

**FY 2018-19 CHESTER COUNTY  
HUMAN SERVICES  
BLOCK GRANT PLAN**

**May 2018**

Appendix A  
Fiscal Year 2018-2019

**COUNTY HUMAN SERVICES PLAN**  
**ASSURANCE OF COMPLIANCE**

COUNTY OF: Chester

- A. The county assures that services will be managed and delivered in accordance with the county Human Services Plan submitted herewith.
- B. The county assures, in compliance with Act 80, that the county Human Services Plan submitted herewith has been developed based upon the county officials' determination of county need, formulated after an opportunity for public comment in the county.
- C. The county and/or its providers assures that it will maintain the 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 disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
  2. The county will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

**COUNTY COMMISSIONERS/COUNTY EXECUTIVE**

<i>Signatures</i>	<i>Please Print</i>	
	Michelle Kichline	Date: 6/6/2018
	Kathi Cozzone	Date: 6/6/2018
	Terence Farrell	Date: 6/6/2018

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

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

The County of Chester will continue to successfully implement our Human Services Block Grant (HSBG) Plan through a coordinated effort that incorporates all the human service categorical departments (Aging, Children, Youth and Families (CYF), Drug and Alcohol Services (D&A), Mental Health/Intellectual and Developmental Disabilities (MH/IDD), Veterans Affairs and the Youth Center) as well as the Department of Community Development which administers all of the County housing and employment programs. In addition, HealthChoices, the Human Services Development Fund and State food programs are administered directly out of the Department of Human Services (DHS). We have strong representation at the policy, practice, community, family and individual level informing our planning through each of these areas, as outlined below.

### **2. Involvement of Stakeholder Participation in Planning**

The planning process for the FY 2018-19 Chester County HSBG Plan was built on our prior success involving multiple internal and external stakeholders. The Department of Human Services set in place mechanisms that lay a foundation for involving these stakeholders. We continue to integrate our System of Care and Recovery Oriented System of Care (ROSC) approach, which is built on engagement with families, youth and adult consumers in all categorical areas, inclusive of all ages, all human services, as well as juvenile delinquency, into our planning efforts.

The Policy Leadership Team and the Planning Team continue to provide leadership and guidance in our planning for the FY 2018-19 HSBG. The HSBG Policy Leadership Team is comprised of the Directors of all the categorical human services departments, the Director of the Department of Community Development, the Deputy Human Services Director of Managed Behavioral Health Care and the Human Services Fiscal Director and Planner. This group meets routinely to review expenditures, re-allocate funding, review outcomes, and identify any potential needs or gaps for future fiscal years planning.

The ongoing meetings of several cross-systems stakeholder groups have been an additional opportunity for regular input for our planning, including the System of Care Advisory Team, the Recovery Action Committee and the Family and Community Partnership. All of these groups are composed of consumers, families, youth, providers and County staff. (See Appendix “F” for list of HSBG Collaborative Planning Meetings).

### **3. Advisory Boards Involved**

Each of the categorical departments engaged department-specific stakeholder groups to gather input as part of our FY 2018-19 HSBG planning, in addition to ongoing input from standing cross-systems stakeholder groups. These groups included advisory boards and community committees, including, but not limited to: Department of Drug and Alcohol Services (D&A) Advisory Board; Mental Health Adult Subcommittee of the Mental Health/Intellectual and Developmental Disability (MH/IDD) Advisory Board; Intellectual Disability Committee of the MH/IDD Advisory

Board; Decade to Doorways Committees, Roadmap to Health (Community Health Improvement Plan) Committees, and ongoing mental health, drug and alcohol and in-home provider meetings.

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

The HSBG process in Chester County has helped us to look beyond single year planning and has also helped with financial planning across the human services instead of individual budgeting within the categorical departments. The HSBG funds are utilized to provide the most appropriate services for the individual in the least restrictive setting appropriate to their needs. Examples can be seen in #5 below. In FY 2018-19, we will continue to focus on maintaining a strong, high quality core service system.

A significant challenge is the continual instability of the timing and amount of funding through the State budget. This limits our ability to enhance current programs or design new ones and ensure that we would have sufficient funds to support these programs on an ongoing basis.

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

Below is a summary of the programmatic changes and funding enhancements that were made during FY 2017-18, our sixth year of HSBG implementation, regardless of funding source. Some of these changes did not involve funds being spent, but were resource intensive and are noteworthy because they reflect our comprehensive planning and collaborative efforts across all systems.

- Increased outreach and awareness efforts across all systems in cooperation with our primary prevention provider and community outreach events.
- Enhanced efforts to address the increasing opioid epidemic through education, awareness, additional services, and partnerships with law enforcement, pharmacies, health care providers, hospitals and community members, including, but not limited to, physician forums and community education regarding Narcan and Medication-Assisted Treatment.
- Trained over 3,000 people in Mental Health First Aid to date, including residents, provider staff and law enforcement personnel.
- Expanded opportunities for chronically homeless individuals and families to help them find and maintain safe and affordable housing, especially through Rapid Re-Housing and homeless case management.
- Continued to fund the new Certified Recovery Support Program to assist people struggling with addiction issues.
- Improved access for individuals who do not communicate in traditional spoken ways to have a voice through partnerships with agencies to increase access to Assistive Technology and training on communicative devices.
- Expanded opportunities for supported employment and follow-along job support for individuals with disabilities.
- Enhanced our Recovery Oriented System of Care (ROSC) efforts to address and implement strategies for the development of services and natural supports for people with co-occurring disorders, including Crisis Intervention Training for law enforcement.
- Increased the amount of funding to providers who offer evidence-based programs to individuals and families across the County, including some who have bilingual staff.

- Continued to support the four regional cross-system partnerships building efforts across the mental health and drug and alcohol systems and the homeless services system providers to ensure collaboration across the systems.
- For the second time, conducted series of 10 trainings through Drexel University for community, staff and families regarding trauma and trauma-informed care and practices.

## **PART II: PUBLIC HEARING NOTICE**

### **1. Proof of Publication Notice**

Two Public Hearings were scheduled to gather public input on our FY 2018-19 Chester County Human Services Block Grant (HSBG) Plan. The Public Hearings were advertised in the Daily Local News as required by the Sunshine Act. In addition, stakeholders were notified of these meetings through a variety of additional means, including e-mails, website postings and social media. This included e-mails or postings to all of the human services departments' Advisory Boards, committees, newsletters and websites, Family and Community Partnership, System of Care Advisory Team, Chester County Department of Community Development's E-Newsletter, and Access Services, the contracted provider of our family engagement activities. A proof of publication is included in Appendix "D".

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

Both of the Public Hearings began with introductions and then the Director of the Department of Human Services (DHS) briefly described the Human Services Block Grant and the areas these funds support. The Directors of the Departments of Mental Health/Intellectual and Developmental Disabilities (MH/IDD), Drug and Alcohol Services (D&A), and Community Development presented a summary of some of the things we have done through the HSBG over the past five years and identified priorities for FY 2018-19. They also presented examples of how the HSBG funds have helped consumers improve their lives and become active participants in the workforce and in their communities. Attendees were invited to provide comment at the meetings or in writing to the DHS Planner. The opportunity for public input was to obtain feedback on the Draft Plan, which outlined the planning process over the past fiscal year, planning themes and funding plan highlights. Input from these hearings, written comment received, and all of the stakeholder meetings that were held as part of our FY 2018-19 planning, are utilized in the development of the initial FY 2018-19 plan and budget, as well as mid-year reallocations.

Fewer people attended both of the Public Hearings this year compared to other years (See Appendix "E" for copies of the Public Hearing Sign-In Sheets). Twenty-one people attended the first Public Hearing, of which eight were from the public sector and the rest were County staff. Two staff from local social service providers shared several consumer stories about how the HSBG funds have helped the families they serve become self-sufficient. A member of the Mental Health/Intellectual and Developmental Disabilities Advisory Board expressed appreciation for how we are utilizing our HSBG funds. The rest of the input was from a consumer who had a number of questions and comments about a variety of issues.

Public comment at the second Public Hearing was limited to three attendees; one who expressed appreciation for the support for people with intellectual disabilities through the HSBG funds. Two other community members from the Coatesville area discussed the need to leverage relationships in Coatesville to help people know what others are doing and supported the development of partnerships with the faith-based community. One of these individuals also commented on the need to use the data collected by the local Disproportionate Minority Committee to ensure services are available and needs are met for the African-American residents in the County.

No additional written comments were received via e-mail from people.

### **PART III: CROSS-COLLABORATION OF SERVICES**

#### **Description of County's Collaborative Efforts Across Categoricals and Populations**

The County of Chester has a strong history and continued demonstration of collaboration. Examples of collaborative, cross system, and integrated programming can be found among and between all of the human service categorical departments, Aging; Children, Youth and Families (CYF); Drug and Alcohol Services (D&A); Mental Health/Intellectual and Developmental Disabilities (MH/IDD); Veterans Affairs and Youth Center, including with programs run by the Chester County Department of Human Services: HealthChoices, the Human Services Development Fund and State food programs. Additionally, there are also significant collaborative and integrated efforts with the Chester County Departments of Health; Community Development; and Court related departments. Examples can be found in our 20 year successful management of the HealthChoices program, our housing initiatives, our treatment courts and numerous other areas/programs.

Four regional Cross-System Partnerships spread throughout the County comprised of social service providers, hospital staff, homeless shelter providers, and County staff, continue to meet regularly to create better communications and provide cross-system resource knowledge across all of the systems. These Cross-System Partnerships have been growing over the past three years and provide another opportunity to gather input for our overall planning efforts from all areas of Chester County.

Staff from all of the human services departments also participate in other cross-system efforts, such as "Decade to Doorways," Chester County's 10-Year Plan to End Homelessness, and the Roadmap to Health, an ongoing comprehensive County community health planning effort that incorporates social determinants of health. A number of committees have evolved from these two planning processes that include County staff from all of the human services departments, Health Department, Department of Community Development, provider agencies, United Way, business community and various community stakeholders. The broad-based representation on these committees has provided continuity to our entire County's planning efforts, including HSBG planning.

## **How County Continues to Leverage Funds to Link Residents to Services**

### **Employment**

Staff from the Chester County CareerLink and Career-Corps, our workforce development center for youth, work collaboratively with the human service departments and other specialized providers to ensure employment resources are coordinated to meet the needs of all residents. Chester County CareerLink is a one-stop shop for job seekers and employers, providing a wide array of job training, education and employment services. Numerous providers and programs are housed in the Career-Link to leverage funds and provide comprehensive employment services to Chester County residents. One example is the Financial Stability Center, which helps to address unmet financial needs for job seekers and under-employed residents.

The Financial Stability Center is an integrated system of career service whose staff assist residents to improve their financial situation and help them build financial self-sufficiency. The Financial Stability Center brings together the most integral components of employment and financial stability: 1) extensive resources: job training, education, access to local job openings, access to community and human services; 2) professional guidance: assistance to help you navigate and successfully implement the resources available to you; and 3) confidential counseling: support as you develop the characteristics and competencies needed to build and maintain financial self-sufficiency.

Other services or providers located at the CareerLink part-time are the County Assistance Office, Veterans Affairs, Open Hearth, Office of Vocational Rehabilitation and a GED Program.

### **Housing**

The Chester County Department of Community Development and the Housing Authority of Chester County collaborate with the Chester County Departments of Mental Health/Intellectual and Developmental Disabilities (MH/IDD), Drug and Alcohol Services (D&A), Human Services, and Aging to provide permanent housing solutions for persons dealing with behavioral health issues. Below is a listing of some of the programs developed where funds were leveraged to assist people with disabilities to secure and maintain safe and affordable housing.

