

DELAWARE COUNTY
COUNTY HUMAN SERVICES PLAN
FY 2016/17



20 S 69th Street
Upper Darby, PA 19082

Joseph T. Dougherty
Director

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DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2016-17

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INTRODUCTION

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

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

I. COUNTY PLANNING PROCESS

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

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

County Planning Team and Stakeholder Involvement

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

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

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- Finance

The Human Services Block Grant Advisory Committee, which includes both professional and consumer representatives from each service area met with the Core Planning Team once during the year to discuss updates and progress toward meeting goals. Gaps in service were discussed and initiatives to resolve specific issues debated. The Core Team began drafting the FY 16/17 BG Plan and submitted their initial draft on June 8th. The draft Plan was distributed to the Advisory Committee on June 13, 2016. The draft was also distributed widely to multiple existing stakeholder groups including:

- Children's Cabinet and Coalition
- MH/ID Board
- D&A Board
- Citizens Advisory Committee
- Consumer Satisfaction Team
- Consumer/Family Advisory Committee
- Community Support Program
- NAMI
- System of Care County Leadership Team
- Homeless Services Coalition
- ARC
- Magellan Behavioral Health
- CYS, D&A, ID, Homeless Services, and MH providers

The draft was also posted on the Humans Services webpage.

The Planning Team and Advisory Committee met via conference call on June 24, to discuss last years' goals, review the 16/17 draft plan, make additional comments/recommendations, and discuss comments from the public hearings. Feedback from the Advisory Committee and other stakeholders was received/reviewed and then incorporated into the final Plan.

PROGRAMMATIC INITIATIVES AND OTHER FUNDING SOURCES

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

The largest flexible funding stream is Medical Assistance (MA)/HealthChoices (HC) funding. Most if not all children's' treatment services are funded through MA/HC as most

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children are eligible. We are fortunate to be partnered with Magellan Behavioral Health (MBH) in our HC Program as they have a proven record of seeking out and developing evidenced based services with proven positive outcomes regardless of whether or not mandated to do so. Some of the most successful evidenced based children's programs that involve multiple system cooperation include but are not limited to:

- Pivotal Response Treatment (PRT)
- High Fidelity Wraparound (HiFi)
- Dialectic Behavioral Therapy (DBT)
- Multi-Systematic Treatment (MST)
- Youth/Adult Mental Health First Aid
- Parent Child Interaction therapy (PCIT)
- The Incredible Years (TIY)
- Transition to Independence (TIP)
- New Pathways Program (NPP)

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

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

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

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

As a Block Grant County in FY 15/16, we again had the opportunity to realize that commitment. Although the 10% cut in base funds has not been restored, we are able to effectively manage each service system, maintaining a comprehensive continuum of care that was both effective and efficient. The surplus we were able to retain from 14/15 is

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being used in FY 15/16 to cover the deficit in the ID system. ID base funds are used to fund temporary or permanent services to individuals in emergency situations until the individual converts to waiver, to prevent placement, to supplement P/FDS, for Family Support Services, and to assist with supported employment activities. In 15/16 our goal was to serve a minimum of 700 individuals with base funds. However, the demand exceeded the goal and depleted the ID base funds by the third quarter (over 700 served by April 1). Fortunately we were able to continue making base funding available as the result of a surplus in D&A. This, in and of itself, is an anomaly and due in total to MA expansion.

NEEDS ASSESSMENT

DHS' extensive, ongoing engagement with consumers, providers, and community groups within and across systems provides multiple opportunities to share and receive information, and promote collaboration, coordination, and cooperation to maximize resources and facilitate access. This countywide overview and information also informs planning, priority-setting, allocations, and policy development within the state, region, county, and department. Demographic data generated by County-operated or County-funded programs is evaluated with data available from other sources, such as the County Planning Department and State Departments of Health, Agriculture, and Welfare. This data is part of any needs assessment as it helps to quantify the degrees of need and to define needs according to client characteristics, geographic location, etc. DHS also joins with the United Way organizations serving Delaware County in coordinating need assessments and service planning for the County.

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

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II. PUBLIC HEARING NOTICES

Public Hearings were held on June 14, 2016 at the Government Center in Media, and on June 20, 2016 at Welcome House Club House in Upper Darby. Both locations are easily accessible through public transportation. Notice of the Hearings was published in the local paper (*Appendix B 1*), on the County Website, through notices to all Stakeholder Groups, and at multiple community meetings. The Notice also identified locations in the county where the Plan would be available for review prior to the Hearings.

A summary of the Public Hearings is attached, *Appendix B 2* along with the signature pages of attendees (*Appendix B 3*). Submitted written testimony is included in Appendix B 4. The PowerPoint used at the hearings is included in Appendix B 5.

This plan will be approved by County Council at their regularly scheduled meeting on July 5, 2016. Please see *Appendix A 1* for signatures.

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III. HUMAN SERVICES NARRATIVE MENTAL HEALTH SERVICES

Introduction

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

This MH Plan lays out the direction that the county is undertaking, in concert with Magellan and its intra and inter-system stakeholders, to assure that persons with mental illness have access to community-based services that are accountable, demonstrate positive outcomes, and, promote recovery and community inclusion. Key MH themes in this FY 16-17 CHS Plan are ongoing commitments to: promoting intra and inter-system collaboration; serving priority target populations; developing evidence-based services and promising practices; identifying systemic risks and creating strategic plan solutions; promoting recovery-oriented system transformation priorities; and, braiding all available funding streams and planning opportunities to maximize limited financial resources.

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

In order to promote MH system enhancements during FY 16-17, a variety of funds have been procured: MH Matters county and regional grants; SAMHSA TTI grant; System of Care grant; and annualized CHIPP funds. Combined with existing MH Base, MA, and other local, state and federal funds, a modest level of recovery-oriented innovation and system enhancement will still be possible in DelCo in FY 16-17.

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a) Program Highlights

There have been a number of significant activities, events and developments in FY 15-16 that have had immediate impact on the county's behavioral health system and that will also serve as a basis for future strategic planning initiatives. Included are new stakeholder initiatives, new evidence-based practices, new funding opportunities, and new collaborative partnerships. The table below highlights twelve of these recent developments, and describes the current impact and projects the future strategic planning between OBH, Magellan, and intra/inter-system stakeholders for continued program development and behavioral health system enhancement. Several of these developments are being tracked in a Quality Improvement initiative to measure outcome performance (see Section C.)

Recent Development	Immediate Impact	Future Strategic Plan
FY 15-16 CHIPP Plan	DelCo plans to discharge 5 individuals from the NSH Civil and Regional Psychiatric Forensic Units. The beds will not close behind them, but will be "re-purposed" for individuals with forensic involvement in need of state hospital level of care. The CHIPP will be used to expand housing options for 29 individuals; increase supported living services, development of the residential treatment facility and increase beds within the transitional forensic housing program. Four of the CHIPP individuals were successfully discharged as of May 2016 and the remaining individual will be discharged by June 30, 2016. Start-up contracts were executed, and initial service delivery has begun.	With the continued lack of bed availability to NSH, the new 29 residential slots are vital to SMH diversion planning. Many of the new SLS and housing options targeted to the forensic population will aid in the ongoing efforts to reduce the incarceration rate for persons with mental illness. New SLS slots serve as a step-down option for Transitional Housing Program residents.
Transitional Housing Program FY'15-'16	This transitional housing program in partnership with CEC, Int'l, the prison and Community Correction Center provider, is an all-male 9-bed Transitional Housing Program which opened in FY 13-14 targeting the forensic population. The CEC Transitional Housing program had eleven admissions in FY15-16. As a result individuals on the waiting list for the Regional Psychiatric Forensic Center (RFPC) spent less time on the waiting list and there was a decrease in the number of days spent in prison awaiting psychiatric care. Four individuals were able to successfully	FY 16-17, Delco OBH will continue to collaborate with the criminal justice partners, regional forensic liaisons, and MH liaisons at the prison targeting this population in efforts of continued discharges, and increase community tenure. This transitional forensic housing program will increase its bed capacity by 12 to address the anticipated increase in need from the criminal justice partners (SCI, RFPC) and Residential Treatment Facility (RTF). The expected length of stay will remain within the nine to twelve months timeframe.

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Recent Development	Immediate Impact	Future Strategic Plan
	transition to a lower level of care within 29 months' time frame.	
Transformation Transfer Initiative (TTI) Grant	Working in partnership with OMHSAS and the CRIF Self-Directed Care Operations Team, PA succeeded in its application to SAMHSA and NASMHPD for grant funds to document the experimental SDC program, enabling it to be replicated in other counties, and pursue a sustainable funding strategy.	OBH developed a Reinvestment Plan to continue CRIF SDC funding through 12/31/16. Ten new slots were added for the TAY population. TTI FY 15-16 deliverables include: CRIF program manual; CRIF fidelity assessment tool; CRIF II project outcomes report; and, a financial sustainability plan.
Mental Health Matters County Grant	DelCo received a MH Matters grant to implement an YMHFA training initiative. With OMHSAS coordination, four DelCo trainers, including a project coordinator in OBH, were trained and certified in this evidence-based practice. FY 15-16 Mental Health First Aid (MHFA) provided to targeted audiences (older adults, public safety, residential and veterans) involved in the President Judge's Delco cares Initiative. These trainings have provided personnel at the county prison, direct care workers, and others with skills and resources necessary to identify and work effectively with individuals with mental illness.	FY 16/17- YMHFA trainings are planned for various groups including human service offices (CYS, OID, OEI, CCIS) and other community groups involved with children including Juvenile Detention Center, Juvenile Justice, Speak Up, and Faith based entities. Family members and stakeholders are also offered an opportunity to attend these annual trainings. FY 16-17, MHFA trainings will be expanded to include additional targeted groups such as faith-based and local community organizations. Existing trainers will receive supplemental training and certification in these areas. MHFA survey will be sent to these various groups and trainings will be scheduled based on their level of interest and demand.
System of Care (SOC) Grant	DelCo enrolled as an SOC County on 2/14/14. The County Leadership Team (CLT) will establish their mission, vision and strategic plans. Short and long term sustainable goals include: training initiatives including YMHFA, PEAK, and the Multisystems Trainings; involving youth and family in program development review and on advisory boards; and, enhancing youth leadership opportunities in MY LIFE. The Trauma Informed care Workgroup is focusing on an organizational assessment to determine strengths and needs within Human Services and Juvenile Court.	FY 16-17- The DelCo SOC strategic plan is a sustainable one which will continue to enhance our child serving systems beyond the term of the initial grant. The plan calls for using a structured youth and family driven approach to effectively meet the needs of youth and families involved with multiple systems. The use of High Fidelity Wraparound continues to be an SOC priority and one we will be enhancing this year by developing a work group to increase family natural supports systems as well as youth/family voice and choice. By increasing these supports a decrease in out of home placements in all systems will continue. The SOC is also looking at opportunities for developing a No Wrong

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Recent Development	Immediate Impact	Future Strategic Plan
		Door Process in the county so families and stakeholders are able to better link and access services. The SOC continues to support the Trauma Informed Care Initiative within Human Services, JPO and Juvenile Detention Center as TIC strategic plans will be develop by each department's TIC Change Team. Our partnership with the United Way's Collective Impact to make Delaware County a Trauma Informed Community will also continue.
I'm The Evidence (ITE) Campaign	OBH adopted a FY 15-16 ITE campaign to promote stakeholder awareness and fight stigma surrounding the behavioral health system. In partnership with the MHA of PA, a plan has been developed, and ITE awards have been made to graduates of the CPS, DCODE, and Peer-to-Peer classes. As well as to police officers certified in CIT. This effort now includes over 200 police officers being recipients of the ITE recognition award.	OBH will continue to promote inclusion of these and other groups in FY 16-17 to expand the membership and recognition awards of the ITE campaign. Other stakeholders will be engaged including the CSP Committee, NAMI Chapters, Vocational Providers, YMHFA and MHFA trainers, college and university personnel, landlords, employers and other community groups as applicable.
Continuum of Care (COC) Governance Charter	In an effort to meet HUD's new HEARTH Act regulations, DelCo has created a new Governing Board and Governance Charter to oversee COC planning, service delivery, and program performance monitoring. The 2013 COC application was fully approved by HUD resulting in more than \$4 million in renewal and reallocation projects, in addition to a planning grant.	OBH has had a primary planning role with the DelCo COC for the past 22 years, and continues that function under the new HEARTH Act. A Governance Charter has been created, and a new 18 member Governing Board has been established to oversee all aspects of COC operation. The new planning grant will enable OBH to hire staff to manage COC program performance monitoring.
Enhanced Mobile Crisis Services	In FY'15-16 the DelCo Crisis Connections Team (DCCCT) continues to provide 24-hr /7 day a week Mobile Crisis Services in the County. The Peer Warm Line has expanded its hours of operation to meet the needs of the individuals served.	Thus far in FY 15-16, DCCCT has provided more than 1,000 outreach contacts. The mobile service is the centerpiece of the county's effort to continue reduction of involuntary commitments to hospital treatment. DCCCT is also being marketed to colleges and universities and to police departments through CIT training.
Expanded Assertive Community Treatment (ACT) Team	OBH and Magellan developed an ACT expansion. Horizon House was selected to add a new 100 person team, some 30% of which will be targeted to a TAY caseload.	The new ACT team is undergoing gradual caseload building per evidence-based start-up protocols. Commitment to serving TAY is demonstrated by enrollment of 30 TAY members on the team's caseload.

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Recent Development	Immediate Impact	Future Strategic Plan
Forensic Assertive Community Treatment (FACT) Team	In FY 15-16 Community Forensic Interventions, LLC consultants continued to work on the development of the R-FACT team. The R-FACT model is an evidence-based model that has collaborated closely with the MHTC Court and CTT provider. The contract was renewed for further program development of the team, technical assistance communicating with criminal justice systems and implementation of fidelity measurement process. The consultants has completed its first site visit, and fidelity assessment monitoring with OBH and Magellan QI personnel.	FY 16-17, OBH and Magellan QI personnel will implement the fidelity measurement process for the TMACT and the R-FACT tools independently. The FACT team will operate at 100% capacity
Supported Employment (SE)	Under contract with Temple University FY 13-14 SE fidelity assessment was done at 2 Community Employment and 2 Clubhouse sites, and several stakeholder trainings were completed.	Stakeholder trainings will continue in FY 15-16 as will preparation for OBH QI staff to assume responsibility for continued fidelity reviews of the 4 primary employment program sites.

b) Strengths and Needs

Older Adults: (Persons aged 60 and above)

The PA State Data Center in March 2016 regarding the 2014 population indicated a population of 84,703 over age 65 representing 15% of the total county population or 118,960 over age 60 representing 21% of total county population. Increasing numbers of elderly residents present challenges to the County Office of Services for the Aging (COSA) and for OBH as well. The GATEWAY program, operated by COSA with joint AAA/MH funding, continues to be the primary resource for outreach and referral to older SMI adults. OBH maintains 30 SPCH beds for the elderly/medically fragile population. As residents age and decline physically, greater challenges are imposed on all Community Residential Services programs to help residents “age in place”. For those who require Nursing Facility placement, finding facilities to accept MA SMI referrals remains a significant challenge. PCH licensing regulations also restrict serving people who are eligible for Nursing Facilities, making “aging in place” particularly challenging for those Community Residential Services programs.

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Older Adults		Strengths
GATEWAY	Longstanding, jointly-funded, inter-system partnership between COSA and OBH that provides outreach, assessment, engagement, and referral to senior citizens with behavioral health needs in the community.	
Aging/Disability Resource Center (ADRC)	Partnership between OBH, COSA, and other organizations serving older adults that provides training, screening, outreach and linkages to housing and other community-based services combined with the City of Philadelphia.	
Specialized Personal Care Homes (SPCH)	SPCH programs were designed to meet the housing needs of the elderly/medically fragile target population. The 30-bed capacity provides a barrier-free housing environment for older individuals with high-level mobility and personal care needs.	
Therapeutic Counseling	Therapeutic counseling is provided for identified homebound older adults with behavioral health needs who otherwise would go untreated. The capacity of the program is 25.	
Older Adult Task Force	Delco specific group of OBH, COSA, and providers that does case reviews and develops best practice service plans to meet the needs of older adults with SMI.	
Needs		
Housing	Housing that enables individuals to age-in-place is very limited. Even targeted SPCH resources are challenged as regulations prohibit them from keeping individuals assessed to need Nursing Facility placement.	
Nursing Facility Access	Nursing Facilities (NF) continue to resist accepting older adult SMI referrals. The process of linking with COSA for assessments and OMHSAS for OBRA approval are relatively smooth, however it often takes months to obtain any NF placement.	
Persons with Dementia	GATEWAY and other services that encounter older adults with dementia present challenges to service provision, particularly when out-of-home placement is needed.	
Funding	Housing remains an essentially MH Base-funded service, and is potentially at-risk in the current economic and budget environment. Money Follows the Person (MFP) did not materialize as a viable funding stream for state hospital discharges.	

Adults: (Persons aged 18 - 59) Adults remain the majority of persons served in the county's behavioral health system. Given the broad age range and sheer numbers of persons represented by the adult population, it is not surprising that a substantial number of initiatives and resources are directed toward this group. It should be noted however, that there are several specific subsets of adults identified and described in the Special/Underserved population section below. Therefore, the descriptions here-in are more generic in nature.

Adults		Strengths
Supported Living Service (SLS)	OBH has emphasized development of SLS apartment-based housing subsidies for some time. FY 15-16 CHIPP and PCCD grant funding added an additional 20 Bridge and Master Lease subsidies, some of which will be step-downs from the Transitional Forensic Housing Program.	
Psychiatric Rehabilitation	OBH and Magellan continue to fund a comprehensive network of PRS services. In addition to 5 site-based PRS programs, there are 2 mobile (MPR) programs, and 2 PRS Assessors, 1 at each BSU to provide PRS assessment and referral. OBH and Magellan are working with its assessors and providers to identify special populations thru enhanced intake assessment tools. Evidenced based practice, IMR has been implemented successfully the 2 mobile MPR programs.	

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Adults	Strengths
Certified Peer Specialist (CPS) Initiative	OBH and Magellan continue to develop CPS resources throughout the county. Several specializations have been added to the growing curriculum such as Geriatric, Trauma, Forensic, Whole Health Action Management, LGBTQ and Integrated Health Care. A number of other resources continue to be available such as the Peer Support Learning Community. OBH has identified professional skills training for peers providing this service during FY 15-16 to include documentation skills, organizational skills, as well as ethics and boundaries. OBH participated in a TTI SAMSHA Grant funded pilot to train CPS' to work in Crisis Services.
CRIF Self Directed Care (SDC)	The CRIF SDC program completed its 2-year study and is in the process of writing it up for journal publication. A CRIF II project has been launched, and a SAMHSA TTI grant was received to document, replicate and sustain the CRIF SDC model.
Illness Management & Recovery (IMR)	The SAMHSA Toolkit evidence-based model has been introduced into several programs in the county over the past several years. It has produced very good results for MH and COD programs and is well-reviewed by staff and consumers. IMR, I-IMR, and E-IMR programs have been implemented in 8 programs across Delco and continue to grow.
Integrated HealthCare	Delco completed its contract with the National Council (NC) on this evidence-based approach to improving healthcare outcomes for persons with SMI in December 2015. The Learning Community continued in 2016 with combined leadership and planning from OBH and Magellan. The focus continues to be provider networking, best practices, data collection, and outcomes, as well as regulatory updates. All 3 BCM providers participate monthly in face to face or teleconference meetings to strengthen implementation and collaboration.
Supported Employment (SE)	OBH has contracted with Temple University to implement the SAMHSA toolkit SE model in 4 programs. Temple is also providing basic training in SE operation and philosophy for the county's various consumer, family, and provider stakeholders. Training needs were identified by OBH in FY 15-16 and a training facilitated by Temple University for new staff as well as seasoned staff to ensure high fidelity to the model. Individual provider needs will be addressed as well during tailored consultation.
Housing	Housing that enables individuals to age-in-place is very limited. Even targeted SPCH resources are challenged as regulations prohibit them from keeping individuals assessed to need Nursing Facility placement.
Needs	
Nursing Facility Access	Nursing Facilities (NF) continue to resist accepting older adult SMI referrals. The process of linking with COSA for assessments and OMHSAS for OBRA approval are relatively smooth, however it often takes months to obtain any NF placement.
Long-Term Care Access	Access for long-term SMI inpatient care at the state hospital is problematic for the adult population. There is a lengthy waiting list of over 50 persons, the majority of whom are referred by the court, with a waiting time of over one year for individuals at the top of the list.
Funding	MH base funds are limited which affects the availability of housing, community employment and other services. The Extended Acute Care is only available to persons on MA and there is a gap for county-funded cases.
Housing	Housing that enables individuals to age in-place is very limited. Even targeted SPCH resources are challenged as regulations prohibit them from keeping individuals assessed to need Nursing Facility placement.

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Transition-Age Youth (TAY): (Persons 18-26 aging out of children’s services)
OBH, Magellan, providers and other stakeholders in both the children’s’ and adult behavioral health systems are working on multifaceted approaches to meet the needs and help the TAY target population transition successfully between the two systems. Increasing resources for TAY continues to be a major focus in both the child and adult systems. The Human Services website has been enhanced to include a specific page for TAY services so that those services and community based supports are easily identified.

TAY	Strengths
ACT Team Expansion	OBH and Magellan are expanding ACT services to include a new 100 member team for MA eligible persons. 25-30% of the new caseload will be targeted to the TAY population. As of 4/30/16, 53% of the caseload or nine of the 17 were TAY.
CRIF SDC Expansion	The county is increasing the CRIF SDC II census by 20%, adding 10 new TAY consumers to the program caseload. Making this experimental recovery-oriented service available to TAY will be an important part of overall SDC research and study.
Transition-Age CRR	The county has operated a dedicated 6-bed TAY CRR and a 5-bed TAY SLS subsidy program for about 10 years. There is also a 4-bed component of an adult CRR targeted to the TAY population.
MY LIFE and MY Fest	The Magellan Youth Leaders Inspiring Future Empowerment program has grown significantly since its inception. My Life meetings are held monthly with this year’s focus on developing a play and raising awareness of such topics as Bullying Prevention. MY Fest event and MY LIFE Leadership events are held annually to build youth leadership capacity. The 2016 event MY FEST fall event will be held in Bucks County.
Hi-Fidelity Wrap Around	Team-based collaboration serving children including TAY up to 21 years of age and their families. The Delco Team served 42 families in FY 15/16 and we expect to service 14 new families in FY 16-17.
Transition to Independence	Evidenced supported model for ages 16-26, that is licensed as a Blended Case Management Program with an additional Certified Peer Specialist, currently serving 57 out of 60 (full census).
TAY w/ASD Disorders	A new program called CREATE has been developed and will begin in FY 16-17 for ages 3-21 with an ASD diagnoses. CREATE is a year round peer-centered service. Clients will build social and communication skills, improve problem solving and emotional regulation, and enhance flexibility and motivation.
Needs	
TAY w/ASD Disorders	There is a need to develop housing and community based programs and treatment for Transition-Age Youth with an Autism Spectrum Disorder (ASD) diagnosis.
LGBT	Delco SOC continues to sponsor the annual LGBTQIAA training called Over the Rainbow & Trans 101 with our LGBTQIAA Youth Group PRYSM.
Trauma Informed Initiatives	The Delco SOC has incorporated Trauma Informed Principles into the Strategic Plan. Human Services, JPO, and the Juvenile Detention Center will be using the results of their organizational assessment to develop a strategic plan on implementing trauma informed care principles into the office practices and how we engage our stakeholders. Ongoing training in Trauma Informed Care will also be continued as well as the County’s involvement in the United Way’s Collective Impact on making Delaware County a Trauma Informed Community.
BCM & Hi-Fidelity	The SOC as part of the FY 16-17 strategic plan SOC will be looking at how to enhance the family and youth voice and choice as well as community & natural

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Wraparound	supports. Using the High Fidelity Wraparound philosophies, the BCM units as well as FB and MST programs will be introduced to the concepts and expected to integrate them into their programs.
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Children: (Persons under 18)

OBH, Magellan, children, families, and inter-system stakeholders have moved aggressively with the adoption of a System of Care (SOC) model in Delco. The County Leadership Team (CLT) continues to work on increasing the family driven and youth voice in all of the youth serving systems through increased collaboration and program development.

