

**FY 2016-17 CHESTER COUNTY  
HUMAN SERVICES  
BLOCK GRANT PLAN**

**July 2016**

Appendix A  
Fiscal Year 2016-2017

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: CHESTER

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures	Please Print	Date
	TERENCE FARREL	7.14.16
	RATHI COZZONE	7.14.16
	MICHELE RICHINI	7.14.16

## **PART I: COUNTY PLANNING PROCESS**

### **1. Identification of Critical Stakeholder Groups**

The County of Chester is well structured to continue to implement our Human Services Block Grant (HSBG) 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 (CYF), Drug and Alcohol Services (D&A), Mental Health/Intellectual and Developmental Disabilities (MH/IDD), Veterans Affairs and Youth Center) reporting to the Human Services Department Director. In addition, Child Care Information Services, Veterans Affairs, 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 administered by the Department of Community Development, a sister County department, and we work very closely together. The County of Chester has had this organizational design for more than 20 years. In this design, DHS does not have a vested interest in any one categorical area and therefore can ensure the plans and funding decisions are fair and responsive from the broad perspective. This breadth of service areas allows us to engage numerous critical stakeholder groups in our planning. Each department seeks planning input from a range of stakeholders that includes, but is not limited to, consumers, families, advisory boards, County staff and providers.

The planning process for the FY 2016-17 Chester County HSBG Plan was built on our prior success involving these multiple internal and external stakeholders. DHS set in place mechanisms that lay a foundation for involving internal and external stakeholders. 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**

As part of our FY 2016-17 HSBG planning, in addition to ongoing input from standing cross-systems stakeholder groups, each of the categorical departments engaged department-specific stakeholder groups to gather input for the planning process. 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; Department of Children, Youth and Families (CYF) Advisory Committee; Mental Health Adult Subcommittee of the Mental Health/Intellectual and Developmental Disability (MH/IDD) Advisory Board; Intellectual Disability Committee of the MH/IDD Advisory Board; Decade to Doorways

Committees, RoadMAPP Committees, and ongoing mental health, drug and alcohol and in-home provider meetings.

“Decade to Doorways,” Chester County’s 10-Year Plan to End Homelessness and the RoadMAPP to Health, an ongoing comprehensive County health and human services planning effort that addresses both physical and behavioral health needs, 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, business community and various community stakeholders. The broad based representation on these committees has provided continuity to our entire County’s planning efforts, including HSBG planning.

The ongoing meetings of several cross-systems stakeholder groups has been an opportunity for regular input for our planning, including the Family and Community Partnership, Equal Voices Group and System of Care Advisory Team. All of these groups have open membership and are composed of consumers, families, youth, providers and county staff.

The Policy Leadership Team and the Planning Team continue to provide leadership and guidance in our planning for the FY 2016-17 Human Services Block Grant. 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 (DHS). This group meets routinely to review expenditures, re-allocate funding, review outcomes, and identify any potential needs or gaps for future fiscal years planning.

The HSBG internal Planning Team is facilitated by the DHS Planner and comprised of the Director of the Department of Community Development, Director of Drug and Alcohol Services (D&A) and planners from the Departments of Children, Youth and Families (CYF) and Mental Health/Intellectual and Developmental Disability (MH/IDD). 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 Human Services Block Grant.

As a result of embracing our System of Care philosophy outlined earlier across all of the human services categorical departments, the County’s human services’ organizational design, and the flexibility of the block grant funding, 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 HSBG Planning that summarizes the goals, common themes and priorities included in the Block Grant.

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

- To protect the safety of children and the community, maintain children and youth in their homes whenever possible, holding juvenile offenders accountable for their actions, and improve the competency development/well-being of children or youth served.
- To prevent and end homelessness by using the HSBG Housing Assistance Program funds for homeless prevention and emergency shelter services.
- To ensure that timely, accessible drug and alcohol treatment services representing the full continuum of care, including medication assisted treatment, are available to clients. Services received should be based on individual client need, and provided in the most appropriate, least restrictive level of care.
- 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.
- To develop and maintain an integrated system of services that supports children and adults with mental illnesses and/or intellectual disability to live full and productive lives in the community. To achieve this, in FY 2016-17 we will focus on strengthening peer, employment and crisis support; managing funding sources to meet emergency needs; promoting advocacy services; and strengthening administrative functions to assure quality, health, and safety.

**COMMON THEMES FROM PLANNING INPUT** - The categorical departments included in the HSBG coordinated many meetings of internal and external stakeholders to gather input for the FY 2016-17 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 2016:

1. Need to continue to strengthen information and navigation supports for specialized/hard to reach populations, including individuals coming into contact/involved with the criminal justice system and individuals who are homeless.
2. Need for increased supports and education regarding opiate and prescription drug abuse and addiction.
3. Need for increased evidence-based, evidence-informed, trauma-informed and best practice programs across all areas.
4. Need for flexible, supported housing options and supports for individuals and families and people with special needs, including housing options and rent assistance.
5. Need for increased services and supports for transition-aged youth.
6. Need for more peer support services and Support Specialist services (D&A, MH/IDD).
7. Need for increased supported employment supports and services (MH/IDD, CYF).

8. Need for more bilingual services across all human services departments.
9. Need for additional and creative transportation options for consumers (MH/IDD, CYF).
10. Need for more staff training and more expert training opportunities.
11. Better technology resources and supports (CYF, Juvenile Probation, D&A).

**TOP FY 2016-17 PRIORITIES (in rank order)** – As a result of the current planning and stakeholder input, all of the departments included in the HSBG reviewed their individual feedback, current programming, unmet needs and outcomes and identified the top three priorities for their respective departments for the FY 2016-17 Block Grant. These priorities are listed below for each department.

**CYF:**

1. Increase housing resources for families.
2. Resources and housing supports for transition-aged youth.
3. Expand Truancy Program.

**D&A:**

1. Ensure timely, accessible assessments and treatment services representing the full continuum of care are available to, and received by clients.
2. Expand/enhance medication assisted treatment.
3. Provide financial support to outpatient providers/system.

**DCD:**

1. Support Emergency Rental Assistance Program.
2. Provide emergency shelters.
3. Provide “Transition in Place” programs.

**DHS:**

1. Support outreach and information and referral services throughout the County.
2. Provide parenting supports and skill development for families (Family Center and Fatherhood).
3. Develop and implement an outreach and communication plan for accessing services and education about available services.

**ID:**

1. Meet emergency needs and prioritize Life Sharing for individuals considering out-of-home transition.
2. Advocacy and support services and employment supports.
3. Maintain infrastructure required to administer ID programs and assure compliance with regulatory requirements.

**MH:**

1. Enhance and expand peer services.
2. Enhance and expand Supported Employment services.
3. Streamline crisis intervention services using cross-system training with mental health, substance abuse, crisis intervention, hospitals and police.

The Draft FY 2016-17 Human Services Block Grant (HSBG) Plan is a collaborative product of all the planning processes described above. The Draft Plan was posted on the Department of Human

Services (DHS) website for review and comment. A summary of the draft was presented and discussed at two Public Hearings. Following the public comment period, a final draft was presented to the Chester County Commissioners for approval, prior to submission to the Pennsylvania Department of Human Services.

**NEEDS ASSESSMENT** - In FY 2013-14, outcomes that could be tracked and trended were developed for all of the categorical areas in the HSBG. We used the data we gathered in FY 2013-14 as our baseline data for the HSBG outcomes. Beginning in FY 2014-15, the HSBG outcomes were tracked on a quarterly basis. The data for the outcomes in our FY 2014-15 and FY 2015-16 HSBG were one of the tools used to inform our HSBG Planning Team and to help identify priorities for the FY 2016-17 HSBG Plan. A summary of the outcomes for the first two quarters of this fiscal year are included at the end of this Plan (see Appendix "H"). Of the outcomes that could be tracked during the first six months of this fiscal year, almost 73% (53/73) of the outcomes have met or exceeded the targeted benchmarks.

In addition to the outcomes, we also utilize trend and unmet need/demand data from across the system and a variety of sources, including the categorical departments and community based information and referral agencies. Major challenges in the past year have included increases in our reports of child abuse and neglect following implementation of the Child Protective Services Law changes and requirements, which required restructuring of some positions in the Department of Children, Youth and Families (CYF); high demand for drug and alcohol treatment with significant growth in admissions for opiates as the primary drug; and continued need for more global outreach and education for the community at large. The need for meaningful community employment opportunities for individuals with disabilities and transition-aged youth and the lack of transportation options continues to be a challenge in Chester County. We are continuing our joint efforts with the Department of Community Development, our sister agency, to address the needs of individuals who are homeless, particularly those with mental health and drug and alcohol disorders.

### **3. Use of Funds to Meet Needs**

As we think about our fifth year of participation in the HSBG process, we continue to acknowledge and appreciate how the flexibility of the Block Grant has served us well in Chester County. Primarily, the flexibility accorded through the Block Grant allowed us and will continue to help maximize funds and maintain core services in all systems, including drug and alcohol treatment that typically would have had to reduce admissions. However, the 10% cut to the Human Services Block Grant (HSBG) funds in the first year of the HSBG continues to impact us in Chester County and our ability to meet the needs of consumers or develop new programming.

The HSBG process in Chester County has also helped us to look at financial planning across the human services and not just individual budgeting within the categorical departments. It allows us to look beyond single year planning and to stabilize services in the outpatient arena through the flexibility of HSBG funds. A significant challenge is the continual instability of the timing and amount of funding via the State budget. This limits 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, in FY 2016-17 our primary focus will be on maintaining a strong, high quality core service system.

#### **4. Programmatic and/or Funding Changes**

Human Services Block Grant (HSBG) Policy Leadership Review Meetings were facilitated monthly throughout FY 2015-16 to monitor the spending, identify new or changing community needs and discuss changes and modifications, if necessary. These meetings allowed us to track service needs and areas that were projected to be underspent or overspent, as well as to consider new needs as they were identified. This is a continual process and helps us to determine any necessary budget reallocations.

Below is a summary of the programmatic changes and funding enhancements that have been made during FY 2015-16, our fourth year of HSBG implementation:

- Increased the funding for housing and supportive housing services for dependent families involved with CYF and dependent and delinquent transition-aged youth.
- Increased outreach and awareness efforts across all systems, including participating in over 220 community outreach events in 2015, which is an almost 36% increase in the number completed in 2014.
- Increased the funding for rent assistance for low income individuals and families to address a growing need of people facing eviction or homelessness.
- Trained over 1,000 people in Mental Health First Aid to date, including residents, provider staff and law enforcement personnel.
- Established a pilot Diversion Program for homeless individuals with mental health and/or drug and alcohol issues to move them into permanent housing.
- Implemented Mobile Mental Health services in our outpatient providers.
- Facilitated an intensive outreach and engagement effort through our HealthChoices provider with core mental health providers to increase engagement to services for mental health consumers.
- Utilized Reinvestment Funding that will switch to HSBG Funding to implement some needed services, including Critical Time Intervention, a Homeless Outreach Program for consumers with severe mental health and drug and alcohol issues, a Recovery Specialist and a Peer Support Specialist.
- Strengthened our system of care practices particularly in relation to co-occurring issues through our ROSC efforts.
- Researched how the impact of the HealthChoices increase for outpatient services will affect our HSBG funding in FY 2016-17.

At this point, as a result of the delayed State budget, we anticipate funds will be carried over from FY 2015-16; however, we will not have a final amount until all FY 2015-16 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**

Two Public Hearings were scheduled to gather public input on our FY 2016-17 Chester County Human Services Block Grant (HSBG) Plan by the Chester County Commissioners, in conjunction with the Director of the Department of Human Services (DHS). 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, and Access Services, the contracted provider of our family engagement activities. A proof of publication is included in Appendix "D".

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

Both of the Public Hearings began with introductions and then the Directors of the DHS, Mental Health/Intellectual and Developmental Disabilities (MH/IDD), Children, Youth and Families (CYF), Drug and Alcohol Services (D&A), and Community Development provided an overview of the Draft Plan and some of the results of the current plan. Attendees were invited to provide comment at the meetings or in writing to the DHS Planner. The opportunity for public input was to obtain feedback on the Draft Plan, which outlined the planning process over the past fiscal year, planning themes and funding plan highlights. Input from these hearings, written comment received, and all of the stakeholder meetings that were held as part of our FY 2016-17 planning, guide changes to the initial FY 2016-17 budget, as well as mid-year reallocations.

Input at the first Public Hearing included comments from a consumer regarding her experiences with several of the human service systems during a mental health crisis as well as a parent whose son had difficulties navigating the systems following his release from prison. Several of the people reiterated the need for more communication and quicker response times to access services to assist people being released from prison, especially transition-aged youth. Another consumer and Peer Support stressed that peer support services are important and that everyone needs to continue to work on adapting the "traditional services to fit non-traditional people."

One attendee who has attended all of the Public Hearings reiterated his thoughts regarding the need for a comprehensive communication plan that includes how to make access to resources more consumer friendly and the need to collaborate with the faith-based communities and the libraries to help ensure residents are aware of the available services and how to access them.

The attendance from the provider and community sector was very low at the second Public Hearing, so public comment was very limited. One faith-based community member did have several questions and requested that the public comment period to receive written comments be extended. This request was honored and the public comment period was extended an additional week. One person from the provider community thanked the Directors and the Commissioners

for their hard work and commitment to ensuring services continued and providers were compensated during the budget impasse. Additionally, one attendee, who also attended the first Public Hearing, further expanded on his comments regarding collaborations with faith-based organizations and libraries.

Additional written comments were received via e-mail from four people. Copies of the written comments are included in Appendix “G”.

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

### **PART III: MINIMUM EXPENDITURE LEVEL**

Chester County will not be completely eliminating spending in any of the categorical areas. We have planned expenditures in each of the categorical areas in FY 2016-17.

### **PART IV: HUMAN SERVICES NARRATIVE**

#### **MENTAL HEALTH SERVICES**

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

- Strengthened partnerships with hospital emergency departments and local police. Developed and distributed a “302 Commitments Cheat Sheet” for and participated in the December Police Chiefs’ Summit to start training on the 302 process. Initiated a Mental Health Work Group of the Police Chiefs’ Executive Committee, which has met regularly and productively. We are now working together on cross-training options.
- Worked with Audubon Consulting in conjunction with the Phoenixville Community Health Foundation to write a report on how to streamline and strengthen the overall mental health crisis response; the report surveyed hospital staff, police and staff in other Pennsylvania counties, and recommendations included implementation of a Crisis Intervention Team (CIT) training.
- Implemented Mobile Outpatient services to respond to a need particularly with respect to older adults.
- Worked with Brandywine Hospital on a proposal to hire a Certified Peer Specialist (CPS) in the inpatient unit to assist with discharge planning and smooth discharge.
- Currently using reinvestment funds to implement a pilot Critical Time Intervention (CTI) project to engage individuals with severe mental health and/or drug and alcohol issues who have not maintained stable housing. After the pilot phase, block grant funds will potentially be available to support individuals who are not otherwise funded.
- Continued a shift in system focus from congregate living to supported living, including the use of reinvestment and other funds to establish permanent independent housing options. The Mental Health Housing Options Team (MHOT), a multi-disciplinary team, continues to identify ways to give appropriate residential support to individuals referred to the Team.

- Provided training and ongoing support for evidence-based practices such as Adult and Youth Mental Health First Aid (MHFA), Trauma Recovery and Empowerment Model, Assertive Community Treatment, Supported Employment, Compeer, and Peer Services.
- Providing training on Involuntary Outpatient Commitment (IOC) use and commitment procedures to hospital doctors.
- Crisis Intervention Program continues to succeed in appropriately diverting from inpatient care to community-based alternatives, averaging about an 80% diversion rate for referred individuals.
- Continued to refine community information and education tools with excellent responses from providers and the community (Newsflash, Minding Your Health newsletter and human service departments' navigation maps).
- Continued "Community Conversations on Mental Illness".
- Contracted with The COAD Group, our primary prevention provider, to implement Adult and Youth MHFA trainings.
- Continued strong collaboration between the Disaster Crisis Outreach and Referral Team (DCORT) and the Departments of Emergency Services and Health.
- Continued and expanded collaboration with Emergency Services to plan the management of disasters and community emergencies.
- Continued collaboration with the Coatesville Veterans Administration Medical Center (VAMC) to explore ways to integrate VAMC and community services.
- Continued to develop the groundwork for successful implementation of a Recovery Oriented System of Care and working on Peer Support Services as a priority.
- After surveying schools, changed the focus of the Student Assistance Program (SAP) to fit their stated needs more closely. Currently, implementing a year-long pilot program after which we will assess the effectiveness of the new model, which focuses on successfully connecting families to existing services.
- Undertook planning to develop a CIT approach for police response to community problems involving mental illness, in partnership with the Police Chiefs, the Crisis Intervention Program and D&A. We are currently applying for a Pennsylvania Commission on Crime and Delinquency (PCCD) grant to support the next steps of this initiative. As a result of the partnerships to date, at least one police department has already developed new internal policies to address community policing approaches when dealing with individuals who may be mentally ill.

## **B. *Strengths and Needs***

- **Older Adults (Ages 60 and above)**
  - Strengths:
    - Collaboration with the Department of Aging Services to supporting older adult Peer Support Specialists in our Core Providers.
    - Implementation of Mobile Outpatient services will help engage older adults.
    - Updating of the existing Memorandum of Understanding between the Departments of Aging, MH/IDD and D&A.