- **811 Project Rental Assistance Program (PRA)**

The 811 Project Rental Assistance program is a collaboration between the Pennsylvania Housing Finance Administration (PHFA), Department of Community Development and the Pennsylvania Department of Human Services (DHS). It is a program aimed at keeping people with disabilities out of institutional housing through supportive independent living. The target population for the 811 Program includes persons with extremely low income at or below 30% Average Median Income (AMI). The Local Licensing Agency (LLA) identifies and screens individuals within their service area who are currently residing in institutional settings as well as those in home and community-based residential settings, for interest to relocate into community-based housing units that receive assistance through the 811 Program. Specifically, the 811 Program targets persons with disabilities, ages 18-61 at move in:

- Who are institutionalized, but able to live in the community with permanent supportive housing.

- At risk of institutionalization, without permanent supportive housing.
- Living in congregate settings, who desire to move to the community.

The multifamily properties chosen to participate receive guaranteed rental allocations for tenants who are part of the program. The Department of Community Development and Department of Human Services are working together to find individuals with any qualifying disability to join the program waitlist. Currently, one person is housed through this program in a brick and mortar unit and eight people have received Section 8 vouchers through the 811 Program.

- **Mental Health Set-Asides**

The Department of Community Development, Department of Human Services (DHS), and the Housing Authority of Chester County have collaborated for the provision of supportive permanent housing known as the Mental Health Supportive Housing Program (“MH-SHP”). As part of the MH-SHP, the County has created a specific fund called the “Mental Health Supportive Housing Reinvestment Plan/Fund” for the purpose of expanding housing opportunities for persons with mental health disabilities, which is funded with Chester County Health Choices Reinvestment dollars, as approved by the DHS and the Pennsylvania Department of Human Services. This funding has yielded 25 Mental Health “Set-Asides” in various developments throughout the County. The apartments are subsidized through project based vouchers administered by the Housing Authority. Supportive services for individuals in the set-aside units are arranged through communication between the Department of MH/IDD and the Department of Community Development’s Mental Health Housing Coordinator.

- **Emergency Hotel Voucher Program**

The Department of Community Development received an increased amount of HSBG-HAP funding (\$50,000) and \$15,000 from the Department of MH/IDD which was sub-contracted to Friend’s Association for the Care and Protection of Children to support emergency hotel vouchers and Case Management for families who are homeless until other more stable arrangements could be found. These funds specifically target individuals with Behavioral Health needs who may be “street homeless” pregnant women with households with infants (children aged 12 months or under).

- **Emergency Shelter for Persons with Mental Health Issues**

The Department of Community Development received \$40,000 from the Department of MH/IDD which was sub-contracted to Safe Harbor of Chester County to provide emergency shelter (per diem rate) for homeless men and women experiencing mental health issues.

- **Permanent Supportive Housing for Persons with Mental Health Issues**

The Department of Community Development received \$21,000 from the Department of MH/IDD which was sub-contracted to Human Services, Inc. and Safe Haven program to provide staffing support to maintain permanent supportive housing to eight women with severe mental illness.

## **Updates to County’s Collaborative Efforts and New Efforts Planned**

The Department of Human Services (DHS) contracted with a provider to facilitate focus groups among African-American residents to gather information on why this population is under-represented in our behavioral health consumer data. All of the focus groups have been completed and the results presented to the DHS. One of our collaborative efforts in the coming year will be to work with the faith-based communities initially in the Coatesville area to build relationships and develop plans to make accessing mental health and drug and alcohol services more comfortable and accessible to this specific population.

The Department of Community Development recently received \$430,859 from the Department of Housing and Urban Development to implement Rapid Re-Housing Services through Human Services, Inc. and the Housing Authority of Chester County. These programs will work directly with emergency shelters and transitional housing programs to assist families and individuals experiencing homelessness to secure permanent housing as quickly as possible.

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

### **MENTAL HEALTH SERVICES**

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

**Recovery Oriented System of Care (ROSC):** This initiative has been rolled out in Chester County to address and implement strategies for the development of services and natural supports to enhance long term recovery management for people with co-occurring disorders. The County has a ROSC Leadership Committee and has developed a ROSC Action Committee to address the top four priorities that were established during an extensive Asset Mapping Process in FY 2014-15. The four priority areas are: 1) Peer Culture, Leadership and Support; 2) Person-Centered Recovery Planning; 3) ROSC Clinical Supervision; and 4) Assertive Outreach and Engagement.

Through our Recovery Oriented System of Care (ROSC) Initiative, a process by which our partnership with Drug and Alcohol has strengthened to support the growing number of individuals with co-occurring needs, we have identified two key areas of focus, which have been and will continue to drive the work that we do. The first is access and engagement, as we recognize the importance of engaging individuals as early as possible in the treatment process and making services and supports readily accessible. Our providers are working in tandem to implement strategies to outreach to individuals seeking services, build a rapport, and use motivational interviewing skills to engage them prior to entering the door.

The second area of focus is building a “peer culture.” Our system is strengthened by not only training Certified Peer Specialists, but by including Certified Recovery Specialists and encouraging cross training to equip them with the tools necessary to work with any individual’s needs, meeting them where they are. As our pool of specialists expands, we must consider the need for fellowship and support amongst those providing services. Additionally, we have identified a need for developing a continuum of training opportunities for those gaining certification. By developing an interim phase to employment through internships, this would provide on-the-job skill building and preparation for successful future employment.

**Mental Health First Aid (MHFA):** The County contracts with an agency to organize and conduct trainings throughout the year. Over the course of the last year we have partnered with West Chester University and the Brandywine Health Foundation, which received a four-year grant to offer MHFA across the Coatesville community. Since the inception of MHFA, Chester County has certified more than 3,600 Mental Health First Aiders, and has been seen as a leader in Pennsylvania and across the U.S. At this juncture, the County convened a MHFA Strategic Planning session with representatives from the County-wide community. The recommendations from the planning have indicated areas of focus, geography, modules, trainer pool needs and resources for sustainability. The trainings offered have increased over the course of the past four years and have focused around the adult and youth modules, and so while there is continued need for this, there is additional need for training specific to bi-lingual, older adults and public safety. As we move forward, we are exploring opportunities to build training into local business operations through human resource departments, by developing marketing materials and presenting outcome measures to promote the importance of training community members. Other identified resources for sustainability include application for grants, local community support, and offering a course for community members through night schools. Throughout the year, there will be in excess of 35 Mental Health First Aid trainings offered to the community. Additionally, the training for adults and youth are now incorporated into the “onboarding” training curriculum for all staff within both the Chester County Prison and Youth Center, as well as the Crisis Intervention Training for law enforcement.

**2018 Training Curriculum:** In collaboration with the Department of Human Services, Chester County has developed a training series provided to focus on both non-clinical and clinical opportunities for staff growth and enhancement. Training needs were identified through a number of projects; to enhance the competencies of residential staff to support individuals within the community and working toward independence, to expand training for clinicians around evidence-based practices, to support case managers in fostering independence and empowerment, and to build competencies within the shelter system as individuals with complex needs are identified through the VI-SPDAT. Trainings will focus on trauma, motivational interviewing, crisis de-escalation, co-occurring treatment planning, service delivery integration and approaches, and creating healing environments.

**Crisis Intervention Team Training (CIT):** Chester County’s participation in Stepping Up, a national initiative to reduce the number of individuals with mental illness in jail, was a natural outgrowth of our diversion efforts and partnership with the criminal justice system. These efforts include law enforcement and a strong partnership has been developed with the Chester County Police Chiefs Association. This has led to a collaborative PCCD grant application for funding to support Crisis Intervention Team (CIT) Training for police in 2017, which has been awarded for a second year in 2018. Year one resulted in 39 CIT trained officers across 15 police jurisdictions, and 9 Question, Persuade and Refer (QPR) trained officers. The curriculum not only meets the National Model, but offers additional modules specific to Chester County, including Mental Health First Aid, Question, Persuade, Refer, Hearing Distressing Voices, and a family/consumer panel. The goal of CIT is to offer law enforcement officers the skills to de-escalate and protect the safety and dignity of the individual and officer. An additional benefit is diversion of individuals committing low-level offenses into treatment and from incarceration.

**Certified Recovery Specialists:** The Council of Southeast PA has implemented a program to support adults with substance abuse disorders and those with co-occurring mental health and drug and alcohol disorders. This program is supported through HealthChoices and the drug and alcohol Single County Authority (SCA). The priority population being served is those adults with complex circumstances who are at high risk. One of the new Certified Recovery Specialists (CRS) has been dually trained as a Certified Peer Specialist, making the work for those with co-occurring needs seamless.

**Suicide Prevention Taskforce:** The Chester County Suicide Prevention Taskforce has been instrumental in their education and outreach efforts to bring awareness to the community in a variety of ways, through concerts, events and trainings. As suicide has become a national public health concern, with the number of completed suicides rising annually, and the 10<sup>th</sup> leading cause of death in the United States, Chester County is dedicated to strengthening the efforts of the taskforce through the expansion of the engagement and support of community stakeholders, and County partners, Coroner, Health Department, and Drug & Alcohol Services to collaborate their efforts throughout Chester County around suicide prevention. The County employed a marketing plan to utilize social media, electronic and stationary billboards, transit shelters, and stall stories to outreach to the community about suicide prevention and how to access support, all of which have resulted in increased utilization of crisis services. Additionally, a new electronic screening tool is being utilized by our Student Assistance Program to capture more efficiently and accurately the behavioral health concerns of referred students.

**Critical Time Intervention (CTI):** CTI is an evidenced-based program that focuses on the needs of individuals with serious mental illness who are at risk of homelessness or are homeless. This was identified as a need through our partnership with the Department of Community Development. This program has been working closely with those individuals who are homeless or at risk of losing their housing, by taking an assertive approach to engage individuals and develop a plan around housing retention, while connecting them to services and supports to maintain stability upon transition. During this process, we recognized a gap in services for those who are currently in our County shelter system who also have historically been chronically homeless and in need of services, and so we are in the process of implementing a continuum of acute case management services staffed by individuals with housing expertise, as well as the tools to provide the intensive level of engagement and support. This work supports the recent shift in the shelter system eligibility criteria being utilized through ConnectPoints, the VI-SPDAT, which serves to shelter those with the highest level of need, the most vulnerable individuals. The experience over the first year of implementation has identified a need to expand the team to include a D&A outreach specialist to engage with individuals within the shelter system and community. This expansion is in process and will be implemented over the course of the next year.

**Regional Residential Treatment Facility for Adults:** In January 2017, the OMHSAS was sued by the ACLU, as a result of excessive wait for treatment at Norristown State Hospital (NSH) Forensic unit. In order to open bed availability, the state has requested the discharge of individuals who are currently there under a civil commitment. Those beds will be converted to forensic step-down beds, creating flow from the wait list. All individuals at NSH who are there on a civil commitment underwent a comprehensive assessment process to determine the most appropriate level of services and supports

for individuals in terms of discharge. Through this process, the southeastern counties partnered to develop intensive supportive treatment programming for individuals who are under a civil commitment and determined eligible for discharge from the State Hospital. In November, Elwyn began providing services for sixteen individuals across the region, with four beds allocated for each of the suburban counties. The program is located on the grounds of Norristown State Hospital and will serve as an ongoing diversionary program for individuals within the community who meet the medical necessity criteria for that level of care.

