, Inc. and Valley Youth House
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**Description of Program**

The Housing Program is a six to twelve month program for families or transition age youth. The Program provides case management services through the Housing Coordinator to assist and ensure that families and transition-aged youth become self sufficient. The Program provides financial assistance for rent and utilities, as well.

**Indication of Need/Data Used**

The number of participants served in FY 2013-14 increased from the previous fiscal year and we anticipate more increase next fiscal year. There will be a new provider for the Transition Age Youth Housing Program beginning July 1, 2014, so we expect that the number of youth served in this program will definitely increase in FY 2014-15.

**Description of Population Served**

Participants in the Housing Program will be families whose children are about to come into the child welfare placement system due to the family’s lack of housing, families whose children are already in out-of-home care and the lack of housing is preventing the children from returning to their parent(s), families who need temporary assistance to obtain or maintain housing for their child(ren), or youth between the ages of 16-21 who were in placement at one time through CYF or JPO.

Program Name:	Alternatives to Truancy Program (ATP)
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Status	Enter Y or N		
Continuation from 2013-2014	Y		
New implementation for 2014-2015			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015			
Requesting funds for 2014-2015 (new, continuing or expanding)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		X	

	13-14	14-15
Target Population	Children not attending school consistently and their families	Children not attending school consistently and their families
# of Referrals	185	200-225
# Successfully completing program	Approx. 60%	Approx. 60%
Cost per year	\$200,000	\$225,000
Per Diem Cost/Program funded amount	Program funding as first year with the provider	Per Diem Cost
Name of provider	Holcomb Behavioral Health	Holcomb Behavioral Health

**Description of Program**

The Truancy Program is a four month program that provides counseling and case management services to children who have been identified by their school district as having attendance difficulties. The Program offers counseling services to the children and their families and assists in developing strategies to improve attendance and school performance. It 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.

**Indication of Need/Data Used**

The number of participants served in FY 2013-14 has doubled from the previous year with the new provider this fiscal year. We anticipate serving more families in FY 2014-15 as the start-up was slow in FY 2013-14 due to the new provider. Currently, there is a wait list for the Truancy Program.

**Description of Population Served**

Participants will be compulsory school-aged and or enrolled children in all twelve school districts in Chester County who are having school attendance issues. These students will have excessive excused absences or tardies or be deemed legally truant by having four or more unexcused absences.

Program Name:	Evening Reporting Center (ERC)			
<b>Status</b>	<b>Enter Y or N</b>			
Continuation from 2013-2014	Y			
New implementation for 2014-2015				
Funded and delivered services in 2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			X	
	<b>13-14</b>		<b>14-15</b>	
Target Population	Delinquent youth with high risk of placement		Delinquent youth with high risk of placement	
# of Referrals	67		Approx. 75-85	
# Successfully completing program	Approx. 80%		Approx. 80%	
Cost per year	\$199,634		\$261,209	
Per Diem Cost/Program funded amount	Program funded		Program funded	
Name of provider	Chester County Youth Center		Chester County Youth Center	

**Description of Program**

The Evening Reporting Center (ERC) was the only identified Promising Practice provided in Chester County in FY 2013-14 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.

**Indication of Need/Data Used**

Data indicates using the ERC Program as an intervention to address criminogenic risk factors, such as thinking/ beliefs, personality/behavior, peer relations, education/employment, and recreation, and non-criminogenic factors, such as self-esteem and motivation has a higher impact with the low to medium risk youth than with the high risk youth. This is consistent with the Juvenile Justice System Enhancement Strategy which indicates that addressing these factors will have a more significant impact on reducing recidivism.

### ***Description of Population Served***

The 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.

## **DRUG AND ALCOHOL SERVICES**

### ***Current Substance Abuse System***

#### **Access to Services**

The Chester County Department of Drug and Alcohol Services serves as the Single County Authority (SCA) for Chester County, and is 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 (“non-business hour”- nights, weekends, holidays) 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. 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.).

### **Waiting List Issues**

- Despite insufficient funding to meet the demand for treatment this fiscal year, the Chester County Department of Drug and Alcohol Services has not initiated a wait list for any treatment services.
- Based on planning within the Department, we have maintained and continue to reimburse the following services: Detox (3A & 4A), and all outpatient services (screening, assessment, IOP and OP).

- The SCA has moved to the use of contingency/scholarship beds, for most clients in need of residential inpatient care (2B, 3B, 3C, 4B), effective April 1, 2014. As of May 15, 2014, the SCA has placed over 50 adults at 18 different treatment facilities. The offer of contingency beds, has allowed us to prevent the need for waiting lists for inpatient rehabilitation levels of care. Outpatient providers continue to schedule Level of Care assessments and forward information to the SCA for those individuals who need residential care. The SCA will review submitted information to see if any specialty funds can be utilized or secure a contingency/scholarship bed to insure client's needs are met given the available beds.