- 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 Coatesville Veterans Administration Medical Center (VAMC), Chester County Departments of Aging Services, Community Development, Drug and Alcohol Services (D&A), Emergency Services, and Health, as well as the Phoenixville and Brandywine Community Health Foundations.
    - Continued to strengthen the push towards recovery oriented and integrated services, using a Recovery Oriented System of Care (ROSC) Initiative and other person-centered tools, such as Common Ground software.
    - Mental Health First Aid (MHFA) trainings offered in the County have received outstanding reviews from trainees. Specialist groups (law enforcement, front desk human services' staff) have been targeted as well as community members.
    - Continued a Mental Health Court Prison Diversion program and participated on a Prison Reentry Work Group.
    - Actively use Involuntary Outpatient Commitments as a tool to support certain individuals in the community.
    - Implemented an expanded Supported Employment service for FY 2015-16, and restarted a Supported Education Program in partnership with Delaware County Community College.
  - Needs:
    - Services at all levels for individuals with complex needs and behaviors that present as a community risk.
    - Introduce Supported Employment services as a routine part of services offered by Core Providers, using the model already in place at Creative Health Services.
- **Transition-Aged Youth (Ages 18-26)**
  - Strengths:
    - Individualized residential and treatment program(s) for two young men with sexually problematic behaviors continues with good outcomes. Program has been able to serve a new resident.
    - Continue to operate a Transition-Aged Youth (TAY) supported living program and a TAY Assertive Community Treatment (ACT) Team.
    - TAY group is offering support groups at the Peer Center.
  - Needs:
    - Additional Certified Peer Specialists from this age cohort.
    - 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.
- Increased opportunities for Supported Employment for young people.
- **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 (CYF); and Juvenile Probation Office.
    - Utilizing Parent Child Interactive Therapy with good outcomes reported.
    - Strong and developing relationship with school districts to provide appropriate support to students.
    - Revised SAP model is focusing on successfully connecting families to existing services.
  - Needs:
    - Develop different relationship with schools where school-based and mental health system 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 Community Hospital Integration Program Project (CHIPP) and Human Services Block Grant (HSBG) funds effectively serve those individuals with special or intensive needs.
    - We established access to comprehensive specialist assessments, such as risk of sexual violence, to assist with community placement.
  - Needs:
    - Resources adequate for post-discharge community support and treatment. Most of the ten Chester County individuals remaining in a State hospital have extremely acute and complex needs requiring resources that stretch our system beyond capacity. Assuring the safety of these individuals as well as that of the community is likely to need intensive, even initially 24-hour line of sight levels of support and supervision.
    - More specialist psychiatry that can assess the complex needs of individuals with both physical health and psychiatric needs that have been resistant to treatment.
  - Plans to address needs:
    - (In process) Applying for CHIPP funds to support effective discharge of individuals with intensive and challenging needs.
- **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.
    - Actively collaborate with D&A and providers on initiatives to promote a recovery-oriented system of care.
  - Needs
    - Increased availability of integrated 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 released from Chester County Prison who have a mental illness and are eligible for homeless funding.
    - Ongoing collaboration with Adult Probation on prison reentry issues.
    - In partnership with Police Chiefs, Crisis Intervention Program, and D&A, we are planning to develop a Crisis Intervention Training (CIT) approach for police response to community problems involving mental illness. We are currently applying for a Pennsylvania Commission on Crime and Delinquency (PCCD) grant to support the next steps of this initiative. As a result of the partnerships to date, at least one police department has already developed new internal policies to address community policing approaches when dealing with individuals who may be mentally ill.
  - Needs:
    - More resources for criminal justice involved individuals with mental illness who are no longer incarcerated but who pose a community risk.
    - Resources to sustain the CIT and police partnerships.
- **Veterans**
  - Strengths:
    - Excellent relationship with the Coatesville Veterans Administration Medical Center (VAMC).
    - 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 primary need) and who have experienced other cultures.
- Needs:
  - Need more staff who speak languages other than English and Spanish, including American Sign Language.
  - Staff able to help clients use technology (e.g. smartphones, computers) to enhance communication.
- **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 factor over 20 years ago and the Department of Mental Health/Intellectual and Developmental Disabilities (MH/IDD) started system transformation in the late 1990’s. The MH/IDD’s contracts specify deliverables culled from the Connecticut Domains of Recovery. The Department of Drug and Alcohol Services (D&A) has always been grounded in the recovery model and they continually seek to strengthen this approach.

Having successfully adopted a System of Care Practice Model approximately 10 years ago, the Department of Human Services (DHS) moved to a Recovery-Oriented System of Care (ROSC). Both 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 conducted a system self-assessment process with consumers, families, providers and other stakeholders to identify our strengths, gaps, next steps, and priority areas and have begun to implement the recommendations arising from this assessment. Our top five priorities are described below.

**Priority #1 - Expanding and Enhancing Peer Culture**

- Narrative –
 

Certified Peer Specialist (CPS) services have existed throughout Chester County since 2008 in specialized areas such as the Crisis Warm Line and the Mental Health Court Forensic Diversion program, as well as in the Core Providers. County base funding has been used where appropriate in order to allow CPS’s the flexibility of delivering services not included in the medically necessary Medical Assistance (MA) menu of approved CPS activities, such as in the Peer Center, to allow connection with and engagement to services for individuals who have a probable mental illness and co-occurring substance use disorder, who are also homeless, or who come to the Peer Center. A Peer Culture Workgroup has been formed as part of the ROSC initiative and will be making recommendations for effective ways to strengthen peer services in the Brandywine Hospital.

- Timeline –  
This priority is currently being implemented.
- Resources Needed to Implement –  
Funding for recommended expanded services will depend on the specifics; we anticipate accessing HealthChoices funds for some services for eligible individuals, but will also probably need funds for specialist services, such as the expansion of forensic peer services likely to be necessary for enhancement of services and supports for some individuals discharged from Norristown State Hospital.
- Tracking Mechanism –  
We will measure progress in this area by regular recording of the numbers of CPS's and other peers working throughout the County, and in what positions.

**Priority #2 - Enhancing Engagement Activities to Retain Consumers in Treatment**

- Narrative –  
Recognizing the importance of continuity of care between inpatient units and community behavioral health providers, we have worked with Brandywine Hospital Psychiatric Unit to implement a Certified Peer Specialist position within the inpatient setting, who will work directly with consumers being discharged to ensure as much as possible that they keep their critical first post-discharge appointments. This is initially being funded through HealthChoices reinvestment funds. In addition, we are encouraging Core Providers to implement Mobile Outpatient Services for eligible individuals, with an expectation that, when needed, the therapist will connect to individuals before discharge from inpatient care. This is already in place, but we are hoping to expand the service.
- Timeline –  
This priority is currently being implemented.
- Resources Needed to Implement –  
Funding is through HealthChoices and MH Block Grant funds.
- Tracking Mechanism –  
The goal is to reduce the no-show rate for first post-discharge appointments below the current average level of 30-40% for adults. Appointment-keeping will be tracked monthly.

**Priority #3 - Expanding and Enhancing Supported Employment and Supported Education (e.g. "Employment First", "Bright Futures")**

- Narrative –  
Getting and keeping a competitive job is a key factor in people's well-being. Not only does working confer a sense of being valued, but it allows individuals to earn enough to pay the rent for a safe and appropriate place to live in Chester County. In FY 2015-16, we replaced some of the funding lost by our Supported Employment Program and a goal is to expand the program further in FY 2016-17. Creative Health Services, one of our core providers, currently implements a "Career Center" model of supported

employment within their outpatient setting that consistently places more than 70% of individuals with a Severe Mental Illness (SMI) in competitive employment or education. Our goal is to replicate this model in other Core Provider settings. We are also working with the State Office of Vocational Rehabilitation to potentially implement a collaboratively funded Supported Employment Program that targets young adults.

- Timeline –  
Expansion of these services to other core providers will be completed by June 2017.
- Resources Needed to Implement –  
Additional funds will be needed.
- Tracking Mechanism –  
Supported Employment Programs currently report on the number of individuals referred and the number who have found competitive jobs. This tracking will continue.

**Priority #4 - Strengthening Community Education and Outreach Efforts (Mental Health First Aid (MHFA), Community Conversations, Question, Persuade, Refer (QPR) training for suicide prevention)**

- Narrative –  
Feedback from many sources, including previous Block Grant Public Hearings, tells us that people in general still have misconceptions about mental illness. This affects their willingness to hire employees or rent apartments to those who disclose that they have a mental illness, which in turn affects people's willingness to self-disclose about their illness and seek appropriate treatment and supports. The response to our Adult MHFA and Youth MHFA trainings has been overwhelmingly positive and has clearly opened conversations about mental illness and the effective treatments now available, which is dispelling some of the myths around mental illness.
- Timeline –  
We are currently planning trainings for the Borough of West Chester and working in collaboration with West Chester University to train students who will be working directly with young people when they graduate. Overall, we have given 14 trainings and trained 277 people in FY 2015-16, but have received more requests than we can easily respond to at this time. We are looking to expand our capacity to give these trainings in a timely manner throughout FY 2016-17.
- Resources Needed to Implement –  
Funding is mostly through Block Grant funds, but we are partnering with Brandywine and Phoenixville Community Health Foundations for specific targeted populations and also with West Chester University for the student training.
- Tracking Mechanism –  
We currently track the number of referrals and the number of attendees for MHFA trainings, which will continue in FY 2016-17.

## **Priority #5 - Offering Crisis Intervention Training (CIT) Training to Police Departments and Dispatchers**

- Narrative –

Crisis Intervention Training (CIT) is one way to strengthen partnerships between all groups involved in behavioral health crisis management and response, including police departments, 911 call centers, emergency responders, crisis services, drug and alcohol providers and hospital emergency departments. We are collaborating with local police departments to apply for a Pennsylvania Commission on Crime and Delinquency (PCCD) grant to apply for the first wave of CIT, and sustaining this with Block Grant funds will be a priority. CIT is only one aspect of a major transformation effort in Chester County in which cross-training and partnerships between human service and criminal justice agencies is becoming the expectation and the norm rather than the exception.

- Timeline –

If the grant application is successful, the CIT would begin in January 2017 and continue through to December 2017.

- Resources Needed to Implement –

The process of system review and analysis that preceded the planning for the CIT has created a valuable MH/Police partnership that has generated other projects about ways to enhance cross-system collaboration. Although we are hoping to obtain PCCD funding for the majority of the first wave of training costs, we anticipate needing to supplement grant funds for subsequent activities.

- Tracking Mechanism –

We will use all tracking mechanisms for outcomes required by PCCD.

## D. Evidence Based Practices Survey

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Number served in the County/ Joinder (approx.)	What fidelity measure is used?	Who measures fidelity? (agency, County, MCO, or State)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	Y	54	TMACT	BHMCO	Annually	Y	Y	
Supportive Housing	Y	85	Contract Oversight	CYF	Annually	N	Y	
Supported Employment	Y	46	SAMHSA SE EBP Toolkit & Dartmouth IPS Model	Agency & County	Every 2 years	Y	Y	
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	85	Dual Licensure	State	Annually	N	Y	
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	Y	8	Contract Oversight	CYF	Annually	N	Y	
Multisystemic Therapy	Y	110	MST Institute Specific	MST Institute	Annually	N	Y	
Functional Family Therapy	N							
Family Psycho-Education	N							
Trauma Focused CBT	Y	65	TF-CBT Practice Checklist	County & BHMCO	Annually	N	Y	
PCIT	Y	28	PCIT International	County & BHMCO	Annually	N	Y	

## E. Recovery Oriented and Promising Practices Survey

Recovery Oriented and Promising Practices	Service Provided (Y/N)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	Y	200	Ours is a Consumer and Family Satisfaction Team and conducts both consumer and family surveys
Family Satisfaction Team	Y	See above	
Compeer	Y	90	
Fairweather Lodge	N		
MA Funded Certified Peer Specialist	Y	21	
Other Funded Certified Peer Specialist	Y	29	
Dialectical Behavioral Therapy	Y	26	
Mobile Services/In Home Meds	Y	32	
Wellness Recovery Action Plan (WRAP)	Y	55	
Shared Decision Making	Y	250	
Psychiatric Rehabilitation Services (including clubhouse)	Y	300	
Self-Directed Care	N		
Supported Education	Y	6	Program Restarted In April 2016
Treatment of Depression in Older Adults	N		
Consumer Operated Services	N		
Parent Child Interaction Therapy	Y	28	
Sanctuary	N		
Trauma Focused Cognitive Behavioral Therapy	Y	65	
Eye Movement Desensitization and Reprocessing (EMDR)	N		Some individual therapists, but not system-wide
Other (Trauma Focused CBH)	Y	35	

\*Please include both County and Medicaid/HealthChoices funded services.

## **INTELLECTUAL DISABILITY SERVICES**

### ***Continuum of Services***

A full spectrum of services has been defined for those registered for services. These include both in home supports, day and employment supports, other out of home supports, including but not limited to, licensed residential supports. All services are limited by funding availability and are to be used only after exhausting other supports and services available from natural supports and through school, physical and behavioral health insurance(s), the Office of Vocational Rehabilitation, etc.

### ***Strategies to Be Used***

Each individual has a team that works to identify strengths, needs, supports available and services that are needed to meet life goals and provide for health and well-being. The team works to identify all supports needed and develops a plan called an Individualized Support Plan (ISP) that blends natural supports as well as services available through all funding streams, including but not limited to, those provided by Intellectual Disability (ID). It is important for the team to outline both present needs, as well as those that the team anticipates will be needed within a five-year scope of time. A Prioritization of Urgency of Need for Service (PUNS) is completed. When services are not available for present needs, it is considered an Emergency Need. It is important to include other details such as graduation dates and if a person has caregivers who are considered aging (defined as 60 years old or older).

The Individualized Support Planning process is consistent for all individuals regardless of funding. The expectation is that teams develop plans that are person centered and have outcomes that focus on individual preferences and desires, but also address health, safety and appropriate levels of risk mitigation for both even when these issues may not rise to things that are important to the individual, but are important for the individual to be successful.

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

	Estimated Individuals Served in FY 2015-16	Percent of Total Individuals Served	Projected Individuals to be Served in FY 2016-17	Percent of Total Individuals Served
Supported Employment	72	37%	75	38%
Pre-Vocational	28	8%	25	7%
Adult Training Facility	8	3%	10	4%
Base Funded Supports Coordination	1,078 (Waiver & TSM ineligible individuals or activities)	67%	1,080	67%
Residential (6400)/unlicensed	11/2	3%/18%	11/3	3%/27%
Life Sharing (6500)/unlicensed	6/0	13%/0	10/0	19%/0
PDS/AWC	0	0	0	0
PDS/VF	0	0	0	0
Family Driven Support Services	375	100%	400	100%

**Supported Employment  
Services Available**

All individuals who are preparing to graduate or who have graduated are expected to explore employment. Supports are to be provided through school services to transition all youth towards employment. Supports through the Office of Vocational Rehabilitation (OVR) are used and must be exhausted or denied by OVR prior to accessing Intellectual Disability (ID) supports. Resources have been set aside to support appropriate Job Supports needed to achieve training and re-training as indicated by the needs of the individual. This service is designated for competitive employment outcomes.

Chester County enrollees must use and exhaust OVR resources before the Administrative Entity (AE) will provide Base funds for Supported Employment services. Individuals with higher needs may be prioritized for waiver enrollment as slots become available. Persons with lower-level needs may be supported with HSBG funds for extended periods.

Chester County expects all Supports Coordination Organizations (SCO) staff to use Employment First values and actions in planning for individual needs. Our local school

districts have access to Discovery as a transitional activity. These supports are defined by the individual's Individualized Education Plan (IEP). Individual Service Plans (ISP's) that include Pre-Vocational and Employment Supports must identify measurable outcomes that lead toward employment. It is the expectation and an Office of Developmental Programs (ODP) requirement that the Supports Coordinators (SC) monitoring progress is ongoing. When supports have NOT resulted in progress toward employment, ISP teams must justify the appropriateness of chosen providers and/or the continuation of these supports, or make modifications to the outcomes. Chester County will continue our funding approach in FY 2016-17.

### ***Proposed Changes in County to Support Growth***

Chester County will continue to work with stakeholders on collaborative work projects that are identified by the Employment First Advisory Committee that provides community and participant awareness and capacity building opportunities. We will also remain engaged in the sponsorship of "Project Search" and outcomes for young students transitioning from school to employment.

We will be exploring opportunities to provide Employment Support agency staff training needed to expand and support: good skills and interest mapping, customized employment, and job carving. We will continue to work with the local schools to support increased participation in Discovery and transition to employment.

### ***Ways ODP May Provide Assistance***

The Office of Developmental Programs (ODP) and possibly the OVR need to take the lead on defining and providing the resources needed to support the shift to "Employment First". This includes, but is not limited to, a requirement for job support agencies/staff to complete training that is needed to align practices with expectations and therefore opportunities for evidence based outcomes. Dialogues with employers to develop employment opportunities that are unique and different, and all the other tools that are needed to shift from a job placement service to a job development service would be helpful. The ODP might also consider incentives for pre-vocational providers to provide programs that support individuals with appropriate skill/interest assessments and support to move them into employment. This might be a tiered approach to demonstrate the shift in program, as well as the end result of successful employment that matches skills and preferences.