Children	Strengths
MY LIFE and MY Fest	The Magellan Youth Leaders Inspiring Future Empowerment program has grown significantly since its inception. MY LIFE Meetings are held monthly with this year's focus on developing a play and bullying prevention.
Hi-Fidelity Wrap Around	Team-based collaboration serving 25 children including TAY up to age 21 & families. The Delco Team served 42 families in FY 15-16 and we expect to serve 14 new families in FY 16-17.
Youth Mental Health First Aid	This training model will continue to be offered to our stakeholders, Human Services Support Staff, as well as community stakeholders, JPO, and Juvenile Detention Center.
PEAK Training / Team Up for your Family-Roadmap	Parent Empowerment Through Advocacy and Knowledge (PEAK) trained over 30 parents and caretakers over a 10 week period in youth serving systems and natural supports available to youth and families in Delco. PEAK programs are held each fall & spring. A new program called Team Up For Your Family Roadmap will be offered FY 16-17 for families interested in learning how to navigate systems and keep proper records.
Needs	
LGBT	Delco SOC continues to sponsor the annual LGBTQIAA training called Over the Rainbow and Trans 101 with our LGBTQIAA Youth Group PRYSM.
Trauma Informed Initiatives	Delco SOC has incorporated Trauma Informed Principles into the Strategic Plan. Human Services, JPO, and the Juvenile Detention Center will be using the results of their organizational assessment to develop a strategic plan on implementing trauma informed care principles into the office practices and how we engage our stakeholders. Ongoing training in Trauma Informed Care will also be continued as well as the County's involvement in the United Way's Collective Impact on making Delaware County a Trauma Informed Community.
BCM and Hi-Fidelity Wraparound	The SOC as part of the FY 16-17 strategic plan SOC will be looking at how to enhance the family and youth voice and choice as well as community and natural supports. Using the High Fidelity Wraparound philosophies, the BCM units as well as FB and MST programs will be introduced to the concepts and expected to integrate them into their programs.

Special/Underserved Populations

Individuals Transitioning Out of State Hospitals:

Since the closure of Haverford State Hospital (HSH) in 1998, OBH has overseen the transfer of 211 CHIPP discharges from the state hospital to the community. The current NSH bed cap is 13, a 93% reduction from the 220 beds at HSH at the

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time of the closure. The corresponding shift in state hospital funding to the county program has resulted in a proliferation of recovery-oriented, community-based MH services. As of 5/31/16, the county civil census is 14, one over the FY 15-16 bed cap. By June 30, 2016 OBH will have successfully discharged 17 individuals from both Civil and Regional Forensic Psychiatric Units. FY 16-17 will continue to access the resources available within the infrastructure by successfully diverting individuals from accessing NSH, step-downs within structured Community Residential Services placements which in turn opens up appropriate discharge options for current state hospital residents.

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

Co-Occurring Disorders:

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

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Co-Occurring Disorders	Strengths
Illness Management & Recovery (IMR)	Delco has contracted with Dartmouth Psychiatric Center for several years to implement the SAMHSA evidence-based IMR approach in several provider programs including Dual Dx. IOP, CRS, ACT, CRP, and Halfway House serving the COD population. IMR also has the new COD enhanced tool kit (Enhanced-IMR) which is being implemented in Delco at 8 providers. Currently 2 of these providers are piloting Integrated-IMR which addresses physical health as well.
Integrated Dual Diagnosis (IDD) Treatment	Magellan and OBH continue efforts to increase provider competency in integrated screening, assessment, and intervention for individuals with COD. Five provider sites are using the DDCAT (Dual Diagnosis Capability in Addiction Treatment) and DDCMHT (Dual Diagnosis in MH Treatment) tools developed by Dartmouth's Dr. Mark McGovern. Magellan and OBH continue to monitor COD competency through targeted audits and focused reports.
COD Collaborative	Magellan, OBH, and providers have resumed meetings of the COD collaborative to provide support, as providers implement changes based on the above audit results. The COD collaborative, facilitated by Magellan's Dr. Kerry King, attended by MH and D&A providers alike, remains a vehicle to discuss best practices, program updates and specialties.
COD Treatment	There are 3 providers with multiple IOPs, Three - 24 hour Inpatient units, and 1 Halfway House in the county serving the COD population. Magellan is working with several providers to develop Smoking Cessation programs, and one provider is developing a Health Home to include 4 nurses to conduct smoking cessation groups that will target this population.
CIT Training	There is a strong COD component presented by both MH and D&A faculty in the semi-annual CIT certification classes for law enforcement personnel.
System Training	In 2012, Magellan trained 3 providers in Dialectical Behavioral Therapy (DBT), an evidenced-based program proven extremely effective with individuals diagnosed with Borderline Personality, Eating Disorders, and Substance Abuse many of whom have COD.
CRS COD Housing	OBH maintains a 10-bed CRR and a 3-bed TPR targeted to the COD population. The CRR program has linkages to Dual Diagnosis IOP treatment programs.
Inpatient DBT program	The county's only D&A inpatient Dialectical Behavioral Therapy (DBT) program continues with praises. This provider also offers outpatient substance abuse DBT programming creating a seamless transition at discharge. This program has reduced persons leaving treatment AMA by 30%.
Specialty Courts	There is a D&A Treatment Court with a largely COD population and MH and Veterans Court that similarly has a high levels of COD clients in its initial caseload.
Co-Occurring Disorders	Needs
Program Licensing/Staff Certification	Providers have done some preparatory work for potential Dual Licensing to serve the COD population, but the regulatory requirements and approval process for this initiative still appears to be stalled at the state level. One provider does have COD competency credential.
D&A Peer Support	Availability of billable Peer Support for persons in the D&A system, including the COD population, remains a gap when contrasted to available MH Peer Support. One D&A Halfway House provider has a D&A Peer Specialist on staff and is included in Magellan's bundled rate.

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Co-Occurring Disorder	Needs
Trauma Competent Providers	Magellan and OBH used Andrea Meier of Dartmouth to train 3 providers in Trauma informed treatment to improve clinical outcomes and avert the revolving door in and out of higher levels of care. Fidelity reviews will be conducted assuring ongoing model adherence.
Trauma Competent Providers	Magellan and OBH used Andrea Meier of Dartmouth to train 3 providers in Trauma informed treatment to improve clinical outcomes and avert the revolving door in and out of higher levels of care. Fidelity reviews will be conducted assuring ongoing model adherence.
Housing	There are still gaps in housing for the COD population that continues to experience periodic relapse and abuse of substances that allows them to retain their housing.
Funding	With MA expansion funding appears to be adequate.

Justice-Involved Individuals:

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

Justice-Involved Individuals	Strengths
Inter-System Administrative Forums	The Criminal Justice Advisory Committee (CJAC), Cross-System Strategic Planning Committee (CSSPC), and Delco Cares are the primary administrative forums for inter-system forensic planning and service development.
Cross-System Mapping	In 2010, OBH and criminal justice partners participated in a MH Justice COE led Cross-System Mapping to identify strengths and gaps and create a prioritized strategic action plan to develop and enhance forensic services in the county.
Crisis Intervention Team (CIT)	The CIT program has trained and certified 251 officers from 35 municipal police departments, 17 county park police, 4 university security officers, 2 state police officers, and 5 SEPTA transit officers. CIT certification classes are held semi-annually and faculty is comprised of consumers, families, providers, and county personnel.
Transitional Housing Program (THP)	The new forensic THP, operated by the provider of the county's prison and Community Corrections Center facilities, opened in March 2014. This 9-bed program is targeted exclusively to the forensic population. This program will be expanded by 12 beds for a total of 24 in FY 16-17.
Forensic ACT (FACT) Team	Delco converted a CTT program to a FACT model with technical assistance from the University of Rochester Medical Center. The Rochester R-FACT model is an evidence-based forensic intervention model that collaborates with the MH Court.

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Justice-Involved Individuals	Strengths
MH Treatment Court	The MH Treatment Court continues to address the needs of the SMI/justice-involved population. There is a strong working relationship between the criminal justice and behavioral health systems.
Forensic Peer Support	Delco developed a contract with Peerstar, LLC, to implement a forensic CPS program. This model is both a jail in-reach and community-based peer mentoring model that uses an evidence-based Yale Citizenship approach.
OBH Forensic Specialist	The Forensic Specialist helps oversee the myriad of forensic initiatives targeted to the justice-involved population.
Behavioral Health Liaisons	OBH and Adult Probation/Parole jointly fund 4 behavioral health liaisons at the GW Hill prison to coordinate treatment in the prison and in the community at release.
DOC Max-out Tracking	OBH staff, in conjunction with the Regional Forensic Liaison, track and develop release plans for the C and D roster priority max-out cases returning to Delco.
	Needs
Housing	The CRS and mainstream housing systems are impacted by those owners/property managers who mandate criminal background checks as part of their screening process and exclude the majority of individuals with any level of justice-involvement.
Funding	Since the Housing Authority implements a criminal background check, the CRS system must provide Master Lease subsidies for persons with justice-involvement who otherwise would receive mainstream federal housing subsidy.
RFPC Access	Waiting lists continue to expand for access to the Regional Forensic Psychiatric Center (RFPC) at NSH. As of June 10, 2016, there were 19 men and 5 women on the waiting list, with a wait time of about 9 months for the inmate at the top of the list.
SMH Civil Section Access	As the regional numbers of justice-involved individuals court-ordered to the NSH Civil Section has increased to more than 50, there is now a minimum wait time of roughly 1 year for those at the top of the list, making diversion a high priority.

Veterans:

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

Veterans	Strengths
Fairweather Lodge	The Fairweather Lodge program has been serving Veterans for several years. The capacity of this evidence-based housing program is 4-beds.
Veterans Court	This is a relatively new specialty court in Delco with a small caseload of 24. There are relationships with behavioral health providers and the Coatesville VAMC.
VAMC Forensic Linkages	The Coatesville VAMC Justice Outreach worker is involved with the new Veterans Court program and is a member of the CIT faculty training Delco police officers.
VAMC Homeless Linkages	The VAMC Homeless Outreach worker participates in the Homeless Services coalition meetings and a Social Work Department staffer is a member of the new Delco COC Governing Board.
100 Day Vet Housing goal	Delco participated in the Coatesville VAMC project to End Veteran Homelessness in 100 Days. Delco housed 18 homeless veterans, including 10 chronic homeless.
SSVF Program	Delco received grant funding to provide outreach and case management to 35 veterans and their families and 35 single veterans living in permanent housing.

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Veterans Strengths	
VASH Vouchers	The Housing Authority received an allotment of VASH Vouchers from HUD and adopted a Housing First approach to rapidly house eligible Veterans.
Hero's Path Program	Delco received state funding to provide linkages and information about employment services to Veterans, including connecting them to prospective employers.
Veterans Needs	
VA Treatment Access	Some veterans report not wanting to access treatment services through the VA system which places additional demand for service on the MH Base-funded system.
Housing	Veteran-specific housing tends to be utilized as soon as it becomes available. More VASH vouchers and access to more structured housing would be beneficial.
Funding	Funding for treatment is available through the VA, but many Veterans still choose not to access the VA, placing an additional burden on the MH Base-funded system.

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

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

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

Racial, Ethnic, Linguistic Minorities:

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

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Racial, Ethnic, Linguistic Minorities	Strengths
Homeless PATH Services	FY 15-16 PATH IUP data indicates 51% of the homeless clients and 50% of PATH staff are Black, while 42% of homeless clients and 38% of PATH staff are White, 4% of the homeless clients and 12% of PATH staff are Hispanic and 3% are in the other category.
Deaf Services	Contracts for Wrap-Around, Case Management, and BHRS in the children's system, and socialization and sign language interpreters in the adult system.
CIT Training	Cultural Competency is one of the 21 core curriculum content areas of each semiannual CIT certification training that has currently been provided to 251 Delco police officers.
In-Network Deaf Providers	Magellan has several in-network providers to serve the deaf and hard of hearing population giving participants a measure of choice.
In-Network Linguistic Providers	Magellan has in-network provider linguistic competencies reflecting the county's minority populations. Intercultural Family Services staff speak over 20 languages. Some providers offer Spanish speaking telephone options and staff interventions.
System Trainings	Cultural competency trainings have been provided to contracted agency staff for several years. Magellan has online training content available to provider staff online.
Documents and Interpreter Services	OBH has procured a telephonic interpreter service via Language Line which allows staff to use during phone calls and or face to face meetings coordinated by OBH staff. The use of an IPAD with immediate access to video interpreting is also available for OBH as well as all Human Services offices. Magellan is able to provide interpreters for members who call our Member Services Line; Magellan has translated letters based on a member's primary language; Member handbook and Newsletters are printed in Spanish.
Racial, Ethnic, Linguistic Minorities	Needs
In-Network Providers	Adding new in-network providers will enhance service effectiveness, better meet participant demand (Spanish speaking staff), and, increase participant choice.
System Training	Need for ongoing trainings to increase stakeholder awareness and build staff competencies and diversity to better serve these under-served populations.
Assess Staff Diversity	Need to assess diversity of staff with respect to the racial, ethnic and linguistic composition of the populations served by various county programs (like PATH).

Other: Homeless

OBH continues to have the lead coordination role for the Delco COC through its Adult and Family Services Division. The local Homeless Services Coalition has been operating for 24 years, and recently adopted a Governance Charter and Governing Board to comply with new HUD HEARTH Act legislation. Successful compliance with federal COC requirements results in over \$4 million annually in homeless assistance funding, much of which supports the MH and COD homeless population. Additionally, OBH maintains substantial county MH Base funding to support the PATH outreach and Housing First programs, in addition to providing federally required match funding through MH Base and Reinvestment funds.

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Homeless	Strengths
Continuum Of Care (COC) Planning	OBH has several staff who maintain leadership roles in the COC planning process and Homeless Services Coalition that has operated successfully for 24 years.
HEARTH Act Governance	In FY 13-14 a Governance Charter was drafted and a Governing Board constituted to comply with Federal HEARTH Act requirements.
COC Services	The county's COC has services for homeless SMI that include: Outreach, Emergency Shelter, Supportive Services, and Transitional and Permanent Housing.
Local Match Commitment	DelCo has long provided required federal match funding for homeless initiatives. Reinvestment funds have also been used when other match sources have ended.
PATH	OBH has maintained federal PATH grants through OMHSAS for many years to provide homeless street outreach and a Chronic Homeless Housing First program.
Shelter Plus Care (S+C)	OBH has also maintained two S+C grants for years that provide housing for the Chronic Homeless population. HUD recently consolidated these into one S+C grant.
SOAR	OBH worked with OMHSAS SOAR trainers to train 30 homeless case managers in the SOAR homeless model of expedited SSI/SSDI benefit application and awards.
	Needs
Permanent Housing	Access to permanent housing placements is particularly difficult for persons with SMI as their needs often exceed the availability of residential staff supports.
Supportive Services	HUD's funding formulas significantly reduced the availability of supportive services funding which in turn has made serving special needs populations very challenging.
Mainstream Housing	Housing Authority limited Section 8 voucher access impedes mobility of persons to exit the homeless system and enter mainstream housing, and clogs shelter beds.
Funding	Local MH Base match funds are potentially at-risk, and Reinvestment match funds must be replaced with a sustainable funding stream at some point.

Other: MH/ID

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

Other – MH/ID	Strengths
Administrative Forums	OBH and OID both participate on the Delco Block Grant Advisory Committee and in the Human Services Administrators meetings for joint planning/information sharing.
MH/ID Case Review	OBH and OID participate in ongoing case review forums for children and adults to identify needed services and plan joint service delivery for Dual Diagnosis clients.
Inter-system Training	OBH, OID, and Magellan provided a series of best practice Dual Diagnosis trainings for inter-system personnel. The first training was attended by Psychiatrist, Blended Case Managers and Supports Coordinators attended the second training and MH & ID Residential staff attended the third round of training.
CIT Training	A consultant from PCHC provides instruction in MH/ID Dual Diagnosis curriculum content area to police officers attending the semi-annual certification program.
Joint programming	OBH, OID, and their respective state offices have met to plan potential jointly funded RTF-A services using Reinvestment funds for start-up.

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Dually Diagnosed Treatment Team (DDTT)	The DDTT is operated by Northwestern Human services. Mobile treatment services are being provided for individuals in need of MH and ID supports.
Other – MH/ID	Needs
ID Staff Training	Particularly on the residential side, due to impact of low salaries, there is a high need for better staff training to meet the MH needs of those in ID placements.
Crisis/Inpatient Access	Access and competent assessment/treatment is a problem in MH crisis services and inpatient units when the MH/ID population seeks services.
Housing	There is a lack of housing resources available to meet the primary residential and step-down needs of the MH/ID population.

c) Recovery-Oriented Systems Transformation

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

Table c.1 (inserted) is the list of Transformation Priorities from the FY 15-16 CHS Plan. Most, if not all of these initiatives will continue to be implemented, tracked, and monitored in FY 16-17, and are updated accordingly, along with the addition of a couple of new initiatives that will be started in FY 16-17, in shaded area.

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C.1. Recovery-Oriented Systems Transformation Priorities:

Initiative	Brief Narrative	Time Line	Funding	Monitoring
<p>Priority One Justice-Involved:</p> <p>Transitional Housing Program (THP)</p>	<p>THP is a forensic housing model implemented by CEC, Intl. THP is sited in a Community Corrections Center (CCC) facility. Target populations include discharges from NSH, diversions from NSH RFPC, DOC/SCI max-outs and county prison releases.</p>	<p>Individuals continue to be admitted to the THP with the projected length of stay being 9-12 months. CEC Intl, continues to work with community MH providers and individuals with criminal justice involvement. CEC, Intl THP will continue to operate at full occupancy and work with community treatment providers to step individuals down within the continuum of services during FY 16-17.</p>	<p>Reinvestment</p>	<p>CEC, Intl. THP operation will be tracked by OBH CRS staff to assure attainment of full occupancy and monitored to determine actual length of stay versus the projected 6-9 month LOS, with emphasis on use of CRS step-down resources.</p>
<p>Priority Two Justice-Involved:</p> <p>Community Forensic Interventions, LLC (R-FACT)</p>	<p>The R-FACT model has helped the Mobile Assessment Stabilization & Treatment (FACT) team transition to a forensic ACT model with the intent to serve a 100% forensic population. The consultants of the Community Forensic Interventions has provided training to the FACT team to enhance their skills and criminal justice expertise.</p>	<p>FY'15-'16 the primary objective is to establish a baseline measure of R-FACT fidelity and train OBH & Magellan QI staff to conduct future re-measurements. The consultants conducted an onsite review on 4/4-4/5/16 and (1) subsequent telephone consultation. Six monthly teleconferences will be conducted by the consultants for further program development. Community Forensic Interventions contract will end on 12/31/16.</p>	<p>Reinvestment</p>	<p>Annually, OBH and/or Magellan participate in site visits to assess the adherence to fidelity, best practices as well as regulatory guidelines. The RFACT Fidelity and TMACT were completed in Q4 the OMHSAS regulatory visit. OBH and Magellan also meet quarterly with the RFACT administration and clinical team to support implementation. OBH QI is currently enhancing the current data collection to include Mental Health Court focus.</p>
<p>Priority Three Justice-Involved:</p> <p>Forensic Peer Support Program (FPSP)</p>	<p>The FPSP model is being used to offer Peer Support services to the forensic population. Peerstar is providing FPSP services using the Yale citizenship model with Peers with lived forensic experience.</p>	<p>Peerstar will continue to provide community-based FPSP services to complement the jail in-reach at the G.W. Hill prison.</p>	<p>Reinvestment HealthChoices County Base</p>	<p>OBH/Magellan oversees the FPSP community team and delivery of billable CPS services. OBH will continue to track the caseload as it builds toward full capacity. In addition to caseload information (currently at 57</p>

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Initiative	Brief Narrative	Time Line	Funding	Monitoring
				individuals) OBH also tracks, referrals, origination of referral, marketing strategies, waitlist, and training hours.
Priority Four Adults: CRIF SDC Model	Working with OMHSAS, the CRIF Operations Team was successful in obtaining a SAMHSA TTI grant to document the CRIF SDC model in DelCo and replicate it in other PA counties and nationally.	Temple and the MHASP received contracts for TTI funds to develop a CRIF manual, create a fidelity tool, document CRIF II outcomes, and create a financial sustainability plan in FY 14-15.	Reinvestment SAMHSA TTI Grant	OBH and Magellan are continuing to work with Temple and MHASP to develop a CRIF SDC manual, create a fidelity tool, document outcomes and to create a financial sustainability plan.
Priority Five Transition to Independence	Transition to Independence Process (TIP) is an evidenced supported model developed to engage and support young people experiencing emotional and or behavioral struggles in their own futures planning process across five transition domains: Education Opportunities, Living Situation, Employment and Career, Community Life Functioning, and Personal Effectiveness and Wellbeing.	Child and Family Focus began operation of TIP in September of 2015. The goal was to be at full capacity by September 2016 and under full HealthChoices funding. The response to this model has been overwhelming great and the census is current 57/60. Full HealthChoices funding is expected to occur prior to the initial September 2016 time frame.	Reinvestment / HealthChoices	Magellan and OBH oversee the outcomes and fidelity of this model.
Adults: SSI/SSDI Outreach, Access, Recovery (SOAR)	SOAR is a nationally recognized SAMHSA model for assisting homeless individuals to apply for and rapidly acquire SSI/SSDI benefits.	OMHSAS trained 30 homeless case managers in FY 13-14, and the first SOAR applications were filed. However there was limited success in expediting the process. Therefore, in FY 15-16 a committee will be developed to determine next steps and how to utilize the trained case managers in utilizing this resource.	Reinvestment	OBH/Magellan oversees the FPSP community team and delivery of billable CPS services. OBH will continue to track the caseload as it builds toward full capacity. The SOAR model, implemented by homeless system case managers, will have the number of applications and average time of benefit award tracked by OBH.

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Initiative	Brief Narrative	Time Line	Funding	Monitoring
Adults: Supported Employment (SE)	SE is being implemented by Temple University using the SAMHSA toolkit with Clubhouse and Community Employment providers. System-wide training is being conducted for MH providers.	Temple finished SE fidelity training in FY 13-14 for 4 providers and conducted a conference and several trainings. Temple will conclude stakeholder training in FY 14-15.	Reinvestment	The SE model is being implemented over 18 months. Baseline, annual re-measurement, and outcome data will be set-up by Temple for OBH tracking/monitoring.
Children: Youth MHFA	Under MH Matters Grant funding, DelCo was able to have four YMHFA instructors trained and certified in FY 13-14 and under the System of Care grant, 5 instructors were trained in 2014.	Under the new SOC initiative, YMHFA training continues as priority for stakeholder education. Human Services and various stakeholders including TAY and parents, are the entities that are offered the annual trainings	MH Matters County Grant / System of Care Grant / County	OBH Children's' Coordinator continues to take the lead in planning and documenting YMHFA training and staff certification per National Council requirements.
Adults: MHFA	FY 15-16, Mental Health First Aid (MHFA) provided to targeted audiences (older adults, residential, public safety and veterans) involved in the President Judge's Delco Cares Initiative. These trainings have provided personnel at the county jail, direct care workers and others with skills and resources necessary to identify and work effectively with individuals with mental illnesses	FY 16-17, MHFA trainings will be expanded to include additional targeted groups such as faith-based and local community organizations. Existing trainers will receive supplemental training and certification in these areas. MHFA survey will be sent to these various groups and trainings will be scheduled based on their level of interest and demand.	MH Matters Regional Grant	2 OBH Instructors will continue to lead in planning and documenting MHFA training and staff certification per National Council requirements.
Transition-Age: Assertive Community Treatment (ACT)	A new DelCo/ACT team is being developed with capacity for 30% Transition-Age Youth (TAY). Clinical, rehabilitative, employment and peer support services will be tailored to TAY population needs.	Horizon House began operation of DelCo ACT in FY 13-14 with 9/17 or 53% of initial caseload as TAY. The agency will continue to track and report TAY admissions as they build caseload to 100 member capacity.	Reinvestment HealthChoices	OBH and Magellan oversee referrals, admissions, utilization, outcomes and ACT fidelity. The percent admissions and retention rate for TAY cases will be tracked ongoing.