### **Coordination with County Human Services System**

- The Department of Drug and Alcohol (D&A) Services is part of the overall County Department of Human Services (DHS). The Director of D&A Services is supervised by the Director of DHS and he is a member of the "HSBG Policy Leadership Team", which consists of the Human Services Director, all other Human Service Department Directors, Deputy Director of Managed Behavioral Health Care, Director of Department of Community Development, and the DHS Fiscal Officer and Planner. Monthly meetings are held regarding policies, planning, up-dates, etc. regarding the Human Service Departments. The Block Grant is one of many items overseen and managed by this group.
- Coordination within the county human services system has also been accomplished through the Single County Authority (SCA) and its subcontracted providers who actively participate in the System of Care Practice model. This 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.
- Staff throughout the Department of Drug and Alcohol Services are involved in many cross-system and cross-department workgroups, meetings and initiatives, such as the Housing Action Team, Aging Coalition, Children, Youth and Families Roundtable meeting, various planning meetings with mental Health, and numerous others.

### **Emerging Substance Use Trends**

Information collected from the Chester County Department of Drug and Alcohol Services FY 2012-13 Annual Report and the Chester County Treatment Needs Assessment completed in 2012 show the following trends and emerging needs:

- Alcohol is still the primary substance of use for those seeking SCA funded treatment services.
- 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). Over the past four fiscal years (2009-10 through 2012-13), approximately one-third of clients admitted to residential treatment received dual diagnosis services from a qualified and approved co-occurring provider; in FY 2012-13, the number of clients who received those services increased by more than 10% from previous years.
- 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.

- Forty-six percent (46%) of those individuals seeking SCA funded services are also involved with the legal system.
- The Department Case Management Unit has experienced over a 35% increase in prison assessments in the past three years, with that trend continuing. Contributing to this trend is: the increase use in opiates and subsequent illegal activities, the increase in the County's criminal justice system efforts towards having appropriate clients referred to treatment instead of incarceration or reducing lengths of incarceration, and other changes to criminal justice related protocols, such as an increase in urine testing.

### ***Services for Target 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 target populations 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 Drug and Alcohol (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) and participates in 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).
- In order to stay abreast of the changing needs of this population and be aware of other models across the state, an SCA staff member participates in a monthly audio conference call in consultation with the PA Behavioral Health and Aging Coalition and Geisinger Medical Center. Staff from the County Department of Aging and MH/IDD also participate on these calls. It is a joint venture to insure service delivery to the Chester County older adult population is responsive to the multiple needs being presented.

#### ***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 Substance Abuse and Mental Health Services Administration /Bureau of Justice Administration (SAMSHA/BJA) grant funded initiative, which 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, Vocational/Educational Services and Cognitive Behavioral Therapy (CBT) intervention.
- The SCA also collaborates with the Housing Action Team (HAT) in assisting transitional age youth in securing housing, as well as educational/vocational services.

### ***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 course of the last year, all outpatient/point of entry contracted providers have maintained co-occurring competent status insuring staff training, policy and procedures, modified 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 continue to 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” time if the client is involved in the mental health service delivery system and ongoing case collaboration/consultation, if 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.
- One outpatient provider (Holcomb Behavioral Health) has added the use of Tele-psychiatry for those individuals who have co-occurring issues.

### ***Criminal Justice Involved Individuals***

The Chester County Department of Drug & Alcohol Services has had a long standing relationship with many of the entities involved with forensic clients. This is primarily due the many collaborative efforts put into place to better serve the clients in both systems.

- In FY 2010-11, 46.2% of all referrals into our system were forensically involved. Also, our case management unit conducted 303 assessments at Chester County Prison in 2011.
- In FY 2011-12, 47.2% of those referred to our services were involved in some aspect of the legal system. The Case Management Unit completed 294 assessments at the Chester County Prison in 2012.
- For FY 2012-13 data suggests 42% of all referrals to our system were forensically involved (Note: reported data is believed to be lower than previous years, and possibly inaccurate, due to the implementation of a new data collection package introduced by the state - STAR Data System). The SCA Case Management Unit completed 406 assessments at the Chester County Prison.
- The SCA and its' staff members are active participants/consultants in several diversion programs to include: Drug Court, Recovery Court, Mental Health Court and Veterans Court. Our relationship with these Courts began in 1998 when the Chester County Drug Court was established.
- These diversions programs began the "treatment team" approach between all of the legal entities involved; Bail Office, District Attorney, Public Defender, Judge, Adult Probation and Treatment Providers.
- The Department is currently the sole entity responsible for completing assessments for those individuals incarcerated at Chester County Prison. Referrals are received from several sources (Bail, Adult Probation, Public Defenders/Private Attorneys). The SCA staff will then complete a Level of Care Assessment, conduct collateral contacts to verify information received and then make a formal recommendation to courts. If assistance in securing funding for recommended treatment is needed our staff will also assist in this matter.