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

#### **How County Will Assist Supports Coordination Organizations to Engage in Conversations**

This has been a very challenging topic. Chester County is rural in demographic and culture. Families report a lack of natural supports with no family members living close by the consumer. Additionally, given not only a mechanism but viewed encouragement to pay family members through the service system for the support they provide, these resources were further deteriorated. It is hoped that with the Office of Child Development and Early Learning's (OCDEL's) and the ODP's participation in the LifeCourses, this may help re-open the

topic for some families. We will encourage and sponsor opportunities to enhance the use of the LifeCourse tools as they become more available to help families better develop and access the natural supports of family and community that are so needed to have individuals fully included in their communities.

#### **How County Will Assist Supports Coordinators (SC's) to Plan for People on Waiting List**

We will continue to expect that SC's have the needed conversations with individuals and their families to guide identification of natural supports and services that each individual and family needs to have lives that are healthy and safe by the average person's standards and assertions of reasonable risks.

SC's will learn to more effectively talk with the families and use all available tools needed to plan and develop community and social capital that can support and enhance services. We expect that they educate families on the importance of accurately capturing these needs on the Prioritization of Urgency of Need for Service (PUNS) and how the PUNS works.

#### **How County Will Assist Supports Coordination Organizations (SCO's) to Develop ISP's that Maximize Community Integration and Employment**

We will fully support the direction established through Employment First practices and Office of Developmental Programs (ODP) requirements for accessing non-community based supports. We will provide opportunities for individuals and families to enhance understanding and skills as they relate to building Social Capital, especially using skills preferences in job customization and job carving.

We will continue to reach out to the employers of our community to think differently and to assess business practices that support their companies as well as their communities. We will also continue to offer training to SCO's and providers and expect providers to train Direct Service Professionals (DSP's) so that they can move from taking people into the community to helping them be known and valued in their community.

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

Life Sharing is an out of home residential support that works well for individuals who would like to remain part of a "family type" support as opposed to living in a group home. We have been successful in transitioning individuals from home to Life Sharing when the individual would be unable to be successful living in their own apartment or home in the absence of natural supports.

#### **How the County Will Support Growth of *Life Sharing***

We will continue to offer individual and family sessions to help people understand what Life Sharing is and the benefits of this model that cannot be provided in traditional residential programs. These sessions will be provided in large groups, as well as in family homes. Targeted contact is offered to any individual or family who feels they may need out of home

supports in the next two years. We will also continue to budget for some individuals to move into Life Sharing even when waiver capacity is not available.

### **Barriers to Growth of Life Sharing in Chester County**

We continue to work to provide information to stakeholders, including but not limited to, individuals and families on the values and benefits of Life Sharing. Much of this has focused on correcting the “stigma” that Life Sharing is “foster care for adults” and helping families to understand that the supports do not replace natural families and that Life Sharing is a supportive, sharing and mentoring environment unlike foster care that is intended to provide parental support. We believe that if funding were not a barrier, more individuals would be able to transition into Life Sharing before a crisis may increase the needs or change behaviors that then become barriers to this option. At these times of crisis, teams tend to lean towards group homes as the perceived most viable and immediate option. When this happens, individuals are less likely to leave these settings and go into Life Sharing. We believe that Life Sharing agencies must be adequately financially supported to develop provider homes that are available for respite, transitional opportunities during emergencies and long term homes that must occur before any service can be billed.

### **What’s Successful in Expanding Life Sharing in Chester County**

We have wonderful long term relationships with our local Life Sharing provider partners. We have encouraged development of new licensed homes to be used for periodic and emergency respite situations that can be available when needed. This has allowed us to expedite several situations that had wonderful outcomes.

We value the opportunities that Life Sharing can provide in a more community integrated and controlled environment. This type of environment provides for consistency and security through the people, not the buildings.

### ***Ways ODP May Provide Assistance to Expanding Life Sharing in Chester County***

The ODP could consider incentives for counties which successfully move individuals into Life Sharing when waiver capacity is not available. A suggestion would be that counties would be provided capacity after a person successfully remains in Life Sharing for an established period of time. This would allow the base resource to then be used for a new person to do the same. This could potentially be provided through residual UE capacity or as a separate initiative.

As a County, we encourage Life Sharing first when a person is in need of emergency respite/placement. We have successfully done this and would like to continue to provide this opportunity to reduce the number of people who may end up in settings that are not fully needed beyond the emergency.

The ODP should consider offering the existing up to \$5,000 development and start up resources to a Life Sharing agency regardless of funding used to support the person. The resources used to do this are 100% State funded and if it is truly an initiative that ODP

supports, an agency which is willing to provide a Life Sharing opportunity for a person when a county is providing non-waiver resources to support the situation should not be excluded from this start up incentive.

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

#### **How the County Will Increase Capacity of Providers to Support Individuals with Multiple Needs**

It is very important for all systems to work collaboratively to assure access and blending appropriate and needed supports. There will be continued focus on communication and training for providers and teams supporting individuals with complex needs. Additionally, administrative support for cross-systems discussions through “High Risk” meetings for both youth and adults will be maintained to support both individual and financial planning.

Chester County DHS collaborates on several trainings each year, entitled Accessing the Child-Serving and Adult-Serving Systems, to inform county staff, provider staff and the general public about the services and operations of each of the human services departments. These trainings provide an overview of all of the human service departments, as well as the Department of Community Development and the Chester County Health Department. These cross-systems trainings will continue in FY 2016-17.

After several years of System of Care (SOC) work, Chester County DHS has developed strong working relationships through a variety of cross-systems communication channels. The Department of Mental Health/Intellectual and Developmental Disabilities (MH/IDD) routinely collaborates with other departments on individual cases, as needed. The Administrative Entity (AE) continues regular reviews of complex and high-risk cases for identification of those who may need out-of-home placement or cross-systems supports. This approach has been successful in managing risks and avoiding institutional placements and will continue in FY 2016-17.

In addition to these supports, we offer and encourage providers to access and participate in trainings needed to support individuals with multiple needs. We have used Human Services Block Grant (HSBG) resources to provide for trial visits during transition that allow a provider to learn about a person and get a closer look at their needs prior to program development or moves. These resources are only available to contracted providers.

#### **How the County Will Work with School Districts to Enhance Early Engagement of Children**

The County has a long standing relationship with the various school districts in Chester County through the Transition Council, as well as through direct relationships with schools. We will continue to use these forums, as well as enhance early and ongoing communication with families, to support cross-systems understanding. County staff also participates in the Chester County Intermediate Unit’s (CCIU’s) hosted Transition Council and has provided topical information about services that may be available through the various programs after graduation.

The Department of Human Services (DHS) developed service maps to help families, schools and providers better understand how to access the various support systems that may be needed. These maps are made available to all stakeholders and are posted on all of the DHS websites. School staff is aware of these maps and accesses them as needed to support families in their district.

During interactions with schools, we ask that they encourage all families to explore service eligibility early. They are encouraged to have this dialogue as part of the IEP process to assess if the individual is registered with Intellectual Disability (ID) services and if the family would like the Service Coordinator to participate in the Individualized Education Plan (IEP) process, especially for those individuals who are of transition age.

When individuals are referred to our office but determined not eligible, information about other service systems that they may be eligible for is provided to the family by the intake staff. Advocacy support is provided through a contract with the ARC of Chester County for families to receive support for both in school navigation, as well as adult service navigation.

#### **How the County Will Work with CYF, Aging and MH/IDD to Promote Access to Services**

The County will continue to use the service maps described above to help families and provider staff better understand how to access the various support systems that may be needed. The County supports a System of Care (SOC) model that includes a Single Plan of Care process that brings the various systems together to plan on difficult cases. In addition, the DHS has various “At Risk” administrative discussion opportunities to check in with the systems involved with challenging individuals. This includes, but is not limited to, staff from ID, schools, the Behavioral Health Managed Care Organization (MCO) Community Care Behavioral Health, CYF, MH and Aging, if appropriate. These meetings can lead to Single Plan of Care (SPOC) planning meetings. They also provide an opportunity to identify individuals who may not be known to use, but who are most likely eligible and connected to another service system.

#### ***Emergency Supports***

##### **How Individuals in Emergencies Will Be Supported in the Community**

Planning for anticipated emergencies such as graduation and other life events is key. Much effort is put into identifying the needs of individuals who are approaching these types of events to avoid gaps. While funding is planned, there are times when situations arise outside of the scope of even the best planning. Short term resources (emergency respite, etc.) are typically available through Family Support Services (FSS); however, these resources cannot be used for ongoing habilitation type supports. Protocols for review of availability of Human Services Block Grant (HSBG) resources not budgeted by the program, Adult Protective Services Resources and ODP Unanticipated Emergencies are maintained and requests are made to the ODP when waiver capacity is not available and a person’s unique situation meets the criteria defined by the ODP.

**County’s Emergency Response Plan**

Our County’s emergency plan in the event an individual needs emergency services, residential or otherwise, is the same whether identified during normal work hours or outside of normal work hours. It is the expectation that the Supports Coordination Organization/Supports Coordinator (SCO/SC) work directly with the individual/family to support and coordinate needed emergency support. It is required that the SCO contact the ID Administration when any emergency is first identified. The ID Administration and SCO will partner to support and triage the situation as appropriate.

**If We “Reserve” Any Base or Block Grant Funds to Meet Emergency Needs**

As emergencies arise, an individual’s needs will be assessed and prioritized. Supports will be provided if resources are available. While some emergency funding is budgeted, it is difficult to predict and therefore often insufficient especially later in the year. When transitional HSBG funding can be provided, opportunities and need for individuals to be offered capacity when available are reviewed. The County does use a method to seek additional resources that are not budgeted within a department to access HSBG funding that may be available but not budgeted within a unit.

**Emergency Response Plan during Non-Working Hours**

All SCO’s are required to maintain after hours emergency contacts as part of their qualifications. Chester County meets emergency needs of individuals outside of normal work hours via the ODP’s requirement that all SCO’s maintain a 24-hour on-call system for emergencies. Contact numbers are available to appropriate staff within each SCO to reach staff within the administration at all times. This may happen directly or via Crisis Intervention support.

The County holds a contract for crisis services that may also be accessed for behavioral health emergencies. The County ID program holds a supplement to the crisis contract to assure that the provider is skilled in supporting individuals who are experiencing a crisis who also have ID. The telephone number to reach the ID Deputy Director and MH/IDD Administrator are available to the MH/IDD after hours delegate, as well as the Crisis Intervention and Residential Support provider.

***Administrative Funding***

Waiver Administration is insufficient to support the continued growth in ODP defined expectations via the Administrative Entity Operating Agreement (AEOA). Waiver Administration funding has not been adjusted since 2006, with significant increase in waiver enrollment through the waiting list initiatives each year. While we are grateful that the ID initiatives have provided funding opportunities for some individuals each year, the growing percentage of waiver participants and the administrative oversight involved has far exceeded the apportioned Wavier Administration provided. Priority is given to Individualized Service Plan (ISP) reviews, eligibility and other required activities. This leaves little time for expansion

of new and innovative thinking and implementation that may provide for positive impact in service delivery.

Funding for individual supports, anticipated changing needs and program enhancements is planned to maximize use of the ID resources. 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.

### **How County Will Use PA Family Network’s Person Centered Trainers**

The County will continue to share information regarding sessions available for all stakeholders to broaden their views and skills as they relate to Person Centered Thinking. This will be done through the MH/IDD Board Subcommittee, “Self Determination” email list, the ID monthly newsletter, “Everyday PossAbilities”, email sharing to all Supports Coordination Organizations (SCO’s) and providers and the ARC of Chester County Newsletter that has an extensive reach to families. It is the expectation that all county staff participate in training to support the needs that individuals, families and systems providers may have as these practices evolve and meld into the culture.

All Administrative Entity (AE) and SCO’s leadership has participated in the overview sessions of LifeCourses values and tools. Chester County will partner with the ARC of Chester County to offer training for individuals, families and other stakeholders to foster an opportunity to create a culture shift that supports natural and community supports that are enhanced and supported by services.

### **Ways to Provide Discovery, Navigation, and Peer Support**

The County holds a contract with the ARC of Chester County for advocacy and outreach. This has been and will continue to be part of the method for sharing information and training opportunities with stakeholders. The Partnership and other training resources have been used to provide sessions that have allowed families to work and receive training from other families.

#### ***Ways ODP May Provide Assistance***

We will need the ODP to provide ongoing access to training opportunities for individuals and families that is easily accessible. The key is knowledge and information that will help families begin planning and mapping earlier. Currently, the ODP Consulting System is difficult to navigate and some information and/or trainings are buried under AE or provider access links that make it difficult or impossible for families to access.

### **How County Will Engage with Health Care Quality Unit (HCQU)**

The County continues to participate in the regional contract held by Philadelphia County as the HCQU contract lead. In FY 2012-13, the resources were reduced in this contract by 10%

and, therefore, compromised access to the support of the HCQU in comparison to previous years. This included only having access to a part-time nurse to support teams that were struggling with both physical and behavioral health difficulties. Chester County did begin a supplemental contract with the HCQU in FY 2013-14 to resume having access to a full-time nurse. Additionally, resources to improve access to much needed behavioral health support will continue.

#### **How County Will Use HCQU Data in Quality Management Plan**

Data provided by the HCQU's will be shared with the Quality Counsel (under development) that aligns with the ODP expectation for representation and activities. If gaps or concerns are identified, this group will make recommendations for further activities that may be acted upon as a sentinel event or may be formalized into the official Quality Management Plan.

#### **How County Will Engage IM4Q**

In addition to the routine reviews and exchanges that happen to support the IM4Q process, representatives from the local IM4Q team will be invited and included as part of the Quality Counsel. These representatives will therefore be able to directly engage and represent stakeholder views found during the IM4Q process. The local IM4Q has been an active participant in the MH/IDD Board and ID Subcommittee for years. The IM4Q program provides annual summaries to providers, staff and Board members.

#### **How County Will Use IM4Q Data in Quality Management Plan**

Data provided by the IM4Q's will be shared with the Quality Counsel (under development) that aligns with the ODP's expectation for representation and activities. If gaps or concerns are identified, this group will make recommendations for further activities that may be acted upon as a sentinel event or may be formalized into the official Quality Management Plan.

#### ***Ways ODP May Provide Assistance***

None identified at this time.

#### **Ways County Will Increase Competency and Capacity for High Need Individuals**

The County continued to offer and announce local and regional training opportunities that can be accessed by all stakeholders. This is routinely done through the various communication methods already specified. When specific concerns arise, the County will reach out to providers to partner on targeted skill acquisition strategies to support existing needs and/or expand capacity to support the anticipated changing needs of the overall system.

#### ***Ways ODP May Provide Assistance***

The ODP needs to hold their contracted providers to the same or higher standard of partnership and training that they hold for Supports Coordination Organizations (SCO's) and County Administration. Currently, their waivers do not allow them to mandate provider training. This has created a gap in knowledge and skills that have created barriers to team process, does not support quality development that is equal

across stakeholders and potentially limits opportunities for individuals to receive needed and appropriate supports.

### **Risk Management Approaches**

All Lead Quality Management/Incident Management/Risk Management (QM/IM/RM) Administrative staff, as well as all SCO staff, have participated in the ODP Risk Management and Mitigation trainings. All providers have been encouraged to access those resources to better support their efforts.

### **How County Interacts with Everyone Related to Risk Management**

Resources and information are shared with stakeholders through several mechanisms, including but not limited to, the ID Board Subcommittee, “Self Determination”, the monthly ID and MH Newsletters, and email lists. This is an area that may possibly be expanded through the Quality Counsel and development of quality improvement strategies.

#### ***Ways ODP May Provide Assistance***

The ODP could provide family trainings either on the ODP Consulting website, through face to face sessions, or via other appropriate venues. In mitigating risk, it is important that all stakeholders have access to equal resources and knowledge to effectively navigate situations.

### **How County Will Use County Housing Coordinator with People Who Have an Intellectual Disability**

We do not have a County Housing Coordinator. We do access and work with staff from the Department of Community Development, the Department of Housing and Urban Development, the Local Housing Options Team and other housing support points of contacts as needed.

### **How County Will Engage Service Providers in Development of an Emergency Preparedness Plan**

The County expects all contracted providers to have an Emergency Preparedness Plan. The County Emergency Services Department offers support to community providers to assist with the development of plans and to do “audits” of existing plans. These offerings will continue to be available to all providers supporting programs in Chester County. Announcements for these opportunities are shared through established e-mail lists that are maintained and updated at least annually.

### ***Participant Directed Services (PDS)***

#### **How County Will Promote PDS**

The County will continue to support all PDS services and programming requirements for waiver participants. Until the ODP addresses the barriers, we will not block access to PDS supports, but have concerns with promoting and expanding them. The risks are too high for individuals needing the supports, the agencies that oversee them in the Agency With Choice model and the Common Law Employers in the Vendor Fiscal (VF) model.

**Barriers and Challenges to Increasing Use of Agency of Choice**

The Administrative fee established by the ODP is not adequate to support all the required and needed activities to support this model.

**Barriers and Challenges to Increasing Use of Agency of VF/EA**

The ODP must develop more significant training as it relates to legal employer responsibilities, risks, etc. Many families are drawn to the model to provide for higher wages for staff without fully understanding the risk factors. Additionally, not having a mechanism to provide for staff training presents barriers to assuring quality service implementation and adherence to the delivery of the authorized services.

Currently, the VF agent contract is too limited in scope. The program is complicated and cumbersome and creates risk factors for participants, staff and employers from start to finish that must be worked on if expansion is to be successful.