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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 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	Yes	206	TMACT	Consultants	annually	yes	yes	
Supportive Housing	Yes	100	N/A	N/A	N/A	N/A	N/A	
Supported Employment	Yes	75	IPS Fidelity Scale	Consultants,Cty, MCO	annually	yes	yes	
Integrated Treatment for Co-occurring Disorders (MH/SA)	Yes	6 MH Providers 4 D&A Providers	Enhanced (COD) Illness Management & Recovery	IMR Consultant	Annually	Yes	Yes	This service if offered in group and individual settings.
Illness Management /Recovers	Yes	6 MH Providers 4 D&A Providers	Enhanced (COD) Illness Management & Recovery	IMR Consultant	Annually	Yes	Yes	
Medication Management (Med TEAM)	No	N/A	N/A	N/A	N/A	N/A	N/A	
Therapeutic Foster Care	Yes	164	TAMs, SAMs, CAMs, PIDR reports	Consultants Agency County	Monthly, Quarterly and 6 month intervals for reporting purposes	Yes	Yes	
Multisystem Therapy	Yes	124	TAMs, SAMs	Agency,County,MC O	Annually	Yes	Yes	
Functional Family Therapy	No	N/A	N/A	N/A	N/A	N/A	N/A	
Family Psycho-Education	Yes	100	N/A	N/A	N/A	No	No Family to Family	

*NAMI-Family to Family Education Program is a 12-week course for family caregivers of individuals with severe mental illnesses taught by trained family members.

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e) Recovery Oriented and Promising Practices Survey:

Recovery Oriented and Promising Practices	<u>Service Provided (Yes/No)</u>	<u>Number Served (Approximate)</u>	<u>Comments</u>
Consumer Satisfaction Team	Y	771	
Parents Involved Network /Family Emp. Satisfaction Team	Y	4,554	
Compeer-Voice & Vision	Y	35	
Fairweather Lodge	Y	4	
MA Funded Certified Peer Specialist	Y	336	
Other Funded Certified Peer Specialist	Y	10	
Dialectical Behavioral Therapy	Y	10	
Mobile Services/In Home Meds	Y	10	
Wellness Recovery Action Plan (WRAP)	Y	25	
Shared Decision Making	N	N/A	
Psychiatric Rehabilitation Services (including clubhouses)	Y	857	
Self-Directed Care/ Consumer Recovery Investment Fund (CRIF) project	Y	150	
Supported Education/ Delaware County Open Door to Education (DCODE)	Y	30	
Treatment of Depression in Older Adults	Y	97	Outreach for Older Adults - GATEWAY
Consumer Operated Services	Y	1,628	Advocacy - Consumer/Community Advocates /Consumer Run Drop in Centers /NAMI
Parent Child Interaction Therapy	Y	10	
Sanctuary	N	N/A	
Trauma Focused Cognitive Behavioral Therapy	Y	25	
Eye Movement Desensitization and Reprocessing(EMDR)	N	N/A	
Other - Warm Line	Y	336	
Other - Mental Health Treatment Court	Y	50	

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INTELLECTUAL DISABILITY SERVICES

Introduction: Delco is unique in Pennsylvania in many respects. While we are not large in a geographical sense, our County is densely packed in terms of population. We have many aging parents in our County who themselves require aging services. The Office of Intellectual Disabilities (OID) currently has approximately **2267** registered individuals, with 431 on the PUNS lists waiting for services. Of those **431** individuals, **119** are in the emergency category, and there are **150** identified aging caregivers awaiting services for their adult children. Overall, it is estimated that just under **400** of the 2267 individuals registered with our office have parents over the age of 60, many of whom have few family or community resources to rely upon in times of crisis. In addition to an aging population, Delco has a history of placements in out-of-home facilities. In recent years, increasing numbers of individuals are being served in Lifesharing and receiving services in their homes and communities. Change is slow but steady.

OID has embraced the Everyday Lives philosophy and is committed to ensuring that individuals in the community live their lives as any other citizen; with choice, responsibility, dignity, and respect. Our Supports Coordinators (SCs), managers, and Administrative Entity staff assist individuals and families in understanding the concepts of Everyday Lives and applying this to the support planning process. Delco pledges to increase stakeholders' understanding and application of Everyday Lives principles by engaging stakeholders in trainings and informational sessions, and continuing to prompt appropriate action and use of natural resources within each individual's team.

The County exercises flexibility in funding services from various financial sources to support these efforts. Services can be funded through the use of Base funding, Waiver capacity, Medical Assistance and private insurance, as appropriate. Primary goals in the use of any source of funding are to promote individual independence, support life in the community in the least restrictive setting to meet individual needs, and reduce the cost of services, including residential placement. During the 15-16 fiscal year, OID outspent its Base funding allocation to support individuals in need. Block grant funds were used once OID Base funding was exhausted so the County could continue to assist individuals in need. This was extremely necessary given the budget impasse and the reduced amount of Waiver funds and capacity over the past few years.

Delco is encouraged by recent efforts on the part of ODP to reduce excessive compliance requirements that detract from effective service delivery to our constituents. We are also encouraged by the desire to shift focus back to the principles of Everyday Lives and the paradigm of Communities of Practice. Service provision within the intellectual disability system cannot continue its traditional practices and expect that there will be sufficient funds and resources to support those out-of-date modalities.

Continuum of Services: OID provides a wide array of services ranging from those provided in the community to those provided out-of-home. Services include Supports Coordination, Family Support Services (FSS), Supported Employment, day services,

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community and large congregate residential care, Lifesharing, Participant Driven Services (PDS), and Behavior Support, among other specialized services. Supports Coordinators work with individuals to maximize familial and community supports in place of, and in addition to, use of system resources. Families and individuals are also linked to advocates, special needs units, the local Health Care Quality Unit (Philadelphia Coordinated Health Care – PCHC), housing, and other service systems.

Strategies – Delco plans to address the waiting list utilizing several strategies. Many individuals have no immediate needs for services and receive SC services to assist them to identify and avail themselves of community and family resources. Others require minimal system supports and may receive services through FSS or other Base funding; while others may need more intensive levels of service and may be waiting for Waiver capacity. For those with immediate needs for whom there is no Waiver capacity, the individual may be supported through cross system services and/or community supports; the family may be offered Base Funded Family Support Services; or in emergency situations, the individual may receive more extensive services and supports utilizing Base and other sources of funding, up to and including residential care. Strategies to serve the maximum number of individuals and maximize **all** sources of funding include:

- Ensuring that all staff are trained in Everyday Lives principles and receive an introduction to Communities of Practice information. This ensures that all staff are working from the same principles, and they continually explore with families and individuals ways to remain ensconced in the community.
- Seeking ODP support to ensure that all community stakeholders are trained in Communities of Practice so that modes of thinking and support planning go beyond the traditional services the system has historically provided. Another goal is to assist in reduction of out-of-home placements. One question is how the Lifecourse Framework, if used, will translate into the language in the individuals' ISP. This question will be explored through continued discussion with State and Regional officials from ODP. Supports Coordination is already a very difficult job due to the complexities of the duties involved. Adding additional steps to already cumbersome and complex processes could result in loss of dedicated staff that have years of experience in assisting individuals and families. This is a loss we cannot afford in a time of great change in the service system.
- Providing Base funds for adaptations or other one-time services that will allow an individual to remain home and avoid out-of-home care.
- Providing Base "bridge" funding to pay for emergency residential placements or extensive in-home services until Waiver capacity is available.
- Using Base funds to supplement services for individuals in the P/FDS Waiver program that have reached the financial cap, but who do not require significant funding to warrant conversion to Consolidated Waiver.
- Increasing promotional and educational strategies, and collaborating with ODP, providers and advocates, to increase the number of individuals in Lifesharing.
- Assisting individuals and families to understand the value of employment in the community and the necessity to explore these options from high school age through

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adulthood. ODP technical assistance will be requested to increase Delco's effectiveness in this regard; whether it be through work by the Employment Forum or through direct efforts by County staff.

- Supporting individuals utilizing Base funds who are no longer eligible for OVR services but require continued Supported Employment, and excessive waiver funds are not needed.
- Collaborating across appropriate service systems and accessing natural community supports to ensure maximum use of resources and to reduce use of Base or other sources of ID funding.
- Reducing use of Base funding for ongoing Base residential placements through attrition and through conversion of some individuals to Waiver funding, if possible; with savings applied to serve additional individuals in need.
- Increasing the number of individuals served under the FSS program who warrant services, but do not need significant funding that would require P/FDS or Consolidated Waiver funding. FSS is a source for supports for individuals who are on the waiting list, do not have other sources of funding and live at home with their families. Given the long delay in receiving Waiver capacity in the 15-16 FY, FSS funds were used along with other Base funds to help in situations in which no other help was forthcoming. FSS funding is vital to keeping families together in their own homes and communities. Through intelligent use of these funds, this program has been able to serve increasing numbers of individuals each year. Services such as home adaptations, respite, summer camps, transportation reimbursement, family aides, and therapies recommended by a physician but not covered by medical insurance, enable individuals to remain in the community and avoid higher levels of service or funding. In the 15-16 FY, the program served approximately 178 individuals and their families. This is slightly lower than the projected number of 180. However, the program spent all of its allocation, plus additional Block Grant dollars; and the individual grant awards were higher in many cases than those awarded in previous years. FSS services will continue in the 16-17 FY and will be even more vital if another budget impasse occurs. We find that families are extremely grateful for any funding and assistance they receive. The funding amount for this program will increase to \$200,000 in the 16-17 FY, and we anticipate that a slightly increased number of individuals will be served (180), with many receiving higher grant awards. As is our past practice, when individuals in the FSS program convert to Waiver funding, new individuals can be added for identified supports.
- Utilizing the PUNS and Waiver capacity to serve individuals in all types of settings as appropriate and agreed to by the individual's team. Supports could include in-home staff services (many self-directing their services), home and vehicle adaptations, transportation funding, supported employment, Lifesharing, and group homes, among other potential sources of support.

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	Estimated Base Funded Individuals Served in FY 15-16	Percent of Total Individuals Served All Funding Sources	Projected Base Funded Individuals to be served in FY 16-17	Percent of Total Individuals Served All Funding Sources
Supported Employment	18	17%	22	20.9%
Sheltered Workshop	22	4.7%	22	4.7%
Adult Training Facility	24	7.7%	24	7.7%
Base Funded Supports Coordination	390	17%	400	17.6%
Residential (6400)/Unlicensed (does not include temporary emergency placements)	61	12%	58	11.6%
Lifesharing (6500)/Unlicensed	1	3%	2	6.4%
PDS/AWC	6	.4%	8	.53%
PDS/VF	2	.17%	3	.25%
Family Driven Family Support Services	180	100%	180	100%

Supported Employment:

Challenges – Significant barriers exist with regard to promoting employment and increasing the number of individuals employed and making at least minimum wage. There is significant lag time in response from OVR regarding referrals made by Supports Coordinators. OVR requires a massive infusion of resources allowing expansion clearly needed to support the State’s Employment First Initiative. Currently, OVR’s response to phone calls, requests for updates, completing assessments, starting job searches, etc., are exceedingly slow. Months of delays often dampen any initial momentum toward employment, frustrating both the individual and his/her Team.

Individuals and families, mainly those who are over 21 and have been in “the system” for a number of years, often have fear and trepidation regarding employment in the community. Individuals in workshops and adult day programs rely on the consistency of their everyday routine, and their social networks are often centered around these day services where many of their peers attend as well.

The job market holds fewer opportunities in the current economic context, with other individuals competing for those same jobs. While some businesses are keenly aware of the value of hiring people with intellectual disabilities and have included many of our individuals in their workplaces, there are many businesses that do not hire individuals with ID and need information and encouragement to make those first steps.

Delco has major concerns regarding how day program and workshop providers will make the adjustments needed to meet requirements of the CMS Final Rule. We anxiously await

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proposals from the PAR subcommittee that has been formed to address community integration required by CMS.

Current System - Supported Employment services include customized employment, job development, job finding, job placement, and ongoing support at the work site as needed, and are provided by several provider agencies operating in the County. If the team determines that the individual is able to work or be trained to do so, individuals are always referred to OVR initially for assessment and services. As OVR services phase out or if OVR does not pick up the individual for services, Waiver or Base funding is used to pay for services and supports by provider agencies. The majority of Supported Employment agencies contract with both OVR and ODP so that transition of services is relatively seamless.

The Employment Forum, created in February, 2013, includes members representing the County, one school district, several transitional/supported employment providers, the Delco SCO, OVR, ODP, DRN, and family members. Participation by individuals and family members needs to be increased. Program goals include information (gathering), outreach (to providers, families, individuals, schools, and businesses), training (for all stakeholders), and gaining and sustaining employment. Since its inception, the forum has held several trainings on topics including: Customized Employment; How Do I Plan and Arrange for Employment While Maintaining My Benefits; and How to Plan and Arrange for Employment 101. Members of the forum have participated in the employment phone conferences (The Exchange) sponsored by Philadelphia's Employment Initiative, and will continue to do so.

In June 2015, a Chamber of Commerce event was held to educate businesses about the benefits of hiring workers with disabilities, however, it was not well attended. Engagement of businesses not already hiring individuals with ID is often difficult. A specific effort to engage businesses was held in August, 2015, when Employment Forum members attended a Business Trade Show sponsored by the Delco Chamber of Commerce. Members reached out to all of the businesses in attendance, some of whom were already employing individuals with ID and some who were not. The forum also created a website www.delcoemploymentforum.wordpress.com which features information for individuals and businesses about employment and is linked to the Delco Human Services website. Funding to support these efforts, as needed, has come from the Block Grant.

In the 15-16 FY, approximately 107 individuals were employed either part or full time in community settings. These figures are likely an underestimate of the number of individuals actually working in the community, as data has not historically been collected on those that do not require supports. Suggestions have been made to ODP to change/add data that is collected and stored in HCSIS; one of which is a field to record employment information. In FY 16-17 ODP expects to increase the number of new individuals in Supported Employment utilizing Base funding (if Waiver funding is not available) and Waiver capacity.

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Delco is gratified to hear that more resources are being assigned to OVR to enable not only faster responses to referrals, but to increase job development and supported employment services. The County has also reached out to the local OVR office and is working to re-establish a bi-monthly connection to review referrals and share information so that timely decisions for individuals regarding supported employment can be made. The AE has also approached OVR's Early Reach Coordinator to provide information for SCs so they may be more effective in supporting teens with ID as they consider and move toward employment training and support. A training session will be scheduled. The AE shares training and resource information with all of the SCOs. The AE Employment Point Person reviews monthly Progress Notes from Supported Employment Providers and distributes these to the SCs. If there is an employment related issue, the AE Point Person will contact the SCs directly to discuss the issue and will intervene with the employment Provider as needed.

Strategies – Significant portions of the Employment Forum's strategic plan have been initiated and will continue into the 16-17 FY. The group continues to reach out to additional stakeholder members, especially school districts, and businesses. A large provider of ATF services joined the group in 15-16 and we hope to add other providers to the group as well. Through various strategies, the major goal is to increase the number of individuals in supported or competitive employment by at least five percent regardless of funding source. These strategies include:

- Collaborate with stakeholders through continued involvement with the Transition Council and attendance at Transition Fairs.
- Increase the cross section of stakeholder involvement in the Employment forum.
- Collect additional employment resources and make them readily available through outreach and information on the Employment Forum website.
- Encourage customized employment and increase job development activities; Delco will reach out to The ARC of Central PA regarding their customized employment tools.
- Work with day programs and workshops to move toward compliance with the CMS Final Rule, and work with traditional service providers to create more opportunities for employment.
- Develop and host informational events and trainings.
- Develop and maintain relationships with local businesses.
- Inform SCOs about OVR and transition activities in schools.
- Plan a meeting with Len Kravitz of the Philadelphia Supported Employment Initiative to learn more about Philadelphia's success and struggles in order to improve our own efforts.
- Reach out to ODP for technical assistance in evaluating current employment strategies, and to learn about other ways to increase community employment.

Supports Coordination: OID currently provides Supports Coordination as part of the County office and also works with other Supports Coordination Organizations (SCOs) to provide SC services. Base funds are used to provide SC services for approximately 400

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Base funded individuals that do not have MA (or are in an MA category that does not cover case management), as well as those individuals living in private and state ICF/ID programs. SCs will continue to support the transition of individuals from State centers and ICF/ID programs to the community. At this time, two individuals residing in state centers have been identified to move into the community under the Benjamin initiative. The county will work to place these two individuals in the community in the setting of their choice in 16-17. Nine individuals have moved out of ICF placements into Waiver funded homes in the 15-16 FY under a conversion agreement with Elwyn. Of those nine, eight went to group homes and one moved into the family home. Supports Coordinators have facilitated these movements in conjunction with each individual's team. The movement of all of the identified Elwyn individuals was not accomplished in 15-16, and there remain nine individuals that will move into the community in the 16-17 FY. Their community destinations are not confirmed at this time.

Everyday Lives – SCs are trained in the principles of Everyday Lives and work with individual teams to ensure that individuals exercise choice and control in their lives, and that they have the freedom to engage in the community in all aspects, as appropriate to the individual. The SC collaborates with the team and with identified natural supports and other systems, as necessary, to assist the individual to achieve his/her goals. Delco's SCO has a Training Coordinator responsible for ensuring that all SCO staff participate in required ODP trainings and webinars, but also in other optional trainings identified to meet the needs of SCs and our individuals. For example, Delco recently began holding a series of De-Escalation trainings for case managers and SCs. All SCO staff were also recently required to attend a Person Centered Thinking Training held at the local Intermediate Unit.

Wait list - The AE meets with the SCOs to discuss individuals in need as identified by the PUNS and as emergency situations arise. The AE works closely with the SCOs to find ways to support individuals and families if Waiver capacity is not available. One example is the use of the FSS program to provide community supports to assist individuals to remain in the community. In addition to following Everyday Lives practices, careful transition into the use of the Communities of Practice philosophy and the LifeCourse framework would be helpful to ensure that all individuals and families, not just those on the waiting list, are fully and actively exploring any and all natural and community supports before turning to the system for paid supports.

Maximizing Community Integration – Delco remains committed to the practice and implementation of Everyday Lives in each and every interaction with individuals and families. The County welcomes the opportunity to work with ODP in actualizing how Communities of Practice and the LifeCourse Planning process can be used in the individual team process so that community integration can be maximized, and documented in the ISP. One major question is how the LifeCourse Planning process will lend itself into writing the ISP itself. The ISP is a set document and there will need to be

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guidance on how best to take the information gleaned from the LifeCourse Planning and crosswalk this information into the ISP document.

Community Integrated Employment – Delco’s SCO, as well as the six other SCOs that serve individuals living in Delco, ensure that employment opportunities and corresponding individual interests are reviewed and discussed with the individual and his/her Team, at least yearly, during the ISP Annual Review Update Meeting, or whenever the individual expresses interest in employment pursuits and outcomes. Discussions on employment are documented in the individual’s ISP, Employment/Volunteer Information section, and TSM notes as appropriate. Intervention and discussion begin when the individual is in high school and continue after the individual graduates. SCs are involved with the IEP team at local high schools to ensure that employment becomes a focus of discussion.

For the 16-17 FY, in response to the State’s Employment First initiative, the employment discussions noted above will continue, but will probe deeper. Utilizing ODPs Guidance for Conversations about Employment (GCE), the SC will frame discussions involving employment in terms of:

1. highlighting the many benefits of employment;
2. removing potential obstacles to employment; and
3. minimizing fear of change while engendering an environment of encouragement and support throughout the employment process.

SCO staff will participate in regular State Employment Leadership Network (SELN) webinars and other ODP trainings and updates pursuant to the State’s Employment First Initiative, in order to cultivate and heighten employment awareness amongst the individual and all Team members, as well as develop effective and practical employment strategies at the ground floor level. SCO administration is also involved in the Delco Employment Forum and is involved in attendance at Employment Symposiums sponsored by the Philadelphia employment initiative. Delco SCO Staff Meetings will continue to include employment updates as an agenda item, and will dedicate time to discuss shared challenges, best practices, and solutions and ideas relating to the pursuit of employment. These challenges, concerns and solutions will be shared with the AE so that information can be shared with the Employment Forum and will be included as a cross-county initiative.

Continued Barriers – The SCOs continue to struggle under the weight of significant requirements in the ODP system. Although we were gratified to hear that some compliance issues were removed early in Secretary Thaler’s tenure, much more needs to be done to streamline and simplify the processes, not only for the sake of the SCs who struggle to maintain compliance, but also for individuals and families who find the system cumbersome and confusing. In addition to the burden of compliance and requirements, the SCOs took on TSM billing this past year, with no increase in funding from the State. This process is costly, not only in purchasing and maintaining the computer program, but in the staff time it takes to review and submit invoices into the Promise system. Funding

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for additional staff to manage increased duties on the part of key program and IT staff is needed, and could be accomplished through an SCO rate increase.

Lifesharing Options: Thirty-one individuals have been served in Lifesharing in FY 15-16; one of these individuals was supported through Base funding but due to medical needs beyond those the home could support, has since converted to Waiver funding. This was a lower number than projected (3). Plans for the 16-17 FY include serving at least three individuals from the community in Base funded Lifesharing. This service continues to be discussed as an option at all ISP meetings for individuals in residential care and who are seeking out-of-home placement. Delco AE staff also continue to participate in Lifesharing Coalition Meetings. There will be a training for individuals and their families, as well as other stakeholders in the fall of 2016. SCs have attended the Lifesharing Annual Picnic and will do so again in 2016.

Barriers - The Lifesharing program has experienced very slow growth in Delco. One significant barrier is families that have been waiting for services for years and who have the impression that there is no better placement better than a group home. These families have been very resistant to the concept of Lifesharing; often asking why another family would be more capable of caring for their loved one. Some have compared Lifesharing to “adult foster care”, even though the nature of Lifesharing and the oversight and training by the provider agencies, is thoroughly explained by SCs and others. Families that have had their loved ones in group or institutional settings are reluctant to return them to the community when there is not “total care” administered in a secure setting by an agency.

Another barrier is provider agencies identifying viable Lifesharing families. Recruitment is expensive and the pool of potential families has not been large. In addition, families have to be willing to have their homes inspected and possibly repaired, and undergo training and background clearances. After completing the process it is difficult for providers to keep potential Lifesharing families when there are very few referrals throughout the year. Some Lifesharing families have also “shopped around” for better reimbursements and may move from one provider agency to another.

How ODP Can Assist - In the past, Lifesharing Meet & Greet sessions were held and well attended by AE staff, the Regional ODP Lifesharing Point Person, Lifesharing families and the individuals that live with them, SCs, agency staff, and families and individuals considering Lifesharing as an option. Delco would like to work with ODP to reinstate these Lifesharing Meet & Greet sessions, especially with those individuals on the ER PUNS and their families, and discuss other ways to increase this service. Formal ODP training session/sessions would be helpful so that all stakeholders could hear the same information about Lifesharing. Currently, face to face training is done with individuals and their families primarily by SCs who often are not familiar with all steps involved. It would also be helpful if ODP could allot designated funding for Lifesharing placements to increase the number of individuals in this type of setting. Providers would then know that referrals have guaranteed funding when beginning the Lifesharing process

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with an individual. Having in-home support available when a Lifesharer becomes temporarily unable to care for the individual for a period of time (ex. due to an illness, accident, etc.) would also be of benefit.