### ***Veterans***

The Chester County Department of Drug & Alcohol Services has always assisted veterans in seeking access to treatment services.

- The five contracted Points of Entry Providers have the ability to screen all referrals and offer appointments for an assessment. If an individual identifies as a veteran, referrals to the Coatesville (Veterans Administration (VA) can be facilitated.
- If the individual is a veteran, but has no established benefits due to discharge status or exhaustion of service, the SCA may fund the service recommended.
- The SCA has a contract with Treatment Trends – Keenan House (a residential treatment program) which includes a Veteran's Service Tract. Veterans in need of inpatient care may also have the following services provided to them: PTSD – Seeking Safety; Healing Trauma Through the Expressive Arts; Co-occurring groups; Medication Management; Mindful Movement Yoga.
- Another service directly related to Veterans is the Department's consultant role in Veteran's Court. The Veteran's Court was established two years ago, bringing many stakeholders and treatment providers to the table to best assist our veterans presenting with issues of drug &

alcohol, mental health, and legal problems. The team works closely with all legal entities to satisfy legal requirements while ensuring treatment access to address needs and move the veteran toward recovery. Numerous services are available in the community or at the Veteran's Administration Hospital, which is located in Chester County.

### ***Racial/Ethnic/Linguistic Minorities***

- Chester County, while remaining predominantly White/Caucasian, has shown an increase in other racial demographics over the past ten years. Such an increase will mean that the treatment and prevention services will need to adjust and adapt to the needs to different cultural and language requirements in order to meet the demands of an ever diversifying population.
- It is also important to note that the location of these ethnic/racial groups is vitally important to be able to provide those increased/specialized services in those areas; in Chester County, for example, the southern end of the County contains a high number of Hispanic/Latino individuals, although that population has now spread out and has become more prominent in other areas of the County as well.
- Another consideration is Chester County struggles with having a disproportionate representation of minorities (specifically African Americans and Hispanic/Latinos) within the Chester County Prison system. Subsequently, consideration of the type of services needed is also necessary for those clients as they re-enter the community.
- All contracted providers are required by license to have qualified staff that is representative of the populations that they serve. The SCA has also required all of our contracted providers to have policies and procedures in place to assist those with Limited English Proficiency concerns.
- Presently, the SCA also has several contracts in place to assist in providing services to our growing Latino population. Two inpatient programs, Valley Forge Medical Center and Nuestra Clinica, are available to Chester County Spanish speaking residents. We also have bilingual capability in two of the contracted outpatient providers, Chester Counseling Services in Phoenixville and Holcomb Behavioral Health in Kennett Square. The SCA continues to encourage the hiring of bilingual/bicultural staff to assist in meeting the needs of our diverse community.

### ***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 have direct experience in seeking and finding recovery whether it is as a Person in Recovery or as a family member. This group is a resource to the Department, assisting us and our contracted network in making connections and forming alliances in assisting those new to the recovery process.
- A component of natural connections to the community is the strong ties to 12 Step Programs currently operating within the county and surrounding areas. Most, if not all, 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 people's needs.