**How County Will Support Provision of Training**

The County will continue to support trainings for all participants to better support health, self-advocacy and control. This includes sessions on reporting abuse, expanding understanding of mandated reporting and certified investigations for all stakeholders (provider/staff and consumers/families), incident management and risk management in programs and family homes. Philadelphia Coordinated Health Care (PCHC), which is the southeast region Health Care Quality Unit (HCQU), will continue to be available to provide large group and individual training for improving health.

**Ways ODP Can Help in Promoting/Increasing PDS**

This is a topic that we have not presently considered and believe that ODP must step up with resources and trainings.

***Community for All***

**How County Will Help Individuals Return to the Community**

Chester County currently has five individuals residing in State Centers. None are currently identified Class Members desiring movement into the community. Chester County continues to support any person who would like to move from a congregate setting into the community and encourages all teams of these individuals to continue to support consideration of the least restrictive setting. We believe there are at least some individuals who are residing in campus-type adult programs who could be successful in the community. At present, there is a combination of team/family resistance and lack of provider resources to support individuals who have complex and challenging needs outside of a congregate setting. We will continue to support and collaborate with potential providers to develop appropriate homes, whenever possible.

## **HOMELESS ASSISTANCE**

### ***Continuum of Services***

Currently the continuum of services in regards to the Homeless Assistance Program (HAP) 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 the Domestic Violence Center of Chester County (DVCCC)
- Rental/Security Deposit Assistance to prevent homelessness (Human Services, Inc.)

The "Transition in Place" Programs have continued to be very successful (PA Home of the Sparrow and Friend's Association) and have been able to prevent homelessness for more families over the last fiscal year. As a result of this success, we are hoping to expand this program to serve individuals with barriers to finding housing in FY 2016-17. There continues to be a significant gap in rental assistance funding, however, as well as the ability to serve large families experiencing homelessness.

### ***Bridge Housing***

#### **Services Provided**

"Bridge Housing" will consist of two residential Transitional Housing Programs: Domestic Violence Center of Chester County (serves families experiencing domestic violence issues) and PA Home of the Sparrow (serves single women experiencing homelessness between the ages of 55-61) and two "Transition in Place" Programs run by Friend's Association and PA Home of the Sparrow, which provide financial assistance to keep people in their current housing or rapidly re-house families from their shelter to permanent housing.

#### **Evaluation of Programs**

The Department of Community Development conducted an onsite monitoring at each of these programs during FY 2015-16 and our data indicates that the requests/need 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**

If funding is available, we would like to expand the Transition in Place program to serve individuals with barriers to obtaining housing.

### ***Case Management***

Case Management is not currently funded through Homeless Assistance Program (HAP) funds nor are there any plans to do so in FY 2016-17.

### ***Rental Assistance***

#### **Services Provided**

The primary "Countywide" rental assistance provider under the HAP will continue to be Human Services, Inc. The documented need and requests for this service are significant and

the Department of Community Development has added additional resources to the provider in order to attempt to meet this need. We continue to see a trend of larger families (four+ children) requesting rental assistance.

### **Evaluation of Programs**

The Department of Community Development monitors this program at least once a year and makes any changes deemed necessary.

### **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**

The two providers will continue to be Good Samaritan and Friend's Association. It should be noted that the coordinated assessment provider, ConnectPoints, has continued to report the trend that there are a significant number of families experiencing homelessness that cannot be placed into emergency shelter due to lack of space/slots. We are also seeing larger families (four+ children) requesting emergency shelter services.

### **Evaluation of Programs**

The Department of Community Development monitors these programs at least once a year and makes any changes deemed necessary.

### **Proposed Changes**

There will be no changes in emergency shelter provision through HAP for FY 2016-17.

## ***Other Housing Supports***

If funding is available, the Department of Community Development would be interested in implementing a homeless diversion program that prevents individuals and families at or near homelessness seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

## ***HMIS Status***

All HAP funded providers (with the exception of the Domestic Violence Center of Chester County which enters into an equivalent, private system according to State regulations) enter data into our HMIS system, ServicePoint from Bowman Systems. Our current HMIS system is fully compliant with all Housing and Urban Development (HUD) guidelines.

## **CHILD WELFARE**

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

The Chester County Department of Children, Youth and Families (CYF) has continued to provide an array of services to children who remain in their own homes as well as services for the approximately 125 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 Department is proud to have less than one child per 1,000 in the county residing in out-of-home placements. The CYF Human Services Block Grant (HSBG) will continue to be used to provide evidence-based and Promising Practices programs in FY 2016-17, as these programs have been successful in improving the permanency, safety and well-being of children involved with our child welfare system and juvenile justice system.

The most significant challenge for this agency has been the volume of work and reorganization of existing staff positions required with the implementation of the changes to the Child Protective Services Laws at the end of 2014. The initial inquiries made to the Access Unit in 2015 were 26.75% greater than in 2014 (8,569 versus 6,744). The Child Protective Services investigations on suspected child abuse allegations were 38% greater in 2015 than in 2014 (983 versus 712). To handle the marked increase in referrals coming to the Intake Unit, existing vacant positions were shifted to the Intake Unit and there have been changes made in the In Home Unit to allow certain cases to move directly to In Home staff. The most notable change was the creation and recent expansion of an Adolescent Unit. While these changes helped, reports to Intake are continuing to increase and we are exploring how to best provide additional resources to address the unprecedented growth experienced. Transportation continues to be a challenge within Chester County to ensure that families and children are able to get to needed services given the large geographic area and limited public transportation system.

Important services that have allowed the agency to keep children in their own homes included a housing program and a truancy prevention program, which have been negatively impacted by funding cuts for FY 2016-17. The Housing Program has been funded 50% by the HSBG and 50% by Special Grants funding provided by PA OCYF. A challenge for FY 2016-17 is the decision by the Office of Children, Youth and Families (OCYF) to remove all \$200,000 of Special Grants funding for the housing program though it had provided funding at that level in prior years. PA OCYF also reduced the funding previously provided to the Truancy Program by more than half, from \$79,000 in prior years to \$37,485 for FY 2016-17. This change in funding levels was identified by PA OCYF as being done because all originally identified child welfare funds were not spent within the HSBG on child welfare needs. The inability to utilize Special Grant funds available in previous years to supplement the HSBG funds in providing the full scope of services needed to keep children safely in their own homes will be a continuing challenge impacting other areas of the Act 148 budget.

In the fall of 2015, the federal government enacted a law that included a need for all child welfare agencies to provide independent living services to youth in out-of-home placement who are 14 and 15 years old. In order to meet the new expectations, programs needed to be developed and provider agency services expanded. Other requirements of the federal law, have led to changes in foster parent decision-making capabilities and permanency goal identification by the Dependency Court. As of September, 2016, the federal law will also

require child welfare agencies to have every child who runs away from home or an out-of-home placement that is involved with our agency and is missing for over 24 hours assessed using an 18 page document. We are assessing the impact of this expanded requirement and expect to contract with a provider entity to complete these detailed assessments.

One of our recent successes has been our continued work with offering Family Finding services and allowing Family Finding Coordinators to work cooperatively with our case managers on the creation of a Lifetime Network to support children and their families. During FY 2015-16, we worked closely with four specific provider agencies that were funded through the Statewide Adoption Network (SWAN) or Act 148 (State/County) to create connections and help natural supports to create plans for the children and families being served. In the fall of 2015, the provider staff went through an intensive training by the founder of the Family Finding model, Kevin Campbell, regarding model revisions. Additional training in May, 2016 by Kevin Campbell, as well as quarterly review meetings, are being used to ensure the appropriate level of service is being provided to families and children.

#### ***Use of HSBG Funding in Conjunction with other Sources***

The CYF funds included in the Human Services Block Grant (HSBG) are used in conjunction with other funds, such as Act 148 funds and HealthChoices funds, to provide an array of services to children and families involved with the Department of Children, Youth and Families (CYF) or the Juvenile Probation Office (JPO) or families 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, thereby increasing the likelihood that families will remain intact and children will remain safely in their homes.

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 CYF are receiving the most appropriate housing and housing support services they need. The Housing Action Team (HAT), which is comprised of representatives from CYF, Department of Human Services, Department of Mental Health and Intellectual Disability, Department of Community Development, Department of Drug and Alcohol Services, and contracted housing providers, reviews all housing referrals 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, Section 8 Voucher Program, Shelter Plus Care Programs 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 to best meet their needs.

#### ***Identification of Outcomes***

Below are the three outcomes the Chester County Department of Children, Youth, and Families (CYF) expects to achieve by implementing the child welfare services funded through the Human Services Block Grant (HSBG) in FY 2016-17.

Outcome	Measurement and Frequency	All Child Welfare Services in HSBG Contributing to Outcome
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>• Family Group Decision-Making</li> <li>• Evening Reporting Center</li> <li>• Housing Program</li> </ul>
Families have enhanced capacity to provide for their children's needs	Number and percentage of families that successfully complete the High Fidelity Wraparound Model. (Youth and Family Teams)	<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>

**PROGRAMS**

**Note:** The numbers in all of the Special Grant charts below are estimated as the data is not complete for all of FY 2015-16.

**All of the invoices for FY 2015-16 for the Human Services Block Grant (HSBG) have not been received yet so while we may anticipate under-spending on HSBG programs at this point, we cannot verify the amount of under-spending until all of the invoices have been received and the final Block Grant Report is submitted.**

**PROGRAM NAME:** Multi-Systemic Therapy (MST)

Status	Enter Y or N			
Funded and delivered services in FY 2015-16 but not renewing in FY 2016-2017				
Requesting funds for FY 2016-2017 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			<b>X</b>	

**Description of Program**

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

**Indication of Need/Data Used**

In FY 2015-16, the number of MST staff was expanded to four therapists to address the increased need for this service and remove the waiting list. The provider offering Functional Family Therapy (FFT) in Chester County ended their services just prior to the start of FY 2015-16; as a result, there was an increased need for intensive in-home based services for families served by the Juvenile Probation Office (JPO) and CYF, thereby requiring more services from the MST program. The MST program is utilized both as a diversion program for CYF and as an intervention program for both JPO and CYF. Two of the MST Therapists are bi-cultural and bilingual, which also increases the number of families that can be served in this program.

**Description of Population Served**

The target population is youth who are involved with CYF and/or the JPO and are between the ages of 12-17 with antisocial and acting out behaviors. Youth referred by the JPO 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 behavior issues.

**Explanation of Additional Funds Supporting Program**

HealthChoices funds are often used to support this program when a youth has Medical Assistance (MA). If the youth does not have MA when he/she is referred to the program, the provider works with the family to try to get MA for the youth. HSBG funds are used until MA is active. If the youth does not get approved for MA or is ineligible for MA, then HSBG funds are used.

***There was a mistake in the number of referrals for FY 2015-16 as we received a total of 49 CYF/JPO referrals last fiscal year. Overall we have seen an increase in the number served, but the majority of participants are able to be funded through Health Choices. Therefore, we are projecting a slight decrease in the number (40) to be funded through Special Grants funding. In FY 2015-16, less than 28% of the youth receiving MST services were funded through CYF funding. The rest were funded through Health Choices funding. We anticipate this pattern will continue and expect that more youth will have Medical Assistance (MA) when they are referred for MST services or will switch to Health Choices funding quickly. The contracted MST provider has been very efficient in working with the families to get MA if they do not have it at the time of referral. We will use Act 148 funds, if there are more referrals than anticipated and the Special Grant funds are completely expended to cover the costs of those youth receiving MST services who do not have or cannot get Medical Assistance.***

	<b>FY 2015-16</b>	<b>FY 2016-17</b>
Description of Target Population	Dependent/Delinquent youth and families	Dependent/Delinquent youth and families

# of Referrals	<b>49</b>	<b>40</b>
# Successfully completing program	36/44 (81.8%)	Approx. 80%
Cost per year	\$266,172	\$166,331
Per Diem Cost/Program funded amount	\$50.00/15 Minute Unit of Service	Contract not complete yet, but likely will be same rate
Name of provider	Child Guidance Resource Center	Child Guidance Resource Center

**Were there instances of under-spending or under-utilization of prior year's funds?**

YES     NO

**PROGRAM NAME:** Family Development Credentialing (FDC/SFW) – Credential for Strengths-Based Family Workers

Status	Enter Y or N		
Funded and delivered services in FY 2015-16 but not renewing in FY 2016-2017			
Requesting funds for FY 2016-2017 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>
			<b>Expanding</b>
			<b>X</b>

***Description of Program***

Credential for Strengths-Based Family Workers (SFW) is a professional training and credentialing program utilizing 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 show a real need for this program in Chester County. The number of participants who are on track to get certified in FY 2015-16 is slightly lower due to the number of participants who started the program in the fall being less than the previous two years. There were inquiries about the program after it was started, but they were unable to join the program once it was started. Positive feedback from provider agencies indicates the continued need for this program while recognizing that the number who start in September who are able to get certified the following June will vary each year based on the participants' lives.

***Description of Population Served***

Frontline family workers from a wide range of government, private and nonprofit agencies, as well as businesses and large corporations, are eligible to complete the program.

***Explanation of Additional Funds Supporting Program***

Prior to FY 2015-16, one CYF Program Specialist had been a co-trainer for every cohort going through the program. For FY 2015-16, the CYF Program Specialist continued to serve as the

Coordinator of the program but two other persons co-led each class session, thereby increasing the program costs being charged to the Human Services Block Grant (HSBG). To make the program a truly community-based program, it was decided to have Justice Works Youth Care take over all responsibilities related to the Credential for Strength-Based Family Workers Program (SFW), including coordination for FY 2016-17. The budget has increased and is reflected in the HSBG plan to cover the costs of these additional responsibilities.

	FY 2015-16	FY 2016-17
Description of Target Population	Chester County Professionals working with families	Chester County Professionals working with families
# of Referrals	20	30
# Successfully completing program	15 anticipated in June 2016	20
Cost per year	\$25,655*	\$40,000
Per Diem Cost/Program funded amount	Program funded; Hourly rate for instruction and advisement	Program funded for transition year
Name of provider	CCDCYF plus contractors	Justice Works Youth Care

\*Estimated expense based on invoices received through 03/31/16 and projecting anticipated costs through 06/30/16.

**Were there instances of under-spending or under-utilization of prior year's funds?**

YES     NO

***Explanation of Under-Spending or Under-Utilization***

Every fall when a new class begins the process, there is no way to predict the number of participants who will be able to complete the entire program year and take the certification exam in June. In FY 2015-16, the number of participants who were not able to complete the course was approximately 20% (4) of the enrollees which had more of an impact as only 20 started the program rather than 25 the prior year. Costs for portfolio advisors, class lunches, exam costs, etc. were reduced based on the lower enrollment numbers and as participants ended their involvement, thereby resulting in under-spending. In addition, the State budget impasse required the program to start the program year not providing the lunch and beverages which had been built into the budget. These items were not reinstated until 2016 after the State passed the budget.

**PROGRAM NAME: Family Group Decision Making (FGDM)**

Status	Enter Y or N			
		New	Continuing	Expanding
Funded and delivered services in FY 2015-16 but not renewing in FY 2016-2017				
Requesting funds for FY -2017 (new, continuing or expanding)			X	

**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., A Second Chance, and two Department of Children, Youth and Families (CYF) staff. For FY 2016-17, Coatesville Youth Initiative will also be able to provide FGDM conferences for local families that are not open for services with the County agencies as two staff were trained in FGDM in FY 2015-16, but they are scheduling a Summer 2016 training for community facilitators prior to offering this service.

**Indication of Need/Data Used**

The number of referrals that have come through the Intake Unit at CYF significantly increased 26.8% from 2014 to 2015. This increase in referrals had an impact on the number of families that could be referred for FGDM conferences. In addition, the need for FGDM services was impacted by the implementation of the Concurrent Planning bulletin and the focus on using FGDM with older youth in placement for transition planning. In the second half of FY 2015-16, CYF decided to utilize A Second Chance for FGDM services as well as Justice Works Youth Care. Justice Works has provided FGDM services to delinquent youth and their families for the last several years. Although the Coatesville Youth Initiative staff was trained to complete FGDM conferences in the first half of FY 2015-16, it took additional time to have the staff person who would coordinate FGDM conferences to sit in on two conferences (a requirement of CYF) and there is still a need for facilitators to get trained. Until this happens, families that are trying to be diverted from being opened by CYF still do not have the option of receiving FGDM services through the Coatesville Youth Initiative.

**Description of Population Served**

In FY 2015-16, the target population was families who are currently involved with CYF and/or the Juvenile Probation Office (JPO). For FY 2016-17, in addition to the above, Coatesville families that are not open for services with either county agency could receive FGDM coordination and conferences through the Coatesville Youth Initiative as a diversionary service.

**Explanation of Additional Funds Supporting Program**

At the end of FY 2014-15, the Department of Children, Youth and Families (CYF) created a contract with Coatesville Youth Initiative to fund a full-time staff position. One of the job duties expected of the staff person was to coordinate and run FGDM conferences for families in the Coatesville area that are not open with CYF or the Juvenile Probation Office (JPO) but are in need of bringing the family together to make decisions to prevent deterioration. Given the delay in not starting to offer FGDM conferences until FY 2016-17, it is anticipated that there may be a need for additional funds via Act 148.