Cross Systems Communications and Training: Providers in Delco and the Southeast Region of Pennsylvania have been extremely reluctant to expand services or to accept individuals with complex needs. Due to funding limitations, supervisory and administrative staff at provider agencies have been spread very thin. Low rates of pay for direct service professionals has resulted in excessive turnover at provider agencies. Even if additional supports are offered, providers often continue to refuse to accept new or challenging individuals for services. Funding limitations have resulted in many agencies no longer employing nurses or having to cut back severely in this area. This makes it difficult for agencies to feel confident in serving individuals with medical needs. Direct service professionals do not have the skill levels for intervention in many medical situations, nor do agencies feel they can accept the liability of serving individuals with complex medical needs.

To counteract these issues, Delco has had some success marketing groups of individuals with matching needs to specific providers to encourage the provider to develop a service. In addition to these efforts, Delco has approached providers individually to attempt to have the provider accept and serve specific individuals. Many times, Base funds have been used to fund services for those individuals that are waiting for Waiver capacity. Assessments by the local HCQU have sometimes resulted in resolution of major individual issues and as a result they are more “attractive” to potential providers. The use of the local HCQU could be expanded in Delco with more consistent, regular meetings with the county’s designated HCQU representative to discuss difficult cases. These case conferences will enable teams to solve problems that may stand in the way of provider acceptance of referrals. In addition, Delco’s insistence that providers use behavior support services has been helpful in maintaining placements. However, it has not necessarily resulted in more individuals being accepted for services. Base funds have been utilized in a few cases for behavior support services for those individuals that do not have Waiver. We plan to continue these uses of Base funds in the 16-17 FY.

We welcome the assistance of ODP in hearing about how other counties have increased provider willingness to serve individuals with challenging needs. Delco would be very willing to accept additional Block Grant funds to increase efforts to involve providers, and to assist in supporting the budget of the local HCQU that has not seen a rate increase in 10 years.

On the whole, Delco has not used Block Grant funding to increase community capacity. Delco OID enjoys the support of an MH/ID Administrator who understands the ID system, and the needs of individuals with ID who also experience MH problems. Use of HealthChoices Reinvestment dollars has enabled the County to provide services for individuals with dual diagnoses, and conduct training to help prepare providers and other

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system stakeholders to work more successfully with this population. Over the past few years, OID, Magellan Behavioral Health, and the Delco OBH have collaborated with the local Health Care Quality Unit (Philadelphia Coordinated Health Care - PCHC), to successively train psychiatrists, direct service staff, case managers, and SCs how to understand and work with people with dual diagnoses of ID and MH. These sessions have been extremely well attended and received overwhelmingly high reviews. The most recent sessions for case managers in MH and SCs in ID, were held in March, 2016. The next set of sessions, slated for some time in the 16-17 FY, will be targeted for clinicians in the MH and ID systems as well as behavioral support professionals. These training efforts have been specifically designed to help ensure that all levels of service supports are able to work effectively with people with dual diagnoses. Funding for these sessions was provided by Magellan and Block Grant funds were not required.

In addition to training, Magellan and OBH have collaborated to use reinvestment funds to develop and implement a Dual Diagnosis Treatment Team (DDTT) under the auspices of Northwestern Human Services in the 15-16 FY. This team is shared between Delaware and Montgomery Counties, and is available to serve Magellan consumers living in the community, in group homes, and in institutions. This “mobile” team is comprised of a director, a nurse, a part-time psychiatrist, and other mental health professionals. The team goes wherever the individual is residing to provide holistic services that enable the individual to step down from higher levels of care, or remain in the community, or in placement. The team works successfully with all members of the team, including individuals, families, SCs, providers, and other medical and mental health professionals. Transition into and out of DDTT services is relatively seamless and good communication between the DDTT and the individual’s support team is crucial to success. This is an excellent service and will continue in the 16-17 FY.

Magellan and OBH again used reinvestment funding this past year in support of people with dual diagnoses, by funding the creation of a 4-bed RTF-A for dually diagnosed adults (age 18 and older). This unit is designed to give preference to serving Delco individuals and recently opened its doors. It is hoped that this program will provide a step up for those requiring MH services without admission to an inpatient facility. The unit can also function as a step down facility for individuals moving out of psychiatric inpatient facilities who require additional treatment before returning to a less intensive level of care. Base funds can be used to support an individual at this level of care if the individual is not registered with Magellan. Individuals with dual diagnoses had been served in the MH RTF-A, however, it was discovered that these individuals required more time in care than their MH counterparts and interventions tailored to individuals with ID.

Communication and Collaboration with School Districts - County staff have made presentations to school district psychologists and have attended information fairs at the local Intermediate Unit to spread information about OID services and the importance of individual engagement with the ID system at a young age. One school district regularly attends the Employment Forum meetings to increase the number of district youth involved

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in career planning and skill development. The forum is reaching out to other school districts in an effort to increase involvement in the 16-17 FY. Each SC that has school-age individuals attends IEP meetings to discuss employment planning and prepare for the individual's needs as they approach adulthood. The Delco AE has a representative on the local Right to Education Task Force and the Transition Council to share and gather information on what school districts and OID are doing to support youth. Information gathered is shared with the SCO administrators. The Delco SCO had an information table at several school district transition fairs this spring to inform them about the ID system. This was very well received and the SCO and AE will attend additional transition fairs in the 16-17 FY.

Communication and Collaboration with Human Services Partners - OID coordinates with a variety of entities in the service system including County Children & Youth Services, the Children's Cabinet, Magellan Behavioral Health, the OBH, the County Office of Services for the Aging (COSA), and many other private and public agencies. By meeting collateral service needs, these efforts decrease the likelihood that individuals will require costlier services and/or placement in the OID system.

Communication and Collaboration with CYS – OID staff regularly interact with CYS around individuals and families that are involved in both systems. This may entail coordinating services and supports for youth and/or for their parents. The SC and the CYS case manager work together for the benefit of everyone involved. At times, OID may have an individual that lives at home and has come to the attention of Adult Protective Services or Incident Management. If the allegation involves one or more parents, and there are children under age 18 in the home, OID will make an additional report to CYS. OID staff attend Complex Case Review Meetings with CYS and OBH if there is a youth with ID involved in all three systems. OID accepts referrals for intake from CYS if there is suspicion that a youth may have an ID.

Communication and Collaboration with Mental Health – Communication between OID and the OBH occur on a regular and frequent basis. As cases are identified and involve both systems, or should involve both systems, OID contacts OBH, or vice versa. In addition, regular meetings between the departments are held. Dual Diagnosis Adult Collaboration Meetings between OID and OBH each occur at least quarterly. These meetings are designed to coordinate services and supports for dually diagnosed individuals, and avoid duplication or gaps in services. Use of mental health resources in combination with OID Base funding have enabled the system to thus far avoid any State Center/State Hospital admissions and often to avoid costly out-of-home placement. The OID Administrator also attends OMHSAS Quarterly Meetings with Regional OMHSAS representatives, OBH staff, Magellan representatives, CYS staff, Fiscal staff and advocates. The discussion for OID centers around training efforts, initiation of new services (DDTT and RTF-A) and areas that still need to be addressed. Delco OID is also a member of the Children's Cabinet, a cross system group facilitated by OBH that addresses issues and services for children in the systems. Additionally, OID also

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participates in the cross systems training given on a regular basis for staff new to the systems so they understand OID eligibility, processes and supports. These collaborative efforts will continue in the 16-17 FY.

Communication and Collaboration with the AAA – COSA was awarded a two-year grant in the 14-15 FY on behalf of elderly individuals with ID and their elderly parents. The goals for the grant were two-fold. First, a group of COSA and OID representatives would plan and hold a conference on OID and COSA services and processes to cross train COSA and OID staff. This conference was held in June, 2015. Planning then began for the format and process to hold regular meetings between COSA and OID on specific cases involved with both systems. These meetings began in the 15-16 FY and will continue in the 16-17 FY. In addition, a training by the Social Security Administration was conducted in May, 2016 for both COSA and OID staff. Future trainings may be held as identified. At times, COSA may become involved with a family and discover that there may be an adult who appears to have an ID. COSA refers these individuals to OID for possible intake and subsequent supports.

Emergency Supports: Despite the scarcity of Waiver capacity to meet the need, OID is able to manage Base funding and other available resources to assist individuals in emergency circumstances. Whenever possible, supports are provided to maintain individuals in their community homes and to avoid residential placement.

1. If an individual is in emergency need of supports, a special Base funding request process must be followed and approval obtained before Base funding can be used. Base funds can be used for in-home or other community supports, or for temporary residential placement. The ultimate goal is to convert funding to P/FDS or Consolidated Waiver as soon as possible. In FY 15-16, OID spent in excess of its Base allocation for emergency support services and temporary placements. Given the likelihood of a budget impasse in the 16-17 FY, these efforts to support individuals in emergencies through the use of Base funds remains a critical initiative.
2. If the emergency need occurs outside of normal work hours, OID has an on-call system in which an OID professional works with the family, individual and/or provider to secure needed supports. If natural supports are unavailable or inadequate to address the situation, approval is sought from the AE Deputy Administrator or from the OID Deputy Administrator for expenditure of funds as noted above. Delco ensures that its Base allocation for OID is available for OID use first and foremost. This allows for the ability to ensure that sufficient funds are available to provide the services people need, even if no Waiver capacity is available. When an emergency occurs and a person requires emergency residential or other services, the Supports Coordination Organization discusses the need internally and first ensures that natural resources have been appropriately explored to deal with the situation. The SCO Administrator brings the need to the attention of the AE Deputy Administrator and the OID Administrator for Base funding approval as noted above. This approval can be made typically

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within a day regardless of whether it is normal work hours or outside of normal work hours. While awaiting approval the SCO works quickly to secure a residential placement or another service to ensure the health and safety of the individual. For example, if a residential placement is not immediately available, approval may be given for staffing to be sent into a family home to provide extra support. The case is then reviewed on the next business day if approval was given after hours, to ensure follow up of the approved emergency plan.

Administrative Funding: OID complies with all of the requirements of the AE Operating Agreement. All required functions have been maintained despite the addition of multiple ODP directives. These directives have required the implementation of new and complex processes; resulting in increased need for training and a strain on all OID staff. Given rising requirements for new processes and procedures, such as the Communities of Practice, and rising operating costs, the AE requires restoration of the 10% Base budget cuts to enable the program to hire two new positions to comply with ODP requirements.

PA Family Network – Delco has a history of using outside training to enhance the capability of its staff and stakeholders. We welcome the opportunity to work with the PA Family Network to organize a number of stakeholder focus groups and trainings at the local Intermediate Unit. Successive trainings could be used to train each stakeholder group, including individuals and families, SCO, all types of community and institutional providers, and county AE staff.

Strategies for Discovery, Navigation, Connecting, and Networking for Individuals and Families - The Delco Employment Forum provides trainings for all levels of stakeholders and will make a push to include traditional day and residential service providers in these efforts. The message of employment needs to be spread beyond individuals, families, SCs, advocates, and employment providers. Real change will only come from involving the entire system in overall efforts. Information is shared via the Delco Human Services website on which trainings, information and links to trainings of all types are posted. A concerted effort will be made to increase the number and types of postings on this website. The website address is on all OID, AE, and SCO letterhead.

The County enjoys a good working relationship with the ARC of Delaware County for advocacy. SCO and AE staff often recommend advocacy in situations in which families appear to need more direction and support to effectively advocate for themselves and make efficient use of natural and system resources. In addition to these efforts, Delco holds a Provider Fair each fall so individuals and families can get to know all types of providers, including those offering in-home, Lifesharing, residential, advocacy, and SC services, among many others.

As far as peer support, Delco could use ODP technical assistance to effectively utilize existing parent groups to better support families. In addition, peer support among individuals has lagged and Delco would like ODP support to begin and grow this much-

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needed support. The county would like to develop a plan with concrete steps and measurable goals to increase both peer and family support services.

Engagement with the HCQU – The County analyzes the data provided by the HCQU on the numbers of individuals referred for various services. For some time, the County has lagged behind other local counties in the effective use of the HCQU to assist with Behavioral Health Clinical Reviews for individuals with mental health problems. However, referrals for individuals with complex physical health problems has occurred. The County enjoys a good relationship with Joy Simons, the HCQU (PCHC) nurse assigned to our County. Delco plans to increase its use of PCHC for medical and behavioral reviews in the 16-17 FY to enable families and providers to more effectively care for individuals in need, help promote overall health and prevent movement to higher levels of care. We will also arrange for Ms. Simons to come to our office at least every other month to meet jointly with SCO and AE staff to discuss ongoing individuals being assessed, as well as identifying the best resources, and methods for assessing other individuals in need. Teams will be told that if they are facing significant medical or behavioral challenges, they must seek the assistance of PCHC.

Although the training format has changed from those held at our office to those held on the regional level, Delco's SCO staff have participated in 39 different PCHC sponsored trainings so far in FY 15-16. These trainings have included topics dealing with bed bugs, various chronic medical issues, managing health issues, specific genetic syndromes, and dual diagnoses, among other topics. Heavy attendance at PCHC trainings will continue in the 16-17 FY.

Ms. Simons is a member of the Delco Quality Management Committee and assists with input in specific individual cases requiring assessment by PCHC. She also attends the quarterly All Provider Meetings facilitated by the Delco AE and provides information to providers on important issues, upcoming trainings both online and in person, and the availability of PCHC as a resource if they are struggling in supporting an individual both medically and behaviorally. PCHC is also interested in assisting individuals with challenges to transition from one agency to another, and from home to agency services – whether that be in-home or out-of-home services - to ensure success. PCHC holds quarterly Special Needs Unit Meetings. An AE staff member attends those meetings and brings back information to share with the AE and with the SCOs, as appropriate

IM4Q Program - Delco views health and safety for its individuals as its highest priority. IM4Q considerations are reviewed and communication with SCs is maintained to ensure that follow up by the individual's team occurs. In addition to follow up, the county is zeroing in on those considerations that involve longer term scrutiny to ensure a successful outcome. For example, if an individual needs wheelchair repairs, the AE maintains follow up with the SC to ensure that the team addresses these issues to their conclusion. Considerations are also examined for actions that providers, both as an aggregate and individually, can do to address individuals' feedback and concerns. For example, many

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individuals have complained that they do not have the opportunity to interact with the community to the extent that they wish. Although the county recognizes fully the impact of changes to reimbursement levels to providers and feels that this has had an overall negative effect on not only the health and safety but also the amount of community inclusion individuals who reside in provider supported arrangements enjoy, it is imperative that we develop creative ways to assist individuals to increase community involvement. If ODP and the PA Family Network have specific recommendations in this regard, the County is more than willing to collaborate and to problem solve with all stakeholders to make improvements in this area.

IM4Q data is fed back to providers at the All Provider Meetings and to the County MH/ID Board by having the contracted IM4Q provider, the Arc of Delaware County provide at least yearly presentations to both groups. As a result of individuals' feedback, there has been recent discussion between the County and the ARC of Delaware County about arranging for trainings on communicative devices such as iPads for families and individuals, and to arrange some computer training and art classes. When the AE recognizes patterns of considerations based on similar needs, the IM4Q Coordinator is reaching out to community partners to brainstorm ways to meet this identified needs.

Supporting local providers to increase their competency and capacity to support individuals with needs: aging, physical health, behavioral health, communication – Several steps have been taken to assist providers in supporting individuals with behavioral health needs. Trainings for direct service professionals in working have been offered through Magellan. Magellan and OBH have also increased service offerings for individuals with dual diagnoses through reinvestment dollars to start a DDTT program and open a 4-bed RTF-A. Providers are regularly encouraged to use of Behavior Support Services. This is an underutilized service in Delco and it has been difficult to get providers to comply at times. Non-compliance may be affected by decreases in provider resources. Delco consults with Regional ODP, in particular the Clinical Director, Dr. Nemirow, on specific cases to obtain information on therapeutic resources and recommendations.

Physical and behavioral health needs can be met through the use of DDTT and PCHC services. Joint meetings between OID and COSA are held quarterly to review specific cases. COSA is also contacted in the rare situations in which a nursing home referral is needed. Providers are able to support people to age in place for the most part. Many consumers are now attending Senior Centers. AE staff have been instrumental in getting these Providers qualified and they are included in AE regular Day Program Provider Meetings. There is much Information sharing between staff from the Senior Centers and OID Providers. Provider agencies regularly contact the PCHC nurse with issues related to aging. She assesses the situation and usually addresses the issue with training for staff. She indicated that she usually works directly with the agency nurse as a follow up. PCHC has developed a number of their own resources like the dementia screening and dysphagia resources that are needed for good discharge planning from the hospital or rehabilitation facility. PCHC assists Providers with information about how to get adaptive

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equipment for someone whose needs change so that they can return home or remain there. ODP needs to increase its financial support to the HCQUs. PCHC has not has an increase in its budget in 10 years.

Communication needs are coming to county's attention as a result of IM4Q data. However, providers do not appear to know what resources are available for assisted communication. We will begin to address communication needs in our Quality Management Committee. However, Delco could use assistance from ODP in this regard.

Risk Management Activities – Delco's Incident Management process ensures individual safety through careful review of incidents and plans of correction by providers. The Incident Management (IM) Coordinator will not approve incidents if the response does not appear to address the initial investigation questions or meet identified needs. Delco participates in the Risk Management forum held quarterly at the Regional level. New providers get an introduction to incident management through the ODSP orientation process. This is followed up by individual trainings for providers as identified. The IM Coordinator gave trainings with at least two new providers over the past year. The IM Coordinator reports to the QM Committee and meets with providers as needed.

The PCHC Nurse, Joy Simons, assists the Quality Management Committee with Risk Management strategies, insight into the possibility of health related issues that may have been overlooked when there are behavioral incidents, and recommendations for follow up activities, training resources and other resources available through PCHC to address objectives in the Quality Management Plan. She outreaches directly to providers and families, and assists in expediting Community Health Reviews or Behavioral Health Reviews as needed.

Overall and specific provider trends are discussed at the quarterly All Provider Meetings and individually with providers. The IM Coordinator also participates in SCO meetings with each provider. Incident management analysis provides data on trends and areas to address to increase/ensure the health and safety of individuals. Trainings and specific feedback to providers on these issues have been held in the past, and will be held as issues are identified in future. Some providers are having issues with timely follow up on medical appointments and the County is working directly with providers to address this issue. The AE examines ISPs for unresolved issues, and reviews trends in general by provider and across providers.

Barriers to family and individual involvement include the fact that some families are reluctant to reach out for help or do not know how to do so. Delco is considering a training on risk management for families and will discuss this with PCHC. SCs and providers ensure that individual info is shared with the 911 system through Premise alerts for each individual.

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Delco is also interested in reaching out to ODP to discuss ways to train/inform community entities, ex. hospitals, regarding effective ways to interact with individuals with ID. Currently, OBH sponsors Crisis Intervention Team (CIT) training for police departments in dealing with people with MH, MH/ID and ID issues. Every police department in Delco has participated in training, which reoccur regularly.

The PIER group monitors of Pennhurst class members, and the AE follows up on identified issues with the SCO and on a direct basis. IM staff investigate complaints directly as needed and assist in training provider staff as necessary.

Utilization of the County Housing Coordinator - While ODP has had few circumstances in which we encounter individuals who are homeless or need shelter services, we cooperate with the Coordinator of Adult and Family Services (AFS) and with the shelter providers to ensure that individuals are able to get a bed at local homeless shelters as needed. We are able to access the Coordinator of AFS or the shelters in emergency situations. The Coordinator of AFS has been helpful in training AE and SCO staff in what the system has to offer regarding housing services. If we have an individual in a shelter, we have been able to move them to stable housing by returning them to their home in the community or working with the system to acquire permanent subsidized housing. The overall goal is to avoid homelessness for individuals with ID by providing supportive services in their home community.

Provider Emergency Preparedness Planning - Several years ago, Delco made a coordinated effort to work with providers to develop Emergency Preparedness Plans for their entire agencies, including group homes, and homes in which they provide support. These plans are reviewed during the AE's Provider Monitoring process to ensure that they remain in place and that they are updated. Providers have also been informed that they can sign up for the County's emergency alert system. It is available on the homepage of the county's website.

Participant Directed Services: Delco has 150 participants currently utilizing AWC FMS and 116 people using the VF/EA option to direct their own services. These are the largest numbers of participants in Participant Directed Services in the Southeast Region of Pennsylvania. The Temple University Institute on Disabilities, Report: *Status of Participant-Directed Supports (PDS) in Pennsylvania's Office of Developmental Programs (ODP) of February, 2016*, indicates that 21 to 30% of Delco's families are directing at least one of their own services. Delco is in the top 15 AEs in the State with respect to percentage of people self-directing at least one support. In addition, Supports Broker services are utilized in Delco more frequently than any other County in the Commonwealth. Currently, there are 11 individuals utilizing this service. We hope that the Waiver Amendment removing Supports Broker services as part of the P/FDS Waiver will be approved so all appropriate P/FDS funds can be directed toward providing direct services, as needed. SCs and/or the AE will recommend Supports Broker services in situations in which there is concern that families who choose to self- direct may not be

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successful in directing their own services. Issues with lack of regular progress notes, and families not understanding fully their roles and responsibilities as managing employers have been identified. Anecdotally, families involved in PDS have reported high levels of satisfaction.

The AE's work supports the SCO to facilitate prompt processing of paperwork and required documentation to either PPL or The ARC of Chester County. The AE Point Person will trouble shoot with the SC whenever there are delays or problems that arise. The AE hosts an annual Information Session for all individuals and families already self-directing services and for anybody who wants information about this model of service delivery. The AE Point Person conducts training as needed throughout the year for Supports Coordination Staff.

Delco OID can only take some of the credit for encouraging families to utilizing participant directed services through individual team meetings and encouragement by the AE. Advocates in Delco have been very active in encouraging families to utilize the PDS option and they are to be applauded for their advocacy in this regard. Also, one of the few agencies that provide Supports Broker Services is located in Delco. Supports in the home are essential in avoiding out-of-home placement and ensuring that individuals are active in their home communities. A seminar for families was held on June 1, 2016 at the ARC of Delaware County on Participant Directed Services and Supports Broker services. Efforts are being made to increase the use of PDS and Supports Broker services to assist in the transformation of the system to one of community involvement and integration and cost containment.

Community for All: Delco currently has 241 people in private ICFs (large and small), Base funded large congregate care, and nursing homes. A few decades ago, Delco converted people from PLF placements to ICF funding as a way to shift funding and to better serve individuals with medical needs. However, large congregate care settings are no longer a reasonable choice for the vast majority of individuals, especially those that currently reside in the community. Delco has a commitment to moving individuals from large congregate care settings and nursing homes, as appropriate, and into the community. We support the downsizing of ICF facilities in our home county and have participated in the planning and movement of individuals to the community. During the 15-16 FY, three people moved from nursing homes back to community as their needs changed. One individual moved back to the family home and two others moved into Waiver group homes. As individuals are identified to move from nursing homes, Delco pledges to prioritize these individuals for movement back to the community.

However, there are barriers to rapidly moving many individuals back to the community. A major barrier to moving individuals is the lack of funding/capacity to support them in the community. Another barrier is some individuals and families are choosing not to move to the community from the relative "safety" of a larger congregate care setting where everything is provided and controlled. Older individuals often have the most reluctance

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to move, especially if they have medical issues or major issues related to the aging process. In addition to these challenges, many providers are financially over-stretched and refuse to expand to serve new individuals. We also find that some individuals have very complex skilled nursing needs and smaller Waiver providers do not feel equipped to safely care for them. Sometimes individuals were placed from their original living arrangement due to behavior problems, or the family had difficulty caring for the person in the community. These families are very reluctant to move their loved ones back into the community.

Since current waiting lists for services are so long, additional capacity is desperately needed to make these community moves a reality. The vast majority of individuals in congregate care have few resources in the community. They often have aging parents or siblings who are not equipped to care for them, even if in-home supports are offered. Additional capacity is needed even if many of these individuals were to choose Lifesharing as an option. Delco utilized all of its Base allocation for the 15-16 FY plus additional dollars to support individuals in need. In order to make more community options a reality, additional resources are required.