- Chester County also has other resources for additional peer support. There are several 12 Step clubhouses within the county limits, there is a Mental Health Peer Support Center located in West Chester, and a “Warm Line” run by Peer Support Specialists when someone needs assistance or just someone to talk to.
- In previous years, the SCA 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. The SCA in collaboration with our managed care entity (Community Care Behavioral Health) has submitted a Re-investment Plan to bring the Recovery Support Positions position back into our outpatient network. **In our FY 2013-14 HSBG Plan, we stated “it is our intent to access Human Services Block Grant dollars to bring the Recovery Support Positions back into our outpatient network, if funding is sufficient.” However, we were not able to fund these positions in FY 2013-14 due to insufficient funding to meet the demand for treatment services. The partnership between the Single County Authority (SCA ) and our managed care entity (Community Care Behavioral Health) will hopefully allow us to resume these positions, if our reinvestment plan is approved.**
- There are several other natural supports found in many of our communities across the County. The following are just a few examples of groups and organizations that are available to support a Person in Recovery and their family members: Communities that Care, Coatesville Youth Initiative, Community Volunteers in Medicine, Ches Penn, Faith Based organizations, Open Hearth, and The Gateway Program. Many more of these organizations can be found by accessing the Chester County online Community Resource Directory at [www.referweb.net/chesco](http://www.referweb.net/chesco).
- During the course of the last year, Chester County has initiated the dialogue internally to assess our current system in regards to a Recovery Oriented Systems of Care (ROSC). This has been a joint collaboration with the Department of Human Services, the Department of Mental Health/Intellectual Disability, the Department of Drug & Alcohol Services, and Community Care Behavioral Health (the County’s managed care entity).
- A Leadership Team has been formed and a consultant hired (Dr. Paul Poplawski) to begin assessing network strengths and areas for potential enhancement. This process also has mechanisms in place to secure feedback from all stakeholders within the system. It is anticipated that most of the information gathering phase of this process (data collection) will be completed and ready for next steps in the Fall of 2014.
- The Leadership Team has also reached out to other counties to learn more about their ROSC efforts currently underway.
- Chester County is also represented and participating in Community Care Behavioral Health State level ROSC forums addressing happenings across Pennsylvania.

One of the more significant challenges moving forward with any potential enhancements to our Recovery Oriented Systems of Care is the lack of funding. Currently, there are insufficient funds to meet the demand for treatment. Since no additional funds have been made

available at the federal or state level to assist in ROSC activities, alternative funding opportunities will need to be explored and accessed.

**HUMAN SERVICES AND SUPPORTS**

Historically, a primary focus of the Chester County Department of Human Services (DHS) has been to address and ensure access to services for residents of all ages and abilities. Therefore, the Human Services Block Grant (HSBG) funds in the Human Services and Supports category have been primarily used to promote and ensure access to services, via contracts with providers scattered throughout the county to provide information and referral services, as well as maintaining an online Community Resource Directory (Refer Web). We currently fund five information and referral providers through the Human Services and Supports funding in the HSBG. In FY 2012-13, the four contracted information and referral providers served a total of 7,822 unduplicated clients. During the first nine months of FY 2013-14, the five contracted information and referral providers have served 7,600 unduplicated clients. We anticipate at least 8,500 unduplicated clients will be served through the HSBG funding for information and referral services in FY 2014-15.

Refer Web, our on-line Health and Human Services Community Resource Directory, provides 24/7 access for residents to access information on services in the county. Residents can search in both English and Spanish. The Refer Web 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. In calendar year 2013, there were 20,243 site visits on Refer Web, with represented 6,125 unique visitors. 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.

The Human Services and Supports funding in the HSBG will also be used to provide “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 is used to ensure continuity of services for a brief period of time when other funding sources are unavailable.

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 2013-14</b>	<b>Projected Individuals to be served in FY 2014-15</b>
Adult Services		
Aging Services		
Generic Services (I&R)	8,000	8,500
Specialized Services (Bridge Funding)	10	25

***Adult Services***  
**Services Provided**

No Adult Services will be funded through Human Services and Supports funding in FY 2014-15.

**Proposed Changes**

***Estimated Expenditures***

***Aging Services***

**Services Provided**

No Aging Services will be funded through Human Services and Supports funding in FY 2014-15.

**Proposed Changes**

***Estimated Expenditures***

***Generic Services***

**Services Provided**

The Department of Human Services will continue to fund the five contracted Information and Referral providers to promote and ensure access to services for residents throughout the county. We will also continue to fund Refer Web, our online Community Resource Directory, which recently included a mobile application.

**Proposed Changes**

No changes in the programs/services we will fund in FY 2014-15.

***Estimated Expenditures***

We anticipate spending \$225,000 in Generic Services in FY 2014-15.

***Specialized Services***

**Services Provided**

A small amount of the Human Services and Supports funding will be used to provide “bridge” funding for families receiving evidence-based services (Youth and Family Teams also known as High Fidelity Wraparound, Multi-Systemic Therapy and Family Group Decision-Making) to ensure continuity of services for a brief period of time when other funding sources are unavailable.

**Proposed Changes**

No anticipated changes in the programs/services we will fund in FY 2014-15.

***Estimated Expenditures***

We anticipate spending \$15,000 in Specialized Services in FY 2014-15.

***Interagency Coordination***

The Department of Human Services (DHS) oversees and coordinates the categorical departments, 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.