	<b>FY 2015-16</b>	<b>FY 2016-17</b>
Target Population	Families open with CYF or JPO	Families open with CYF or JPO plus

		Families in Community
# of Referrals	118	105
# Successfully completing program	54	Approx. 65
Cost per year	\$186,699*	\$100,000
Per Diem Cost/Program funded amount	\$3,000 for successful conference; \$1,000 for successful referral; \$250 for unsuccessful referral; and \$650 for facilitation only services	\$3,000 for successful conference; \$1,000 for successful referral; \$250 for unsuccessful referral; and \$650 for facilitation only services
Name of provider	CYF, A Second Chance and Justice Works Youth Care	CYF, A Second Chance, Justice Works Youth Care, and Coatesville Youth Initiative

\*Estimated based on costs incurred through 04/30/16.

**Were there instances of under-spending or under-utilization of prior year's funds?**

YES     NO

**PROGRAM NAME:** High Fidelity Wraparound/Youth and Family Teams (YFT)

Status	Enter Y or N		
Funded and delivered services in FY 2015-16 but not renewing in FY 2016-2017			
Requesting funds for FY2016-2017 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>
			<b>Expanding</b>
		<b>X</b>	

***Description of Program***

High Fidelity Wraparound, known as Youth and Family Teams (YFT) in Chester County, is a team-based, collaborative family engagement process for families with children and youth with mental health needs. It helps identify and use the families' strengths and natural supports to develop and implement service plans to reduce the use of more restrictive services. The program is implemented by Child and Family Focus.

***Indication of Need/Data Used***

The turnover at the program supervision level for the provider staff during FY 2014-15 may have resulted in a decrease in referrals from CYF in FY 2015-16. Based on the decreasing number of referrals noted over time, a decision was made at the County level to increase the number of children to be funded through HealthChoices behavioral health funding and decrease the number anticipated to be funded through HSBG funds. Since many of the families being served by CYF and JPO already have MA funding to cover this service, there is a more limited need for the funding through the HSBG. We anticipate this trend to continue in FY 2016-17.

***Description of Population Served***

Participants will be families who are involved with CYF or JPO who do not have Medical Assistance at the time of referral, 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.

**Explanation of Additional Funds Supporting Program**

HealthChoices funds are often used to support this program when a youth has Medical Assistance (MA). If the youth does not have MA when he/she is referred to the program, the provider works with the family to try to get MA for the youth. HSBG funds are used until MA is active. If the youth does not get approved for MA or is ineligible for MA, then HSBG funds are used.

	<b>FY 2015-16</b>	<b>FY 2016-17</b>
Target Population	Dependent/Delinquent youth involved with multiple systems and their families	Dependent/Delinquent youth involved with multiple systems and their families
# of Referrals	16	10
# Successfully completing program	8/12 (66.7%)	Approx. 60%-70%
Cost per year	\$100,000*	\$70,000
Per Diem Cost/Program funded amount	\$58.50 per diem	\$58.50 per diem
Name of provider	Child and Family Focus	Child and Family Focus

\*Based on expenditures through March, 2016.

**Were there instances of under-spending or under-utilization of prior year’s funds?**

YES     NO

**Explanation of Under-Spending**

While there was more stability with the staffing in FY 2015-16, one Youth Support Partner position has been vacant for months and the provider agency began additional recruitment efforts in April, 2016. In addition, the CYF and JPO referrals to Youth and Family Teams did not keep pace with the capacity of the program, thereby the expenditures were lower than expected.

**PROGRAM NAME: The Incredible Years (TIY)**

<b>Status</b>	<b>Enter Y or N</b>			
		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
Funded and delivered services in FY 2015-16 but not renewing in FY 2016-2017				
Requesting funds for FY 2016-2017 (new, continuing or expanding)		<b>X</b>		

**Description of Program**

The Incredible Years®, an evidenced-based program, is a set of interlocking, comprehensive, and developmentally based programs targeting parents, teachers and children. The website is [www.incredibleyears.com](http://www.incredibleyears.com). The training programs that compose The Incredible Years® are guided by developmental theory on the role of multiple interacting risk and protective factors in the development of conduct problems. The programs are designed to work jointly to promote emotional, social, and academic competence and to prevent, reduce, and treat behavioral and emotional problems in young children.

**Description of Population Served**

The target population is parents with children ages 1-3 or 3-6 who have early signs of attention and behavior problems. The families will be referred through the Department of Children, Youth and Families (CYF).

**Indication of Need/Data Used**

Child Guidance Resource Center, our primary provider of children’s mental health services, has operated The Incredible Years Program for the past two years through a Pennsylvania Commission on Crime and Delinquency Grant with good success. There has been a waiting list for the program in FY 2015-16 and an anticipated need for more families needing the program in FY 2016-17.

**Explanation of Additional Funds Supporting Program**

HealthChoices funds are used to support the treatment aspect of the program for the children. HSBG funds will be utilized to support the parenting component.

	<b>FY 2015-16</b>	<b>FY 2016-17</b>
Description of Target Population	Families with pre-school children	Dependent Families with pre-school children
# of Referrals	10	12
# Successfully completing program	TBD in July	Approx. 80%
Cost per year	\$0	\$23,678
Per Diem Cost/Program funded amount	Grant funded	Program funded
Name of provider	Child Guidance Resource Center	Child Guidance Resource Center

**Were there instances of under-spending or under-utilization of prior year’s funds?**

YES  NO

**PROGRAM NAME:** Housing Program for Families and Transition-Aged Youth

<b>Status</b>	<b>Enter Y or N</b>
---------------	---------------------

Funded and delivered services in FY 2015-16 but not renewing in FY 2016-2017				
Requesting funds for FY 2016-2017 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
				<b>X</b>

**Description of Program**

The Housing Program is a 6-12 month program for families involved with CYF with the potential for additional time for dependent and delinquent transition aged 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 total number of participants served in FY 2015-16 increased from the previous fiscal year and we anticipate that even more families and youth could be served in FY 2016-17. With the change in providers for the Transition Age Youth Housing Program beginning July 1, 2014, the number of youth served in this program increased in FY 2014-15 and early in FY 2015-16 with the program running at full capacity for the first time. As the programs have become more familiar to staff at CYF and JPO, referrals are being made on a continual basis for both programs. The HSBG funds allocated to the Housing Initiative in FY 2015-16 were expended by the end of December, 2015. While \$200,000 is available in the Special Grant Initiative Funds provided through the child welfare State budgeting process in FY 2015-16, the removal of the \$200,000 in FY 2016-17 leaves a significant gap in the resources available to provide this important program.

**Description of Population Served**

Participants in the Housing Program are 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 that 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 and need housing separate from their parents.

**Explanation of Additional Funds Supporting Program**

Funds for the Housing Programs are spread across multiple sources including the Human Services Block Grant (HSBG), the Independent Living budget, and the Act 148 budget CYF receives through the Needs Based Budgeting process.

	<b>FY 15-16</b>	<b>FY 16-17</b>
Target Population	CYF Families and/or CYF and JPO Transition Age Youth needing housing assistance	CYF Families and/or CYF and JPO Transition Age Youth needing housing assistance

# of Referrals	56 Program referrals* & 40 for Short term funding (96)	70 Program referrals* & 50 for Short term funding (120)
# Successfully completing program	19/22 (86.3%)	Approximately 85%
Cost per year	\$285,000	\$429,440
Per Diem Cost/Program funded amount	Families/TAY: Face-to-face rate - \$27/15 minute unit Non face-to-face rate - \$13/15 minute unit Travel rate - \$5/15 minute unit  Plus rent and utility costs reimbursed and one-time only costs	The contracted amount for FY 2016-17 is not yet known as the provider budgets are still being received and reviewed.
Name of provider	Human Services, Inc. and Valley Youth House	Human Services, Inc. and Valley Youth House

\*86 total referrals for the programs with approximately 56 funded through HSBG funds.

**Were there instances of under-spending or under-utilization of prior year's funds?**

\_\_\_\_\_ YES        X   NO

**PROGRAM NAME: Alternatives to Truancy Program (ATP)**

Status	Enter Y or N		
Funded and delivered services in 2015-16 but not renewing in 2016-2017			
Requesting funds for 2016-2017 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>
			<b>X</b>

***Description of Program***

The Truancy Program is a 4-6 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 the Department of Children, Youth and families (CYF) through twice weekly case management support and weekly counseling services with the student and family.

***Indication of Need/Data Used***

The number of children who have been referred to the program fluctuates over time based on the school year cycle. However, the total number of referrals in FY 2015-16 was higher than the number of referrals received in FY 2014-15. Many families had to be placed on a wait list and as of May 4, 2016 there were 38 children on the wait list. Since the need for the service has out-paced the staff availability, there is a desire to increase staff to better accommodate the need and the desire to utilize the program as a diversionary resource.

**Description of Population Served**

Participants will be compulsory school-aged and or enrolled children in all twelve school districts in Chester County who have a minimum of four illegal or unexcused absences and a completed Truancy Elimination Plan (TEP) or Student Attendance Improvement Plan (SAIP) prior to being referred to the Program.

**Explanation of Additional Funds Supporting Program**

It is anticipated that no additional funds will be needed to support this Program in FY 2016-17.

	<b>FY 15-16</b>	<b>FY 16-17</b>
Target Population	Children not attending school consistently and their families	Children not attending school consistently and their families
# of Referrals	194	215
# Successfully completing program	63/70 (90.0%)	Approximately 90%
Cost per year	\$373,911	\$443,833
Per Diem Cost/Program funded amount	Face-to-face -\$33/15 minute unit; travel - \$5/unit; group sessions \$250 per caseworker	Face-to-face -\$33/15 minute unit; travel - \$5/unit; group sessions \$250 per caseworker
Name of provider	Holcomb Behavioral Health	Holcomb Behavioral Health

**Were there instances of under-spending or under-utilization of prior year’s funds?**

YES     NO

**PROGRAM NAME:** Evening Reporting Center (ERC)

Status	Enter Y or N		
Funded and delivered services in 2015-16 but not renewing in 2016-2017			
Requesting funds for 2016-2017 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>
			<b>Expanding</b>
		<b>X</b>	

**Description of Program**

The Evening Reporting Center (ERC) is the only identified Promising Practice provided under the Human Services Block Grant (HSBG) in Chester County. It 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**

The program had been limited to only taking youth who came from certain areas of the county given the transportation limitations caused by having only two vans up until the spring of 2015. Each van was able to cover different broad sweeps within the county; however, youth from the northern and eastern parts of the County were unable to participate. With

the start of a transportation program in the spring of 2015, youth from other areas of the county started to participate and were brought to the Youth Center for this program.

**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.

**Explanation of Additional Funds Supporting Program**

No additional funds will be needed to support this program in FY 2016-17.

	<b>FY 15-16</b>	<b>FY 16-17</b>
Target Population	Delinquent youth with high risk of placement	Delinquent youth with high risk of placement
# of Referrals	46	50
# Successfully completing program	26/42 (61.9%)	Approx. 65%
Cost per year	\$190,000	\$200,500
Per Diem Cost/Program funded amount	Program funded	Program funded
Name of provider	Chester County Youth Center	Chester County Youth Center

**Were there instances of under-spending or under-utilization of prior year’s funds?**

\_\_\_\_\_ YES        X   NO

**DRUG AND ALCOHOL SERVICES**

***Current Substance Abuse System***

The Chester County Department of Drug and Alcohol Services (D&A) 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.
- Point of entry providers 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.
- 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.

- 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 25 contracts (over 50 provider sites) with licensed programs to meet the substance abuse needs of Chester County residents. Medication Assisted Treatment is part of the services available.
- 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.).

### Wait List for Each Level of Care

Based on the data for January through March, 2016, the following information is available for the Single County Authority (SCA) funded individuals.

- Access to Outpatient Services
  - Intermittent access issues to assessment noted (actually throughout the fiscal year), due to numerous issues: volume, provider capacity, staff turnover and bilingual capability.
- Access to Residential Services
  - Detox – avg. of 3 days (but at least 3 waiting for more than 10 days)
  - Rehab (Long Term) – avg. of 1.5 days
  - Rehab (Short Term) – avg. 4 days
  - Halfway House – anecdotally, avg. 2-3 weeks

### Barriers to Accessing Treatment Services

- **Funding:** Historically, there has been insufficient funding to meet the treatment demand, and little to no consistent funding for any service enhancements or new initiatives. It was only through the work of our staff, collaboration by providers, and the opportunity to access some additional one-time funding that all treatment services were eventually paid for, and no waiting list had to be established. The SCA has faced this scenario numerous times and without sufficient funding cannot ensure quality, appropriate treatment will be available each year, throughout the year. Additionally, this resulted in some service limits put in place. The current fiscal year is an anomaly in comparison, and it's unknown if it will continue.
- **Staffing:** Turnover in SCA staffing as well as increase in workloads, including an increase in prison assessments and the implementation of several initiatives to help meet funding demands (e.g. MA retroactive enrollment, grants), continue to challenge the ability to meet the assessment and treatment demand. Treatment providers have experienced this as well; not having sufficient staffing or having staff that can meet the needs of their local population (e.g., Spanish-speaking counselors).
- **Prison Assessments:** There continues to be an increase in the number of referrals and assessments for prison inmates. There has been a 44% increase in Prison Assessments (completed by the SCA's Case Managers) over the last three years. During FY 2014-15, these Case Managers completed 554 separate Prison Assessments in comparison to 314 Prison Assessments conducted during FY 2013-14. This has occurred without an increase in staff.

- **Capacity:** Throughout the fiscal year, access to Assessments is being experienced as a result of numerous factors, including: Opiate epidemic, criminal justice system more frequently looking to place people in treatment vs. incarceration; successful outreach and engagement initiatives that are working and bringing more people into the system that has not yet been able to adjust to the increasing demand. Additionally, capacity issues have been experienced in different levels of care, particularly detox.
- **Commercial Insurance and Affordable Care Act:** This has become a particular challenge for the SCA Case Managers conducting assessments in the prison and facilitating placement in treatment upon parole. An increase in deductibles and co-payments often makes the treatment needed unaffordable and inaccessible. A substantial amount of time and staffing is dedicated to addressing the impact on the SCA as well as assisting our provider network in addressing relevant issues. The system is seeing more individuals on commercial insurance as a result of the Affordable Care Act, particularly with individuals up to age 26 who remain on their parents' insurance. It is too early to tell if sufficient behavioral health services (including access to appropriate services) are being provided, but anecdotally an issue that's been raised is the increasing cost of coverage and co pays.

### Capacity Issues

- Access to Assessments is being experienced as a result of numerous factors, including: Opiate epidemic, criminal justice system more frequently looking to place people in treatment vs. incarceration; and outreach and engagement initiatives that are working and bringing more people into the system that has not yet been able to adjust to the increasing demand.
- Successful outreach and engagement initiatives have increased demand and stretched existing capacity.
- Unexpected staff turnover at the outpatient level, as well as changes in providers have impacted on the availability of assessments.
- Issues have been experienced in different levels of care, particularly detox.

### County Limits on Services

- Individuals funded must be residents of Pennsylvania and meet the financial eligibility criteria. There are no other limits.

### Impact of Opioid Epidemic on County System

- County funding data is limited to residential services. Based in this data, statistics from the Chester County paid claims data system indicates that over the past six fiscal years (2009-10 to 2014-15), the percentage of non-hospital residential admissions with heroin/other opiates as the primary substance of choice increased from 36% to 62% while alcohol dropped from 44% to 21%.
- Opiates were reported as the primary drug of choice in 54% of referrals for residential treatment from our community based assessment sites from January through March of 2016.
- The SCA's Case Management Unit has experienced a 44% increase in Prison Assessments in the past three years. Contributing to this trend is: the increase use of 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, and/or reducing lengths of incarceration; and other changes to criminal justice related protocols, such as an increase in urine testing.

- Contributes to issue in many systems (courts/legal/prison/schools) and communities requiring more cross-system education and collaboration.
- Increase in demand for assessments and treatment services, resulting in some capacity issues.
- Need for enhancement of alternative treatment modalities for the opiate users, including medication assisted treatment.

### **Emerging Substance Use Trends**

Information collected from the Department of Drug and Alcohol Services' (D&A) FY 2014-15 Annual Report and the Chester County Treatment Needs Assessment completed in December of 2015 show the following trends and emerging needs:

- Significant increase in use of heroin and other opiates.
- Over the past six fiscal years (2009-10 to 2014-15), the percentage of non-hospital residential admissions with heroin/other opiates as the primary substance of choice increased from 36% to 62% while alcohol dropped from 44% to 21%.
- Chester County has seen an overall 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.

### **Other Trends**

- Over the past four fiscal years, approximately one-third of clients admitted to residential treatment received dual diagnosis services from a qualified and approved co-occurring provider.
- The Latino population in Chester County continues to increase, and is residing in communities besides Southern Chester County. The current service delivery network must continue to bolster existing services, primarily increasing bilingual/bicultural staff to meet these needs, as well as participate in outreach and engagement activities.
- Most recent data available shows forty-six percent (46%) of individuals seeking SCA funded services are also involved with the legal system.
- The SCA Case Management Unit has experienced over a 44% increase in Prison Assessments, with that trend continuing.
- Aging Population: Chester County has seen a slight increase in multi-system cases presenting for services from the Department of Aging Services. In most of these cases ill health (physical or mental) present as primary concerns. Yet upon full assessment, issues with prescription medication or alcohol become apparent. An approximate number of older individuals (65+) seeking services is difficult to determine as many have insurance coverage. There are limited, specific services to address drug and alcohol issues among the elderly.
- Work Force Issues: These remain a constant concern within our contracted network of service providers. High rates of turnover, low pay, an aging work force, increasing

administrative requirements and “sicker” clients, continue to challenge and affect service delivery.