**Psychiatric Access:** Through programmatic monitoring and oversight of service delivery over the past year, we identified a need to increase psychiatric access across the Core Provider network. A workgroup consisting of adult and children's service providers, the Managed Care Organization (MCO), and County staff developed a plan to increase access through employing a multitude of approaches. Funding has been provided to support recruiting new psychiatrists with conditions for service delivery, as well as equipment to implement tele-psychiatry services utilizing both within agency physicians and contracting with a base of specialized psychiatric staff to meet service demands.

**Dual Diagnosis Treatment Team (DDTT):** Chester County facilitates an ongoing High Risk Administrative Case Review meeting, in which cross-system collaboration from Drug & Alcohol, HealthChoices, a psychiatric consultant, MH/IDD, and system partners convene to discuss system gaps, needs, and ways to support complex cases. Throughout this process, a need for specialized support services for individuals with mental health and intellectual disabilities was identified, as there were a number of individuals who continued to have frequent crisis contacts and inpatient hospitalizations, to a degree of exhausting resources. While the need was not that which required an entire program, a provider within the existing network was identified who has been successfully operating a DDTT. Through collaboration with surrounding counties and the provider, the existing program was expanded to offer this specialized mobile team of professionals who provide treatment, support and education for individuals within the community.

**Intensive Supported Living:** In order to provide individualized supportive services within the community, some individuals with high level clinical, medical and supervised support needs have been successful within a program designed specifically around their service and recovery support needs. These programs have been expanding over the past year and will continue into the next year, as planning continues for those individuals preparing for discharge from State Hospital level of care.

**Overdose Prevention:** Opioid use and related deaths have reached epidemic levels in the state of Pennsylvania, and so more families are reaching out for support and assistance for their loved ones. Valley Creek Crisis Center (VCCC) has seen the effects of the rise in need, and so through our partnership with Drug & Alcohol Services, VCCC will have a specialized staff position with expertise in substance use disorders as part of their staff complement. The role of this individual spans the scope of mobile, telephonic, walk-in intervention and residential services within the program, as well as training colleagues to create programmatic competencies.

### **Cross-System Partnership**

A partnership comprised of the Departments of Human Services, Mental Health, Drug & Alcohol, Community Development, and all of the local homeless shelters and treatment and community support providers was created to better communications, cross-system resource knowledge through building a partnership. Each region of Chester County has regularly occurring meetings and continues to recruit and expand their partnership to better assist those we serve.

### **Decades to Doorways**

Staff from the Department of Human Services (DHS), MH, and D&A participate in the Department of Community Development's 10 year plan to end homelessness, Decades to Doorways. MH department staff members participate on several of the committees, including the Housing Stabilization Action Team and Systems Change Action Team as we continue to explore the development of services to support those experiencing homelessness to ensure a connection to services and supports.

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

- **Older Adults (Ages 60 and above)**
  - Strengths:
    - Continued collaboration with the Department of Aging and Drug & Alcohol Services around identification of case specific coordination of care and systems gaps.
    - The County behavioral health inpatient facility offers specialized geriatric services and continuity of care for nursing care facilities to ensure a smooth transition.
    - Implementation of Mobile Outpatient services has enhanced engagement of older adults in treatment.
    - Collaboration as a member of the Hoarding Taskforce to offer training to clinicians and support services.
    - Mental Health First Aid for Older Adults is currently being provided to community stakeholders, including senior centers throughout Chester County.
  - Needs:
    - Expansion of specialized services and supports for a growing older adult population, to include Peer Support Specialist and housing support services.
    - Development of partnerships with nursing care for those individuals with complex medical needs.
- **Adults (Ages 18 and above)**
  - Strengths:
    - Comprehensive array of services with an increasing number of evidence-based practices in all areas (clinical, housing support, and employment support).
    - Developed excellent working collaborations with a variety of departments and organizations: the Veteran's Medical Center at Coatesville, Chester County Departments of Aging Services, Community Development, Drug and Alcohol Services, Emergency Services, and Health, as well as the Phoenixville and Brandywine Community Health Foundations.
    - Continual focus around expanding the County's Recovery Oriented System of Care (ROSC) by implementing more co-occurring services and supports utilizing

person-centered tools, such as Common Ground software, Personal Medicine and Implementation of Recovery Training for psychiatrists around how to utilize the tools and resources to support, engage and empower individuals in service.

- Mental Health First Aid trainings offered in the County have received outstanding reviews with over 3,600 trainees and 20 credentialed local trainers. Trainers have expanded to encompass specialties around Older Adult, Public Safety, and Spanish-speaking focused trainings being offered.
- Actively use Involuntary Outpatient Commitments as a tool to support individuals and maintain treatment engagement and stability within the community.
- Implemented an expanded Supported Employment service, and a Supported Education program in partnership with Delaware County Community College.
- Needs:
  - Services at all levels for individuals with complex needs and behaviors that present as a community risk.
  - Expansion of the Peer Workforce within the County to offer more infrastructure support across the County, as the need and value of the program has grown across mental health and drug and alcohol services.
- **Transition-Aged Youth(Ages 18-26)**
  - Strengths:
    - Expansion of individualized residential and treatment program(s) for young men with sexually problematic behaviors, which has demonstrated good outcomes.
    - Continue to operate a Transition-aged Youth (TAY) supported living program and a TAY Assertive Community Treatment (ACT) Team.
    - TAY group is offering support groups at the Peer Center.
  - Needs:
    - Additional Certified Peer Specialists to meet the needs of youth as they transition to independence within the community.
    - Development of different, TAY-targeted, information tools.
    - Development of co-occurring programs to meet the dual needs of youth.
    - Services for TAY youth with complex needs who present as a community risk.
    - Increased opportunities for Supported Employment for young people.
- **Children (Under 18)**
  - Strengths:
    - Expansion of Youth Mental Health First Aid and Question, Persuade, Refer (QPR) trainings being offered in schools throughout the County.
    - Student Assistance Program services offered within the schools to assist with connecting children and families to services and eligible benefits.
    - Comprehensive array of evidence-based practices offered at Core Providers. (Trauma-focused Cognitive-Behavioral Therapy (CBT), Parent Child Interactive Therapy, and Dialectical Behavior Therapy).
    - Good collaborative partnerships with the Chester County Youth Center; Department of Children, Youth and Families; and Juvenile Probation Office with bi-monthly Cross Collaboration Systems meetings.

- Expansion of partial program services, which developed from the strong collaboration of school districts to ensure access to appropriate services and supports to students.
- Partnership with ACES Coalition within the County to create opportunities of early identification of the need for trauma focused supports and services.
- The Children’s Respite program was expanded to recruit qualified providers to address the growing need that had exceeded the existing capacity.
- Aevium Talk held with representatives from seven school districts to implement clubs within their schools to bring awareness and support around suicide prevention, mental health and drug & alcohol issues.
- Implementation of a new Student Assistance Program (SAP) screening tool with expanded capabilities to reach the LGBTQ community.
- Needs:
  - Expand opportunities for building more school-based supports for children in need of building resiliency.
  - Expand community education and outreach efforts across the County by utilizing Community Conversations for families to engage in dialogue and gain knowledge of resources.

### **Special/Underserved Populations**

- **Individuals transitioning out of State hospitals**

- Strengths:
  - Few Chester County individuals remain in State Hospitals and programs developed in past years with CHIPP and HSBG funds effectively serve those individuals with special or intensive needs.
  - We established access to comprehensive specialist assessments, such as risk of sexual violence, to assist with discharge determinations and planning.
  - Through the ACLU lawsuit, to address the delay in access to forensic treatment services, the Chester County residents currently in Norristown State Hospital received a comprehensive assessment to determine recommended supports and services in order to transition into the community when determined clinical appropriate for discharge. This resulted in multiple discharges from the State Hospital through the receipt of CHIPPS funding to support their individualized needs.
- Needs:
  - As the State Hospital prepares for closure, resources adequate for post-discharge community support and treatment are needed. Most of the Chester County individuals remaining in a State Hospital have extremely acute and complex needs requiring resources that stretch our system beyond capacity. Assuring the safety of these individuals, as well as that of the community, is likely to require intensive supports, including 24-hour one-to-one staffing support and supervision. The County has developed a proposal requesting state funding for each individual based upon the recommendations from a comprehensive assessment process, reflecting the most appropriate level of treatment services and supports. Planning has occurred in collaboration with Norristown State

Hospital staff to support each individual's identified planning needs for a successful discharge.

- More specialist psychiatry that can assess the complex needs of individuals with both physical health and psychiatric needs that have been resistant to treatment.

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

- Strengths:

- Co-occurring competence and/or licensure in Core Providers allows integration up to a point in the evaluations/assessments of individuals with co-occurring disorders. There are currently two dually licensed providers in the County, located in Phoenixville and Kennett Square.
- County has access to some inpatient/residential co-occurring treatment facilities.
- Through our partnership with the Department of Drug & Alcohol Services:
  - Crisis Intervention has expanded staffing to include a D&A Specialist.
  - ROSC Initiative to build a Peer Workforce across the systems.
  - Overdose Prevention Taskforce Partnership.
  - Expansion of the Critical Time Intervention team to include a D&A Outreach Specialist.

- Needs:

- Review and revision of regulations as needed to support a continuum of integrated services.

- **Justice-Involved Individuals**

- Strengths:

- MH Recovery Court has existed for several years with good outcomes.
- MH Protocol program exists for individuals discharged from Chester County Prison who are still on Probation or Parole.
- "Forensic" House supports a small number of individuals released from Chester County Prison who have a mental illness and are eligible for homeless funding.
- Ongoing collaboration with Adult Probation on prison reentry issues.
- In partnership with Police Chiefs and Valley Creek Crisis Center, we have received a Pennsylvania Commission on Crime and Delinquency (PCCD) grant to implement a Crisis Intervention Team (CIT) training program for law enforcement. As of April 2018, we graduated two classes of officers and will be offering another class in May 2018.
- Through partnership with the Chester County Prison and Youth Center, MHFA has been added to the on-boarding of all new and existing Correctional Officers.
- Utilization of the State Competency Assessment Team in order to determine the need for treatment and determination of individual ability to assist in defense/proceed with trial.
- Participation in the Stepping Up Initiative to reduce the number of individuals with mental illness in jail.

- Needs:

- More resources for criminal justice involved individuals with mental illness who are no longer incarcerated but who pose a community risk.
- Resources to sustain CIT and police partnerships.

- Cross-system data collection and analysis to enhance the efforts around “Stepping Up”.
- **Veterans**
  - Strengths:
    - Excellent relationship with the Veteran’s Administration Medical Center (VAMC) located in Coatesville.
    - Psychiatrist from the VAMC attends the Chester County Psychiatric Advisory Panel.
    - Willingness on all sides to see how services can be more integrated and setting up agreements with community mental health providers for veterans to access services outside of the network.
  - Needs:
    - Need expanded VA coverage to provide Veterans access to the full array of mental health services.
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI)**
  - Strengths:
    - Mental health professionals working in Chester County have attended training and conferences on key issues targeted to this population.
    - SAP Team has instituted a new electronic screening tool, with expanded items including LGBTQI.
  - Needs:
    - None identified at this time.
- **Racial/Ethnic/Linguistic Minorities**
  - Strengths:
    - Increased collaboration with community agencies through the Cross-System Partnership regional meetings held across the County to establish access and coordination with the community mental health and substance abuse service delivery partners.
    - Utilization Project recommendations for :
      - Hiring provider staff that reflects the cultural landscape of the County.
      - Community Education and Outreach opportunities to bring knowledge of available resources and supports to a diverse population within the community.
  - Needs:
    - None identified at this time.
- **Other, if any**
  - No other populations identified.