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

<i>County:</i>	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	17		187,812			
Administrator's Office			993,958			
Administrative Management	315		370,394			
Adult Developmental Training						
Children's Evidence Based Practices						
Children's Psychosocial Rehab						
Community Employment	58		54,468			
Community Residential Services	118		5,623,041		415,869	
Community Services	129		709,124			
Consumer Driven Services						
Crisis Intervention	2,400		1,520,025			
Emergency Services	780		184,573			
Facility Based Vocational Rehab	57		166,497			
Family Based Services	3		10,000			
Family Support Services	60		152,070			
Housing Support	172		2,660,611			
Other						
Outpatient	607		415,988			
Partial Hospitalization						
Peer Support	85		63,209			
Psychiatric Inpatient Hospitalization	7		30,000			
Psychiatric Rehabilitation	71		410,979			
Social Rehab Services	279		162,198			
Targeted Case Management	331		365,569			
Transitional and Community Integration						
<b>TOTAL MH SERVICES</b>	<b>5,489</b>	<b>13,880,516</b>	<b>14,080,516</b>	<b>0</b>	<b>415,869</b>	<b>0</b>

**INTELLECTUAL DISABILITIES SERVICES**

Admin Office			2,273,969			
Case Management	185		31,543			
Community Residential Services	28		2,101,175		139,256	
Community Based Services	375		1,892,580			
Other						
<b>TOTAL ID SERVICES</b>	588	6,407,752	6,299,267	0	139,256	0

**HOMELESS ASSISTANCE SERVICES**

Bridge Housing	475		113,079			
Case Management						
Rental Assistance	500		45,000			
Emergency Shelter	240		90,000			
Other Housing Supports						
<b>TOTAL HAP SERVICES</b>	1,215	275,643	248,079		0	0

**CHILDREN & YOUTH SERVICES**

Evidence Based Services	280		546,058		191,515	
Promising Practice	85		261,209			
Alternatives to Truancy	225		225,000			
Housing	80		250,000			
<b>TOTAL C &amp; Y SERVICES</b>	670	1,473,782	1,282,267		191,515	0

**DRUG AND ALCOHOL SERVICES**

Inpatient non hospital	324		1,177,761			
Inpatient Hospital						
Partial Hospitalization						
Outpatient/IOP	503		295,684			
Medication Assisted Therapy						
Recovery Support Services						

Case/Care Management						
Other Intervention						
Prevention						
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	827	1,571,353	1,473,445		0	0

***HUMAN SERVICES AND SUPPORTS***

Adult Services						
Aging Services						
Generic Services	8,500		225,000			
Specialized Services	25		15,000			
Children and Youth Services						
Interagency Coordination			1,793			
<b>TOTAL HUMAN SERVICES AND SUPPORTS</b>	8,525	291,593	241,793		0	0

<b>COUNTY BLOCK GRANT ADMINISTRATION</b>			275272		0	
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<b>GRAND TOTAL</b>	17,299	23,900,639	23,900,639	0	746,640	0
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**Proof of Publication of Notice in the Daily Local News**  
 Under Newspaper Advertising Act No. 587, Approved May 16, 1929

State of Pennsylvania {  
 County of Chester {ss:

{No.          Term, 2014

Patricia Sjuda, 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. Branford, Ave., West Chester, PA, County and State aforesaid, was established November 19, 1972, 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 4, A.D. 2014

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**

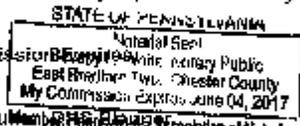
**PUBLIC HEARINGS**  
 County of Chester  
 Board of Commissioners  
 Department of  
 Human Services  
 Monday, April 14, 2014 at  
 8:30 PM  
 Chester County  
 Government Services Center  
 801 Westtown Road, Suite 170  
 West Chester, PA 19380-0990  
 AND  
 Tuesday, April 15, 2014 at  
 1:30 PM  
 Brandywine Health Center  
 Conference Room  
 794 East Lincoln Highway  
 Coatesville, PA 19320  
 Purpose: To discuss Public  
 Comments on the FY 2014-15  
 Human Services Block Grant  
 Plan for the Chester County  
 Department of Human Ser-  
 vices. A draft plan will be  
 posted on the Department of  
 Human Services website at  
 www.dailylocalnews.com by 5:00  
 PM on 4/13/14. Call 610-349-  
 5555  
 DLN/MSJ

*Patricia Sjuda*

affirmed to and subscribed before me this 4

day of April, 2014

*Barbara D. Welf*  
 Notary Public



My Commission Expires June 04, 2017  
 Kathy Braum

Department of Human Services

PO Box 2747

West Chester, PA 19380-0990

To DAILY LOCAL NEWS COMPANY, Inc.  
 For publishing the notice or publication attached  
 hereto on the above stated dates . . . . . \$

Printing cost . . . . . \$

Total . . . . . \$

**Publisher's Receipt for Advertising Costs**

The Daily Local News Company, a corporation, publishers of the Daily Local News, a newspaper of general circulation, hereby acknowledges receipt of the aforesaid notice and publication costs and certifies that the same has been duly paid.