- **Marijuana Legislation:** Recent passage of medical marijuana legislation which will allow for the sale of marijuana to address specific medical conditions. Of concern is the impact this may have on the “message” to the public and more importantly to adolescents, regarding the dangers of smoking marijuana and the potential increase in the use, the diversion of marijuana to the streets, and the related criminal activities and medical consequences, such as those seen in the western United States. All of this coupled with the already insufficient funding for prevention and treatment services could result in substantial problems.
- **Affordable Care Act:** The system is seeing more individuals on commercial insurance as a result of the Affordable Care Act, particularly with individuals up to age 26 who remain on their parents’ insurance. It is too early to tell if sufficient behavioral health services (including access to appropriate services) are being provided, but anecdotally an issue that has been raised is the increasing cost of coverage and co-pays.
- **Medicaid (MA) expansion (more recent occurrence):** There has been a substantial increase in the MA eligible population in Chester County over the past year (FY 2014-15). It will be important to maintain close working relationships with the HealthChoices Managed Care Organization (MCO), Community Care Behavioral Health, and our providers to ensure access to services, provision of appropriate continuum/network, and appropriate lengths of stay, as more individuals are funded through the MCO.

**Note:** In response to these trends, our Human Services Block Grant (HSBG) planning and budget include funds and services beyond treatment. They include, enhancing medication assisted treatment, development of recovery support specialist/services and exploration and initiation of other relevant intervention activities.

### ***Services for Target Populations***

Access to services, including assessments and treatment; the continuum of service available; the funding available for services; and the inter-system’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.

**Note:** Overall, there were/are insufficient funds to meet the treatment demands for all populations.

### ***Adults***

- ***Services Provided***

- No specific/different services for this population than those listed in the Current Substance Abuse System above.
- The Center for Addictive Disease has specialized outpatient services provided by a Licensed Clinical Social Worker (LCSW) to include both individual and group modalities for older adults.

- The Single County Authority (SCA) also maintains a contract with Eagleville Hospital, which provides specialized services for the older adult population with medical conditions, who also need residential substance abuse treatment.
- Eagleville Hospital also has a Geriatric Psychiatric Unit and has the ability to transfer clients from D&A services to Geriatric Psychiatric services as long as coordination of services and payment are addressed.
- The SCA entered into a Memorandum of Understanding (MOU) with the Department of Aging Services 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 Pennsylvania Behavioral Health and Aging Coalition and Geisinger Medical Center. Staff from the Department of Aging Services and MH/IDD also participate on these calls. It is a joint venture to ensure service delivery to the Chester County older adult population is responsive to the multiple needs being presented.
- **Gaps/Unmet Needs**
  - The SCA will cover inpatient treatment costs for individuals with Medicare if the individual does not meet Medicare criteria for 4A and 4B but is in need of a lesser level of care. The SCA will also cover the cost of outpatient treatment services if the Medicare client cannot find a Medicare approved provider/clinician.

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

- ***Services Provided***
  - Two residential treatment programs cater to the needs of this age group, Fresh Start and Pyramid.
  - The SCA also collaborates with the Housing Action Team (HAT) in assisting transitional age youth in securing housing, as well as educational/vocational services.
- ***Gaps/Unmet Needs***
  - With the Affordable Care Act more individuals in this age group are covered by insurance. However, observations indicate that high deductibles and co-pays are creating financial barriers for them to access/continue treatment.

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

- ***Services Provided***
  - 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 providers 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.

- ***Gaps/Unmet Needs***

- Capacity issues as noted above.
- Observations indicate that high deductibles and co-pays for commercially insured individuals are creating financial barriers to access/continue treatment. Subsequently, individuals may end up in a lower level of care which will contribute to relapse in the long run.
- Access to the appropriate level of care, for the appropriate length of stay, continues to be experienced.
- Due to the limited amount of adolescent clients in the County funded system, there are not many outpatient programs that offer the full spectrum of treatment services for those individuals.

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

- ***Services Provided***

The Chester County Department of Drug and Alcohol Services (D&A) 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 2014-15 Needs Assessment, data suggest that 30% 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 Single County Authority (SCA) has contracts in place with numerous residential treatment programs that are dually licensed in the State of Pennsylvania to provide drug and alcohol as well as mental health treatment.
- Other residential treatment facilities are also required to have access to and service agreements in place with transition.
- Our outpatient treatment providers 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.

- **Gaps/Unmet Needs**

- Simplification of licensing for co-occurring services.

***Criminal Justice Involved Individuals***

- **Services Provided**

The Chester County Department of Drug & Alcohol Services (D&A) 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.

- 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 conducts assessments for those individuals incarcerated at Chester County Prison. Referrals are received from several sources (Bail, Adult Probation, and 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 the courts. If assistance in securing funding for recommended treatment is needed our staff will also assist in this matter.
- In FY 2014-15, our case management staff conducted 554 assessments at the Chester County Prison and facilitated the referral of 222 individuals directly into residential treatment upon parole.

- **Gaps/Unmet Needs**

- Access to assessments and services due to increase in number of referrals.

***Women with Children***

- **Services Provided**

- The Single County Authority (SCA) contracts with six Women with Children residential programs.
- The SCA is funding “Case Management” services at one of our outpatient providers that is providing specialized services (Maternal Dependency Program) to women with children receiving services. The Medicaid Managed Care Organization in Chester County is reimbursing these services for those who are Medicaid eligible.
- Child Care and related needs are assessed as part of the initial and ongoing assessment of “non-treatment” needs.

- **Gaps/Unmet Needs**

- In need of more Women with Children Halfway Houses (2B) to allow an appropriate step down from a rehab. This will allow the women to become more independent by obtaining employment, saving for their housing, while continuing to work on their parenting and recovery.

### **Recovery-Oriented Services**

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 (D&A) 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.
- 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.
- 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 time of need.
- The SCA in collaboration with our Managed Care Organization, Community Care Behavioral Health, now has an approved Re-investment Plan to establish Recovery Support services in Chester County. A provider has been identified, a site has been located, and hiring is occurring. Services are planned to begin July 1, 2016.
- Other community supports that are available to support a Person in Recovery and their family members are: Communities that Care, Coatesville Youth Initiative, Community Volunteers in Medicine, ChesPenn, 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).
- The SCA is funding "Case Management" services at one of our outpatient providers who is providing specialized services (Maternal Dependency Program) to women with children receiving service. Community Care Behavioral Health, the Medicaid Managed Care Organization in Chester County, is reimbursing these services for those who have Medicaid.
- The County Human Services Departments implemented a Systems of Care philosophy in which the needs of the clients involved in multiple systems are addressed with a Single Plan of Care.
- County level Recovery Oriented Systems of Care (ROSC) initiative

- Participants include Departments of Human Services, Drug and Alcohol and Mental Health; and the County's HealthChoices Managed Care Organization, Community Care Behavioral Health.
- Initiative evolving over the last six+ years.
- The County Executive Team appointed a ROSC leadership group to assess the county's strengths and identify next steps in moving the system forward. Various committees are now being formed to address two stakeholder identified priorities: Outreach/Engagement and Peer Culture.
- The Directors of the Departments of Drug and Alcohol Services and Mental Health are co-chairing meetings involving the Provider Chief Executive Officers and staff from both systems, to encourage and enhance relationships, resources, networking, joint planning, etc.
- Use of peer supports in the recovery journey and whole health focus are two target areas that are currently being implemented within Chester County.

**HUMAN SERVICES AND SUPPORTS**

A primary focus of the Chester County Department of Human Services (DHS) is ensuring information about available health and human services as well as the services themselves, are easily accessible for residents of all ages and abilities living in the county. The Human Services Block Grant (HSBG) funds in the Human Services and Supports category have primarily been used for Information and Referral Services through contracts with providers scattered throughout the county, as well as maintaining an online Community Resource Directory (ReferWeb). We currently fund five I&R providers through the Human Services and Supports funding in the HSBG. A total of over 8,500 unduplicated clients accessed services from the five contracted information and referral providers in each of the past three fiscal years. We anticipate at least 8,250 unduplicated I&R clients will be served in FY 2016-17.

Human Services and Supports funds are also used to support the hosting of ReferWeb, which provides 24/7 availability for residents to access information on services in the county. Residents can search for services in both English and Spanish. The ReferWeb database contains almost 1,000 providers with a wide variety of programs. Staff from the Department of Human Services (DHS) update and maintain the database on a daily basis. Almost 14,000 unduplicated people used ReferWeb in 2015. Although this is a slight decrease from 2014, our online Community Resource Directory is another important way that our residents use to find services in Chester County. The DHS remains committed to providing resources to enhance and promote access to services for all residents of Chester County through HSBG Human Services and Supports funding.

***Adult Services***

**Program Name**

No Adult Services will be funded through Human Services and Supports funding in FY 2016-17.

**Service Description**

**Service Category**

**Planned Expenditures**

***Aging Services***

**Program Name**

No Aging Services will be funded through Human Services and Supports funding in FY 2016-17.

**Service Description**

**Service Category**

**Planned Expenditures**

***Children and Youth Services***

**Program Name**

No Children and Youth Services will be funded through Human Services and Supports funding in FY 2016-17.

**Service Description**

**Service Category**

**Planned Expenditures**

***Generic Services***

**Program Name**

Information and Referral Services

**Service Description**

Information and Referral Services are provided through five contracted agencies and an online Community Resource Directory is operated and maintained to assist residents and consumers in locating and accessing needed services in person, by phone, or online.

**Service Category**

Centralized Information and Referral

**Population Served**

Available to all residents of Chester County regardless of age.

**Planned Expenditures**

We anticipate spending \$233,250 on Generic Services in FY 2016-17.

***Specialized Services***

**Program Name/Description**

No Specialized Services will be funded through Human Services and Supports funding in FY 2016-17.

**Service Description**

**Service Category**

**Planned Expenditures**

***Interagency Coordination***

The Interagency Coordination funds will be used to provide conflict resolution training for staff across all of the human service departments in Chester County. Over the past two years, the Department of Human Services in conjunction with the other human service departments (Aging Services, Children, Youth and Families, Drug and Alcohol Services, Mental Health/Intellectual and Developmental Disabilities, and Youth Center) surveyed the staff to determine their training needs. During that time we implemented several trainings and will conclude with training on conflict resolution in FY 2016-17. This training will support staff throughout the human services in performing their jobs.

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

*(Please see attached Excel file)*

Public Hearing Proof of Publication

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**AFFIDAVIT OF PUBLICATION**  
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**COUNTY OF CHESTER**  
601 WESTTOWN RD STE 390

P O BOX 2747

**WEST CHESTER, PA 19380**  
Attention:

**STATE OF PENNSYLVANIA,**  
**COUNTY OF MONTGOMERY**

The undersigned *Sally Vincent*, being duly sworn the he/she is the principal clerk of Daily Local News, Daily Local News Digital, published in the English language for the dissemination of local or transmitted news and intelligence of a general character, which are duly qualified newspapers, and the annexed hereto is a copy of certain order, notice, publication or advertisement of:

**PUBLIC HEARINGS**  
County of Chester Board of Commissioners  
Department of Human Services  
Monday, April 18, 2016 at 4:30 PM  
Chester County Government Services Center  
601 Westtown Road, Suite 170  
West Chester, PA 19380-0990  
AND  
Tuesday, April 19, 2016 at 1:30 PM  
Brandywine Health Center Conference Room  
744 East Lincoln Highway  
Coatesville, PA 19320  
Purpose: To receive Public Comments on the FY 2016-17 Human Services Block Grant Plan for the Chester County Department of Human Services. A draft plan will be posted on the Department of Human Services website at [www.chesco.org/human](http://www.chesco.org/human) or is available by calling 610-344-5262.  
dln. 4/6 - 1a

**COUNTY OF CHESTER**

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Sworn to the subscribed before me this 4/6/2016.

*Maureen Schmid*  
Notary Public, State of Pennsylvania  
Acting in County of Montgomery

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
MAUREEN SCHMID, Notary Public  
Upper Dublin Twp., Montgomery County  
My Commission Expires March 31, 2017

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Public Hearing Sign-In Sheets

Block Grant Plan Public Hearing Sign-In Sheet - April 18, 2016

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Kathy Brauner	DHS	
James Jones	DA	

Public Hearing Sign-In Sheet

Block Grant Plan Public Hearing Sign-In Sheet - April 18, 2016

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Public Hearing Sign-In Sheet

Block Grant Plan Public Hearing Sign-In Sheet - April 19, 2016

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DINA CARLSON	CC DHS	
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Kim Moore	MH/IDD	kmoore@chesco.org
Carolyn McKenna	Ho S	cmckenna@homedepot.com
Gary Finkler	CC MH/IDD	gfinkler@chesco.org
Vincent Braun	C.C. NA	
Christine Smith	CC MH/IDD	
Paul Daley Ray	Hon. Gospel Messw	AuntPatriciaRay@MLC.org
Jeanette Easley	MH/IDD	JEASLEY@chesco.org
Bridget Thrash	cc mt/IDD	bthrash@chesco.org
Vodi Dill	Are	gd.11@arc.org
JOAN BAKER-ROSE	MH/IDD	
Casey Jones	Transformation Initiative	bps461@msn.com
Deb Maccanella	DHS	
Kathy Brauner	DHS	

**Appendix “F”**

**FY 2016-17 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>
07/22/15	D2D Executive Committee Meeting	West Chester	13	Both
08/12/15	HSBG Policy Leadership Team Review Meeting	West Chester	10	Internal
08/26/15	MH Community Conversations	Phoenixville		Both
09/09/15	MH Community Conversations	Phoenixville		Both
09/30/15	D2D Executive Committee Meeting	West Chester	12	Both
10/05/15	D2D Leadership Consortium	West Chester	20	Both
10/20/15	MH Community Conversations	Coatesville		Both
10/28/15	D2D Executive Committee Meeting	West Chester	14	Both
11/18/15	D2D Executive Committee Meeting	West Chester	17	Both
11/19/15	MH Community Conversations	Phoenixville		Both
12/16/15	D2D Executive Committee Meeting	West Chester	17	Both
01/11/16	Housing Providers Retreat	West Chester	28	Both
01/27/16	D2D Executive Committee Meeting	West Chester	11	Both
02/02/16	Cross-System	West Chester	7	Both

	Partnership Meeting			
02/05/16	JPO Key Administrators Meeting	West Chester	9	Internal
02/08/16	CYF Key Administrators Meeting	West Chester	4	Internal
02/08/16	Adult MH Committee Meeting	West Chester	11	External
02/11/16	CYF All Staff Meeting	West Chester	91	Internal
02/12/16	JPO/CYF Planning Meeting	West Chester	8	Internal
02/16/16	D&A Supervisor's Meeting	West Chester	6	Internal
02/22/16	HSBG Policy Leadership Team Review Meeting	West Chester	7	Internal
02/23/16	JPO Survey Effort	N/A	41	Internal
02/24/16	Phx. Foundation ME Steering Committee Meeting	Phoenixville	9	External
03/03/16	D&A Departmental Meeting	West Chester	12	Internal
03/04/16	NBB/HSBG Planning Meeting	West Chester	48	Both
03/07/16	D&A Advisory Council Meeting	West Chester	10	Both
03/17/16	HSBG Policy Leadership Team Review Meeting	West Chester	7	Internal

03/17/16	D&A Program Director's Meeting	West Chester		Both
03/21/16	HSBG Policy Leadership Team Planning Meeting	West Chester	9	Internal
03/23/16	D2D Executive Committee Meeting	West Chester	12	Both
03/29/16	Phoenixville Cross- System Partnership Meeting	Phoenixville	11	Both

<b>Date of Meeting</b>	<b>Name of Meeting</b>	<b>Location of Meeting</b>	<b>Number Attending</b>	<b>Type of Attendees</b>
03/30/17	In-Home Providers Planning Meeting	West Chester	11	Internal
04/04/16	D2D Leadership Consortium Meeting	West Chester	21	Both
04/11/16	West Chester Cross- System Partnership Meeting	West Chester	16	Both
04/18/16	HSBG Public Hearing	West Chester	24	Both
04/19/16	HSBG Public Hearing	Coatesville	20	Both
05/09/16	HSBG Policy Leadership Team Review Meeting	West Chester	9	Internal
06/08/16	HSBG Policy Leadership Team Review Meeting	West Chester	9	Internal

**Comments Received Electronically following the Public Hearings**

**Comments from Burroughs Mack, Executive Director of Family Service of Chester County**

The issue of transportation for human service clients was raised in the April 18<sup>th</sup> HSBG public comment meeting as a problem that consumers and providers frequently experience as they try to deliver or access services. It was specifically mentioned by Vince Brown, Executive Director for the County Drug and Alcohol services, as a major barrier for those seeking Drug and Alcohol services, or trying to maintain sobriety. When barriers to effective delivery of services are discussed within the human services community of funders and providers, the issue of transportation is usually at the top of the list, but is then frequently dismissed as something that can't be fixed. It's considered too big a problem, or too costly, or market forces in the private sector do not align in such a way that transportation services to human service consumers can be provided at other than a financial loss. Programs try to find ways to increase access, such as locating close to public transportation routes, but since public transportation is inadequate, this strategy is largely ineffective. And although providing services in the home or in local community-based host setting is an option, it is costly and inefficient.

Family Service of Chester County, through our Volunteer Chester County program (formerly RSVP of Chester County) is seeking to develop a volunteer driver program, specifically to address the unmet transportation needs of human service clients and program participants in Chester County. Such programs are operating successfully in communities in other parts of the country and have proven to be a cost effective solution to the need for point-to-point transportation, while encouraging a “neighbors helping neighbors” mentality that promotes understanding and compassion toward human service recipients throughout the community.