**Is the County currently using Cultural and Linguistic Competence (CLC) Training?**

\_\_\_\_\_ Yes      X   No

**Does the County currently have any suicide prevention initiatives?**

Yes     No

**If yes, please describe. (One page limit)**

- Please see information in categories above.

### C. Supportive Housing

1. Capital Projects for Behavioral Health			<input checked="" type="checkbox"/> Check if available in the County and complete the section.						
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 18-19 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
Petra Community Housing- Steel Town Village	HealthChoices Reinvestment Supportive Housing Plan	\$450,000	N/A	0	6	6	30 years		Rent up 2018
Delaware Valley Housing Corp.-Red Clay Manor Pending	HealthChoices Reinvestment Supportive Housing Plan	\$360,000	N/A	0	4	4	30 years		Pending

<b>2. Bridge Rental Subsidy Program for Behavioral Health</b>	<input type="checkbox"/> Check if available in the County and complete the section.
---	---

**Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.**

	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started

<b>3. Master Leasing (ML) Program for Behavioral Health</b>	<input checked="" type="checkbox"/> Check if available in the County and complete the section.
---	--

**Leasing units from private owners and then subleasing and subsidizing these units to consumers.**

	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
	HealthChoices Reinvestment Supportive Housing Plan	\$250,000	\$208,252	12	12	1	12		2013

<b>4. Housing Clearinghouse for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the County and complete the section.					
<b>An agency that coordinates and manages permanent supportive housing opportunities.</b>									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
	HealthChoices Reinvestment Supportive Housing Plan	\$80,000	\$80,000	N/A	N/A			1 FTE	2009

<b>5. Housing Support Services for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the County and complete the section.					
<b>HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.</b>									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
	HealthChoices Reinvestment Supportive Housing Plan	\$175,000	\$175,000	42	46				2009

6. Housing Contingency Funds for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the County and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Average Contingency Amount per person	Year Project first started
	HealthChoices Reinvestment Supportive Housing Plan	\$100,00	\$188,000	90	130+			\$700	2012

7. Other: Identify the program for Behavioral Health								
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Year Project first started

## **D. Recovery-Oriented Systems Transformation**

Recognition of the potential for mental health recovery became a key factor over 20 years ago and the Chester County Department of Mental Health/Intellectual and Developmental Disabilities (MH/IDD) started system transformation in the late 1990's. The MH/IDD's contracts specify deliverables culled from the Connecticut Domains of Recovery. The Department of Drug and Alcohol Services has historically been grounded in the recovery model and they continually seek to strengthen this approach.

Having successfully adopted a System of Care (SOC) Practice Model approximately ten years ago, the Department of Human Services has also moved to a Recovery-Oriented System of Care (ROSC). Both have at their core the shared values of individual and family driven services that focus on community and peer supports as part of a comprehensive system. We conducted a system self-assessment process with consumers, families, providers and other stakeholders to identify our strengths, gaps, next steps, and priority areas and have begun to implement top recommendations arising from this - prioritizing the expansion of peer culture and improving access to services. These and other priorities are described below.

Our top three priorities are described below.

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

- Narrative –  
Certified Peer Specialist (CPS) services have existed throughout Chester County since 2008 in specialized areas such as the Crisis Warm Line, Crisis Mobile Team, Residential Programs, Mental Health Court Forensic Diversion program, Core Mental Health Providers, both within the case management structure, as well as the Decision Support Centers, Residential programs, and Assertive Community Treatment Teams. HSBG funds have been utilized to allow CPS's the flexibility of delivering services beyond the scope of the core functions within the Medical Assistance regulations, such as the Crossroads Recovery Center, to allow connection with and engagement to services for individuals who have a probable mental illness and co-occurring substance use disorder, and/or who may be homeless.
- Timeline –  
Through input of the Recovery Action Committee, the Leadership Group has issued a Request for Proposal to implement the Peer Support Expansion Initiative, to develop a ready, willing, able and culturally diverse workforce to meet the growing peer support employment needs of the County. The successful contractor will develop high quality educational and professional strategies for emerging peer positions to be developed throughout the service system.
- Fiscal and Other Resources –  
To be determined.
- Tracking Mechanism –  
We will measure progress in this area through monthly Leadership Meetings and reporting to the Recovery Action Committee on progress. Outcomes will be established as the project progresses over the next two years.

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

- Narrative –  
Recognizing the importance of continuity of care between inpatient units and community behavioral health providers, we have worked with Brandywine Hospital Psychiatric Unit to implement a Certified Peer Specialist position within the inpatient setting, who has been working directly with consumers being discharged to ensure as much as possible that they keep their critical first post-discharge appointments.
- Timeline –  
This connection to follow-up care continues to be a focus as we look to expand the collaboration and connection with community behavioral health providers, by establishing a workgroup to develop policies and procedures by utilizing feedback from consumers through a Voice and Vision study to determine the key elements that assist with facilitation of a warm-connection to community behavioral health services.
- Fiscal and Other Resources –  
The Certified Peer Specialist position is initially being funded through HealthChoices reinvestment funds. Mobile Mental Health Services are funded through HealthChoices and Human Services Block Grant funds.
- Tracking Mechanism –  
The provision of services and outcomes, including transition to office-based outpatient services, is monitored and tracked on a monthly basis across all providers.

## **Priority #3 - Strengthening Community Education and Outreach Efforts (Mental Health First Aid (MHFA), Community Conversations, Question, Persuade, Refer (QPR), Crisis Intervention Team (CIT) trainings)**

- Narrative –  
As the County expands and more individuals establish residency, new programming and community supports develop, and the data around suicide rates rises, the need for community education and outreach continues to grow. It is a priority to ensure that Chester County residents are familiar with the many supports and services available to them. Community education and outreach provides opportunities for individuals who work and live in the County to learn how to gain knowledge about mental illness, how to support those in need of services, how to access services and reduce stigma within their community. Every day we encounter the continual misperceptions about mental illness and the way to dispel those perceptions is through education and building a skill level amongst the community to support connection to services and supports.

Through the planning process, the County will develop a strategy of how to best reach the many facets of the County to educate the community members through identification, resources, services and supports, through a continual campaign utilizing all resources available to do outreach to churches, service providers, schools and community groups. The response to implementation of evidence-based trainings, such as Mental Health First Aid (MHFA) has been overwhelmingly positive and has clearly opened conversations about mental illness and the effective treatments now available, which is dispelling some of the myths around mental illness.

For some community members, their first contact may be with local law enforcement and so through the continual support and collaboration with the Criminal Justice Advisory Board, County Police Chiefs and the Pennsylvania Commission on Crime and Delinquency (PCCD), we have developed a Chester County Crisis Intervention Training (CIT) Curriculum which encompasses multiple evidence-based training modules. CIT training was offered over the past year and going forward, to establish skills for safe engagement and connection to community behavioral health supports upon contact. CIT is only one aspect of a major transformation effort in Chester County in which cross-training and partnerships between human service and criminal justice agencies is becoming the expectation and the norm.

In conjunction with our focus around supporting individuals in the community, we have recognized a need to expand the service capacity of the Valley Creek Crisis Center program. This recognition has presented through the following needs: (1) Focus on goal of diversion from incarceration as we are a “Stepping Up” County; (2) Provide more intensive support and expeditious response to local emergency rooms; and (3) Provide support and response to the Opioid Epidemic, by building into the program co-occurring staff expertise and coordination with the new COPE program to support individuals and families who have experienced an Opioid Overdose.

- Timeline –  
Trainings, such as MHFA, QPR and Community Conversations, will continue throughout FY 2018-19.
- Fiscal and Other Resources –  
Financial resources to support our continued education and outreach efforts will be determined as events are scheduled.
- Tracking Mechanism –  
Evaluation tools are used in all trainings provided.

### E. Existing County Mental Health Services

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization		
Adult	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Child/Youth	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
ACT or CTT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence Based Practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services		
Telephone Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Consumer Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

\*HC= HealthChoices

## F. Evidence Based Practices Survey

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County/ Joinder (approx.)	What fidelity measure is used?	Who measures fidelity? (agency, County, MCO, or State)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	Y	60	TMACT	MCO	Annually	Y	Y	
Supportive Housing	Y	162	Contract Oversight	CYF	Annually	N	Y	
Supported Employment	Y	49	SAMHSA & Supported Employment Toolkit	County	Annually	Y	Y	
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	Unknown	Dual licensure	State & County	Annually	N	N	
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	Y	27	Contract Oversight	CYF	Annually	N	Y	
Multisystemic Therapy	Y	52	MST Institute Specific	County & MST Institute	Annually	N	Y	
Functional Family Therapy	N							
Family Psycho-Education	N							

### G. Additional EBP, Recovery Oriented and Promising Practices Survey

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	72	
Compeer	Yes	85	
Fairweather Lodge	No		
MA Funded Certified Peer Specialist- Total**	Yes	13	CPS offered at 4 Adult Core Providers
CPS Services for Transition Age Youth	No		
CPS Services for Older Adults	Yes	Unknown	
Other Funded Certified Peer Specialist- Total**	Yes	8	CPS offered at 4 Adult Core Providers/Peer Recovery Center
CPS Services for Transition Age Youth	No		
CPS Services for Older Adults	Yes	Unknown	
Dialectical Behavioral Therapy	Yes	85	
Mobile Meds	Yes	314	
Wellness Recovery Action Plan (WRAP)	Yes	Unknown	
High Fidelity Wrap Around/Joint Planning Team	Yes	43	
Shared Decision Making	Yes	Unknown	Offered at 3 Adult Core Providers
Psychiatric Rehabilitation Services (including clubhouse)	Yes	270	
Self-Directed Care	No		
Supported Education	Yes	Unknown	
Treatment of Depression in Older Adults	Yes	203	
Consumer Operated Services	Yes	Unknown	
Parent Child Interaction Therapy	Yes	23	
Sanctuary	No		
Trauma Focused Cognitive Behavioral Therapy	Yes	28	
Eye Movement Desensitization And Reprocessing (EMDR)	No		
First Episode Psychosis Coordinated Specialty Care	No		
Other (Specify)			

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

\*\*Include CPS services provided to all age groups in Total, including those in the age break outs for TAY and OA below

## H. Certified Peer Specialist Employment Survey

<b>Total Number of CPSs Employed</b>	<b>21</b>
<b>Number Full Time (30 hours or more)</b>	<b>11</b>
<b>Number Part Time (Under 30 hours)</b>	<b>10</b>

### **INTELLECTUAL DISABILITY SERVICES**

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

A full spectrum of services has been defined for those enrolled in waiver services. These include both in home supports, day or community participation and employment supports, other out of home supports, including but not limited to, licensed residential supports. All services are limited by funding availability and are to be used only after exhausting other supports and services available from natural supports and through school, physical and behavioral health insurance(s), the Office of Vocational Rehabilitation, etc. Some services are excluded for individuals under certain ages. In addition to waiver funded supports, HSBG resources are available to those with a diagnosis of Intellectual Disability. These include some, but not all, service offerings available to those enrolled in waiver. Also available are small amounts of funding support for respite, camps and home/vehicle adaptations. HSBG funding is primarily targeted for transition into future waiver funding. When individuals have very low level needs, waiver resources are not available and/or in rare cases, when an individual is not eligible for waiver resources, these funds can be used longer term as available.