DAILY LOCAL NEWS, a Corporation, Publishers of the DAILY LOCAL NEWS, a newspaper of General Circulation.

## FY 2014-15 HSBG Planning Meeting Summary

<b>Date of Meeting</b>	<b>Name of Meeting</b>	<b>Location of Meeting</b>	<b>Number Attending</b>	<b>Type of Attendees</b>
07/11/13	HSBG Review Meeting	West Chester	9	Internal
08/08/13	HSBG Review Meeting	West Chester	8	Internal
09/10/13	HSBG Review Meeting	West Chester	8	Internal
10/01/13	HSBG Review Meeting	West Chester	8	Internal
11/12/13	HSBG Review Meeting	West Chester	9	Internal
01/28/14	HSBG Review Meeting	West Chester	8	Internal
02/07/14	D&A Management Meeting	West Chester	2	Internal
02/07/14	Drug and Alcohol Adviosry Board	Conference Call	3	External
02/11/14	Alumni Meeting	Bowling Green	42	External
02/19/14	In-County, contracted D/A providers	Conference Call	6	External
02/12/14	CYF Citizen's Advisory Committee	West Chester	3	External
02/27/14	CYF Senior Management Team	West Chester	8	Internal
February 2014	MH Adult Subcommittee	Peer Support Center	10	Both
February 2014	NAMI of Chester County	West Chester	10	Both
February 2014	Community Crossroads	Peer Support Center	10	External
February 2014	Transitions	Downingtown	10	External
03/04/14	HSBG Review Meeting	West Chester	8	Internal
03/05/14	Self-Determination Action Team	West Chester	16	Both
03/31/14	HSBG Joint Planning Meeting	West Chester	8	Internal
04/01/14	HSBG Review Meeting	West Chester	6	Internal
04/09/14	CYF Citizen's Advisory Committee	West Chester	7	External
04/14/14	MH Adult Subcommittee	West Chester	10	Both
04/21/14	CYF Program Subcommittee	West Chester	6	External
April, 2014	NAMI of Chester County	Lutheran Church	10	External
April, 2014	Community Crossroads	Peer Support Center	10	External
April, 2014	Transitions	Downingtown	10	External
04/02/14	Self-Determination Action Team	West Chester	15	Both
05/07/14	Self-Determination Action Team	West Chester	13	Both
05/12/14	MH Adult Subcommittee	Peer Support Center	10	Both
05/14/14	HSBG Review Meeting	West Chester	8	Internal
May, 2014	NAMI of Chester County	West Chester	10	Both
May, 2014	Community Crossroads	Peer Support Center	10	External
May, 2014	Transitions	Downingtown	10	External

<b>Date of Meeting</b>	<b>Name of Meeting</b>	<b>Location of Meeting</b>	<b>Number Attending</b>	<b>Type of Attendees</b>
06/12/14	HSBG Review Meeting	West Chester	6	Internal
06/16/14	MH Adult Subcommittee	West Chester	10	Both
June, 2014	NAMI of Chester County	west Chester	10	External
June, 2014	Community Crossroads	West Chester	10	External
June, 2014	Transitions	Downingtown	10	External

Comments Received Electronically following the Public Hearings

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



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April 14, 2014

Ms. Kim Bowman  
Human Services Director  
Government Services Center  
601 Westtown Road, Suite 330  
P.O. Box 2747  
West Chester, PA 19380

Dear Ms. Bowman:

Please accept The Arc of Chester County comments for consideration when finalizing the Chester County Human Services Draft Plan for FY 14-15:

1. Thank you for sharing the draft plan and the status summary the FY 13-14 implementation of the Block Grant priorities as well as the opportunity for public comment.
2. Thank you for your commitment to fund advocacy, education and outreach for individuals with an Intellectual Disability and Mental Illness and for identifying this as a priority in the Draft Plan for FY 14-15. County MH/ID funding for advocacy, education and outreach services has allowed The Arc of Chester County to support individuals with disabilities and their families and caregivers to navigate the many service systems. These supports have proven to reduce dependence on the system and the need for higher cost services. County funding has allowed The Arc of Chester County to support hundreds of young students and their families to secure an appropriate education so they can be productive members of their community and avoid or eliminate the need for higher cost services during the critical school years and upon graduation. Additional projects funded by the County, like the Transition Project will increase the opportunities for transition age students to reach for and achieve their greatest potential and will support full inclusion. We are in total agreement that this remain a priority and look forward to your continued financial support in order for this service to continue.
3. Thank you for the additional work that has been done this past year to address the concern related to transferring ID funds to other populations. The Arc of Chester County and County staff have worked closely this past year to address our expressed concern in this area. We appreciate the ongoing collaboration of County staff in addressing our concerns. We have worked closely with County staff to ensure all stakeholders are informed on how to request and access funding for needed ID services in order to ensure that ID funds are utilized for individuals with ID who have unmet needs. This partnership has helped address one of the primary concerns of the Block Grant implementation that every effort is made by the County to ensure ID funds are made available to individuals with ID who have unmet needs before being considered or transferred to other populations. We are looking forward to this continued partnership as we close this FY and move forward into next FY. We are looking forward



The official registration and financial information of The Arc of Chester County may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania 1-800-732-0999. Registration does not imply endorsement. The Arc of Chester County is a 501 (c)(3) nonprofit organization—contributions to which are tax deductible to the fullest extent permitted by law.

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to the opportunity to continue the work that has been started in this area. We are also looking forward to expanding the discussions to individuals with Mental Illness and their families.

4. Finally, The Arc of Chester County is very concerned about the lack of services and supports to individuals diagnosed and living with Autism in Chester County. Although an individual with Autism may be able to access the IDD and MH/Behavioral Health systems those systems do not meet the needs of many individuals with Autism and their families. The Arc of Chester County is willing and able to work collaboratively with the County to address the systems and service gaps for the citizens of this County that are diagnosed with Autism. We request and need your help and collaboration to identify this as a priority in the FY 14-15 Chester County Human Services Plan in order to begin to address the systems gaps for this growing population. As you are aware the Block Grant allows the County to use funds flexibly to meet local needs. There is an urgent need to address the supports and services or the lack thereof for the growing number of individuals with Autism and their families living in Chester County. Chester County has always been a leader in the identification of trends and addressing the needs of the citizens of the County so we are once again asking for your partnership and collaboration to include this as a priority in the FY 14-15 in order for us to begin the discussion and to develop strategies that will address the unmet needs of individuals with Autism and their families.

Thank you for your ongoing support to individuals with disabilities and their families, the citizens of Chester County and for the opportunity to provide comments on the Chester County Human Services Draft Plan for FY14-15.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeanne Meikrantz', written over a horizontal line.

Jeanne Meikrantz  
Executive Director

Cc: File



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## Comments from Don Faix, President, Board of Directors of IMC

*Independent Monitoring Corporation*

Independent Monitoring for Quality  
SSA Representative Payee Services  
331 Gordon Drive  
Exton, PA 19341

IMC

www.im4qchestercounty.com  
ph: 610-594-0290  
fx: 610-594-0294  
im4qcc@aol.com

April 8, 2014

Ms. Bridget Thrash  
Chester County Department of Intellectual Disabilities  
Government Services Center  
601 Westtown Road, Suite 340  
West Chester, PA 19380

Dear Bridget,

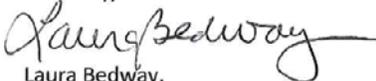
In response to your request for input regarding the block grant, the IMC Board of Directors would like you to consider our Representative Payee Program as a priority in the 14/15 plan. As you know we have been providing Representative Payee Services to individuals with disabilities since 2010. We have grown from servicing five individuals to our current case load of 85. The program has been very well received and referrals are on-going for this valuable support service which is not available through any other organizations in Chester County. Our reputation for personalized services has grown and we have had to start a waiting list.

The on-going duties associated with this program continue to be challenging and time consuming. The citizens that we serve not only need assistance with their monthly bills but require other services such as paying back past debts, counseling, and budgeting. Through our guidance several of our past clients have shown themselves to be responsible enough to now be their own "payee" and are no longer in need of our service which is one of our goals.

Unfortunately, although we are providing much needed advocacy and education to the individuals we represent, the limited allowable SSA fee we charge does not cover the program costs. Another Rep Payee Organization is discontinuing their program this year and has referred their clients to us. IMC is seeking additional funding to support our current clients and to expand our program to accommodate those individuals that are currently on our waiting list. As we continue to grow, support from the Department of Intellectual Disabilities would be greatly appreciated.

Our mission is "... to provide monitoring, advocacy and education ..." IMC's Representative Payee Program reflects IMC's values. We believe that the individuals we assist will gain a better understanding of budgeting and money management through IMC's Representative Payee education and advocacy program, thereby reducing late charges, achieving better credit, and hopefully acquiring some savings that may enable them to fulfill a wish that they have long desired.