Over the coming months, we will be actively seeking financial support for a pilot implementation of a volunteer driver program in Chester County. We are committed to being part of the solution for what has, for too long, been considered an intractable problem in the delivery of human services. We welcome the support and participation of individuals, groups, organizations, agencies, and governmental entities that might see value in supporting this effort.

Attached to this comment is a brief description of Volunteer Chester County and the proposed volunteer driver program.

Burroughs Mack  
Executive Director  
Family Service of Chester County  
Submitted April 25, 2016



## Volunteer Chester County

**Volunteer Chester County** is a new program of Family Service of Chester County as of April 2016 to help support the nonprofit community. The program connects skilled and committed volunteers of all ages and backgrounds with meaningful opportunities to give back to the community through their time and talents. This successor program continues and expands upon the volunteer opportunities previously offered by RSVP of Chester County by including adult volunteers of all ages, including seniors.

**Volunteer Chester County** partners with a wide variety of area nonprofits serving Chester County in broadly diverse areas, such as economic opportunity and employment, art and culture, health care assistance, assistance to seniors and the disabled, education and tutoring, and many more.

The program facilitates personally meaningful volunteer experiences for individuals, as well as service that positively impacts each nonprofit's mission. To foster this, the program emphasizes:

- 1) Personalized one-on-one screening of volunteers for skills, interests and availability to ensure the best placement with a nonprofit partner,
- 2) Regular opportunities for volunteer and partner program feedback, and
- 3) Ongoing efforts to engage and support existing partners and to find new partners.

**Volunteer Chester County** is the only program of its kind, engaging caring and committed community volunteers in ways that provide critical assistance to nonprofits when and how they need it most. By providing this centralized, experienced service, volunteers and nonprofits find longstanding and mutually rewarding relationships that elevate the community as a whole.

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## New Volunteer Driver Program in Development

An area of immediate growth for **Volunteer Chester County** is in connecting willing volunteers with clients who are missing important and often critical appointments due to a lack of transportation. Our partner agencies attest to the chronic difficulties their clients have making obligations such as medical appointments, mandatory legal meetings, recommended job trainings and program wellness resources.

**Volunteer Chester County is finding a solution to this through volunteerism, connecting interested drivers with those in need of transportation.** By providing this specialized area of volunteer coordination, Volunteer Chester County will begin addressing one of the more debilitating barriers to breaking the cycle of poverty—a lack of reliable and safe transportation. Such personal volunteer-client interactions will also enhance the volunteer experience, as well as support the ongoing efforts of clients to achieve their own personal goals.

The program is currently in development and is slated to be offered in Fall 2016 on a limited basis.

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Program questions can be directed to Leslie Stauffer, Program Director, at [lstauffer@familyservice.us](mailto:lstauffer@familyservice.us) or by calling (610) 696-4900.

Comments Received Electronically following the Public Hearings

Comments from Jeanne Meikrantz, Executive Director ARC of Chester County



*Achieve with us.™*

April 25, 2016

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

Dear Ms. Bowman:

Thank you for the opportunity to attend the public hearings held on April 18, 2016 and April 19, 2016 to listen to community feedback, review the draft plan and provide you with comments on the draft Human Services Block Grant plan summary for FY 16-17.

We cannot thank you and your team/staff enough for the thoughtful and responsive way in which you/they have managed the implementation of the Block Grant. We would recommend the process you have implemented in Chester County as a model for the state. You have consistently addressed concerns raised and you continue to respond to the community feedback on what will continuously improve knowledge and access to local resources/services.

The plan is well written, transparent and includes goals and priorities that are reflective of the community and the feedback you have received. As with any human service system there is always more work that needs to be done. You have proactively established a collaborative framework to do that work which is driven by your leadership, your dedicated team/staff and so many dedicated and loyal community partners.

As one of those community partners we offer our ongoing support to address any identified gaps and needs as you continue to evaluate county programs and services. In addition, the restoration of base funds is critical to our collective ability to meet the increasing demand for services in our county therefore you have our commitment to continue our legislative/advocacy efforts to restore the base funding that was reduced over the last few years.

Thank you again for opportunity to be a partner at the table as you implement the Block Grant and other county initiatives. If you have any questions regarding the comments included in this letter, please do not hesitate contacting me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeanne Meikrantz'.

Jeanne Meikrantz  
Executive Director

 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.  
900 Lawrence Drive | West Chester, PA 19380 | T 610-696-8090 | F 610-696-8300 | [www.arcofchestercounty.org](http://www.arcofchestercounty.org) | [info@arcofchestercounty.org](mailto:info@arcofchestercounty.org)  
The Arc of Chester County is affiliated with The Arc of Pennsylvania, The Arc of The United States, and The United Way.

## Comments Received Electronically following the Public Hearings

### Comments from Casey Jones, Transformation Initiative

The purpose of this submission is to consolidate comments I presented at the public hearings on April 18, 2016, in West Chester and April 19, 2016, in Coatesville regarding the 2016-2017 Human Services Block Grant (HSBG), together with subsidiary information.

As background, I serve in a voluntary capacity in Chester and adjoining counties as an advocate for community-wide, community-based Systems of Care (Communities of Care in churches), based on life stages. This is accomplished through true collaborations among churches, faith-based and community organizations, including governmental entities, to meet the needs of individuals and families, particularly those who are struggling, which is all of us at one time or other.

It would seem apparent, after more than four years of advocacy at both Chester County HSBG and Community Developmental Block Grant hearings, and in many other forums, that Chester County has little interest in meeting basic foundational needs of county residents as it relates to an issue that has been identified and repeatedly confirmed for even more years.

In meeting after meeting and public hearings I attend weekly, there are three critical issues facing underserved populations: “What are the services?”, “How do I (consumers) access them?” and “When are they available when I am available?”

These issues have been identified repeatedly, and acknowledged repeatedly, by county officials, service providers and, most important, by persons in need, such as the individual who spoke at this year’s West Chester hearing.

Yet, despite this acknowledgement, even included in the County’s public presentations about HSBGs, little has been done to overcome this issue from a comprehensive standpoint. In fact, when the County was queried as to what the plan is to meet this need, the primary response seemed to be that “we are working on it” with a very minimal Band-Aid approach that has progressed little and with little overall focus. There also were indications that little is expected to be done without significant funding in excess of that felt needed to be allocated to programs.

This, I would suggest, raises the question if Chester County, which identifies itself as the richest county in Pennsylvania and the 25<sup>th</sup> richest county in the United States and a System of Care county, is unable to focus on this high profile issue, how effectively is it spending millions of dollars in HSBG or other funds to meet basic needs of its substantial non-rich population and cultures?

It is suggested that if the County focuses only on those individuals “coming through the door” who have been able to find out about specific services it, in essence, is discriminating against the many more that it has little design for reaching -- again, in the richest county in Pennsylvania and the 25<sup>th</sup> richest in the United States.

As background, I personally started as a free-lance newspaper reporter and photographer, along with being a contributor to the Associated Press and national AP Newsfeatures, while still in

high school. Since that time, I have been employed over the years as a full-time reporter, including bureau chief, at local daily newspapers; association manager, both volunteer and paid, for local to international organizations; publisher, editor and writer for local to international publications that have won numerous national awards; owned main street retail and services businesses for over 30 years; served as a military non-commissioned officer in public information; twice recognized as the top New York State Public Information Officer of the year by a national emergency services and youth development organization; and served as a public official or contracted municipal management advisor in a dozen communities in Upstate New York and Pennsylvania, significant portions of which included extensive community development, with human services components, and broad-based public relations.

In addition, I personally publish over 100 pages of information a week in three publications, that includes a basic resources guide, for Chester and adjoining counties, that include from 30 to 100 new items a week. This is supplemented by four Facebook pages of information that I manage or co-manage and publication of several news articles a month in area media.

This is not to insinuate that I am an expert in the field of news and public relations but that I do have extensive, broad-based experience in this capacity in a variety of fields.

The County, in its claim that it is “working on” the issue of letting underserved populations know about available services, has cited:

- Funding for five information and referral centers in the County. However, these sites are difficult to access for many individuals and families within a more than 750-square miles county in which the lack of public transportation is another commonly expressed concern.
- A county online database of services, ReferWeb, which the County acknowledges is not well known and is not promoted comprehensively. It also, in essence, is unavailable easily to underserved populations without Internet access.
- A “mapping” of County human services agencies, which I personally have promoted as being an excellent tool in determining how to access County services. However, even after spending much time and effort in developing this resource, it generally is relegated to a “find it if you can” non-descript position on County human services web pages, including omission in some instances of a link to the Spanish-language version. At the same time, other information is displayed prominently in the center of departmental pages.

There also has been strong insinuation that there isn't funding for comprehensive information dissemination when, based on experience and personal work I have cited, the proposals I have made are not complicated or costly. Therefore, the County's assertion appears to be more a case of not wanting to do it, not knowing how to do it or not having a focus on having it happen.

I would suggest, as has been repeatedly advocated in the past, that a minimal investment in time and out-of-pocket expense, based on an overall, ongoing plan, would reap exponential results.

Within these parameters, the following suggestions have been made repeatedly that Chester County:

- Require all contractors providing services to the public to have and implement a plan for letting the public know about the services it is providing, how to access them and when they are available when the public is available.

This implementation would require only a simple provision in every applicable County contract, an analysis of the plan for consistency across all services provider lines, and review of compliance as part of any other review. Cost: Negligible. Coordinated impact: Exponential.

- Help equip the hundreds of churches dotting the extensive County landscape as to available services, how to access them, and when they are available when individuals and families with needs are available.

Churches are natural supports that many individuals connect with first for assistance when they are struggling. Churches come in contact collectively with more individuals in one week on a year-around basis than any other entity.

Yet, based on experience, most of these venues have little knowledge or expertise in connecting individuals to services and, instead, often provide assistance out of their benevolence or helps funds and then send folks on their way, providing a very small Band-Aid for the overall issue of need.

If County agencies came together and developed a plan for basic resources training and information to churches, such venues would be able to provide a first line of more effective, directed services to individuals and families within their congregations and communities. Further encouragement and guidance by the County for churches to establish Faith Community Health Ministries to provide an ongoing, educated services mechanism would provide even greater, ongoing support for underserved populations.

Cost: Negligible in relation to overall costs of services budgets and the tens of thousands of dollars being spent on just five already-existing information and referral (I&R) centers. Although churches may not provide the same in-depth assistance as the I&R centers, these resources would enable the I&R centers to concentrate on more complicated cases or even aid in training of churches. Impact: Exponential in establishing and maintaining on ongoing community-wide, community-based System of Care.

- Equip and train key staff members at the 18 public libraries in Chester County to also serve as higher quality front-line resources for individuals in need and also create joint County-wide promotion to publicize this resource.

There are three times more libraries in more geographic areas than the I&R centers, with most libraries located in many areas underserved by the I&R centers. Training of key staff members and others also provide a train-the-trainer design for services delivery.

Libraries already are a type of information and referral centers and, with basic training, are able to assist individuals extensively with all types of issues. These include books and other hardcopy materials, connection to online resources, and even a 24/7/365 telephone and internet State-wide information center. Most of these resources are unknown to the general public because, they too, are under-publicized in a System of Care approach.

Cost: Again minimal as it relates to potential immediate and ongoing exponential impacts.

Again, each of these suggestions take minimal effort overall but do require a directed focus on addressing the primary, critical consumer issue of “What are the services”, “How do I access them?” and “When are these services available when I am available”

They also require an ongoing plan to not only set up and implement a coordinated process but to maintain it on a focused, integrated basis, thereby helping to create a true System of Care.

The County is in a position to have this happen almost “overnight” because it provides millions of dollars in contracts to various agencies for services delivery, in which public awareness and education should be a primary component in order to achieve maximum effectiveness and service to underserved populations. Again, any lesser attempt results in discrimination against the most vulnerable who are unaware of “What are the services?”, “How do I access them?” and “When are services available when I am available?”

Thank you for the opportunity to comment. Following, for reference, is a copy of last year’s written HSBG comments that include examples of community efforts in adjoining counties that have focused on using funds for maximum public impact. Attached, in a separate file, are two years of comments related to Chester County’s Community Development Block Grant that should have a similar, coordinated focus in order to create maximum County impact for services to underserved populations.

If you should have any questions, please let me know.

PUBLIC COMMENT  
2015-16 Human Services Block Grant (HSBG)

**Casey Jones**  
Transformation Initiative  
Building Healthy Communities Through Healthy Families  
3710-1 Lincoln Highway / Thorndale, PA 19372-1000  
bps461@msn.com / (610) 707-1494

The purpose of this submission is to consolidate comments I presented at the public hearings on June 2, 2015, in Coatesville and on June 4, 2015, in West Chester in regard to the referenced subject, together with subsidiary information.

The primary focus of these comments is that Chester County government should be moving toward a new paradigm of services delivery, which is starting to develop in neighboring counties, in which Chester County helps communities develop, through training and use of community resources, what a community-wide, community-based System of Care looks like for each community and how to implement it.

Government primarily relies upon funding to meet community needs, such revenues ebbing and flowing based upon political and economic considerations. This often results in an erratic, unpredictable response to human needs in which funding increases or decreases – even being eliminated -- at any one time, not necessarily in proportional relativity to actual needs. It also tends to reflect a programs-focused approach that often is reduced or ends despite existence of ongoing community needs.

In contrast, by helping communities identify their own needs and educating and empowering them to focus on meeting such needs through establishment of community-based Systems of Care versus programs, these needs and identified goals remain the focus, rather than funding being the primary consideration.

This results in planning and execution being driven by results envisioned and the many ways to get there versus box and silo mentalities driven primarily by funding considerations.

As noted during the hearings, I feel it has been demonstrated repeatedly that government doesn't have and will never have the capacity to address all the issues the public now expects it to solve. Thus, the need for a new paradigm in which government helps guide the process through education and training, but only is a component of the overall solution, based on its own resources. In other words, the governmental System of Care approach needs to become a Community of Care model. More is able to be developed through this paradigm, including a strong volunteer base, more extensive use of current facilities, community innovations and more, through use of already existing, underutilized community resources.

These new resources are developed through neighborhoods coming together to work toward strengthening families, residents communicating and engaging with one another, thereby identifying and providing natural supports, and building up these neighborhoods which, in turn, results in stronger communities.

There are at least two underutilized community resources. One is churches and faith communities (hereinafter referred to as “churches”) that currently serve as neighborhood centers for people having needs. The second is libraries that hold a wealth of available free resources but often are not thought of in that light by the general public.

### Churches and Other Faith Communities

Churches and other faith communities touch more individuals and families -- multi-culturally and intergenerationally – each week than any other entity. They often are the first to hear of individual and family struggles and are a primary resource that individuals connect with for various types of assistance when they experience adverse situations.

Most churches provide various types of assistance to congregants while some also reach out into communities around them. However, most operate on a program versus a holistic approach and often end up providing a patch for a severe wound. Many churches provide temporary relief and send individuals on their way, leaving them to move from church to church or other outlets to try to meet individual and family needs.

Government entities and other organizations already recognize the vast untapped resources associated with churches. Unfortunately, each generally attempts to recruit churches for their own programmatic purposes, creating situations in which churches avoid agency recruiters due to becoming overwhelmed by all the requests. Or, a small group of congregants may become involved for a time in a project in which they are interested, with assistance closing down when these individuals no longer are available for whatever reason, even as needs continue to exist. The recruitment process then has to start all over again, a poor use of time and resources.

Through a community-wide, community-based System of Care approach (hereinafter referred to as Community of Care), churches would be trained and equipped to adopt a Community of Care philosophy as a basic fabric of the church. This philosophy would include identifying what a Community of Care looks like, based upon interrelated life stages, and how each church can be part of that system which may involve other churches and entities, including governments.

Churches would continue to be one of the first identifiable lines of response within their neighborhoods and communities, much like some do currently in times of disaster. They would be trained to provide basic engagement and referral for those in need, identify individual gifts and talents within congregations to provide resources assistance for specific needs, and encourage individuals with specific gifts to become advocates or navigators to help individuals and families sort out their needs and develop a plan for resolving them. This would be a strength-based approach, similar to that associated with the Strength-based Family Workers (SFWs) initiative.

Under this paradigm, churches would be trained to respond and, as needed, refer to other agencies, information and referral systems and governmental entities. Thus, more specialized resources capabilities can be reserved for the roles in which professional staff are trained instead of being used for simple tasks such as information and referral and as substitutes for natural supports.

This recommendation has been made at numerous public hearings and other forums over the past several years, with little action taken to implement.

## Libraries

There are five information and referral sites in Chester County. None exist north of Route 30 or west of the northeast sector of the county, one-quarter to one-third of the county's geographic area. Lack of adequate transportation for those in need also has been identified repeatedly as an issue in Chester County. Many surveys I have taken personally have indicated that most individuals, regardless of income levels, won't travel more than five to seven miles on a regular basis to access human services.

Therefore, although existing information and referral sites serve significant populations, they fail to reach a large percentage of individual and families in need.

In contrast, 17 public libraries exist in Chester County that have extensive resources to help address many issues. Many of these also serve as additional types of community centers, hosting workshops, seminars, programs, and group meetings. Like churches, they are a highly underutilized community resource that is readily accessible to a large portion of the population.