This year the Office of Developmental Programs expanded access to apply for Waiver for those with a diagnosis of Autism not concurrent with an Intellectual Disability who also met Level of Care need eligibility. For a person in this category, they must also be eligible and receiving Medical Assistance. Individuals who have Medical Assistance in a category that provides for Targeted Services Case Management will be offered choice of Supports Coordination Services. Those who have not been determined eligible for Medical Assistance will be referred to other generic community supports; consistent with described needs. This may include, but not be limited to, Medical Assistance Programs, Food Stamps, Energy Assistance, Mental Health Base Services Core Providers, Subsidized Housing, etc. They will also be provided information on Life Course tools and opportunities and referred back to the Bureau of Autism Services. For individuals with Autism enrolled in a waiver, the full continuum of services will be available as with those with Intellectual Disability.

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

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

for present needs, it is considered an Emergency Need. It is important to include other details such as graduation dates and if a person has caregivers who are considered aging (defined as 60 years old or older).

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

This year, the Office of Developmental Programs incorporated “Charting the Life Course” tools systems-wide. These tools allow individuals who are planning for their future or current needs to create a vision for “A Good Life”. The individual, along with others of their choosing, can work to identify current barriers to reaching that vision and what strengths they bring toward achieving it. It is then hoped that plans can be developed to gain support through the “3 Buckets” that include (1) Discovery and Navigation: having the information and tools you need to navigate life; (2) Connecting and Networking: making connections with peers and resources to help you navigate; and (3) Goods and Services: the tangible items you buy and use and the public and private organizations in your community to access for support.

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

	<b>Estimated Individuals Served in FY 17-18</b>	<b>Percent of Total Individuals Served</b>	<b>Projected Individuals to be Served in FY 18-19</b>	<b>Percent of Total Individuals Served</b>
Supported Employment	62	29%	70	30%
Pre-Vocational				
Community Participation	21	3%	25	3%
Base Funded Supports Coordination	1,140	69%	1,080	63%
Residential (6400)/unlicensed	9/2	3%/18%	7/2	2%/23%
Life Sharing (6500)/unlicensed	2/0	4%/0%	3/0	5%/0%
PDS/AWC	0	0	0	0
PDS/VF	0	0	0	0
Family Driven Support Services	350	100%	350	100%

## ***Supported Employment***

### ***Services Available***

All individuals who are preparing to graduate, or who have graduated, are expected to explore employment. Supports are to be provided through school services to transition all youth toward employment. Supports through the Office of Vocational Rehabilitation (OVR) are to be accessed and fully used or denied by OVR prior to accessing Intellectual Disability (ID), HSBG, or ODP Waiver supports. Resources are budgeted to support appropriate Job Supports needed to achieve training and re-training as indicated by the needs of the individual. This service is designated for competitive employment outcomes. Individuals with the most emergent and/or higher needs will be prioritized for waiver enrollment as slots become available. Persons with lower-level needs may be supported with HSBG funds for extended periods or until their needs become a priority for waiver enrollment. There are some individuals for whom income excludes them from access to waiver services.

Chester County expects all Supports Coordination Organizations (SCO) staff to use Employment First values and actions in planning for individual needs. Our local school districts have access to Discovery as a transitional activity. These supports are defined by the individual's Individualized Education Plan (IEP). Individual Service Plans (ISP's) that include Community Participation Support (formerly just Pre-Vocational 2390 licensed services) and Employment Supports must identify measurable outcomes that lead toward employment. It is the expectation, and an Office of Developmental Programs (ODP) requirement, that the Supports Coordinators (SC) monitor progress ongoing. When supports have NOT resulted in progress toward employment, ISP teams must justify the appropriateness of chosen providers and/or the continuation of these supports, or make modifications to the outcomes. Chester County will continue our funding approach in FY 2018-19; however, due to drastic increases in the Community Participation rates (as well as other service rate increases), access may be more limited based on available resources.

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

Chester County will continue to work with stakeholders on collaborative work projects that are identified by the Employment First Advisory Committee that provides community and participant awareness and capacity building opportunities. We will also remain engaged in the sponsorship of "Project Search" and outcomes for young students transitioning from school to employment. Use of the "Charting the LifeCourse" tools will hopefully foster a vision for employment in youth at an earlier age that can be supported through school transition and beyond. Additionally, appropriate use of Community Participation Supports will be expected to foster employment exploration and transition of both youth and adults who have historically not moved beyond the pre-vocational programs.

The Office of Developmental Programs (ODP) is now requiring additional staff training and certifications to deliver services associated with employment and Community Participation. The trainings are directed toward expanding skills and interest mapping, customized employment, and job carving. We will continue to work with the local schools to support increased participation in Discovery and transition to employment.

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

The Office of Developmental Programs (ODP), and possibly the OVR, need to take the lead on defining and providing the resources needed to support the shift to “Employment First”. This includes, but is not limited to, continued and possibly expanded requirements for job support agencies/staff to complete training that is needed to align practices with expectations and therefore opportunities for evidence based outcomes. Consideration to expand expectations for appropriate employment outcomes as it relates to Community Participation Service is needed. Targeted ongoing funding to carry out dialogues with community employers is essential to support needed development of employment opportunities that are unique and different. Additional opportunities for cross stakeholder dialogue and trainings to provide information and tools that are needed to shift from a job placement environment to a job and career development environment is needed.

Once again, this year we would request that the ODP consider incentives for Community Participation Service/pre-vocational providers to develop and implement practices that support individuals with appropriate skill/interest assessments and support measurable movement toward positive community employment. This might be a tiered approach to demonstrate the shift in program, as well as the end result of successful employment that matches skills and preferences.

### **Employment Pilot**

Chester County no longer participates in the Employment Pilot.

### ***Supports Coordination***

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

Chester County is rural in demographic and culture. Families report a lack of natural supports with no family members living close by to help with meeting overall family needs. While the ODP’s intentions to allow for families to be paid to support their family members has merit, it also had some non-intended side effects of diluting, if not totally deteriorating, natural supports that the Community of Practice and Life Course approach needs to be successful. Chester County is committed to efforts to fill the information/knowledge and community support bucket that are needed as foundational stones. We do intend to continue to provide and expand access to opportunities for families both directly and through Supports Coordination. It is expected that Supports Coordination begin having conversations about building family and community supports well before needs become a crisis. In this way, the families will be better equipped and then can use various available paid services to supplement and support life’s challenges. It is hoped that with the Office of Child Development and Early Learning’s (OCDEL’s) participation in the Life Courses, this may help foster empowerment and capacity for some families to be stronger, included in their communities and, therefore, more naturally supported. Through our work with the Southeast Regional Collaborative (Bucks, Chester, Delaware and Montgomery), we continue to strongly sponsor and coordinate opportunities to enhance the use of the Life Course tools. All efforts are focused on helping individuals and families to better develop and access the natural supports of family and community that are so needed to have individuals fully included in their communities.

Chester County is also sponsoring trainings for Supports Coordinators to build skills around effective monitoring and issues resolution. We plan to continue these efforts to include, but not be limited to, effective engagement before, during and after crisis, and how to support and develop informed decision making capacity so that individuals are more able to advocate for themselves and make their own decisions regarding life preferences and activities.

### **How County Will Assist Supports Coordinators to Plan for People on Waiting List**

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

Supports Coordinators will learn to more effectively talk with the families and use all available tools needed to plan and develop community and social capital, opportunities to be engaged and a valued part of their communities to build the "Good Life" and "Everyday Lives" that those without disabilities might experience. It is then that their visions can be further supported and enhanced by "goods and services". We will also be continuing to develop skills needed to look to information and knowledge for solutions as well as natural and community supports as opposed to steering strictly toward goods and services that are only available through eligibility and available capacity.

Finally, we expect that Supports Coordinators will educate families on the importance of accurately capturing these goods and service needs on the Prioritization of Urgency of Need for Service (PUNS) and how the PUNS works to allow for the best opportunity for effective prioritization and access to waivers/eligibility supports.

### **Collaborative Efforts County Utilizes to Assist Supports Coordination Organizations with Promoting Self Direction**

We will fully support the direction established through Employment First practices and appropriate use of Community Participation Services. We will also adhere to the Office of Developmental Programs' (ODP's) requirements for accessing non-community based supports. We will provide opportunities for individuals and families to enhance understanding and skills as they relate to having access to knowledge and information, networking and goods and services as needed and available resources across the community and programs.

We will continue to reach out to our families and communities through Community Conversations and challenge them to think differently. We will also continue to offer training to Supports Coordinators and providers and expect providers to train Direct Service Professionals (DSP's) so that they can move from taking people into the community to helping them be known and valued in their community.

## ***Life Sharing and Supported Living Options***

### **How the County Will Support Growth of Life Sharing and Supported Living**

Life Sharing is an out of home residential support that works well for individuals who would like to remain part of a “family type” support as opposed to living in a group home. We have been successful in transitioning individuals from home to Life Sharing when the individual would be unable to be successful living in their own apartment or home in the absence of natural supports. Supported Living was added this year to provide for needed levels of support in a person’s own home (not living with family) that includes 24 hour back up support. We would expect to plan to support an individual’s choice for receiving support out in their own home; however, we see this as one that would not be feasible on both a planned and emergent basis.

We will continue to offer individual and family sessions to help people understand what Life Sharing and Shared Living are and the benefits of this model that cannot be provided in traditional residential programs. These sessions will be provided in large groups, as well as in family homes. Targeted contact is offered to any individual or family who feels they may need out of home supports in the next two years. We will also continue to budget for some individuals with intellectual disability to move into these support options even when waiver capacity is not available and based on both natural life priorities and emergencies when possible.

### **Barriers to Growth of Life Sharing and Supported Living in Chester County**

We continue to work to provide information to stakeholders, including but not limited to, individuals and families on the values and benefits of Life Sharing. Much of this has focused on correcting the “stigma” that Life Sharing is “foster care for adults” and helping families to understand that the supports do not replace natural families and that Life Sharing is a supportive, sharing and mentoring environment unlike foster care that is intended to provide parental support. We believe that if funding were not a barrier, more individuals would be able to transition into Life Sharing before a crisis presents and increased need or escalating behaviors become timing or programmatic barriers to this option. At these times of crises, teams tend to lean towards group homes as the perceived most viable and immediate option. When this happens, individuals are less likely to leave these settings and go into Life Sharing.

There are significant barriers for most individuals being able to afford their own housing that may preclude many from being able to have their support through the Supported Living service. Given the need for access to transportation and community resources a person may need, this further limits where a person can explore living. Locations that meet these needs are either very costly or may present concerns for safety.

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

As a County, we encourage Life Sharing first when a person is considering or planning toward respite/placement. We have historically done this and would like to continue to provide this opportunity to reduce the number of people who may end up in settings that are not fully needed when individuals find themselves in the midst of an unanticipated crisis.

We have wonderful long term relationships with our local Life Sharing provider partners. We have encouraged development of new licensed homes to be used for periodic and emergency respite situations that can be available when needed. This has allowed us to expedite several situations that had wonderful outcomes. However, recent payment structure changes have resulted in providers still assessing their capacity to expand and what types of individuals they can best support well.

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

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

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

The ODP should consider budgeting for the \$5,000 development and start up resources again. Additionally, this should be available to a Life Sharing agency regardless of funding used to support the person. The resources used to do this are 100% state funded and if it is truly an initiative that ODP supports, an agency which is willing to provide a Life Sharing opportunity for a person when a county is providing non-waiver resources to support the situation should not be excluded from this start up incentive.