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HOMELESS ASSISTANCE SERVICES

Continuum of Care (CoC) for Homeless and near Homeless Individuals and Families - The Delco CoC via the Homeless Services Coalition (HSC) oversees all homeless and homeless prevention services in the County. The HSC is one of the longest standing coalitions in the country and has been coordinating homeless services since 1991. The CoC has an 18 member Governing Board (GB) with five standing committees, a governance charter, a CoC Advisory Team (CoCAT), and the full membership of the HSC with a needs based committee structure.

The HSC is the center of our CoC structure. With over 100 members and a shared mission, public and private organizations have invested their time and efforts in the HSC for the very purpose of collaboration, identifying, and addressing gaps. Dedication and volunteerism are the driving forces in our collaboration. Meeting attendance, sub-committee participation, and partnerships in new programs are vital to our 23 year success. These activities ensure information sharing, discussion of gaps, CoC outcomes evaluation, and developing gap implementation plans. Consumer participation brings their voice to the table. County offices comprise the CoCAT and functions as an advisory to the HSC-GB. The CoCAT meets 15-20 times/year to further address the ever changing CoC housing gaps, funding, HMIS, and performance issues.

Addressing Unmet Needs and Gaps – The HSC Annual Countywide meetings allows all stakeholders the opportunity to discuss CoC priorities, plan for meeting identified needs and gaps, and discuss our progress on reducing the number of people who become homeless.

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

Annually, the CoC updates the need and services priorities for the upcoming fiscal year. Based on data collected in our HMIS, Point-in-Time (PIT) counts of sheltered and unsheltered people and our current bed capacity and utilization rate from the Housing Inventory Chart (HIC), and needs identified through the Countywide planning process and HSC, the CoC priorities are established.

CoC System Priorities & Funding Sources- Delco CoC has the following five Priorities, which mirror the Federal Plan priorities.

	Priority Area	CoC Service Action Plan	FY 16-17 Priority
1	Reduce the number of people who become homeless	Prevent homelessness via intake, assessment, housing counseling services and emergency financial assistance	<ul style="list-style-type: none"> • End Veteran Homelessness • End Chronic Homelessness

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	Priority Area	CoC Service Action Plan	FY 16-17 Priority
			<ul style="list-style-type: none"> End Homelessness for Families and Transition Age Youth
2	Reduce the length of stay for those who become homeless	Decrease shelter length of stays by moving homeless people into an array of transitional housing and rapid-rehousing programs	<ul style="list-style-type: none"> Remove housing barriers Add Rapid Re-housing Beds Add Permanent Housing beds
3	Reduce Homeless Recidivism	Provide Permanent Housing solutions to at risk populations; and provide support, tracking and follow-up services to those who become stability housed.	<ul style="list-style-type: none"> Develop program discharge protocols providing participants the tools needed to maintain housing and not become homeless in the future.
4	Promote financial security	Provide opportunities for income growth and ensure all access to mainstream resources.	<ul style="list-style-type: none"> Increase the percentage of persons with employment income by 15%
5	HMIS/Program Outcomes	Maintain an operable HMIS system capable of drawing data for the purpose of program evaluation to determine CoC performance and use for system wide planning	<ul style="list-style-type: none"> Implement major upgrade to HMIS System and train all users

The following PIT counts were conducted on January 28, 2016.

	Emergency Shelter	Transitional Housing	Unsheltered	Total
Persons in Families with Children	110	49	0	158
Persons in Households without Children	173	39	35	235
Total Persons Counted	283	88	35	406

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

Priority Sub-Populations	Primary Goal
Chronically Homeless Individuals and Families	Incrementally create permanent supportive housing beds to meet the supportive needs of this population
Veterans	Identify Homeless and Near Homeless veterans and ensure access to and placement in stable housing
Transition Age Youth	Continue identifying and exploring the needs of the population and dedicate permanent housing slots
Vulnerable Adults & the Elderly	Ensure that vulnerable and fragile elderly adults are not living on the street
Homeless Children	Ensure the educational needs of homeless children are met

CoC Achievements and Improvements

- The CoC reduced the number of persons homeless from 436 in 2015 to 406 in 2016.
- Implemented the Coordinated Entry CE and Crisis Response System – The CoC Coordinated Entry system was just awarded federal HEARTH dollars to expand funding for the CE system which allows the CoC to implement phase two and offer CE countywide.

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- Ending Veteran Homelessness - The CoC is currently applying to be certified by HUD as meeting the federal benchmark criteria for ending veteran homelessness. We currently house homeless veterans within 54 days of intake.
- Reallocating transitional housing programs to Rapid Re-Housing (RRH) programs – We reallocated all tenant-based transitional housing programs into RRH programs and are working towards decreasing the length of time someone is homeless in our system.
- Expanded permanent housing beds for chronically homeless – The CoC added 42 beds of permanent housing for the chronically homeless population.
- Held a Transition Age Youth (TAY) Collaborative – In our effort to end youth homelessness by 2020, the CoC partnered with OBH and held a three hour collaborative meeting of key stakeholders involved with TAY services and resources. There was extraordinary interest in the event and the attendees agreed to continue the effort and will develop a steering committee to establish a mission statement and committee structure. The Collaborative will develop a strategic plan to address TAY homelessness.

CoC Crisis Response System to address Housing Crises - The CoC has developed a crisis response system that includes the following components:

ACCESS help – Countywide access for persons experiencing a housing crisis to enter the CoC system and seek guidance and a solution to their problem.

ASSESS the Situation – A standardized assessment process and tool to determine the housing status of each households seeking assistance. The assessment yields a referral to homeless prevention resources, shelter diversion or shelter referral.

ASSIGN a solution – All households will have an Immediate Needs Plan developed which includes their housing stability plan, identification of other needs and the plan to address those needs.

Based on the determined housing status of literally homeless or at imminent risk of homelessness, the participant is referred to the appropriate path to resolve their crisis.

HAP Components -

Bridge Housing: NOT APPLICABLE – This service is not provided as we eliminated it in 2013 due to funding reductions and system changes.

Other Housing Supports: NOT APPLICABLE – This is a change for 2016-17 as the Specialized Transitional Housing Program was phased out due to funding needs and systems changes.

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Case Management: No Changes for FY 16-17

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

Rental Assistance: No Changes for FY 16-17

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

Emergency Shelter: Changes for FY 16-17 – New Provider

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

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Monitoring - All HAP programs are monitored by the CoC and Division of Adult and Family Services. Programs are monitored annually according to the HAP Instructions and Regulations. In addition, the following system level outcomes are measured.

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

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

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

Describe the current status of the county's HMIS implementation - Delco implemented the CARES Homeless Management Information System (HMIS) in 2007. Our system is web-based and has 59 programs and 125 users from 15 organizations. Our HMIS has the following functions: intake, case management, assessment, service planning, outreach module, online referral, daily bed register, and inter-agency data sharing. In 2016 we are implementing a total system upgrade that will make the system more user friendly and incorporates new HUD data standards. HMIS will also implement a Permanent Housing Clearinghouse that will assess vulnerability, prioritize households based on needs and refer to eligible permanent housing programs including RRH. In 2016 the HMIS implemented a revised data quality plan to help improve data quality and integrity.

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CHILDRDEN AND YOUTH SERVICES

Successes and Challenges

Delco Children and Youth Services (CYS) investigates allegations of child abuse and neglect, as mandated by state law, providing immediate and necessary intervention to ensure child safety. CYC assesses family strengths, needs and resources and provides a range of services to strengthen the family's ability to provide care and protection for their children. When children cannot safely remain with their parents, the agency provides temporary out of home care, in the least restrictive setting, with comprehensive services to assure timely permanence, either through reunification or another permanent plan.

CYS has been challenged with increased referrals and investigations as a result of the changes to the Child Protective Services law. There has been a 50 % increase in child abuse investigation since the implementation of changes to the Child Protective Services law. The agency has adjusted staffing and caseloads to meet the new demands. Despite the surge in investigations CYC has not experienced an increase in out of home placements for children and has been able to maintain children safely at home. The CYC Housing Initiative, Family Group Decision Making, and Multi-Systemic Therapy are integrated into the County Human Services Block Grant and are pieces of a continuum of services that support safety, permanence and wellbeing for children. Additional funding for the Housing Initiative and FGDM are requested in OCYF Special Grants through the Needs Based Plan and Budget process.

The CYC Housing Initiative supports temporary housing assistance for homeless families, including a shelter program for CYC involved families that provides case management services. Families can also participate in a transitional housing program and there is emergency funding available to help with security deposits, utility payments, and short term rent assistance. Families have safe housing and receive services to support their independent living. Children do not enter out of home care due to homelessness.

Multi-systemic therapy, provided through Child Guidance Resource Center, receives referrals from CYC and Juvenile Probation. MST works with adolescents experiencing behavioral issues and family conflict, at risk of imminent placement. It is an MA funded service, with the block grant funding salary and benefits for a case manager to assist with the Medical Assistance application.

Family Group Decision Making is partially funded through the block grant, with a larger portion of the funding requested through an OCYF Special Grant in the Needs Based Plan and Budget process. Family Group Decision Making has been successful in preventing out of home care, identifying kinship resources, building supportive family networks and establishing life connections for older youth.

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CYS Outcome Measures

Program Name:	Multi-Systemic Therapy
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Outcome	Measurement and Frequency	The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome
Children have permanency and stability in their living arrangement.	Less than 8% of children accepted for services and receiving transitional housing or shelter services will require out of home placement. This will be measured quarterly through tracking and review of all families in the CYC Housing Initiative.	CYS Housing Initiative
Children are safely maintained in their own home whenever possible and appropriate.	Eighty five percent of youth referred for MST services will successfully complete the program and will not require out of home placement. This will be measured on a quarterly basis through review of the MST Dashboard.	Multi-Systemic Therapy
Continuity of family relationships and connections are preserved for children.	For children requiring out of home placement, there will be a 5% increase in kinship care for all children in Foster Family care, to be achieved by the end of the fiscal year. This will be tracked on a quarterly basis through review of AFCARS data and placement trends.	Family Group Decision Making

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

Program Description

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

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

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Additional Funding

There is no additional funding provided for this service through the Needs Based Budget or Special Grants.

Program Cost and Number Served

	FY 15-16	FY 16-17
Description of Target Population	CYS and JPO involved youth with chronic delinquent behavior and serious emotional concerns. Priority is given to all youth at imminent risk of out of home placement.	CYS and JPO involved youth with chronic delinquent behavior and serious emotional concerns. Priority is given to all youth at imminent risk of out of home placement.
# of Referrals	124	125
# Successfully completing program	120	120
Cost per year	\$33,017	\$33,017
Per Diem Cost/Program funded amount	**See below	**See below
Name of provider	Child Guidance Resource Center	Child Guidance Resource Center

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

Were there instances of under spending or under-utilization of prior years' funds?

Yes No

Program Name:	Family Group Decision Making		
Status	Enter X		
Funded and delivered services in 2015-2016 but not renewing in 2016-2017			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	New	Continuing	Expanding
		X	

Program Description

CYS implemented FGDM in FY 2012-13, with a focus on improving life connections for older youth, increasing kinship care for youth who require out of home placement, and developing a support system for families to prevent placement in out of home care. FGDM supports the agency objectives to increase teaming and family role and voice, as identified in the County Improvement Plan following the Quality Services Review in 2014. The Office of Juvenile Probation also uses FGDM on a limited basis.

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Additional Funding

Additional funding for FGDM is requested in OCYF Special Grants through the Needs Based Budget process and the county has received a tentative allocation of \$348,000 for FY 2016-17. These funds are used to expand the practice for youth and families served by CYC and the Office of Juvenile Probation.

Program Cost and Number Served

	FY 15-16	FY 16-17
Description of Target Population	Youth and families receiving services from CYC and JPO	Youth and families receiving services from CYC and JPO
# of Referrals	13	13
# Successfully completing program	13	13
Cost per year	\$40,500	\$40,500
Per Diem Cost/Program funded amount	\$3000 conference \$1000 referral w/o conference \$250 unsuccessful referral	\$3000 conference \$1000 referral w/o conference \$250 unsuccessful referral
Name of provider	A Second Chance, Inc. Justice Works	A Second Chance, Inc. Justice Works

The county projects expenditures of \$250,000 for FGDM in FY15-16, based on actual spending through the third quarter. Human Services Block Grant funds of \$40,500 will be utilized with all additional funding provided through OCYF special grants.

Were there instances of under spending or under-utilization of prior years' funds?

Yes No

Program Name:	Housing Initiative			
Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)		New	Continuing	Expanding
		X		

Program Description

The CYC Housing Initiative has been in existence for several years and is pivotal in the agency's placement prevention efforts. There are four main components to the Housing Initiative, funded largely through the Human Services Block grant.

- The Temporary Emergency Shelter program provides temporary hotel placement to families experiencing homelessness, but not necessarily experiencing child welfare issues that would necessitate CYC involvement.
- The Family Management Center is a homeless shelter for families accepted for services through CYC. Three to nine months of emergency shelter, along with case management, support groups, and life skills education are provided to support self-sufficiency. Under the umbrella of the FMC program, the agency has

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also built in emergency financial funds to prevent evictions and emergency utility shut-offs as well as provide help with move-in costs and shallow rent assistance for temporary hardship.

- The Transitional Housing program provides rental subsidies, case management services, counseling and other community based services to families living in independent housing units.
- Wesley House is the lone housing shelter in the city of Chester, PA that provides emergency shelter to families without the requirement of CYS involvement. Wesley House also provides shelter to CYS involved families who could not be served by the Family Management Center.

Additional Funding

Additional funding for the Housing Initiative is provided in an OCYF Special Grant through the Needs Based Budget process. In FY 2015-16, the agency received an OCYF Special Grant allocation of \$334,456. CYS has requested the same amount in special grant funding in FY 2016-17.

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Program Cost and Number Served

	FY 15-16	FY 16-17
Temporary Emergency Shelter Program		
Description of Target Population	Homeless families and individuals requiring emergency shelter and/or assistance	Homeless families and individuals requiring emergency shelter and/or assistance
# of Referrals	122 households(173 adults and 238 children) 118 new admissions and 4 households carried over from prior year	122 households (175 adults and 240 children)
# Successfully completing program	114 households were discharged from the program.	It is estimated that 115 households will be discharged during the fiscal year,
Cost per year	\$196,985**	\$196,985
Per Diem Cost/Program funded amount		
Name of provider	Community Action Agency of Delco	Community Action Agency of Delco
Family Management Center		
Description of Target Population	Homeless families accepted for services by CYS	Homeless families accepted for services by CYS
# of Referrals	34 families(40 adults and 69 children) 26 new admissions and 8 families carried over from prior fiscal year	35 families (40 adults and 70 children)
# Successfully completing program	23 households discharged during the fiscal year	It is estimated that 25 families will be discharged during the fiscal year.
Cost per year	\$621,464**	\$621,464
Per Diem Cost/Program funded amount		
Name of provider	Community Action Agency of Delco	Community Action Agency of Delco
Wesley House		
Description of Target Population	Homeless families requiring emergency shelter or assistance	Homeless families requiring emergency shelter or assistance
# of Referrals	75 households (91 adults and 128 children) 56 new admissions and 19 households carried over from prior year	75 households (90 adults and 130 children)
# Successfully completing program	56 households were discharged from the program	It is estimated that 60 families will be discharged during the fiscal year
Cost per year	\$161,402**	\$161,402
Per Diem Cost/Program funded amount		

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	FY 15-16	FY 16-17
Name of provider	Community Action Agency of Delco	Community Action Agency of Delco
Transitional Housing		
Description of Target Population	Homeless families, accepted for services by CYS, requiring emergency shelter or assistance Families have identified source of income	Homeless families, accepted for services by CYS, requiring emergency shelter or assistance Families have identified source of income
# of Referrals	33 families(41 adults and 74 children) 19 new admissions and 14 families carried over from prior fiscal year	33 families (40 adults and 75 children)
# Successfully completing program	17 families were discharged from the program	It is estimated that 20 families will be discharged during the fiscal year
Cost per year	\$68,350**	\$68,350
Per Diem Cost/Program funded amount		
Name of provider	Community Action Agency of Delco	Community Action Agency of Delco

**The cost per year for the separate components of the Housing Initiative, as well as number of families served and discharged, are estimates based on third quarter actual expenditures.

Were there instances of under spending or under-utilization of prior years' funds?

Yes No

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DRUG AND ALCOHOL SERVICES

This narrative provides an overview of all services, barriers, and supports provided by the Single County Authority (SCA) and the impact of the opioid epidemic in our county system. The SCA is a division in a larger department known as Delco's Department of Human Services, Office of Behavioral Health (OBH).

Delco is located in the Southeastern region of Pennsylvania. There are 12 colleges and universities, as well as 15 school districts, and 49 municipalities within its borders. According to the census bureau, Delco is the fifth most populous county in Pennsylvania, and the third most compact. Delco is categorized as a Second Class (2-A) County with a population ranging from 500,000 to 799,999.

Waiting list for each level of care:

Level of care	Waiting list
Detoxification	3-5 days
Rehabilitation	3-7 days
Halfway House	3-4 weeks
Outpatient	N/A
Intensive Case Management	N/A

Barriers to accessing treatment services: The increasing demand of individuals seeking a detoxification level of care has created system barriers that impedes the SCA's ability to meet the treatment demands but continues to strategize on ways to expand services. Delco has a valued partnership with Magellan, our BH-MCO and together we collaborate on ways to address the opiate epidemic that plagues our county.

Delaware County providers report the lack of available detox beds has created a barrier for getting people into treatment. Often times, a person is waiting 3-5 to days for a detox bed to become available. In some cases, the individual does not return when the bed does become available, validating that timely access to treatment

In discussion with local providers, the SCA has learned that not only has the demand for services increased substantially but also the individuals seeking treatment have more complex issues than in the past. They report that approximately 15% of individuals accessing treatment for opiates also experience medical issues, such as Hepatitis C, and approximately 25% who receive methadone treatment report having other medical complications, such as diabetes, obesity, and cardiovascular problems.

Our provider network continues to report that the lack of safe/affordable housing is causing a huge barrier for individuals to remain sober and continue working on their recovery. Individuals in treatment are also reporting home environments often consist of others who are using which jeopardize their sobriety. This often leads to relapse and the need for a higher level of care (if in outpatient) or leads to the individual discontinuing their recovery and/or treatment services.

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Additionally, there has been an identified gap of adolescent services on the Eastern side of the county. To address this demand, the SCA has encouraged a specific provider to expand their services. At this time, they are looking at real estate to help meet this need for adolescent services.

Capacity issues: In order to keep up with the demand for services, Delco continues to execute additional contracts which has increased our access to detox beds and additional levels of care. The County now has access to 190 detox beds and is in the process of increasing that by 50 beds for a total of 240. Assessment sites are reporting long lines of individuals waiting to be seen for an inpatient assessment when their doors open for the day. Often times, this causes outpatient assessments to be delayed, in order to ensure priority population individuals, as well as inpatient level of care assessments, are seen. It is becoming difficult for our assessment sites to meet the demand for the number of individuals seeking assessments and referral to inpatient level of care for drug and alcohol treatment.

County limits on services: The Division of D&A makes available two residential treatment stays per rolling calendar year for all uninsured Delco residents. In addition, Delco SCA makes available a maximum of 14 days of detox treatment per rolling year. Please note this restriction does not apply to priority populations. Priority populations are defined as pregnant injection drug user; pregnant substance users; injection drug users; overdose survivors; and veterans.

PCPC Level	Service Level	Timeframes/ Total days	Initial Approval	Additional Approval
1A	Outpatient	60-180 days	N/A	N/A
1B	Intensive Outpatient	30-120 days	N/A	N/A
2A	Residential Partial	60 days	30	30
2B	Halfway House	120 days	30	30
3A	Medically Monitored Detox	7 days	4	3
3B	Medically Monitored Short Term Rehab	28 Days	14	Every 7
3B	Short Term Rehab (Dual)	28 Days	14	Every 7
3C	Medically Monitored Long Term Rehab	90-180days	30	30
3C	Long Term Rehab (Dual)	90-180 days	30	30
4A	Medically Managed Detox	6	4	2
4B	Medically Managed Residential	14 Days	7	7
4B	Medically Managed Residential (Dual)	14 Days	7	7

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Impact of opioid epidemic in the County system: The Delco Heroin Task Force (HTF) was formed by our District Attorney, Jack Whelan and Delco Council to increase community collaboration awareness among parents, educators, youth, healthcare and business professionals, law enforcement, and community leaders regarding the hazards of heroin and opioid abuse. The HTF continues to provide a comprehensive community coalition that responds to the complex issues related to the alarming impact opioid abuse and misuse has on the community. The Task force goals include:

- Reduce the demand for heroin and illegally used prescription drugs;
- Educate citizens about the resources available to prevent and treat addiction;
- Reduce drug-related crime in the community through public education and law enforcement.

Delco continues to use reinvestment plans to expand access and has also received additional funding to combat the opioid epidemic by expanding case management services and allocating funds for the purchasing of Naloxone.

Our reinvestment funds will be allocated to local providers to increase capacity/ access in our community as defined below:

- Seven additional detox beds (approximately serve 300 additional individuals per year)
- Opening a second Halfway House (accommodate 16-24 Co-Occurring women)

In addition, Delco has another provider that is going to expand their continuum of care to include Inpatient Treatment. They will be offering both hospital based and non-hospital based services. (45-50 bed unit)

OBH continues to work very closely with criminal justice partners in the county to provide jointly planned and funded services to the forensic population. OBH is very active in the local Criminal Justice Advisory Committee, as well as the related Behavioral Health Subcommittee that looks at inter-system planning and service development and coordination for mutual cases involved in both systems.

Delco's Court of Common Pleas currently offers three problem solving courts to help reduce criminal offending through therapeutic and interdisciplinary approaches that address addiction and other underlying issues without jeopardizing public safety and due process.

- Drug Treatment Court
- Veteran's Court
- Mental Health Court

These specialty Courts are in operation and working effectively to divert offenders from incarceration by offering them an array of services to address their addiction and co-

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occurring disorders. Participants who take part in these specialty courts will receive treatment services up until their graduation from the program. (18-24 months).

The impact of substance use disorders (SUD), particularly opiates, and related criminal activity places a significant strain on Delco Criminal Justice system as well as the County's SCA.

Delco's OBH and Adult Probation/Parole jointly fund four behavioral health liaisons at the George W. Hill prison to coordinate treatment in the prison and in the community upon release. These liaisons are instrumental in placing the inmates into treatment, applying for medical benefits, and re-entry into the community.

Delco maintains a strong working relationship with its provider network. Many of these providers participate with the OBH and Magellan in ongoing coalitions, task forces, committees and workgroups. These groups are vital to ongoing system development initiatives and planning processes. Having solid provider relationships enables the County to proactively plan for the development of needed services, often resulting in those services being developed collaboratively with leveraged, inter-system funding. These relationships are critical to the maintenance and future enhancement of a comprehensive public behavioral health system. Our goal remains to provide the highest quality of services to the residents of Delco.

Emerging substance use trends that impact the ability to provide services: The initial phase of treatment generally begins with detoxification. Medically monitored non-hospital detox is most often indicated for opiate withdrawal. A variety of pharmacological interventions including vivitrol, buprenorphine, and methadone are utilized to help mitigate withdrawal symptoms. Also, all individuals undergo a thorough assessment, and evaluation (medical & psychological) during this phase of treatment.

The number of people struggling with heroin and prescription drug addiction in Delco and across Pennsylvania has increased dramatically. As more people become addicted to prescription painkillers, they turn to cheaper and more readily available heroin. The heroin/opiate user continues to access the majority of treatment slots and funding resources. Heroin and prescription drugs continue to overwhelmingly be the drugs of choice. Although, the SCA continues to contract with several providers for detox services, daily tracking shows that approximately 97% of available detox beds are occupied on a daily basis.