For example, a 2011 Harris poll of U.S. residents 18 years of age and older, found that some 40 percent of U.S. adults don't even have a library card, 36 percent hadn't used any library services in the past year and only 35 percent had used services more than half dozen times. There also are lower percentages of avid library users.

These numbers are similar to a 2012 Pew Research Center report that also found that 80% of individuals do not engage library staff for research assistance, with 43 percent of those who do being 16 to 17 years of age.

By providing ongoing education and training to library staff as to community resources and promoting libraries universally as information centers, an entire additional services delivery level is created at very little cost.

This recommendation also has been made at numerous public hearings and other forums over the past several years with little action taken to implement.

## Outreach and Education

Long-time, ongoing laments throughout Chester County and beyond, by both consumers and even agencies, bemoan a lack of knowledge as to "what services are available?", "how does one access them?" and "when are services available when I am available to use them?".

Both churches and libraries are perfect examples of how this information can get to consumers in need, if these entities are trained in regard to the wealth of existing resources and how to use them in assisting consumers.

In addition, a major need exists to bring together existing resources and develop common messages to the consumer as to these three critical questions. There is little value in developing services mapping assists, websites and phone apps, expensive literature, reference guides, newsletters and other promotional tools if there is no organized focus on getting this information

to the public in consistent, repetitive and coordinated messages focused on overall consumer needs versus programs, the multitude of which simply confuse consumers.

One aid would be to have county agencies prominently display mapping and services information in a consistent format on their websites, versus relegating them to subsidiary and oftentimes hard to identify locations.

A second significant aid would be to require any entity receiving county funding to provide and execute effectively a consumer-oriented promotional campaign that actually advises users as to what they do, how to access their services and when services will be provided when consumers are available.

Both of these recommendations have been made at several public hearings and other forums in recent years with little or no action taken to implement.

### Funding Considerations

Based on the foregoing, it is recommended that a small but meaningful amount of Human Services Block Grant funds be allocated to a pilot effort to:

1. Recruit and train a half dozen churches of various sizes that express a strong interest in a Communities of Care approach to develop this model within their congregations and neighborhoods, based upon the principles set forth in the foregoing.

This would serve as a pilot project in which a county government role would be that of an encourager for establishment of church Communities of Care and a provider of support to congregations in better serving the human services needs of their congregants and neighborhoods, without government being involved in a church's evangelistic mission.

2. Recruit, identify and train a half dozen libraries and their staffs to provide a broader range of research services to their patrons and to promote themselves to the public as both libraries and information centers, with a primary focus on this information and referral component.
3. Based on anticipated positive results of these two pilots, rapidly expand these initiatives in future years to incorporate additional churches and libraries, along with support for any additional identified technology at libraries to enhance this effort.

The Outreach and Education components require no significant funding in that they should be part of the normal course of business of all consumer-oriented entities.

### Activities in Neighboring Counties

Some examples of a paradigm shift in both Western Montgomery and Eastern Lancaster counties that demonstrate a more holistic, community-based approach to services delivery include:

-- Pottstown Community Building Initiative, part of the Pottstown Early Action for Kindergarten Readiness (PEAK) coalition.

The W.K. Kellogg Foundation has awarded the Pottstown School District, wholly contained within the Borough of Pottstown, a \$1.25 million grant over three years to expand its outreach to parents and the community. The funds are being used for greater community participation in shaping what is needed to better educate children within the school district and to provide support to parents and others in helping to do so. This effort includes general education as a trauma informed community, family outreach and greater awareness of services availability. Further basic information is available at [www.pottsmc.com/general-news/20150131/pottstown-awarded-rare-12m-early-education-grant-by-kellogg-foundation](http://www.pottsmc.com/general-news/20150131/pottstown-awarded-rare-12m-early-education-grant-by-kellogg-foundation).

-- Pottstown Cluster of Religious Communities Your Way Home Regional Center now provides housing locator and related services to those who are homeless in Western Montgomery County. Some three dozen churches, along with many other community resources, have been involved with the Cluster for many years, with this coalition providing food distribution, counseling services, and family assistance within the greater Pottstown area. The Cluster also uses the Bridges Out of Poverty model, including Just Getting By in a Just Getting By World training in which those in poverty move through a process that assists the poor in rising out of their current state.

The new services component involves support for identifying and assisting the homeless with housing, including additional case management, for a more comprehensive and holistic approach to services delivery. Further information is available at [www.pottstowncluster.org/programs/housing-resource-center](http://www.pottstowncluster.org/programs/housing-resource-center).

-- Together Community Center in the Pequea Valley School District, Lancaster County, is receiving \$297,500 in each of the next three years to further its community-wide, community-based System of Care approach for services delivery to those in need in one of the county's highest poverty population areas.

United Way of Lancaster County made the award under a new grant focus to The Factory Ministries, a faith-based organization, as the lead. The coalition also includes Amish View Resorts, Grace Point Church of Paradise, Hildebrandt Learning Centers, Pequea Valley School District, Safe Families and Safe Families Plus, Urban Outfitters, and Welsh Mountain Medical & Dental Centers.

Overall support for The Factory Ministries includes more than a dozen churches, three townships, the school district, and numerous organizations, businesses and individuals.

The initiative will offer a breadth of services including transportation to and from the Paradise site, located in the former Pequea Valley Elementary School along Route 30, Pre-K Counts early learning, childcare, adult education and mentoring, and medical, dental, and behavior health services.

Factory Ministries has developed the overall collaboration over the past few years, which currently includes a youth center, a food distribution and nutritional food preparation function, services intake, counseling and more.

The United Way award, one of the top two of 16 organizations to receive \$2.4 million in total annual funding, reflects a new county United Way focus to achieve four goals by 2025: 100% of Lancaster County children will enter kindergarten ready to learn; 100% of students and adults will have post-secondary credentials; individuals and families living in poverty will be decreased by 50%; and 100% of individuals, children, and families will have a medical home.

This plan focuses on deliverables that actually result in positive transformational life changes for all Lancaster County individuals and families, rather than more programs.

Further information on this new initiative, described as "bold, new impact Partnerships", is available at [www.lancasteronline.com/news/local/a-reinvented-united-way-aiming-for-bold-social-change-awards/article\\_7d9cf166-0173-11e5-a74d-5f9f84819d2c.html](http://www.lancasteronline.com/news/local/a-reinvented-united-way-aiming-for-bold-social-change-awards/article_7d9cf166-0173-11e5-a74d-5f9f84819d2c.html).

A list of award recipients and collaborative initiatives, which by-passed several long-time United Way grant recipients that had received significant funding in the past, is available at [www.uwlanc.org/News/ID/56/UNITED-WAY-OF-LANCASTER-COUNTY-INVESTORS-TO-HELP-UNDERWRITE-WORK-OF-16-IMPACT-PARTNERSHIPS](http://www.uwlanc.org/News/ID/56/UNITED-WAY-OF-LANCASTER-COUNTY-INVESTORS-TO-HELP-UNDERWRITE-WORK-OF-16-IMPACT-PARTNERSHIPS).

### Summary

These two simple pilot initiatives, along with the two services delivery outreach and education supports, have potential for huge positive impacts in serving consumers in need on a county-wide basis. This contrasts with the plethora of programs that often result in much more expensive services being provided within a local area only, even though similar conditions exist throughout the county.

They also are extremely low cost, taking existing resources and helping to maximize their use through training and support, thereby enabling current, higher level resources to be used for higher level services delivery for which they should be intended.

In addition, services would be provided within neighborhoods and local communities, reducing issues involving transportation and helping create the natural supports and information networks that are key components of a truly effective System of Care/Community of Care approach.

**Comments Received Electronically following the Public Hearings**

**Comments from Dawn Marion, a Consumer**

Dear Ms. Brauner,

I am sorry I am getting this back to you so late. I am sure you wrote down my comments in the hearing on April 18,2016.

There were two points that I wanted to make and I wanted to make sure that I was clear. I feel that early intervention is key to preventing hospitalization and or the arrest of people with mental illness.

1. C.I.T. training for law enforcement and first responders in Chester County. I have see officers in Delaware County execute this training first hand and it not only did not escalate the situation but, deescalated the situation.

2. A requirement for core service providers in Chester County to do a natural support matrix when a patient enters the practice to ensure continuity of care. What I mean is that there is a common practice for psychiatrists to eject a patient from their practice if they miss two appointments in a row. My point is that there should be a safety net, in the form of natural supports, and if not, the county should step in to avoid more trauma to the individual being serviced. This could be as simple of dispatching mobile psych to the homes of individuals that have few or no natural supports in the community for an evaluation.

Sincerely,

Dawn M. D. Marion

**OUTCOME STATUS FOR FIRST SIX MONTHS OF FY 2015-16**

As stated above, the data for the outcomes in our FY 2015-16 Human Services Block Grant (HSBG) were one of the tools used to help identify priorities for the FY 2016-17 HSBG Plan. The data we gathered in FY 2013-14 was our baseline data for the Block Grant outcomes. As a result, we are able to begin to use this baseline data to monitor our progress and assist us in our planning process for each fiscal year. Below is a summary of the outcomes in the FY 2015-16 Human Services Block Grant. We have the data for two quarters of the grant period (July 1, 2014-December 31, 2014) for all of the outcomes.

**CYF (Special Grants):**

Multi-Systemic Therapy (MST) – The outcome addressing successful completion was exceeded in the first quarter, but not met in the second quarter of this fiscal year (69.2% vs. benchmark of 80%). Data for the two outcomes that are six months post discharge outcomes that target recidivism and out of home placement well exceeded the 70% threshold in both quarters.

Youth and Family Teams (YFT) – The outcome related to successful program completion was well surpassed in the first two quarters of this fiscal year. The benchmark for the outcome addressing avoiding out-of-home placement was very close to being achieved in the first quarter (75% vs. 80% benchmark), but was lower in the second quarter (50%). The outcome targeted to increasing natural supports was well exceeded in both the first and second quarters of FY 2015-16 (100% for both quarters vs. 75% goal).

Evening Reporting Center (ERC) –The outcome targeted to successful program completion was not achieved in the first two quarters of FY 2015-16 (69% in 1<sup>st</sup> quarter and 50% in 2<sup>nd</sup> compared to an expected 80% benchmark). The outcome addressing avoiding placement in the Detention Center when the ERC is used as an alternative to detention was met in the first quarter, but not in the second quarter. The third outcome that relates to avoiding out of home placement when the ERC is used as an alternative to placement was almost achieved in the first quarter (66% vs. 75% threshold); however, it was met in the second quarter.

Transition-Aged Youth Housing Program – The two outcomes that target finding and maintaining safe and affordable housing were almost met in the first quarter (67% compared to an expected 75% benchmark), but were achieved in the second quarter. The outcome that addresses increasing the portion of rent paid by the youth was well surpassed in the first and second quarters of FY 2015-16. The outcome related to gaining employment was only achieved in the first quarter. The final outcome that addresses having at least \$500 in savings upon discharge was not met in either quarter and was very far from the expected threshold.

Family Housing Program – All four of the outcomes for this program were well exceeded in both the

first and second quarters of FY 2015-16. These outcomes measure maintaining safe and affordable housing and increasing the family's rent portion and benefits.

Truancy Program –The outcome related to attendance while enrolled in the program was well exceeded in the first two quarters of this fiscal year, but the results for attendance rates six months after discharge was only met in the first quarter. The outcome related to avoiding referral to the Department of Children, Youth and Families was far surpassed in both quarters.

Strengthening Families Workers Training - The data for the outcome for this program will not be available until classes end in June.

**D&A:**

The benchmarks for the two outcomes that target timely assessments and entry into services were far surpassed in the first two quarters of FY 2015-16.

**DCD (Housing Assistance Program):**

The transitional housing outcome that addresses maintaining permanent housing was far exceeded in the first two quarters and the benchmark for employment at time of discharge was also well surpassed in the first and second quarters of this fiscal year. The emergency shelter outcome, which relates to reducing the length of stay in emergency shelters, was well exceeded in the first two quarters. The rental assistance outcome that targets maintaining permanent housing was met in the first quarter, but not in the second quarter (88% vs. a benchmark of 100%) The second rental assistance outcome that addresses referral to other sources for ineligible applicants was met in both the first and second quarters of this fiscal year.

**DHS (Human Services and Supports):**

The benchmark for the outcome that targets receiving services referred by an Information and Referral provider was far surpassed in the first two quarters of FY 2015-16.

**ID:**

The two outcomes related to moving individuals into waiver-eligible slots were each achieved in the one of the quarters of FY 2015-16, but the benchmarks were not met for the other quarter on either outcome. The outcomes targeting ID graduates meeting emergent needs and the number of individuals in State ID Centers were far surpassed in the first two quarters of this fiscal year.

**MH:**

The two outcomes that target diversion from an inpatient facility were well surpassed in the first two quarters of FY 2015-16. The third outcome, which addresses housing and housing supports for individuals referred to the Mental Health Housing Options Team, was not met in either the first or second quarter (8% in 1<sup>st</sup> quarter and 15% in 2<sup>n</sup> quarter compared to an expected benchmark of 25%).

**APPENDIX C-1 : BLOCK GRANT COUNTIES  
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

<b>Directions:</b>	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1.	<b>Estimated Individuals:</b> Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2.	<b>HSBG Allocation:</b> Please enter the county's <b>total</b> state and federal HSBG allocation for each program area (MH, ID, HAP, CWSG, D&A, and HSDF).
3.	<b>HSBG Planned Expenditures:</b> Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4.	<b>Non-Block Grant Expenditures:</b> Please enter the county's planned expenditures ( <b>MH, ID, and D&amp;A only</b> ) that are <b>not</b> associated with HSBG funds in the applicable cost centers. <i>This does not include Act 148 funding or D&amp;A funding received from the Department of Drug and Alcohol.</i>
5.	<b>County Match:</b> Please enter the county's planned match amount in the applicable cost centers.
6.	<b>Other Planned Expenditures:</b> Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
7.	<b>County Block Grant Administration:</b> Please provide an estimate of the county's administrative costs for services <b>not included</b> in MH or ID Services.
<b>NOTE: Fields that are greyed out are to be left blank.</b>	
<p>■ Please use FY 15-16 primary allocation less the one-time Community Mental Health Services Block Grant funding for the Housing Initiative for completion of the budget.</p> <p>■ The department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 16-17 are significantly different than FY 15-16. In addition, the county should notify the Department via email when funds of 20% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).</p>	

**APPENDIX C-1 : BLOCK GRANT COUNTIES  
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	22		197,812			
Administrative Management	402		266,579			
Administrator's Office			1,012,121			
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	45		128,811			
Community Residential Services	111		5,784,856		607,384	
Community Services	135		709,942			
Consumer-Driven Services	684		99,762			
Emergency Services	760		616,556			
Facility Based Vocational Rehabilitation	49		221,655			
Facility Based Mental Health Services	2		10,000			
Family Support Services	76		134,552			
Housing Support Services	176		2,466,292			
Mental Health Crisis Intervention	2,202		979,034			
Other						
Outpatient	311		280,351			
Partial Hospitalization						
Peer Support Services	187		102,845			
Psychiatric Inpatient Hospitalization	8		20,000			
Psychiatric Rehabilitation	49		240,926			
Social Rehabilitation Services	356		195,900			
Target Case Management	242		288,481			
Transitional and Community Integration						
<b>TOTAL MENTAL HEALTH SERVICES</b>	<b>5817</b>	<b>13880516</b>	<b>13756475</b>	<b>0</b>	<b>607384</b>	<b>0</b>

**APPENDIX C-1 : BLOCK GRANT COUNTIES  
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County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
<b>INTELLECTUAL DISABILITIES SERVICES</b>						
Administrator's Office			2,505,736			
Case Management	352		402,500			
Community-Based Services	399		1,428,574			
Community Residential Services	25		1,359,979		139,256	
Other						
<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	<b>776</b>	<b>5572748</b>	<b>5696789</b>	<b>0</b>	<b>139256</b>	<b>0</b>
<b>HOMELESS ASSISTANCE SERVICES</b>						
Bridge Housing	350		113,079			
Case Management						
Rental Assistance	275		45,000			
Emergency Shelter	200		90,000			
Other Housing Supports						
Administration						
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	<b>825</b>	<b>275643</b>	<b>248079</b>		<b>0</b>	<b>0</b>
<b>CHILD WELFARE SPECIAL GRANTS SERVICES</b>						
Evidence-Based Services	197		400,009			
Promising Practice	50		200,500			
Alternatives to Truancy	215		443,833			
Housing	120		429,440			
<b>TOTAL CWSG SERVICES</b>	<b>582</b>	<b>1473782</b>	<b>1473782</b>		<b>0</b>	<b>0</b>

**APPENDIX C-1 : BLOCK GRANT COUNTIES  
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
<b>DRUG AND ALCOHOL SERVICES</b>						
Case/Care Management						
Inpatient Hospital						
Inpatient Non-Hospital	282		808,000			
Medication Assisted Therapy	37		125,000			
Other Intervention	368		25,000			
Outpatient/Intensive Outpatient	413		245,445			
Partial Hospitalization						
Prevention						
Recovery Support Services	250		170,000			
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	1350	1571353	1373445	0	0	0
<b>HUMAN SERVICES DEVELOPMENT FUND</b>						
Adult Services						
Aging Services						
Children and Youth Services						
Generic Services	8,250		233,250			
Specialized Services						
Interagency Coordination			8,543			
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	8250	291593	241,793		0	0
<b>7. COUNTY BLOCK GRANT ADMINISTRATION</b>			275272			
<b>GRAND TOTAL</b>	17600	23065635	23065635	0	746640	0