We believe that Life Sharing agencies must be adequately financially supported to develop provider homes that are available for respite, transitional opportunities during emergencies and long term homes that must occur before any service can be billed as “start up”. Funding through state set rates must allow for individuals supported through Life Sharing and Supported Living to retire and not participate in a “day program” when appropriate.

ODP must complete the standardized assessment, Supports Intensity Scale (SIS), for all people registered as it is used to determine rates for both Life Sharing and Supported Living. Without this, counties and providers are unable to plan when waiver resources are not available or even to explore potential interested providers until the SIS is completed.

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

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

It is very important for all systems to work collaboratively to assure access to and blending of appropriate and needed supports. There will be continued focus on communication and training for individuals, families, providers and teams supporting individuals with complex needs, including medical needs. Additionally, administrative support for cross-systems discussions through “High

Risk” meetings for both youth and adults will be maintained to support both individual and financial planning.

Chester County DHS collaborates on several trainings each year, entitled Accessing the Child-Serving and Adult-Serving Systems, to inform County staff, provider staff and the general public about the services and operations of each of the human services departments. These trainings provide an overview of all of the human service departments, as well as the Department of Community Development and the Chester County Health Department. These cross-systems trainings will continue in FY 2018-19.

After several years of System of Care (SOC) work, the Chester County Department of Human Services has developed strong working relationships through a variety of cross-systems communication channels. The Department of Mental Health/Intellectual and Developmental Disabilities (MH/IDD) routinely collaborates with other departments on individual cases, as needed. The Administrative Entity (AE) continues regular reviews of complex and high-risk cases for identification of those who may need out-of-home placement or cross-systems supports. This approach has been successful in managing risks and avoiding institutional placements and will continue in FY 2018-19.

Chester County has also recently hired a staff person in the ID unit with experience in children’s at-risk transition, specifically to support those who have needed out of home placement through children’s behavioral health residential treatment facilities. It is hoped that by engaging in team discussion for transition that start well before age-out, we will be in a better position to help identify providers and develop plans for funding and programming once these services are no longer available or appropriate.

### **How the County Will Work with School Districts to Enhance Early Engagement of Children and Promote the Life Course/Supporting Families Paradigm**

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

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

During interactions with schools, we ask that they encourage all families to explore service eligibility early. They are encouraged to have this dialogue as part of the Individualized Education Plan (IEP) process to assess if the individual is registered with Intellectual Disability (ID) services

and if the family would like the Service Coordinator to participate in the IEP process, especially for those individuals who are of transition age.

When individuals are referred to our office, but determined not eligible, information about other service systems that they may be eligible for is provided to the family by the intake staff.

Advocacy support is provided through a contract with The ARC of Chester County for families to receive support for both in school navigation, as well as adult service navigation.

Work is being done to build partnerships that provide for expansion of knowledge, opportunities for exposure, and support at the individual and family level to explore the concepts and tools to help build it into the fabric of our communities. Use of Life Courses at all the aforementioned engagement opportunities in addition to during intake, registration, and annual individual planning meetings is underway and will continue. Additionally, our Early Intervention unit has fully embraced this work and has already started including it into their day to day practices.

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

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

### ***Emergency Supports***

#### **How Individuals in Emergencies Will Be Supported in the Community Regardless of Capacity**

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

#### **County's Emergency Response Plan**

Our County's emergency plan in the event an individual needs emergency services, residential or otherwise, is the same whether identified during normal work hours or outside of normal work hours. It is the expectation that the Supports Coordination Organization/Supports Coordinator

(SCO/SC) work directly with the individual/family to support and coordinate needed emergency support. It is required that the SCO contact the ID Administration when any emergency is first identified. The ID Administration and SCO will partner to support and triage the situation as appropriate.

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

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

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

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

The County holds a contract for crisis services that may also be accessed for behavioral health emergencies. This includes both mobile crisis intervention and crisis residential supports. The County ID program holds a supplement to this crisis contract to assure that the provider is skilled in supporting individuals with Intellectual Disability and Autism who are experiencing a crisis who also have an Intellectual Disability or Autism. The Health Care Quality Unit trainings as well as other relevant trainings are used to assure that staff has sufficient knowledge as well as the support of a specialty worker whose role is to offer additional technical assistance and support during and through a crisis situation. The telephone number to reach the ID Deputy Director and MH/IDD Administrator are available to the MH/IDD after hours delegate, as well as the Crisis Intervention and Residential Support provider.

**Administrative Funding**

Waiver Administration is insufficient to support the continued growth in ODP defined expectations and the recent expanded eligibility to include those with Developmental Disability ages birth-8 likely to lead to a diagnosis of intellectual disability as well as those with just a diagnosis of Autism who also meet criteria assessment of adaptive deficits. There have been no increases provided for Waiver Administration funding since 2006. There has been a significant increase in waiver enrollment through the waiting list initiatives each year with a cumulative increase in registration of almost 13% prior to the aforementioned expanded eligibility and increase in waiver enrollment that is now in excess of 35%. While we are grateful that the ID initiatives have provided funding opportunities for some individuals each year, the growing percentage of waiver participants and the administrative oversight involved has far exceeded the apportioned Wavier Administration provided. Priority is given to Individualized Service Plan (ISP) reviews, eligibility and other required activities. This leaves little time for development of new

and innovative initiatives to support positive impact in service delivery that we know is so desperately needed to help foster an environment that best supports opportunities for “Everyday Lives”.

Funding for individual supports, anticipated changing needs and program enhancements is planned to maximize use of the ID resources. Annual budgeting for the known needs is completed prior to the start of each fiscal year. Maintenance of effort is applied consistent with the known needs and priorities. For unanticipated needs, budget reviews and prioritization is determined by the Policy Team.

### **How County Will Use Trainers**

The County will continue to share information regarding sessions available for all stakeholders to broaden their views and skills as they relate to Person Centered Thinking and use of the Life Course tools. Presentations and training have been given for providers, Supports Coordinators, family groups, schools and for individuals and families on a 1:1 basis. Chester County has joined with Bucks, Delaware and Montgomery Counties as a regional collaborative and continues to expand exposure across the broader stakeholder community. As per the FY 2017-18 Administrative Entity Operating Agreement, we have and will continue to foster an environment that helps individuals define a “Good Life Vision” so that supports can be appropriately directed to the greatest success.

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

The County holds a contract with The ARC of Chester County for advocacy and outreach. This has been and will continue to be part of the method for sharing information and training opportunities with stakeholders. The Partnership and other training resources have been used to provide sessions that have allowed families to work and receive training from other families. Additionally, we plan to expand opportunities to build in networking time to these sessions. This will allow families of like interest, needs and geographic residence to meet and build natural supports and friendship opportunities.

We are very fortunate to have a Parent Advisor available to us through the Parent Advisory Network who is part of the Community of Practice/Life Course project. She is committed to the project and partnering with us and others in the regional collaborative to expand opportunities while providing her well balanced counsel of a family perspective. Her support, as well as the support of the other Parent Advisors, on the project has kept us focused and steering toward the best outcomes for individuals and their families.

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

We will need the ODP to continue to support the Community of Practice project! The ODP must also expand training opportunities for individuals and families that is easily accessible. Ease of access is just one piece of moving toward simplifying ODP. Particular attention needs to be given to support those who may choose to self-direct services; another strategic goal of the ODP. The key is knowledge and information that will help families begin planning and mapping earlier and then maximizing access and

use of supports across all realms. Currently, the My ODP portal is difficult to navigate and some information and/or trainings are buried under the Administrative Entity or provider access links that make it difficult or impossible for families to access. Additionally, listserves/information for families who are interested in or participating in self-directions similar to providers is needed.

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

The County continues to participate in the regional contract held by Philadelphia County as the HCQU contract lead. In FY 2012-13, the resources were reduced in this contract by 10% and, therefore, compromised access to the support of the HCQU in comparison to previous years. This included only having access to a part-time nurse to support teams that were struggling with both physical and behavioral health difficulties. Chester County did begin a supplemental contract with the HCQU in FY 2013-14 to resume having access to a full-time nurse and continues to do this. Additionally, resources to improve access to much needed behavioral health support will continue. Informational and Training announcements are shared widely to provide access to all stakeholders as desired. We do feature HCQU resources in our monthly newsletter, "Everyday PossAbilities". Medical transition reviews are done by the HCQU unit for any individual transitioning from home or a non-ODP setting into an out of home residential service so that a beginning medical snapshot is available as a starting point for good health care outcomes. Teams supporting challenging cases are encouraged and sometimes directed to access community health reviews to support broader review and prioritization of issues that may be contributing to behavioral or medical challenges.

We do have a staff point person who oversees the activities and trainings provided through the HCQU and loops back to check on implementation of recommendations. She also does outreach to identify trainings that the larger network feels are needed. All communication, announcements and training opportunities are coordinated through this staff person. She is also the quality and risk manager which nicely intersects with these duties.

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

Presently, we have only been able to use data as it relates to individual activities and not Quality Management (QM) activities. The data at the provider level is challenging. We have found it difficult to assess participation of the local provider network from the data as many providers are not geographically located in Chester County and, therefore, may be captured under the data of other counties. Feedback has been given to the HCQU to strategize on ways to change sign in, etc. to reflect location of service provision and not administrative location.

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

There is a designated staff person assigned to tracking close the loop activities as it relates to IM4Q. This staff person is also assigned appropriately to Quality and Risk oversight. In addition to the routine reviews and exchanges that happen to support the IM4Q process, representatives from the local IM4Q team have been part of discussions as it relates to quality activities and do directly engage with and represent stakeholder views found during the IM4Q process. The local IM4Q has been an active participant in the MH/IDD Board and ID

Subcommittee for years. The IM4Q program provides annual summaries to providers, staff and Board members.

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

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

During the past year, there has been an expansion of information as it relates to supporting those with Autism Spectrum Disorder (ASD) given the expanded eligibility for waiver support. We realize that we also have many individuals who are dually diagnosed with ID and ASD and, therefore, have been encouraging providers for years to expand their skill sets. We do include ASD specific announcements out to the broader stakeholder group through all the previously identified methods.

Most recently, the DHS and MH/IDD did move forward on the implementation phase of a Dual Diagnosis Treatment Team (DDTT) that is scheduled to start phase-in beginning May of 2018. Resources have been committed to access support for five individuals at any one time and will be prioritized through collaborative discussions with Community Care Behavioral Health (via DHS) and the ID unit of MH/IDD.

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

The ODP needs to hold their contracted providers to the same or higher standard of partnership and training that they hold for Supports Coordination Organizations (SCOs) and County Administration. This has created a gap in knowledge and skills which has created barriers to team process, does not support quality development that is equal across stakeholders and potentially limits opportunities for individuals to receive needed and appropriate supports.

The ODP should consider the use of additional identifiers to support families in choosing providers who are truly skilled, not just willing to provide support. We have seen too many bad outcomes and gaps when providers have been qualified who do not have the skill sets to support even the most basic needs let alone complex needs.

### **Risk Management Approaches**

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

During Individual Service Plan (ISP) review, Incident review and other points of contact around identified risk, staff from the Administrative Entity (AE) work to assure that the team has

identified full risk mitigation strategies that are to be used. We are doing additional check-ins on these cases on an as needed basis.

This year we did begin a pilot to do administrative review at residential sites. Priorities are given to provider homes where there are concerns with high-risk situations or trended concerns identified. These reviews are short window announced (typically 12-24 hour notice) and include full site reviews for physical site safety, staff interactions, programmatic implementation to name just a few. Post visit debriefs are scheduled and feedback given to the provider, both positive and of concern. Corrective actions are requested as appropriate and the ODP will be notified if there are emergent concerns or continued unresolved concerns/issues.