Delco identifies heroin use (injected and intranasal) as one of the largest substance use trend, particularly in the 18-30 age category. Heroin use has reached epidemic proportions and this trend has resulted in an increase of drug overdoses. There is also an increase of prescription drugs use/abuse which includes opioids and benzodiazepines in the 18-30 age category, and cocaine use is also increasing. This population is encouraged to use the full continuum of care, which starts at detox, continues with

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residential treatment, and halfway house placement, and ends with completion of an outpatient (OP) program.

This population is encouraged to use the full continuum of care, which starts at detox, continues with residential treatment, and halfway house placement, and ends with completion of an outpatient (OP) program.

Overdose survivors are considered a priority population and county treatment limitations including residency does not apply to this population. In order to provide access to services, create an awareness of services available, and to more efficiently track services for individuals abusing drugs and/or alcohol, the SCA created two Certified Recovery Specialist (CRS) positions. Along with presenting information and brochures to the hospitals as necessary, the CRS is available to meet with any individual who presents to the ER for a substance overdose to explain how to access treatment and initiate referral to a treatment provider, if the patient agrees to treatment. Further services that can be provided include; case management referrals to one of our anchor providers, referral to services, and continual contact with the CRS to ensure proper continuum of care as the patient steps down from each treatment level. A tracking system has also been developed to identify outcomes, and gaps in service, or access to treatment.

Delco is also seeing an increase use of spice (K2) and waxing among our adolescent population. Wax is a highly potent form of THC that is smoked or vaporized. Vapor pens are the most popular smoking device use to inhale wax.

Prevention/Intervention/Gambling Services: Strategic Prevention Framework-Partnerships for Success (SPF-PFS)

Partners for Success Coalition: The PFS Coalition will meet monthly to address its goals: 1. Reduce use and/or onset of prescription drug use, 2. Diminish the amount of prescription medications available to youth, 3. Increase community awareness through health promotions, media campaigns, and awareness events.

Community Day: The PFS Coalition will hold an annual Rx Drug Awareness/Take Back Community Day event in Rose Tree Park, Media. This will include a prescription drug drop box, fun activities for families, information tables and educational materials/signage.

Committee on Prevention Education (COPE) Groups: Through COPE and other groups, 50 organizations will be contacted and educated regarding incorporating SPF-PFS prevention programs into their services.

Power of Parents: The "Power of Parents" program is designed to teach parents how to engage their teens in the very important dialogue about underage drinking. The risks associated with underage drinking are sobering and parental influence is the most important factor in keeping "our" children safe. This program will include 30 minute sessions during Home and School meetings.

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Parents Who Host Lose the Most: The "Parents Who Host, Lose The Most: Don't be a party to teenage drinking" public awareness campaign is a public awareness program educating communities and parents about the health and safety risks of serving alcohol at teen parties which concentrates on celebratory times for youth, such as homecoming, holidays, prom, graduation, and other times when underage drinking parties are prevalent. The program takes place at state and local levels, concentrating on the celebratory times for youth when underage drinking parties are prevalent. This program encourages parents and the ENTIRE community to send a unified message that teen alcohol consumption is unhealthy, unsafe and unacceptable.

Project Sticker Shock: Project Sticker Shock" warns adults that it is illegal to purchase and provide alcohol to underage persons. Youth participating in Project Sticker Shock visit participating stores and place stop sign stickers that display a warning message about the penalties for providing alcohol to anyone under 21 on beer cases, wine coolers, and other alcohol products that might appeal to young drinkers. By participating in this project, youth throughout the state are taking a proactive stand against underage drinking and its related problems.

Weed & Seed: The Anthony Becht Football Camp focuses on team building, leadership and mentoring. The camp will bring in college and professional athletes to speak on substance abuse related to their sport. The Cheerleading Camp focuses on team building, leadership activities and mentoring. The camp will bring in substance abuse prevention professionals to educate participants. The Summer Stage will host speakers that will present on underage drinking, prescriptions drug misuse/abuse, and positive/healthy choices.

Nurse Family Partnership: During home visits, expecting parents and families will be asked questions regarding prescription drug misuse/abuse and the nurses will also provide education for parents and caregivers regarding prescription drug misuse/abuse to improve parenting skills and family bonding.

Drug Free Communities: Staff will administer a modified version of the Pennsylvania Youth Survey (PAYS) and conduct focus groups targeting youth ages 18-25 regarding underage drinking and prescription drug misuse/ abuse/ perceptions/access.

Too Good For Drugs: this is an evidence based education/awareness campaign involving ATOD prevention curriculum in schools. The goal is to reduce favorable attitudes towards underage drinking, prescription medication, tobacco and other drug use. Groups will meet once per week in structured classroom settings for 10 weeks overall, reaching 400 students.

ATOD Education Services: Speaking engagements will involve special presentations/discussions and guest speakers regarding underage drinking and

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prescription drug misuse/abuse. Speaking engagements will cover risks and effects of underage drinking and Rx drug misuse/abuse, combining alcohol with RX drugs, current trends of abuse, and recent data for Delco regarding reported cases of use/abuse and OD, and recent data/trends for college age students nationwide. Information will also be provided on detecting warning signs that someone may have a problem with abuse, how to recognize an overdose, and Act 139 with a focus on the Good Samaritan provision. (Target Population: Youth and College)

Pennsylvania Youth Survey (PAYS): The SCA will implement a countywide town hall regarding the 2015 PAYS data.

Gambling

We Know BETer: (grades 4-9): This curriculum will be implemented in four sessions for primary & secondary grades which will provide a framework for decision making, while educating youth awareness on problem and underage gambling.

Know Limits (High school & College): This program is intended for high school students and up. Designed as a question and answer game to be played in teams, Know Limits includes gambling prevention questions with general interest categories such as charades, taboo, word scramble and trivia. Know Limits increases youth awareness about issues related to gambling and other high-risk behaviors, in a fun way. Providers will conduct the alternative activity, Know Limits, in collaboration with community groups, at the Youth Detention Center and other at risk groups (college students).

Gambling Education Services: Providers will present educational information to the general public as well as high risk populations (People abusing substances, People with Mental Illness, at-risk youth, and college students)

County Limits on services: Delco's OBH, Division of D&A will make available two residential treatment stays per rolling calendar year for all uninsured and eligible Delco residents. In addition, the Delco SCA will make available a maximum of 14 days of detox treatment per rolling year. Please note this restriction does not apply to priority populations. Priority populations are defined as pregnant injection drug user; pregnant substance users; injection drug users; overdose survivors; and veterans.

Drug and Alcohol - Target Populations

Population	Available Services	Gaps/Unmet Needs
Older Adults (Ages 60 and above)	Case Coordination, Inpatient/Outpatient services,	Groups for older adults only
Adults (ages 18 and above)	Inpatient or outpatient group settings, CBT/PTSD curriculum, IMR/DBT-focused Family Support Group, Parenting Classes, Recovery Houses, Case Coordination Services, Recovery Specialists	There is a need for Spanish speaking staff at time of assessments and treatment providers, and availability of detox beds.

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Population	Available Services	Gaps/Unmet Needs
Transition Age Youth (ages 18 to 26)	Inpatient or outpatient group settings with others in their same age group, young adult track in an inpatient setting. Young Adult Offenders: Targets first time young adult offenders that are currently charged with a felony marijuana drug case. The young offenders program was recently established in March 2016. Strategic Prevention Framework-Partnerships for Success grant (SPF-PFS) grant addresses RX drug misuse.	Supportive housing continues to be a high demand amongst individuals in D&A treatment. Co-pays and deductibles.
Adolescents (under 18)	Individual, Family and Group therapy, Case Coordination Services, Student Assistance Program (SAP), and Strategic Prevention Framework-Partnerships for Success grant (SPF-PFS) grant addresses underage, Power of Parents, Parents Who Host Lose the Most and Project Sticker Shock.	Limited in county treatment providers, co-pays and deductibles
Individuals with Co-Occurring Psychiatric and Substance use disorders	IMR, DBT, and other treatment modalities designed for this population at an outpatient or inpatient setting.	There are still gaps in housing for the COD population that continues to experience periodic relapse and abuse of substances that allows them to retain their housing.
Criminal Justice Involved Individuals	Outpatient groups specific for treatment court individuals where they can focus on their criminal justice needs, Drug Treatment Court, Prison Liaisons to help facilitate referrals to levels of care, Alumni Group, Monthly Family Group. SCA is active in the Behavioral Health Subcommittee that looks at inter-system planning and service development and coordination for mutual cases involved in both systems.	Supportive housing continues to be a high demand amongst individuals in D&A treatment as well as job readiness skills. Need more second chance employers.
Veterans	Veterans Treatment Court, Veterans are considered a priority population and the SCA will provide a full continuum of treatment services regardless of the veteran's eligibility status for Veterans Affairs (VA) benefits.	Some Veterans report that there is a long waiting period to access treatment services through the VA system.

Recovery- Oriented Services

Engagement Specialist (ES): The D&A Mobile Engagement Specialist provides service to individuals who are in residential levels of care needing assistance with the transition to outpatient treatment.

Certified Recovery Specialist (CRS): Primary purpose is to provide outreach and follow-up with people who have survived an overdose.

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Recovery House (RH): is a transitional living facility for individuals who are recovering substance use disorders (SUD).

Contingency Fund (CF): Funds that are set aside to address a person non- treatment needs. (tokens, clothing, furniture, and food gift cards).

Intensive Case Management (ICM): The ICM providers shall respond to the clients' tangible needs, such as food, shelter, and clothing. The SCA will ensure that these units will have current information on locations of food banks, shelters, and community clothing shops. Individuals, who accept services to address their non-treatment needs, will be referred to one of the ICM units.

The SCA strongly supports the developing of a Recovery Oriented System of Care (ROSC). Coordination of Services is a function of case management through which the individual's treatment and non-treatment needs are being addressed throughout the recovery process. This collaborative process includes engagement, sharing information, and occurs regularly with case management and/or provider staff serving the individual within and between agencies in the community.

Case management and substance use treatment are presented as separate and distinct aspects of the treatment continuum, yet in reality, they are complementary and, at times, thoroughly blended.

In conclusion, Delco continues to utilize every available resource and explores new initiatives to address the heroin/opioid epidemic which has grown out of control. This epidemic has created a capacity issue across the commonwealth.

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HUMAN SERVICES AND SUPPORTS / HUMAN SERVICES DEVELOPMENT FUND

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the below format to describe how the county intends to utilize HSDF funds:

- The program name.
- A description of the service offered by each program.
- Service category - choose **one** of the allowable service categories that are listed under each section.
- Which client populations are served? (Generic Services only)
- Planned expenditures for each service.

Note: Please ensure that the total estimated expenditures for each categorical match the amount reported for each categorical line item in the budget.

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

Allowable Adult Service Categories:

Adult Day Care; Adult Placement; Case Management; Chore; Counseling; Employment; Home-Delivered Meals; Homemaker; Housing; Information and Referral; Life Skills Education; Protective; Transportation.

Provider and Program Name	Service Category	Service Description	Proposed Expenditures
Family & Community Services	Counseling	Sliding fee scale one-on-one counseling for adults who do not have resources to obtain this much needed service.	\$ 5,000
Mercy Home Health	Homemaker	Homemaker staff assists eligible clients with activities of daily living such as light cleaning, laundry and grocery shopping.	\$ 5,000
Catholic Social Services	Life Skills Education	Housing Resource Coordination is an educational resource on topics such as home maintenance, housing stability, homeless prevention tools and other supports. This is offered to participants in permanent housing programs to ensure housing stability. Money Management Workshop is a workshop for adults that covers the 3 R's of Budgeting: Responsibility, Resources, and Reality	\$ 32,700

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

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

DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2016-17

Specialized Services: Please provide the following:

Program Name: (e.g. Big Brothers/Big Sisters)

Description of Services: (“A youth mentoring program...”)

Planned Expenditures:

Provider	Description	Proposed Expenditures
Delco Intermediate Unit; Family Center Program	Services include Parents As Teachers, parent education classes, teen support groups, preventive health services, crisis intervention, Project Elect, and information and referral. In addition, the Family Centers have formal Memoranda of Understanding with Chester Youth Build and Head Start to provide service components to benefit the common populations of each.	\$ 22,039
Family & community Services	Counseling and case management: Non-medical HIV/AIDS related services, assessment, service plan development and accessing all services and resources appropriate to their needs, including HIV case management, medical care, services and entitlements. HIV/AIDS Prevention education and outreach particularly targeting schools, churches and community groups and a peer-led consumer group, where selected consumers and the peer-facilitator are also participating in outreach and education activities.	\$ 82,000

Interagency Coordination: Describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain how the funds will be spent (e.g. salaries, paying for needs assessments, etc.) and how the activities will impact and improve the human services delivery system.

Provider	Description	Proposed Expenditures
Division of Adult AND Family Services County Service Coordination	Human Service and Support allocation will be utilized to support the salary of the Adult and Family Deputy Administrator under the following 2 areas: 1) Coordination of local planning and coordinating bodies in multiple service fields. Coordinator for the Delco Women’s Commission whose goal is to assist the County in: a) assessing the needs of women and girls; b) identifying existing resources to meet those needs; c) promoting the utilization of identified resources; d) identifying service gaps, and e) making recommendations to the Department of	\$ 25,250

DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2016-17

	<p>Human Services and County Council for improvements to services</p> <p>2) Coordination of County Continuum of Care for Homeless Services: Complete oversight of CoC for the County and Co-Chair of County Advisory Team for homeless and homeless prevention activities that includes but is not limited to: Fostering the development and implementation of the county's CoC system; Maintaining the Homeless Crisis Response System; developing and implementing various service strategies like Housing First Strategy and Rapid-RE-housing; conducting annual evaluations of system needs and gaps and develop strategic plans to meet the needs of the systems.</p> <ul style="list-style-type: none"> • Job Description attached (<i>Appendix E</i>) 	
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If you plan to utilize HSDf funding for other human services, please provide a brief description of the use and amount of the funding. ***Not applicable***

DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2016-17

IV. SUMMARY

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

During FY 15-16, we did not request a waiver and were able to move funds within the 20% allowable. The surplus we were able to retain from FY 14-15 was used during FY 15-16 to cover the deficit in OID. Prior to FY 15-16 the county's deficit was always realized in D&A but MA expansion has significantly relieved the burden on D&A base funding. In contrast, we experienced a significant increase in spending in OID in FY 15-16 while meeting the increasingly complex needs of the OID population. In FY 15-16 our goal was to serve a minimum of 700 individuals with ID base funds. However, the demand exceeded the goal and depleted the ID base funds by the third quarter (over 700 served by April 1). Fortunately we were able to continue making base funding available as the result of a surplus in D&A.

We will not be requesting a waiver for FY 16/17 either. Our intent is to again apply each categorical allocation to the legacy department and work within that resource, as is depicted in the chart below.

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**DELAWARE COUNTY
COUNTY HUMAN SERVICES PLAN FY 2016-17**

**Fiscal Year 2016-2017
COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE**

COUNTY OF: Delaware

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B. The County assures, in compliance with Act 80, that the Pre-Expenditure Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to the Department of 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

Signature	Please Print	Date
	Mario J. Civera, Jr, Chairman	7-6-16
	Colleen P. Morrone, Vice-Chairman	7-6-16
	John P. McBlain, Member	7-6-16
	David J. White, Member	7-6-16
	Michael F. Culp, Member	7-6-16

DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2016-17

Copy of Notice or Publication
AD# 1037141

Proof of Publication of Notice in Delaware County Daily Times

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

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

Lynn D. Bettcher designated agent of CENTRAL STATES PUBLISHING, INC., being duly sworn, deposes and says that the DELAWARE COUNTY DAILY TIMES, a daily newspaper of general circulation as defined in the above-mentioned Act, published at Primes, Delaware County, Pennsylvania, was established September 7, 1876, and issued and published continuously thereafter for a period of 100 years and for a period of more than six months immediately prior hereto, (under the name Chester Times prior to November 2, 1959) in the City of Chester, County of Delaware and further says that the printed notice or publication attached hereto is an exact copy of a notice or publication printed and published in the regular edition and issues of the DELAWARE COUNTY DAILY TIMES on the following dates, viz.:

June 12, A.D. 20 16

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

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

Sworn to and subscribed before me this

12th day of June 20 16

Notary Public

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Joan McCarty Babiak, Notary Public
Upper Darby Twp., Delaware County
My Commission Expires April 18, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

PUBLIC HEARINGS SCHEDULED FOR DELAWARE COUNTY HUMAN SERVICES PLAN REVIEW

The Delaware County Department of Human Services will hold two public hearings to receive comments on the County Human Services Plan FY 16/17.

The first hearing will take place:

Tuesday, June 14, 2016
Government Center, County Council Meeting Room
201 W Front Street
Media
4:00 pm

The second hearing will take place:

Monday, June 20, 2016
Welcome House
7700 West Chester Pike
Upper Darby
4:00 pm

Copies of the "Draft" plan are available as of June 13, 2016 for review at:
Department of Human Services, 4th Floor, 20 S. 69th St. in Upper Darby, and
the County Human Services website, www.delcohsa.org, on the home page under Current Events, then County Human Services Draft Plan.

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

YOUR PARTICIPATION DOES MAKE A DIFFERENCE!
DCT June 12, a-1

COUNTY OF DELAWARE PUBLIC HEARING COMMENTS

SUMMARY OF PUBLIC HEARING COMMENTS

June 14, 2016 at Delaware County Government Center in Media

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

In attendance from Delaware County Human Services: Joseph Dougherty, Jonna DiStefano, Pete Hladish, Susan Proulx, Anne Jennings, Donna Holiday, Deirdre Gordon, Beth Downs, Dorothy Stewart, Beth Prodoehl, Jackie Hartney, Tracy Halliday, Phil Morrison, Aju Matthew, and Gayle Oddi.

The first Public Hearing for the FY 2016-17 Delaware County Human Services Plan was called to order at 4:00 pm. Following a welcome from Joseph Dougherty, Director of Human Services, and introductions of county staff, Joseph Dougherty presented brief comments concerning the plan and process for the public hearing.

Joseph Dougherty then summarized the plan details with a brief PowerPoint presentation. Joe noted this is the fifth block grant submission. The FY 16-17 plan is due July 8, 2016 after conducting two public hearings. The goal of the meeting today is to get your input. Joe noted there are seven funding sources for the block grant, the same as in the original plan; Mental Health, Intellectual Disabilities, Homeless Assistance, Child Welfare, Drug and Alcohol Services (two funding streams), and Human Services Development Fund/Human Service Supports. Over 25,000 total consumers were served with block grant base dollars, mostly served through provider contracts. Joe mentioned our proposed budget is based on an assumption of a flat state budget in FY 16/17. Joe noted the plan gave us the flexibility to meet the needs of our consumers. Again this year goals were defined and outcomes measured. Human Services' staff reviewed the goals and outcomes.

Joe turned over the meeting to Jonna who explained the process for the plan. Then Jonna turned it over to the Administrators to present the PowerPoint (attached). Joe stated we are so pleased and thankful for your presence today. Joe advised Medicaid expansion did relieve some stress on the system with D&A having the best outcome by using less of the CHS funds. Due to the flexibility we were able to use D&A dollars to assist OID, which was sorely in need due to the lengthy budget impasse and greater demand for services. We will now receive your comments. The hearing was then opened for public commentary with those wishing to make oral remarks.

Tricia Stouch – Wanted to thank the Human Services' staff for all that they do for the residents. She is pleased with the new beds and programs opening at CCMC and are there any other hospitals adding programs. Tricia asked if there could be more treatment using a holistic approach. Jonna responded that CCMC will be specializing in opioids and heroin. Jonna agrees with the holistic approach and we are working on the integration. Anne added we are working with Mercy in Philadelphia for more detox beds. There are some providers who treat mind, body, and spirit.

COUNTY OF DELAWARE PUBLIC HEARING COMMENTS

Marie DiTillio – From NOPE and interested in D&A programs. Could there be more medication assisted treatment. She is aware there is a bed issue and realizes we are working on increasing our detox contracts. Marie shared a story of having to wait many days for a detox bed. Jonna added that the NOPE program is essential and we thank you for volunteering your time for the well needed education piece.

Tim Bak – I am a stakeholder with a son who has Autism and Epilepsy. Most kids face the big barrier of just getting out of their parent's house. Tim is looking for housing opportunities and job training and placement. There has been a Drexel study which shows that people with Autism are extremely dependable and focused on doing a good job. There's a company in Delaware, Special Stern, which performs assessments and then places the adult. They have found that these individuals are very capable of doing tedious, complicated work for extended periods of time, unlike the general population. Looking forward to helping any way they can. Susan advised there is some movement to merger the Autism waiver with the ODP waiver but we will get no more resources to accomplish this, beginning July 1, 2017. Susan will discuss with you soon. (Also submitted written testimony.)

Shawn Carroll- Shawn is a CPS and works for Magellan and would like to have discharges talked about upon entry rather than waiting till the end and scrambling for a place to live.

Joe thanked all Human Services staff attending today who do a wonderful job for the residents and to support the plan.

Rich Ziegler, Horizon House/NAMI – Rich stated that Delaware County has always been creative, proactive, and in the forefront. Rich has prepared written comments (submitted). Additionally, Rich mentioned the forensic population and how the County has tried to fill the gaps with programs. Rich added that expanding the Transitional Housing is very positive. Many families struggle with an initial MH diagnosis and the Welcome Home calls and the advocates at MH Crisis Court are very positive and added resources. Rick also noted populations to watch in the future are the aging and transition age populations. Rich stated the block grant has been good for everyone in the country to stretch the dollars where needed.

Bill Chambers, SE Region MH Coordination Office – Bill's comments concern the forensic area. Nationally, as well as locally, there is a big issue around persons with mental illness being incarcerated waiting for competency to go to trial. In some cases they were held longer than their sentence would have been. Delco is addressing the issue with Natale North and received funding for 17 people to be released from county prison or the state hospital with \$1.8 million new dollars to enhance services. Bill stated Delco is the most proactive county among the five county region. Bill's last comment concerned the possible funding allocation under CHIPP in the new state budget and would Delco consider creating more resources to use CHIPP funding.

COUNTY OF DELAWARE PUBLIC HEARING COMMENTS

Joe thanked everyone for coming and we appreciate your comments and attendance. The meeting was adjourned at 5:05 pm.

SUMMARY OF 2ND PUBLIC HEARING COMMENTS

Monday, June 20, 2016, at Welcome House Clubhouse program site in Upper Darby

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

In attendance from Delaware County Human Services: Joseph Dougherty, Jonna DiStefano, Pete Hladish, Sandy Garrison, Susan Proulx, Anne Jennings, Donna Holiday, Kisha Brown, Deirdre Gordon, Beth Downs, Beth Prodoehl, Dorothy Stewart, Tracy Halliday, Phil Morrison, Lisa Blair, Eric, Ayres, Lois Bowman, Aju Matthew, and Gayle Oddi

The second Public Hearing for the FY 2016-17 Delaware County Human Services Plan was called to order at 4:00 pm. Following a welcome from Joseph Dougherty, Director of Human Services, and introductions of county staff, Joseph Dougherty presented brief comments concerning the plan and process for the public hearing.

Joseph Dougherty then summarized the plan details with a brief PowerPoint presentation. Joe noted this is the fifth block grant submission. The FY 16-17 plan is due July 8, 2016 after conducting two public hearings. The goal of the meeting today is to get your input. Joe noted there are seven funding sources for the block grant, the same as in the original plan; Mental Health, Intellectual Disabilities, Homeless Assistance, Child Welfare, Drug and Alcohol Services (two funding streams), and Human Services Development Fund/Human Service Supports. Over 25,000 total consumers were served with block grant base dollars, mostly served through provider contracts. Joe mentioned our proposed budget is based on an assumption of a flat state budget in FY 16-17. Joe noted the plan gave us the flexibility to meet the needs of our consumers. Again this year goals were defined and outcomes measured. Human Services' staff reviewed the goals and outcomes.