Sincerely,



Laura Bedway,  
Executive Director



Don Faix  
President, Board of Directors

cc: Gary Entrekin

## Comments from Melanie Weiler, Executive Director of Kennett Area Community Services

FY 14/15 Human Services Block Grant Hearing

April 14, 2014

Submitted by:

Melanie Weiler

Executive Director of Kennett Area Community Services (KACS)

Re: Homelessness in the Southern Chester County area

KACS's primary mission is Serving People in their Time of Need. Our staff of 3, along with 60 volunteers serve over 500 families in our Food Cupboard each month and we served over 360 households in our Emergency Assistance program over the last year.

KACS and our local community are struggling with the growing number of homeless or near homeless persons and families in need of assistance. We have had an open case load of no less than 3 homeless households at any point over the last year at times peaking to 9 households and we do not have all the necessary resources to help them. We have neither the manpower nor housing options for referral.

KACS is a recipient of the Emergency Solutions Grant, but the issue is the lack of resources that allow us to make maximum use of the ESG funds.

Finding options for emergency placement for our homeless families, often 4-5 (and in some cases 8 to 11) in size, is extremely challenging. As you may know, Southern Chester County is large geographically and has no emergency homeless shelters or transitional housing options. Even if our families, who are often working, would leave the area for shelter, there are rarely any emergency beds available anywhere in the county. We are often forced to use ESG or donated funds at a motel (only one motel in the area will accept homeless families and another in Nottingham), often placing 5, 6, or 7 family members in one small motel room until we can find housing.

To illustrate this issue as it affects the Kennett/Avondale area, I will give you some data points:

- Many homeless households seen on our caseload have working parents. Their average income is \$1557/ month, but the Fair Market rent in the county is \$1135/a month for a 2 BR apartment—thereby requiring 73% of their income and often leaves the home overpopulated.
- KACS expended over \$90,000 for rental assistance to help prevent homelessness over the last 12 months. These funds are primarily private donations and United Way funds, as well as donations from individuals in the community, but not intended to be used solely for housing.

- Students reported experiencing homelessness in area schools for 11-12 & 12-13: Kennett: 96 and 167 (+74%), Avondale: 62 and 61; Unionville-Chads Ford: 10 and 10. (Pa. DOE )
- Local poverty levels for 2010 show Avondale, 17.6%, East Marlborough 1.5%, Kennett Township 2.5%, Kennett Square 11.1%, and New Garden 8.1%. (HTO Study-2010 Census)
- KACS serves no less than 3 families experiencing homelessness at any given time.
- Homeless families are the fastest growing challenge for KACS to find shelter, reporting average family size of 4.3.
- We work diligently with the staff at Connect Points. However, KACS requests for beds has only been filled twice since the Connect Points launch in July, requiring KACS to find other resources to fill the need.
- To prevent any stereotypical thinking, it is important to note that over 50% of KACS homeless clients are non-Hispanic.

Additionally, there are local factors that impact our families:

- ✓ Shift from singles to families in migrant community.
- ✓ Few transportation options...most work locally, many travel by foot and need sheltered in local area.
- ✓ Education level: 17% of Kennett adults over 25 are without a GED or diploma.
- ✓ Language Barrier provides impediment for protecting rights and self-advocating. This leaves our clients in a position to be easily victimized by unscrupulous landlords and employers.

In response to this issue, KACS has encouraged the development of a Kennett Area Homeless Taskforce that has been organized to educate the community and to investigate potential options to respond to this crucial need. Our Taskforce includes eight area churches, Kennett Square Borough, Kennett Township and Kennett Square Police Forces, Longwood rotary club, the Kennett Area YMCA , CCD, United Way of Southern Chester County, and other community organizations concerned about our neighbors. We are asking housing providers from elsewhere in the county to join our effort. The task forces is evaluating different models for responding to what we feel is a community crisis and hope to complete plans for action by the fall, 2014.

I must emphasize that this initiative is independent of KACS. KACS has always and will continue to focus on homeless prevention and will provide some emergency assistance when resources are scarce.

The Kennett Area Homeless Task Force is not in a position to make any request for resources for this current HSBG plan. However, we do see a need to alert you to these crucial needs and the possibility of our future request for support.

#### Data Sources:

- United Way of Southern Chester County, Childhood Poverty Study, 8/2013.
- Housing and Transportation Options, Chester County Planning Commission, 3/14.
- Pa. Department of Education-Homelessness Report FY 11-12/12-13.
- Kennett Area Community Services Data Report, 2013.