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

Resources and information are shared with stakeholders through several mechanisms, including but not limited to, the ID Board Subcommittee, "Self Determination", the monthly ID and MH Newsletters, and email lists.

The staff in the unit has all been trained to look for risk issues and report them to the risk team as needed. Conversations are had as needed to support both expedited and longer term corrections at the individual and broader programmatic level. This is something we talk about with stakeholders as a standard operating procedure. We do request that providers meet with us on a regular basis to review changes, expectations and concerns. We have received positive feedback on the collaborative efforts to resolve, but it is known that resolution of issues and concerns is non-negotiable and expected.

The SCOs are expected to report provider concerns, both specific and general regarding the performance of any provider or concerns for an individual. The SCO's are included in any plans that may impact the individuals they support.

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

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

We would also suggest video-taped sessions on incident management, mandated reporting, etc that may come into play if concerns are identified in a family home. We strongly believe that understanding what will happen if and when there is a reportable concern will allow all parties to remain focused on resolution. While Administrative Entities provide family training opportunities, many families find it difficult to come out for live sessions.

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

We work directly with the Housing Coordinator whose office is within our department. She has provided global training on a very complicated, multifaceted system. The County uses

Connect Points as the access point to shelter needs and rapid re-housing as needed. We are able to assist all families and individuals with Intellectual Disability or Autism to secure short term vouchers for hotels and navigation assistance to provide for assessment for housing vouchers. For individuals with Intellectual Disability, we have provided Family Support Service resources to supplement these resources and then to provide short term or longer term support for In Home and Community Supports or Employment Supports needed to help sustain income to meet monthly rentals, etc.

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

The County expects all contracted providers to have an Emergency Preparedness Plan. The County Emergency Services Department offers support to community providers to assist with the development of plans and to do “audits” of existing plans. These offerings will continue to be available to all providers supporting programs in Chester County. Announcements for these opportunities are shared through established e-mail lists that are maintained and updated at least annually. Plans are reviewed during contracted provider monitorings. It was disappointing that the ODP removed this from the Quality Assurance and Improvement requirements.

#### ***Participant Directed Services PDS***

##### **How County Will Promote PDS (AWC VF/EA), including Challenges and Solutions**

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

We believe many of the issues are the same and are fortunate to have a local AWC that goes beyond the scope of duty to make this a less risky venture than VF but nonetheless it is still a high risk. See below.

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

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

##### **How County Will Support Provision of Training to SCOs, Individuals and Families**

The County will continue to support trainings for all participants to better support health, self-advocacy and control. This includes sessions on reporting abuse, expanding understanding of mandated reporting and certified investigations for all stakeholders (provider/staff and consumers/families), incident management and risk management in programs and family

homes. Philadelphia Coordinated Health Care (PCHC), which is the southeast region Health Care Quality Unit (HCQU), will continue to be available to provide large group and individual trainings for improving health. We do not feel that training specific to the PDS model beyond this should be taken on by the individual Counties/AE's but should sit squarely with the ODP.

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

We believe that the ODP must step up with resources and trainings for families managing employees and commonlaw employers in order to safely move forward with expanding this model.

### ***Community for All***

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

Chester County currently has five individuals residing in State Centers. None are currently identified Class Members desiring movement into the community. We did have one individual who despite family opposition to general class member rights, did return to her community as part of the closure of the Hamburg Center. The family of another individual who resided at the Center did choose to not return and was transferred to another Center. Chester County continues to support any person who would like to move from a congregate setting into the community and encourages all teams of these individuals to continue to support consideration of the least restrictive setting. We do unfortunately have challenges when there is not access to new resources to support these moves unless a provider has engaged in conversion of their Intermediate Care Facility service to community based. We believe there are at least some individuals who are residing in campus-type adult programs who could be successful in the community. At present, there is a combination of team/family resistance and lack of provider resources to support individuals who have complex and challenging needs outside of a congregate setting. We will continue to support and collaborate with potential providers to develop appropriate homes, whenever possible.

### **HOMELESS ASSISTANCE**

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

The continuum of services in regards to DHS HAP Funds is as follows:

- Emergency Shelter (Good Samaritan Services and Friend's Association)
  - Emergency Hotel Vouchers and Homeless Diversion for Families – Specifically focuses on families with young children and/or pregnant women. Note that a family that is given a hotel voucher is considered in “emergency shelter”.
- Transitional Housing and Transition in Place (PA Home of the Sparrow, Friend's Association, and Domestic Violence Center of Chester County)
- Rental/Security Deposit Assistance to prevent homelessness (Human Services, Inc.)

Due to ongoing limited Emergency Shelter availability for families, Friend's Association has significantly increased the number of emergency hotel vouchers for this population to ensure that families with children experiencing homelessness are not on the street. The “Transition in Place” Programs have continued to be very successful (PA Home of the Sparrow and

Friend's Association) and have been able to increase the number of families who maintain their housing from the last fiscal year. PA Home of the Sparrow has continued their site based Transitional "Pre-Senior Bridge Housing", with units in West Chester and Coatesville to serve women aged 55-61 until they can become eligible for permanent subsidized Senior Housing. The gap in funding for Emergency Rental Assistance, particularly Security Deposit Assistance for homeless households, has been somewhat alleviated now that there are more Rapid Re-Housing funds available, but it remains a vital program in preventing homelessness.

### ***Bridge Housing***

#### **Services Provided**

"Bridge Housing" will continue to consist of two residential Transitional Housing Programs: Domestic Violence Center of Chester County (serves families experiencing domestic violence issues) and PA Home of the Sparrow (serves single women experiencing homelessness between the ages of 55-61). During FY 2017-18, PA Home of the Sparrow opened a second unit in Coatesville. The two "Transition in Place" Programs administered by Friend's Association and PA Home of the Sparrow provide financial assistance to keep people in their current housing or re-house families from their shelter to permanent housing.

#### **Evaluation of Programs**

The Department of Community Development conducted an onsite monitoring at each of these programs during FY 2017-18 and our data indicates that the requests/need for assistance has increased while the Transition in Place model implemented has allowed the providers to serve far more families and increase the number of placements into permanent housing, as well as preventing homelessness.

#### **Proposed Changes**

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

### ***Case Management***

Case Management is not currently funded through Homeless Assistance Program (HAP) funds nor are there any plans to do so in FY 2018-19.

### ***Rental Assistance***

#### **Services Provided**

The primary "countywide" rental assistance provider under the Housing Assistance Program (HAP) will continue to be Human Services, Inc. The documented need and requests for this service have remained consistent despite the addition of several Continuum of Care Rapid Re-Housing programs. The Department of Community Development (DCD) has again added additional resources (Housing Trust Program Funds) to the provider in order to meet the need. We continue to see a trend of larger families (4+ children) requesting Rental Assistance.

#### **Evaluation of Programs**

Annual monitoring of the provider, both programmatically and fiscal, is completed every fiscal year.

## **Proposed Changes**

None at this time.

## ***Emergency Shelter***

### **Services Provided**

The two providers will continue to be Good Samaritan Services and Friend's Association. It should be noted that the Coordinated Assessment Provider, ConnectPoints, has continued to report the trend that there are a significant number of families experiencing homelessness that cannot be placed into Emergency Shelter due to lack of space/slots. We are also seeing larger families (4+ children) requesting Emergency Shelter Services. In order to meet this need Friend's Association has expanded their Emergency Hotel Voucher program focusing on women with young children and pregnant women when shelter space is not available. Due to the emergence of more pregnant women and households with infants reporting homelessness, we would like to maintain the additional funding we received for this program in FY 2018-19 if possible. Note that DCD also provided Housing Trust Funds to this program during the 2017-18 fiscal year.

Good Samaritan Services will continue to serve single men. Friend's Association will continue to serve women with children and families (includes "intact" families with a father/husband present).

### **Evaluation of Programs**

Annual monitoring of the provider, both programmatically and fiscal, is completed every fiscal year.

### **Proposed Changes**

There will be no changes in site based emergency shelter provision through HAP for FY 2018-19.

## ***Other Housing Supports***

At the recommendation of the National Alliance to End Homelessness (NAEH), the Department of Community Development (DCD) would like to expand the Homeless Diversion Program offered through our Coordinated Assessment provider (ConnectPoints). This program assists individuals and families at or near homelessness seeking shelter by helping them identify immediate alternate housing arrangements or to keep their existing housing through direct intervention by working with family members and other natural supports, connecting them with services, and/or financial assistance. We would like to expand this program in FY 2018-19 if funding is available.

### **Evaluation of Programs**

*If funds were available to implement this proposed "Other Housing Support" in FY 2018-19, an annual monitoring of the provider, both programmatically and fiscal, would be completed during the fiscal year.*

### **Proposed Changes**

*We cannot identify any proposed changes at this time as we are not certain funds will be available to implement an "Other Housing Support" program in FY 2018-19.*

### **HMIS Status**

The Chester County Department of Community Development (DCD) has maintained a robust HMIS system (Chester County Client Information Management System (CCCIMS) through Mediware Information Systems, Inc. All of our contracted providers, except the Chester County Domestic Violence Center, are required to enter all client data into CCCIMS. Our Coordinated Access Provider also conducts the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) for anyone needing to access Emergency Shelter to ensure that those with the greatest need are given priority to available shelter beds. Our current HMIS system is fully compliant with all HUD guidelines. In addition, DCD uses our HMIS system to share data with the Chester County Departments of Mental Health/IDD and Human Services in order to cross reference to identify high needs and help target resources in both systems to better assist in a full continuum of care that includes Permanent Supported Housing opportunities.

### **DRUG AND ALCOHOL SERVICES**

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

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

- “Decentralized” access to services through five (5) points of entry at subcontracted providers located throughout Chester County.
- Points of entry providers complete a screening tool and assess Level of Care. Contractual standards ensure that an emergent situation will be addressed within one hour of the initial call. Urgent issues must be addressed within 24 hours and routine assessments must be scheduled within three (3) business days.
- Two other points of entry providers that service sub-populations for specialized services, (methadone maintenance and adolescent treatment).
- An after-hours protocol (“non-business hour”- nights, weekends, holidays) for all County Hospital Emergency Departments and contracted Outpatient Providers.
- A full continuum of services to include Outpatient, Intensive Outpatient, Partial Hospitalization, Medically Managed Detox, Medically Managed Rehab, Medically Monitored Detox, Medically Monitored Rehab and Halfway House through 25 contracts (over 50 provider sites) with licensed programs to meet the substance abuse needs of Chester County residents. Medication Assisted Treatment (MAT) is part of the services available.
- Services include programs that address sub/specialty populations and their needs (Women with Children, Co-occurring- Mental Health/Drug and Alcohol, Adolescents, forensically involved, opiate addiction etc.).

### Wait List for Each Level of Care

	# of Individuals	Wait Time (days)**
Detoxification Services	0	0
Non-Hospital Rehab Services	0	0
Medication Assisted Treatment	0	0
Halfway House Services	0	0
Partial Hospitalization	0	0
Outpatient	0	0

### Overdose Survivors' Data

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
Unknown	25*	3**	141***

\* The data is not available through a state or other agency. We have begun to collect some relevant data.

\*\* These numbers only represent individuals who came to our attention through our current “warm handoff process” as described below.

\*\*\*Based on the Chester County Coroner’s report there were 141 overdose deaths in the County in 2017. These include accidental as well as suicide.