Joe turned over the meeting to Jonna who explained the process for the plan. Then Jonna turned it over to the Administrators to present the PowerPoint (attached). Joe stated we are so pleased and thankful for your presence today. Joe advised Medicaid expansion did relieve some stress on the system with D&A having the best outcome by using less of the CHS funds. Due to the flexibility we were able to use D&A dollars to assist OID, which was sorely in need due to the lengthy budget impasse and greater demand for services. We will now receive your comments. The hearing was then opened for public commentary with those wishing to make oral remarks.

Lew Manges, Elwyn stated Elwyn will be working with the forensic population at Natale North for being incarcerated for seemingly minor issues while waiting for competency hearing and a court date. Lew attended a national conference recently and praised Delco for being miles ahead of many other counties and states, specifically with the amount of

COUNTY OF DELAWARE PUBLIC HEARING COMMENTS

police officers CIT trained. Lew indicated it's probably a silent outcome since there would be no way to measure the difference this training makes with the MH population. Lew stated this county is ahead of others not just human services, but the courts, and the criminal justice system.

June Sams, CPS – June stated she is seeing more and more people coming from the prison system that are older adults and we are finding it hard to address the issue. Jonna replied the forensic program that we are bring up in July has no age limits. Jonna added that Philadelphia is starting to create more programs for the older adult. Tracy Halliday added Delco also has a forensic specialist and a regional specialist who can help with specials needs for that population.

Dwayne Newman, Mercy Fitzgerald Hospital – Dwayne expressed his concern for MH individuals that need a balance between accountability, responsibility, and the services provided. Some MH individuals need to be held accountable for their actions. Donna Holiday mentioned Delco Human Services is working very closely with the criminal justice system and scrutinizing every case before final decisions are made.

Sharon White, Advocate and member of ProAct – Sharon is very grateful for many initiatives available in Delco and how very progressive it is compared to other counties in the state. However, Delco is close to being named the #1 county in the state for opioid overdose and death. Sharon wonders what factors is Delco studying; surveillance, keeping records of persons who have completed programs and their experiences, how to not have a revolving door. Could we shift more money to evidence based practices. Recently Sharon had an experience at Mercy Fitzgerald for a loved one with D&A issues. They were taken there for an overdose even though Sharon asked for the patient to be taken to another hospital, better equipped to handle D&A addiction. Anne stated that an overdose survivor is considered a priority population and will be treated if agreeable. Anne added that we have added contracts for additional detox beds. Anne added we are looking to add medication assisted treatment too. We are also adding a warm handoff for the overdose survivor to treatment. We are using every resource we have and still looking for more. Joe Dougherty added that Jack Whelan, the District Attorney, is very proactive with concerns to the opioid epidemic; creating the Heroin Task Force, NOPE for kids in school, the drug boxes throughout the county, and now working with school athletic departments to look at policies so kids do not get the high numbers of pills for pain medications and then get hooked.

Jim Collins, CPS, Peerstar – Jim stated this is his yearly push for a CPS for CYS to assist families with custody problems as he had with his children. Jim will attend a national conference in August on CPS for child protective custody disputes. Jim thinks it will be a reality soon. Jim shared a story of an individual that receives 150 Percocet for pain but sells them all since he does not use them any longer. Is there a way to track prescriptions? Jonna mentioned there is a huge initiative going on now in the state and a guest mentioned they are now requiring doctors to get a waiver stating you may require a blood test at any time when receiving prescription pain meds. The state is creating a database to monitor prescribers. The biggest offenders have been found to be dentists.

COUNTY OF DELAWARE PUBLIC HEARING COMMENTS

Jim believes there is discrimination against MH individuals. If a person has cancer and refuses to take his meds, nothing happens; if a person has diabetes and does not take their insulin, nothing happens. If a person has mental illness and does not take his meds, they are slammed to the floor, handcuffed, and 302'd. The person who slams you to the floor never gets charged or even spoken to because they are the professional. It is different but the same. MH is an illness and a diagnosis just like diabetes, cancer, etc. Jim will keep advocating for parity. Jim asked for an update on Building 9, now known as Natale North, at NSH. Lew Manges stated Elwyn is in the process of retrofitting and redesigning Building 9 to make it less hospital like and to be fully operational on July 1st. There is a training this week at Elwyn with an expert from New York City about learned behaviors and prisons. Lew mentioned with County support Elwyn redesigned the physical play and in later phases there will be major reconstruction for a better environment. Tracy Halliday explained this is truly collaboration between the criminal justice system and OBH. The vision for the program is once an individual is competent, they will address their legal issues and will then be discharged into the community.

Joe recognized Lew Manges from Elwyn and thanked him for allowing Welcome House to host the Public Hearing again this year.

Phyllis DeRosa, CPS – Phyllis inquired about employment at Natale North and how to apply. Lew advised visit the Elwyn website because we are still looking for staff.

Joe thanked everyone for coming and we appreciate your comments, experiences, and attendance. The meeting was adjourned at 5:00 pm.

SUMMARY OF ADVISORY COMMITTEE VIA CONFERENCE CALL COMMENTS

June 24, 2016

Attendance via conference call: Joe Dougherty, Jonna DiStefano, Pete Hladish, Sandy Garrison, Susan Proulx, Chris Seibert, Deirdre Gordon, Dorothy Stewart, Anne Jennings, Linda Moore-Singleton, Eileen MacDonald, Rich Ziegler, Elizabeth Naughton Beck, Dr. Harry Jamison, Mike Salazar, , and Gayle Oddi.

The County conducted a conference call with the Block Grant Advisory Committee on June 24, 2016 at 9 am. Joseph Dougherty, Director of Human Services, welcomed everyone to the call and asked if they all had the opportunity to review the draft Plan. He explained there were two public hearings; June 14th at government center in Media and June 20th at Welcome House in Upper Darby. Both beginning at 4 pm.

Joe and Jonna reviewed the plan with the committee and asked for comments. It was noted that the biggest beneficiary of the block grant was OID for the first time with the funds coming from D&A due to Medicaid expansion. Joe mentioned he was at a meeting in Harrisburg yesterday and those counties not in the block grant are having to return D&A funds. Here in Delco we have tried to spend down D&A funds by allotting providers funds to purchase Narcan to have on hand at their facilities, among other initiatives. Joe

**COUNTY OF DELAWARE
PUBLIC HEARING COMMENTS**

mentioned our proposed budget is based on an assumption of a flat state budget in FY 16-17.

Rich Ziegler, Horizon House – Rich has positive comments about the block grant. Rich thinks we are on the right track with increasing our detox beds. Also noting the homeless housing issue with D&A individuals, expansion of RTFA, the SE region experience with more support with the welcome home initiative and the family advocate at MH Crisis court.

Joe Dougherty thanked everyone for being on the call and added we appreciate your time and participation. The call was concluded at 9:37 am.

**DELAWARE COUNTY
COUNTY HUMAN SERVICES PLAN FY 2016-17**

**PUBLIC HEARING
TUESDAY, JUNE 14, 2016 4:00 PM
GOVERNMENT CENTER MEDIA, PA**

**DELAWARE COUNTY DEPARTMENT OF HUMAN SERVICES
COUNTY HUMAN SERVICES PLAN FY 2016/17**

PLEASE SIGN IN

ATTENDANCE

	NAME	ADDRESS
1.	TIM BAK	913 Winding Ln, Media, PA 19063
2.	Joe Daugherty	Human Services Director Media, PA
3.	Jenna DiStefano	HSA
4.	ANDE JENNINGS	OBH
5.	Donna Holiday	OBH
6.	Tracy Holiday	OBH
7.	Peter Hlodish	HSA
8.	William Chambers	113 Treetop Lane, Wallingford, PA 19076
9.	Dorothy Stewart	Del Co CYS
10.	Beth Downs	Del Co CYS
11.	Beth Prodoehl	Del Co CYS
12.	Karissa Desiderio	Arc of Delco
13.	EILEEN mac DONALD	Arc of Delaware County
14.	Dendrie Gordon	CYS
15.	Rich Ziegler	Horizon House of NAMI Delco
16.	Phil Morrison	OBH
17.	Susan Proulx	OTD
18.	Larry Bak	Emergency Services
19.	Colleen Guiney	337 Delongon Ave Southmore PA 19081
20.	Sharon Carroll	105 Terry Drive Newtown Pa
21.	Blancher S. Kuyateh	CSS Life Sharing Through Family Living
22.	[Signature]	Del CYS
23.	ED Nunez	Delco DCs
	Lyle Oddo	OBH

**DELAWARE COUNTY
COUNTY HUMAN SERVICES PLAN FY 2016-17**

**PUBLIC HEARING
MONDAY, JUNE 20, 2016 4:00 PM
WELCOME HOUSE UPPER DARBY, PA**

**DELAWARE COUNTY DEPARTMENT OF HUMAN SERVICES
COUNTY HUMAN SERVICES PLAN FY 2016/17**

PLEASE SIGN IN	ATTENDANCE
NAME	ADDRESS
1. Joseph L. ...	Human Services Director
2. Jonna D. Stefano	HSA
3. Peter Hladish	HSA
4. ...	OBH
5. ...	OBH
6. Phil Morrison	OBH
7. Lisa Blar	OBH
8. Gardie Garrison	HSA
9. Anna Kinsley	MHASP
10. ERIC AYERS	OBH
11. ...	COP / Mery Fitz
12. Tracy Weather	CST Del. Co.
13. Helene Norris	Legislative Asst Rep Leanne Krugen - Branney
14. PAMELA BONA	DELA. CO. CST
15. ...	OBH
16. Michelle Collier	CST
17. Vini Montanano	CST
18. SUSAN BROWN	CSP
19. Sharon Carroll	Magellen
20. Margaret Zukoski	- Delaware Cty resident
21. Sharon White	Pro-Act-Public Policy-Chair
22. Jim Collins	Peer Star / CSP group
23. Deirdre Gordon	CYS

DELAWARE COUNTY
COUNTY HUMAN SERVICES PLAN FY 2016-17

PUBLIC HEARING
MONDAY, JUNE 20, 2016 4:00 PM
WELCOME HOUSE UPPER DARBY, PA

DELAWARE COUNTY DEPARTMENT OF HUMAN SERVICES
COUNTY HUMAN SERVICES PLAN FY 2016/17

PLEASE SIGN IN

ATTENDANCE

NAME

ADDRESS

- | | NAME | ADDRESS |
|-----|-----------------|------------------------------|
| 24. | Dorothy Stewart | DelCO OYS |
| 25. | Susan Probst | Del. Co. O&D |
| 26. | ANNE JENNINGS | DelCO OBH |
| 27. | Jane Sams | C.A.T.C.A. Philadelphia, PA. |
| 28. | ARU MATHEW | Philadelphia, PA |
| 29. | Louise Tarbuton | Del Co NAMI |
| 30. | Olga Antonyuk | Compeer friends |
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DELAWARE COUNTY
COUNTY HUMAN SERVICES PLAN FY 2016-17

PUBLIC HEARING
MONDAY, JUNE 20, 2016 4:00 PM
WELCOME HOUSE UPPER DARBY, PA

DELAWARE COUNTY DEPARTMENT OF HUMAN SERVICES
COUNTY HUMAN SERVICES PLAN FY 2016/17

PLEASE SIGN IN	ATTENDANCE
NAME	ADDRESS
43. <u>Phyllis DePoe</u>	<u>106 E. Franklin St Media Pa. 1906</u>
44. <u>Don O'Brien</u>	<u>7100 W Chester Pike #206 Upper Darby PA 19082</u>
45. <u>Paulette Kimble</u>	<u>8650 Westchester Pike AP 109</u>
46. <u>Tracy Halliday</u>	<u>20 So. 69th St Upper Darby PA 19085</u>
47. <u>DAVID SAMS</u>	<u>Phila PA 19142</u>
48. <u>Sage Oeder</u>	<u>OBI</u>
49. _____	_____
50. _____	_____
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52. _____	_____
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COUNTY OF DELAWARE PUBLIC HEARING WRITTEN TESTIMONY

Ms. Oddi: in connection with my testimony at the hearing later today, our statement for the record is as follows:

- 2015-16 County Services Plan identifies adults and transition age youth with Autism Spectrum Disorders as an area of unmet need with regard to programs for housing and community based programs and treatment (page 15)
- employment training and opportunities for ASD adults and TAY is an additional area of unmet need
- TAY with ASD "age out" of services at age 21
- a significant number over 21 adults with ASD live with their parents and without employment
- Drexel University is an area leader in evaluating the needs of, and creating programs for, adults with ASD
- Drexel has identified adults with ASD as among the most socially isolated group - with work often providing the only significant avenue for decreasing social isolation.
- Specialsterne is a Wilmington, DE based provider of employment services for persons with ASD and other disabilities, often placing such persons in state or local government jobs to which they are ideally suited (often more so than the general public pool of workers).
- adults and TAY with ASD in Delco will grow significantly in number in the next 5-10 years.
- Offering programs that put people with autism to work in gainful, value-adding employment benefits those people and the larger community, and frequently provides a more stable employee than the general populace.

Please contact us if you have any questions or need additional information.

Thanks, Tim Bak and Erin Lopes

J. Timothy Bak

913 Winding Lane

Media, PA 19063

m: **(610) 368-9751**

**COUNTY OF DELAWARE
PUBLIC HEARING WRITTEN TESTIMONY**

Dear Gayle,

Narrative about a family member's care - May 13th 2016 8:13 pm

My loved one was brought to Mercy Fitzgerald Hospital on Tuesday evening May 10, 2016 because of an overdose which I witnessed. My friend and I met him there and were highly upset about the disturbing practices that were happening around his care. He was brought to the ER treated and sent to the ICU.

I visited my family member on the next day, Wednesday and asked to speak with the doctor about his condition and the doctors English was difficult to understand but I was able to get a sense of the seriousness of his condition especially, his heart. I spoke to his nurse Mary, at length and she assured me that she would convey my requests to speak with a Cardiologist and Social Worker as soon as possible. These requests were not met.

At the end of our visit around 10:00pm he hadn't been seen by any of the doctors Cardiology, Psychiatry, Social Worker or attending physician.

On Wednesday he was transferred to the 4th floor, Telemetry unit to monitor his heart. The heart monitor was not hooked up even after repeated requests to do so. He didn't see a Cardiologist during his stay at the hospital.

He was told by a nurse that he would likely be discharged the next day. I left there with some concerns that there would not be time for a home plan but relieved he agreed to go to treatment and he called the CRS support program at OBH to come assist him.

On Thursday, I arrived at the hospital at 8:30 am to speak with Ms. Botts in administration about him staying until we could figure out where he could go from the hospital. She explained, that she would send my request to management.

I went to find a social worker and paged her but she was not in on Thursday. By 11:00am I was on the 4th floor and found a doctor who would hear my concerns and my family members desires to go to a residential treatment facility. I was told that there was a scheduled consultation that was going to take place soon. I requested again to see a Cardiologist.

The doctor listened to some important history about my loved one and agreed that a residential treatment setting would be the best direction for him and that could support my family member on a path to wellness.

A short time later, I went to visit my family member and he was in a positive discussion with a Certified Recovery Specialist Linda, that he called to receive support and to help him navigate treatment options which seemed promising.

COUNTY OF DELAWARE PUBLIC HEARING WRITTEN TESTIMONY

Around 1:00pm my family member still did not receive his medicine for his serious mental health challenges and hadn't been seen by a doctor of any type yet. The nurse couldn't answer why he hadn't been seen yet but assured me that he would be.

I decided to go to find some assistance from a woman named Mary in social service on the 4th floor. Although, the insurance was provided she told me it wasn't in the system yet, she said that could be a problem for the referral process so I gave it to her. We had the conversation that my family member wanted to go to an inpatient treatment facility for his dual diagnosis and co-occurring disorders and to get a fresh start.

That is the direction that he wanted to go and I believed she understood that.

I went back towards my family members room around 2:30 and inquired about the medicine which he hadn't received since his admission and any updates on the consult and she informed me that the Psych doctor missed the consult who could write the order for his medication and she would try to get some answers.

By 3:30pm there were so many missed communications the level of anxiety was so unnecessary and elevated because of lack of communication. Shortly, after that Mary, the social worker came in with news that my family member could go to NHS, to be evaluated and during our conversation that was the last thing that he wanted or to go to the 5th floor again which is the Psych Unit.

Around 4:00pm a nurse manager came in to tell us that they were working on getting him some medical care. He still hadn't been seen by any doctors and was told that they were not available but she would try to help.

While we were in the hallway up walked a woman Psychiatrist who seemed outwardly upset about getting called in and said to the nurse manager very sternly, "We have to talk." She went into to see my family member they talked and I was invited in, I saw her early that morning and knew who she was and asked her if she would be treating my family member she looked at her list and said "no".

I thanked her for coming and I told her that the nurse said that the doctors missed the consult and she said that, that would have been her but she didn't know about it. It was clear that she was not familiar with my family member or his history because of her questions and her comment that he was being discharged that day soon which was not true.

My family member at that point wanted to leave with so many miscommunications and lack of care which was undoing any progress that was being made on our own.

I asked the nurse to encourage him to stay until he was cleared and a home plan was put in place and she accommodated that and he agreed to stay.

COUNTY OF DELAWARE PUBLIC HEARING WRITTEN TESTIMONY

The Psychiatrist agreed to order his medicine and I went to class. After class at around 10:15pm on Thursday evening I texted my family member and asked if he had received his medicine or had been seen by anyone else and he said no.

On Friday morning, I went to the hospital around 9:15 to move forward with the plans for him to be transferred to a residential treatment facility that could treat his needs and he wasn't in his room.

I asked the nurse what happened and she said he had left. I asked another person and she said go to security. I went to security they said they couldn't tell me and that he was at the Yeadon police station. I went to the police station he wasn't there and I was told he was being held on charges because of an issue with a security guard.

I later learned that on the morning of Friday the 13th a doctor came into his room and said that he was going to the 5th floor on a 302. According to my loved one, the nurse told the doctor that that wasn't the case.

My family member had enough and ask to sign himself out which he did. On his way out of the hospital he was approached by security who are not trained about mental health challenges or addiction and three of them tackled him to the ground. According to my loved one, while security was on top of him they collaborated a story to support their actions.

My loved one was not there on a 302 and this level of miscommunication has caused more harm and serious trauma to both my loved one and family.

I don't believe that Diabetics who eat too much sugar or cancer patients who smoke too many cigarettes are being treated this way.

My loved one does not have a **record** and was extremely cooperative during his stay at the hospital.

He was charged for simple assault , harassment and disorderly conduct.

When he overdosed I pleaded with EMT, not to bring him back to Fitzgerald Mercy Hospital because of a recent inpatient stay there that presented these same serious challenges. They told me they had no choice because it was Lansdowne. I am a business owner in Lansdowne for over 25 years and pay taxes for the EMT services and a consumer of health insurance. I don't understand why we don't have a choice where are loved one goes for their care. Mercy Fitzgerald Hospital has no business accepting patients for an overdose.

I am grateful that my loved one was saved that night. I don't understand or agree with why the traumatic experiences that unfolded in the hospital happened.

**COUNTY OF DELAWARE
PUBLIC HEARING WRITTEN TESTIMONY**

There is a code of ethics that hospitals and medical personnel are sworn "to do no harm" and have a level of "competency".

Addiction and mental health are a sensitive and specialized field that should be treated with priority just like cancer, heart disease etc. This is not the care that was given or received for my loved one. It was exactly the reason why we wanted to have him cared for somewhere that could offer a level of treatment that understood and specialized in his needs.

I don't believe there is enough staff or education provided for the staff especially, in the light of the most deadly health crisis that many of our families are experiencing and lost a loved one far too soon.

Several months ago, Pro-Act Public Policy committee and I collected 74 horrific stories, from individuals in Kensington, like the one I am sharing with you. We brought them to the Philadelphia Director of Drug & Alcohol, Mr. Roland Lamb to bring changes about during this critical period and (Certified Recovery Specialist) CRS's were assigned in these intake areas to assist and encourage individuals.

I am terribly, saddened that these same conditions exist in my home town.

Since my loved ones arrest and traumatic experiences his condition has deteriorated. On Thursday, May 18th in the evening he agreed to go to Bryn Mawr emergency room where he was treated with dignity and a competent staff that facilitated him into treatment. He is now in Lancaster at an inpatient treatment facility.

Thank you,

Kindly,
Sharon White
Chair - President Pro-Act Public Policy
Youth Certified Recovery Specialist
Owner of Sycamore Gardens
C) [484-843-4025](tel:484-843-4025)
(E): sharon3.npfh@gmail.com

COUNTY OF DELAWARE PUBLIC HEARING WRITTEN TESTIMONY

Feedback/Testimony for the Delaware County Human Services Plan FY 2016 - 2017

Thank you for the opportunity to provide feedback and input to the Delaware County Human Services Plan for 2016 – 2017. I am providing this written testimony in support of the verbal testimony, which I provided at the public hearing 06/14/16.

Delaware County has continued to demonstrate a holistic and proactive approach in its planning and funding of services to meet the comprehensive needs of the most vulnerable citizens within the County. This is reflected in the priorities established in the 2016 – 2017 plan.

The activities initiated through prior years have had a significant positive impact on the County system. I have had the opportunity to be directly involved or interface with many of the service activities and target populations and support the County's continued efforts in these areas. These include:

- Transitional and permanent housing options and supports for the forensic/behavioral health population.
- TIP, ACT, and other services targeting transitional age youth (TAY) and young adults.
- Services and supports for homeless individuals and families including emergency shelter, outreach, and access to transitional and permanent housing facilitated through direct funding of services as well as planning funds and match dollars to leverage federal funds.
- Housing subsidies and supports for individuals and families with behavioral health needs.
- Mobile crisis services through Delaware County Crisis Connections Team.
- Certified Peer Support Specialists and Recovery Specialists.

Delaware County's efforts and results in continuing to facilitate housing options for individuals with behavioral health needs have been impressive. The positive impact is evident in the quality of life and recovery for individuals as well as the reduced need for more costly services.

There is a continued need for expanded housing related supports for those individuals whose needs exceed the current level or type of supports available. The individual's need may be due to aging, level of functioning, impairment/illness, or other special needs. The County has taken steps to address these issues and we support the County's efforts to expand where possible. Areas include:

- Increased availability and access to quality PCH's for individuals who need and choose this level of housing.
- Increased availability and access to rooming houses for those individuals who may not have the interest or capacity to maintain a full apartment.
- Increased supports for individuals to age in place and/or to access nursing homes.
- Increased access/utilization of homemakers services provided in the home where individuals need hands on assistance in basic home management tasks.
- Increased availability of longer term care beds for hospital diversion or step down such as LTSR and RTF.
- Increased availability of housing for individuals with D & A or co-occurring mental health/D & A issues.

COUNTY OF DELAWARE PUBLIC HEARING WRITTEN TESTIMONY

I have also had the opportunity through NAMI activities to learn from families areas of need where they would like to see continued and expanded efforts. These include:

- Services/Supports to engage newly diagnosed or other individuals not connected to services beyond crisis/hospitalization.
- Additional supports to families to educate and inform them about behavioral health services and issues, assist in navigating services, and promote increased family inclusion particularly at critical points such as crisis and hospitalization.

The County initiatives with "Welcome Home" and the Mental Health Court family advocate are activities that help to address these issues.

Overall, the County's approach to the plan has continued to be forward thinking in considering the comprehensive needs of individuals as well as continued improvement of the human services system. It also has been reassuring to providers, individuals, and family members that the County has continued to maintain funding primarily within the categorical allocations while utilizing savings to support needed services, which impact our overall system and community.

Submitted by,

Richard Ziegler, ACSW, LCSW
Director Delaware County
Behavioral Health Services
Horizon House, Inc.

**COUNTY OF DELAWARE
PUBLIC HEARING WRITTEN TESTIMONY**

Deaf Community Action Network

DeafCAN!

*A Human Service Program of Christ the King Deaf Church
730 South New Street, West Chester, PA 19382
Voice: 610-436-9751, VP: 484-319-4245 Fax: 610-696-2487
www.DeafCANpa.org*

June 17, 2016

TO: Gayle Oddi, Delaware County Dept. of Behavior Health
FR: William H. Lockard, Program Director
RE: Ongoing Outreach & Service to Deaf, Deaf-Blind, Hard of Hearing & Deaf-Disabled

For the last 16 years or so, first through the Center on Hearing & Deafness (CHAD), and now through DeafCAN! (Deaf Community Action Network), we have had a small contract with the Dept of Behavior Health to provide outreach, information & referral, social rehabilitation, and short-term assistance to the often isolated and difficult to service populations noted above. We hope and expect that contract to continue for 2016-17 but would like the various Delaware County Departments to consider teaming with us more intentionally to provide a safety net for vulnerable Deaf/hard of hearing (D/HOH) people across the spectrum of human services.

Because our main office is in West Chester, we began a few years earlier with various Departments in Chester County. Those contracts helped us to build a more broad network and team with many agencies/organizations to assist those who were also homeless or struggling, victims of domestic violence, under or unemployed, and those with health, aging, legal, and other challenges. We now have specific programs in several counties that assist those who are deaf-blind, refugees/immigrants, and those involved with the criminal justice system. The common factors that limit the effectiveness of most existing agencies in serving this population are the obvious communication barriers, the limited knowledge of the unique challenges of being D/HOH, and, perhaps most troublesome, the lack of trust most D/HOH people have of 'mainstream' support systems. Many prefer to suffer in silence than to expose themselves to possible misinterpretation and/or having their situations become even worse by having others they don't understand take over aspects of their lives.

One suggestion is to training various Departments and contracting agencies around issues of the diversity of the population, unique challenges and resources (including assistive technology for safety and independence), best practices within different systems, application of disability laws, and effective uses of sign language interpreters, captions and other accommodations... Another is to expand our current contract to team with workers in other Departments and to encourage all organizations in Delaware County to identify upon intake those with significant hearing loss, then be sure that those individuals and families are offered the accommodations needed to truly access equivalent support and service. We know that this low-incidence has small numbers within all your systems and we would like to help. Thank you.

Charitable registration and financial information may be obtained from the PA Dept of State by calling 1-800-732-0999. Choose "*DeafCAN! - Christ the King Deaf Church*" as your United Way Donor Choice.

COUNTY OF DELAWARE
PUBLIC HEARING WRITTEN TESTIMONY

Feedback regarding Delaware County Human Services
Plan
2016-17

~~Page~~

- p. 41 - Concur with the need to increase support of families and peers
What is VHC Q U
- p. 43 - line 2 "invidiously" should be "individuals"
DCIU is good source for training in assistive technology
- P46 What can MH/ID Board do to help address the lack
- P.48 ~~to~~ Strongly agree with priorities listed on p. 48 for ~~reducing~~ preventing/reducing number of people who become homeless, the length of stay in shelters for homeless and reducing recidivism among homeless. Increasing the percentage of people with employment income may be a bit lofty goal but worthwhile goal none the less
- P49. The CoC should be commended for undertaking the goal of trying to end Veteran homelessness also

COUNTY OF DELAWARE
PUBLIC HEARING WRITTEN TESTIMONY

- P.50 How well the transition housing need be addressed now.
- P.55 Good interagency collaboration. Hard to believe the need and thus the referrals won't grow as success more well known. Seems like an under projection of growth.
- P.56 Why isn't Family Group Decision Making project being renewed. Were the services delivered not of quality?
- P.57 No increase in costs 15-16 to 16-17 with cost of living, salaries, etc.?
- P.58 So are we limited in amount we can request and reliant on uncertainty of block grant to fully fund.
- P.60 How did we determine that an increase in referrals of only one child will occur next year (16-17)
- P.62 Concern about waiting list gone for level of care for detoxification, rehabilitation, Halfway House, (person can be lost to the system or worse lose their life once despair of waiting ^{3-4 weeks})

COUNTY OF DELAWARE
PUBLIC HEARING WRITTEN TESTIMONY

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**COUNTY OF DELAWARE
PUBLIC HEARING WRITTEN TESTIMONY**

- P-64 Good to see amount of interagency collaboration in criminal justice area
- P-65 Use of court to address difficult ~~and~~ ^{often} forensic issues of MH clients when issues threaten the community has been concern of MH/ID Board
- 67 How can MH/ID Board assist "Power of Parents programs and other groups

Finally, on behalf of the MH/ID Board I want to express my appreciation for the opportunity to comment on and to participate in the Delaware County Human Services Plan Process for 2016-17.

Submitted by Harry Jamison, MH/ID Advisory Board Chairman
June 27, 2016

COUNTY OF DELAWARE
PUBLIC HEARING WRITTEN TESTIMONY

Certified Peer Specialist with Child Protective Service

- 1) After intervention is determined the Court orders parents to participate with Psy-Evaluation.
- 2) After Psy-Evaluation, various services are recommended including substance abuse, Parent classes, Anger management - ect.
- 3) Parents who have mental health diagnosis who have been evaluated by CYS could be prescribed to work with Peer Support.
- 4) Once that Parent/Peer is prescribed Peer Support, Masellen will fund that service through C.Y.S.
- 5) PeerStar is currently contracted for Del. Ct. Forensic ^{Peer Support}.

submitted by Jim Collins

6-20-16

**DELAWARE COUNTY
COUNTY HUMAN SERVICES PLAN FY 2016-17**



**Delaware County
Department of Human Services**

FUNDING

- Provided based on categorical allocation in the following areas
 - Mental Health Base Funds
 - Intellectual Disabilities Base Funds
 - Act 152 Drug and Alcohol Funds
 - Behavioral Health Service Initiative Funds
 - Human Services Development Fund
 - Child Welfare Special Grants
 - Homeless Assistance Program

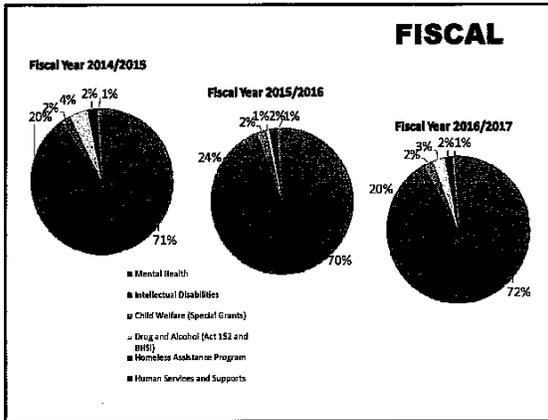
**DELAWARE COUNTY
COUNTY HUMAN
SERVICES PLAN**

PUBLIC HEARING

CONSUMERS SERVED

- Over 25,000 consumers have been assisted with services in
 - Mental Health
 - Intellectual Disabilities
 - Homelessness Assistance
 - Children and Youth
 - Drug and Alcohol
 - Human Services and Supports

DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2016-17



- ## PLANNING TEAM
- Joseph Dougherty, Human Services Director
 - Jonna DiStefano, Administrator OBH/OID
 - Deirdre Gordon, Administrator CYS
 - Donna Holiday, Deputy Administrator OBH
 - Susan Proulx, Deputy Administrator OID
 - Anne Jennings, Administrator D&A
 - Chris Selbert, Coordinator Adult and Family Services
 - Pete Hladish, CFO Human Services
 - Sandy Garrison, CFO Human Services
 - Block Grant Advisory Committee

STATE BUDGET FOR FISCAL YEAR 2016/17

- ## ADVISORY COMMITTEE
- Idea came from the public hearings for the 12/13 block grant
 - Comprised of providers and consumers representing the block grant funding streams
 - Members
 - Eileen MacDonald, The ARC of Delaware County
 - Sharon Grasty, Community Action Agency
 - Jim Klasen, Mental Health Association of SE PA
 - Louise Lowman
 - Marian Rothstein
 - Michael Salazar, Keystone Center
 - Rich Ziegler, Horizon House
 - Dr. Harry Jamison, MH/ID Board Chairman
 - Elizabeth Naughton-Beck, Esq., D&A Planning Council Chairman

DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2016-17

PLANNING

- Children's Cabinet
- DelCo System of Care County Leadership Team
- DelCo Early Childhood Mental Health Advisory Board
- Adolescent Drug & Alcohol Task Force Members
- MH/ID Board
- NAMI
- D&A Board
- Citizen's Advisory Committee
- Consumer Satisfaction Team
- Community Support Program
- Homeless Services Coalition
- ARC
- Magellan Behavioral Health
- CYS, D&A, ID, and MH Providers

**OFFICE OF BEHAVIORAL HEALTH
MENTAL HEALTH**

WELCOME HOME CALLS

- 1,344 individuals who were evaluated and discharged by the crisis center psychiatrist since July 1st received a follow-up call.
- Approximately 40% of the individuals called were able to confirm being connected to outpatient treatment services and had follow-up appointments scheduled.

**OFFICE OF BEHAVIORAL HEALTH
MENTAL HEALTH**

TRANSITION TO INDEPENDENCE PROCESS (TIP)

- The TIP program which is operated by Child and Family Focus (CFF) currently has a census of 60 (total capacity 60).
- Since the program's inception in September 2015, TIP has retained 80% of its caseload.
- The TIP program has successfully engaged transitional age youth who are experiencing emotional and or behavioral struggles while plan their futures.

**OFFICE OF BEHAVIORAL HEALTH
MENTAL HEALTH**

CRISIS INTERVENTION TRAINING (CIT)

- Delaware County has conducted a total of nine CIT classes
- As of today we have 251 officers trained in Delaware County
- The 251 officers represent 35 police departments.

DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2016-17

**OFFICE OF BEHAVIORAL HEALTH
MENTAL HEALTH**

- **TRAUMA INFORMED CARE (TIC)**
 - Human Services Trauma Informed change teams have been established in each department
 - CYS completed the first assessments this Spring
 - Their change team will finalize their results so they can begin to develop strategies based on their results
 - The remaining Human Services departments (i.e. Behavioral Health, Intellectual Disabilities, Juvenile Probation, Juvenile Detention) will complete their surveys in the coming weeks.

**OFFICE OF INTELLECTUAL DISABILITIES
INCREASED SPENDING**

- OID overspent its Base allocation this year due to emergency needs.
- Block Grant funding being used during the 4th quarter to ensure that services remain in place
- Spending in response to the budget impasse in FY 15-16.
- OID funded 30 individuals with emergency needs, exceeding projection of 25 individuals for FY 15-16.

**OFFICE OF BEHAVIORAL HEALTH
MENTAL HEALTH**

- **MENTAL HEALTH FIRST AID (MHFA) and YOUTH MENTAL HEALTH FIRST AID (YMHFA)**
 - Monthly MHFA trainings are being provided at G.W. Hill
 - 16 MHFA classes have been offered county-wide
 - Completed YMHFA training for all of the Juvenile Detention Center staff last month.
 - 23 YMHFA classes have been offered county-wide

**OFFICE OF INTELLECTUAL DISABILITIES
PARTICIPANT DIRECTED SERVICES**

- 8 individuals required Base funding for Participant Directed Services to remain in the community and avoid placement.
- Expected outcome was to serve 3 individuals in this category, however 8 were served.
- Delaware County is 15th in the state in use of PDS and 1st in the SE Region.

DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2016-17

**OFFICE OF INTELLECTUAL DISABILITIES
FAMILY SUPPORT SERVICES**

- The Base funding for FSS was exceeded and used to help individuals remain in the community.
- Individuals required larger grant amounts than in previous years.
- The projected outcome was to serve 180 individuals. Goal was met.
- Estimate is 180 individuals in FY 16-17 due to higher grant amounts.

**OFFICE OF BEHAVIORAL HEALTH
DRUG & ALCOHOL**

- Plan of Action to Address Access
 - Additional provider contracts
 - Reinvestment Plans to expand access
 - Certified Recovery Specialist Initiative
 - Allocated funds to purchase Naloxone
 - Expanded our Case Management Services

**OFFICE OF BEHAVIORAL HEALTH
DRUG & ALCOHOL**

Goal: Offer all services on the D&A continuum of care to address the opioid epidemic.

Outcome: All levels of care were offered despite the opioid epidemic which has created an influx of individuals seeking services.

Publically funded (County and Magellan)
 14/15 – 3268 Residential, 6233 OP/TCM
 15/16 – 3454 Residential, 6444 OP/TCM

**OFFICE OF BEHAVIORAL HEALTH
HOMELESS ASSISTANCE PROGRAMS 2015-16**

- 80% of Homeless households will achieve stable housing by exiting their programs into a permanent housing destination
 - ➔ **92% of families have achieved permanent housing**
- 60% of families will stay in shelters for less than 90 days. Decrease the length of stay for families in shelter to 90 days or less
 - ➔ **58% of families have stayed in shelters less than 90 days**
- 35% of households who are in shelter will increase their Income
 - ➔ **31% of families have increased their income**

DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2016-17

Children & Youth Services
CYS HOUSING INITIATIVE

- The Housing Initiative, a collaboration with Community Action Agency of Delaware County, funds a range of housing programs to support individuals and families in crisis.
 - Family Management Center
 - Transitional Housing
 - Temporary Emergency Shelter
 - Wesley House

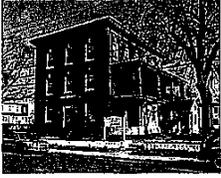
Children & Youth Services
CYS HOUSING INITIATIVE
A vital program to keep families safe and together

The Housing Programs under CYS

- Provided shelter to 264 families so far this fiscal year
- 345 adults and 509 children were served by the housing programs this year.

Children & Youth Services
CYS HOUSING INITIATIVE

- Provides 3 to 9 months of shelter for families facing homelessness and accepted for services with Children and Youth
- Families receive case management services, life skills education, budgeting support, and a safe place to care for their children as they work towards self-sufficiency



Children & Youth Services
CYS HOUSING INITIATIVE

Positive outcomes for Delaware County children and cost savings

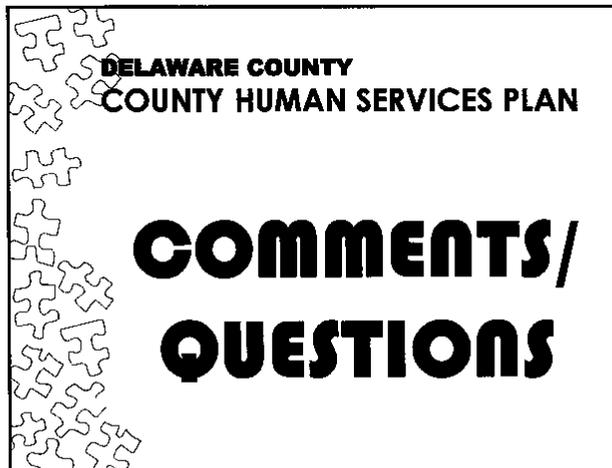
- 96% of children accepted for services by CYS and in a CYS Housing program did not require out of home placement.
- The average cost of foster care for one child is \$18,250 per year
- For every 100 children who enter foster care, there is an annual cost of \$1,825,000

DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2016-17



OUR COMMITMENT

Delaware County Human Services is committed to high quality, cost effective, least restrictive services that foster resiliency and recovery. These services are designed and developed with input from multiple systems and stakeholder groups.



**DELAWARE COUNTY
COUNTY HUMAN SERVICES PLAN**

**COMMENTS/
QUESTIONS**

DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2016-17

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

County:	1.	2.	3.	4.	5.	6.
Delaware	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	312		516,800			
Administrative Management	7,372		1,223,694	84,284	31,917	1,209,929
Administrator's Office			1,393,473		154,830	126,847
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	1,006		800,680	35,684	591	80,000
Community Residential Services	4,654		21,103,433		499,328	43,903
Community Services	2,586		2,343,542		37,363	671,091
Consumer-Driven Services	170		43,886			10,000
Emergency Services						
Facility Based Vocational Rehabilitation						
Facility Based Mental Health Services	15		25,000			
Family Support Services						
Housing Support Services	296		255,034			
Mental Health Crisis Intervention	360		347,191			
Other						
Outpatient	4,360		2,378,702		102,733	165,596
Partial Hospitalization						
Peer Support Services	75		95,000			
Psychiatric Inpatient Hospitalization			80,000			
Psychiatric Rehabilitation	1,010		587,585			
Social Rehabilitation Services	926		385,767			
Target Case Management	2,514		620,399			7,179
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	25,656		32,200,186	119,968	826,762	2,314,545

DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2016-17

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
Delaware						
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			1,573,940			
Case Management	400		585,000			
Community-Based Services	276		720,016	340,000		
Community Residential Services	72		6,073,632			
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	748	8,952,588	8,952,588	340,000	0	0
HOMELESS ASSISTANCE SERVICES						
Bridge Housing						
Case Management	700		476,666			
Rental Assistance	160		36,000			
Emergency Shelter	540		519,607			
Other Housing Supports						
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	1,400	838,684	1,032,273		0	0
CHILD WELFARE SPECIAL GRANTS SERVICES						
Evidence-Based Services	138		69,841		3,676	
Promising Practice						
Alternatives to Truancy						
Housing - Family Management Center	110		527,936		93,528	
Housing - Temporary Emergency Shelter	415		167,437		29,548	
Housing - Transitional Housing	115		58,097		10,253	
Housing - Wesley House	220		137,192		24,210	
TOTAL CWSG SERVICES	998	960,503	960,503		161,215	0

DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2016-17

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
Delaware						
DRUG AND ALCOHOL SERVICES						
Case/Care Management	177		288,781			
Inpatient Hospital	8		16,000			
Inpatient Non-Hospital	769		330,000			
Medication Assisted Therapy						
Other Intervention	45		50,000			
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention	500		300,000			
Recovery Support Services	100		195,820			
TOTAL DRUG AND ALCOHOL SERVICES	1,599	1,220,601	1,180,601	0	0	0
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	82		52,790			
Aging Services						
Children and Youth Services						
Generic Services						
Specialized Services	1,280		104,039			
Interagency Coordination			25,250			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	1,362	510,596	182,079		0	0
7. COUNTY BLOCK GRANT ADMINISTRATION			174,928			
GRAND TOTAL	31,763	44,683,158	44,683,158	459,968	987,977	2,314,545

* Of the \$510,596 in Human Services and Supports allocation, \$277,457 has been moved to Homeless Assistance Services.

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

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Delaware County Office of Behavioral Health, Adult & Family Services Division (AFS)

Deputy Administrator - Job Description

Under the direct supervisor of the BH/ID Administrator the AFS Deputy Administrator oversees the day-to day administrative and supervisory functions of the Division of Adult & Family Services and ensures that all functions relative to the AFS scope of services are carried out in an appropriate manner.

Scope of Services: Homeless related services: Non-homeless related services; HIV/AIDS services, AIDS Consortium of Delaware County, HOPWA program; Medical assistance Transportation Program; Family Centers; and the Delaware County Women's Commission.

Supervisor: Will report directly to the MH/ID Director.

I. General Duties

- Serve as Liaison to the Divisions of Mental Health and Drug and Alcohol regarding the behavioral healthcare needs of county families, including the homeless population and other special need populations (veterans, domestic violence victims, chronically homeless, etc.)
- Oversee the monitoring of 20 federally funded programs that targets chronically homeless persons and families who have a targeted behavioral healthcare disability.
- Oversee compliance with PATH and manage the needs of the Homeless Gap Reinvestment funding and the Human Services Block Grant funding requirements for homeless programs and human service supports.
- Communicate identified funding needs, service gaps and trends in homeless services to the Dept. of Human Services Director and MH/ID Director, specially the needs of the most at risk homeless and those with behavioral healthcare needs and trends.
- Oversee the contract requirements for the Medical Assistance Transportation Program, serving disabled county adults and families.
- Oversee the Emergency food assistance (TEFAP & SFPP)
- Oversees the Housing Opportunities for Persons with AIDS program.
- Manage the ongoing development of the web-based Homeless Management Information System (HMIS)
- Ensure the County's compliance with the HEARTH ACT – meeting the housing crisis needs of the homeless population, targeting the disabled population including mental health, chronic substance abuse, HIV/AIDS, chronic medical and developmental.
 - a. Coordinate the countywide homeless services strategic planning process.
 - b. Serve as the point of contact for the County Homeless Continuum of Care as required by HUD.
 - c. Complete grant applications for new homeless programs and oversee and coordinate AFS and CoC provider submission of Exhibit 1 application and new and renewal funding applications under the HEARTH Act.
 - d. Ensure countywide compliance with McKinney/HEARTH ACT requirements.
 - e. Oversee completion of the annual point in time count of the sheltered and unsheltered homeless persons.
 - f. Ensure all HUD reporting requirements are met for data collection with the HUD Data Exchange (HDX) including the Annual Homeless Assistance Report (AHAR), Housing Inventory Chart (HIC) and PIT Count data.
 - g. Disseminate HUD information and provide support, trouble-shooting and technical assistance to provider agencies.
- Convene the following community meetings - Convene the AIDS Consortium of Delaware County, Homeless Services Advisory Team, Shelter Planning Consortium, PATH Housing First and the HSC Governing Board meetings. Attend the Family Center Advisory Board Meetings. Provide oversight and guidance to the Local Housing Options Team, a disability housing-based forum.

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- Annually Update the County Cold Weather Plan and ensure distribution of updated homeless related resource material

2. Planning, Development, and Coordination

- Develop and promote community partnerships, collaboration, coordination and cooperation.
- Represent Delaware County in regional and statewide planning committees and activities including PAFSCHA and the Statewide Entitlement Committee.
- Coordinate planning and funding needs with other County departments, specific to homeless and those with behavioral health care needs.
- Participate in countywide strategic planning efforts for the County's entitlement of FEMA Emergency Food and Shelter Program funds, HUD McKinney grants, and HUD Emergency Solutions Grant other County, departmental or community-based groups, committees and coalitions.
- Evaluate the strengths, barriers and gaps within the service systems under the scope of AFS.
- Develop performance based standards for all AFS programs.

II. Administration

- Funding Source Management - Oversee and manage all aspects of AFS funding sources and grants.
 - a. Completion and submission of all annual plans, reporting requirements, applications and other related documents for all AFS funding sources.
 - b. Monitoring to insure compliance by AFS and sub-contractors with funding source instructions, requirements and regulations.
- Contract Management – Manage completion and submission of AFS provider contracts.
 - a. Oversee AFS monitoring and quality Assurance processes.
 - b. Develop and evaluate performance based outcome measurements for all providers
 - c. Ensure the effectiveness of all AFS funded programs.
- AFS Staff Supervision
 - a. Directly supervise the Homeless Services Coordinator, Housing Program Manager, 1-2 Program Managers, HEARTH ACT Program Managers and jointly manage work assignments for AFS Administrative Assistant.
 - b. Oversee interview, hiring, orientation and training of all AFS Division staff, and manage all personnel matters in conjunction with county and OBH policies and procedures.
 - c. Assign AFS workload and supervise staff management of duties.
 - d. Supervise and monitor staff compliance with job duties, meeting reporting and monitoring deadlines, contract management, funding source compliance, attendance at community planning and resource/networking meetings/forums, HSC committee involvement and resource sharing. Conduct annual staff evaluations. Coordinate staff enrichment training. Conduct individual staff supervision meetings and conduct AFS staff meetings.
 - e. Provide a range of supervision including monitoring work, identifying training, and preparing evaluations, approving leave, resolving issues, hold monthly supervisory meetings and staff meetings. Provide guidance and assistance to employees on Assignments, problem areas and work procedures

III. Delaware County Women's Commission

- Participate in Commission meetings and events.
- Assist in supervision of administrative support activities needed by the Commission.
- Manage and maintain materials, files and archival history AFS applicable.
- Prepare written communication and materials for County Council action as necessary.
- Ensure Commission website information is up-to-date, as needed.
- Participate in planning, arranging and carrying out Commission events, and assist the Friends of the Commission, as needed.
- Serve as liaison to the National Association of Commissions for Women, and as the contact person for other commissions as necessary.