The Department has been working with the five In-County hospitals for many years, with each currently participating in a “warm hand-off” procedure to refer patients to Substance Use Disorder treatment. For clients eligible for Chester County Department of Drug and Alcohol Services (CCDDAS) funding, protocols are in place with each hospital to refer individuals directly into detox from the Emergency Department (ED) 24 hours a day. During regular business hours (Monday-Friday, 8:30 AM to 5:00 PM.) referrals must be pre-approved by CCDDAS who will facilitate the transfer of approved patients to the nearest available detox facility. After-hours, and on holidays and/or weekends, hospital Emergency Departments are authorized to refer patients directly to four contracted detox units and the detox provider must advise CCDDAS of the admission the next business day. Emergency Department staff at hospitals has also been given resources and information to refer insured individuals into Substance Use Disorder treatment through their insurance company.

The CCDDAS is in the process of contracting with a provider to enhance our current detox protocol. The provider will be implementing an innovative community outreach approach utilizing an on-call Engagement Team comprised of a Project Coordinator/Navigator and a Certified Recovery Specialist available to two high volume local hospitals in Chester County, with a plan to expand into all five hospitals. The Engagement Team will provide one-on-one support for both non-fatal overdose survivors and their accompanying family/friends to help the survivor enter treatment/move towards the decision to enter treatment.

The Engagement Team will respond to all inquiries/requests for assistance from the identified hospital sites via a dedicated phone line. Staff will arrange to meet the client at the ED within one hour of receiving the call from the ED; engage client and family in accessing treatment and link them to needed ancillary services including Medical Assistance benefits. They will also coach and mentor during the early phases of recovery and continue working with the client as they progress through

their treatment episode and return to the community utilizing weekly and monthly Recovery Management Checkup calls for at least 3 months following the ED admission. If a client refuses treatment or leaves the ED against medical advice, with the patient’s or family member’s consent, the hospital staff can contact the provider, and the on-call/Engagement Team member will reach out immediately, if possible, or within 24 hours of contact to try to engage the client. The provider will also train hospital staff on resources to share with clients and their families/friends and identified community support systems.

Additionally, the Engagement Team will obtain patient/client permission and provide information and support to their family, as appropriate, even if the client refuses treatment. All family members and friends will be provided with an overdose fact card that contains information about opiates, overdose and Naloxone/Narcan. They will also be offered Narcan and relevant information on its use. Staff will provide supportive services for the family, provide basic Substance Use Disorder (SUD) education, connect them to the existing three-session Family Education Program which is offered by Pennsylvania Recovery Organization – Achieving Community Together (PRO-ACT) on a monthly basis, and provide follow-up calls to family members/friends as appropriate.

**Levels of Care**

<b>LOC</b>	<b># of Providers</b>	<b># of Providers Located in County</b>	<b>Special Population Services</b>
Inpatient Hospital Detox	2	0	co-occurring mental health
Inpatient Hospital Rehab	2	0	co-occurring mental health
Inpatient Non-Hospital Detox	13	1	co-occurring mental health, medication assisted treatment
Inpatient Non-Hospital Rehab	35	4	co-occurring mental health, medication assisted treatment, adolescents, women only, pregnant women, women with children, HIV, Spanish speaking
Partial Hospitalization	2	2	adolescent
Intensive Outpatient	6	6	co-occurring mental health, women, adolescent
Outpatient	6 (1 Methadone)	6 (1 Methadone)	co-occurring mental health, women, medication assisted treatment, Spanish speaking
Halfway House	19	0	women only, men only, women with children, Spanish speaking

**Treatment Services Needed in County**

Chester County Department of Drug and Alcohol Services (CCDDAS) currently contracts with over 60 programs representing the full continuum of care including, as indicated above.

While we maintain a robust continuum of treatment services, there are additional and/or enhanced services we have identified to best serve individuals with a substance use disorder. Some of these services have been implemented or are in the process of being implemented; others have not.

For those services that have been, or are in the process of being implemented continued funding to ensure their sustainability is crucial. For the others, sufficient funding for start-up and sustainability must be identified and available before we can move forward.

- Following are some of the most significant services that have been implemented within the past 12 to 18 months:

Certified Recovery Specialists – This is a service to provide peer support in the community for clients. It was originally funded through a HealthChoices reinvestment plan. Our department will be providing financial support to the program as it continues to increase its volume and becomes self-sustaining. We project a need to financially support this program for 15 months, and subsequently our need is for available funding for the entire 15 months.

Administrative Care Managers – We are currently funding these positions in our five outpatient/assessment programs. This began last year and is intended to provide additional support and resources to clients, as well as the clinical staff. Sustainability will be based on sufficient funds being available to our department.

Vivitrol – This initiative began in our outpatient programs approximately one year ago to ensure Vivitrol was available to individuals who received the medication while in residential treatment. We are now in the process of expanding its availability at the OP providers and used as an adjunct to treatment from the beginning, as appropriate. We are also expanding use to individuals reentering the community from jail. Funds for the medication as well as the administration and routine medical checks must be available to sustain this project.

Warm Handoff – Described in above section. Sufficient funds are needed to sustain the initiative in the two hospitals and additional funds will be needed to expand the services to the three remaining County hospitals.

Narcan Distribution – See Section below. Continued funding is needed to help support current efforts and expand education and distribution of the medication.

- The following initiatives are being developed or have been identified as a need and are being considered for implementation and/or enhancement/expansion:

Recovery House – Our Department in conjunction with the Department of Human Services and Community Care Behavioral Health are working to develop and open a recovery house in northern Chester County. The recovery house will potentially be funded by two separate reinvestment plans, one will be used to renovate the identified units and the second to assist in payment of services which should help to reduce costs to the clients. Funding assistance for services will also be available to clients through our department.

Medication Assisted Treatment – We are currently working with our Medicaid managed care organization and our contracted methadone provider to enhance and expand its services.

This will include expanding the selection of medications to include: Suboxone and Vivitrol; enhancing/expanding clinical services and developing a more robust and holistic approach to support services to include, but not limited to, case management, Peer Supports Wellness activities, etc.

Shelter Case Manager – We are currently developing plans and exploring financial options to fund a case manager within the shelter system who can work with individuals who have substance use/co-occurring issues, to engage and refer individuals to appropriate treatment and supportive services (e.g. case managers, Certified Recovery Specialist, etc.) in order to reduce homelessness and provide an opportunity for the individuals to receive needed services.

Spanish Speaking/Latino Services – We have identified the need to increase services for Spanish-speaking individuals, particularly outpatient and intensive outpatient substance use treatment. Funding consideration, including increased rates/differentials for bilingual staff and services will need to be considered.

**Access to and Use of Narcan**

Our Department has been involved with the purchase and distribution of Narcan, training on the use of Narcan and many public education and awareness events since August, 2016. We have collaborated with various County Departments, community organizations and others in these efforts and co-chair the County’s Overdose Prevention Task Force which includes Narcan education and distribution as a priority focus. Beginning in August of 2016, our Department, in conjunction with the County Health Department purchased 1,188 boxes of Narcan and distributed over 1,016 of them to those systems with whom the SCA has a signed Memorandum of Understanding (MOU). To date the County has 35 signed MOU’s with various community-based organizations, County offices, other government agencies, treatment and other direct care providers including but not limited to: local libraries, the County Coroner’s Office, first responders, homeless shelters, substance abuse outpatient programs, mental health treatment and case management agencies and La Comunidad Hispana. Additionally, our Department, along with its partner, Good Fellowship Ambulance Service, has provided Narcan training, which includes how to access substance abuse treatment in Chester County, to 324 individuals from various organizations, government agencies, treatment providers and the general public throughout the County of Chester.

**ASAM Training**

	<b># of Professionals To Be Trained</b>	<b># of Professionals Already Trained</b>
SCA	10	1
Provider Network	180	40

The SCA has been working with our HealthChoices Managed Care Organization (MCO), Community Care Behavior Health (CCBH), to determine the needs for ASAM training in our system and have begun scheduling the training. We have estimated that 200 individuals from the SCA, CCBH and our in-county providers will need the ASAM training and as a result we will need to schedule five trainings

within the County. Our plan was to have all staff trained by July 1, 2018. To-date, one training was completed in March and a second is scheduled for May. However, we have not been able to obtain additional dates from the training agency for the other three sessions. We are communicating with CCBH and the training agency to determine when additional trainings can be scheduled. In the interim, we are exploring opportunities for individuals to attend the training in other counties if openings are available.

Resources needed: There is a significant cost associated with the training which is currently being shared between the SCA, MCO and Department of Human Services. Funding has been allocated to pay for the five trainings needed to meet our system's need; however, all five trainings could not be scheduled by the July 1<sup>st</sup> deadline and many individuals will receive the ASAM training in early FY 2018-19. This does not account for the costs to providers for staff time in training, including the associated loss of revenue. In addition to the training, the transition to ASAM will require changes to policies and procedures at the SCA, MCO and providers. It will also require modifications to some data systems to reflect the ASAM criteria and levels of care, which are currently based on the PCPC. The specifics of how much staff time will be needed, how the transition will be accomplished and the potential costs have not yet been determined.

Note: There will be an ongoing need for additional ASAM trainings, and subsequently additional costs, as new staff are hired throughout the system.

## **HUMAN SERVICES AND SUPPORTS**

A primary focus of the Chester County Department of Human Services (DHS) is ensuring that residents of all ages can easily get information about, and be supported in accessing, available health and human services. While many enter systems based on a specific categorical need, many residents also have more generic or multiple needs. Recognizing this, Chester County uses these funds to primarily fund interagency coordination and generic services.

The Human Services Block Grant (HSBG) funds in the Human Services and Supports category have primarily been used for Information and Referral Services (I&R) through contracts with providers scattered throughout the County. In addition to providing basic information services, they also provide navigation and engagement assistance, often to meet basic needs. We currently fund five I&R providers through the Human Services and Supports funding in the HSBG. A total of over 8,500 unduplicated clients accessed services from the five contracted information and referral providers in each of the past three fiscal years. We anticipate at least 8,900 unduplicated I&R clients will again be served in FY 2018-19.

### ***Adult Services***

#### **Program Name**

No Adult Services will be funded through Human Services and Supports funding in FY 2018-19.

#### **Service Description**

#### **Service Category**

### ***Aging Services***

**Program Name**

No Aging Services will be funded through Human Services and Supports funding in FY 2018-19.

**Service Description**

**Service Category**

***Children and Youth Services***

**Program Name**

No Children and Youth Services will be funded through Human Services and Supports funding in FY 2018-19.

**Service Description**

**Service Category**

***Generic Services***

**Program Name**

Information and Referral Services

**Service Description**

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

**Service Category**

Centralized Information and Referral

Adult  Aging  CYS  SUD  MH  ID  HAP

**Program Name**

Case Management

**Service Description**

Case management that is not categorical specific, and provides services to individuals that may be involved in multiple systems is provided. This includes women reentering the community from jail as well as individuals with language needs.

**Service Category**

Service Planning/Case Management

Adult  Aging  CYS  SUD  MH  ID  HAP

***Specialized Services***

**Program Name/Description**

No Specialized Services will be funded through Human Services and Supports funding in FY 2018-19.

### **Service Description**

#### ***Interagency Coordination***

##### **How Funds Will Be Spent**

The Department of Human Services (DHS) coordinates across the categorical departments, (Aging, Children, Youth and Families (CYF), Drug and Alcohol Services (D&A), Mental Health/Intellectual and Developmental Disabilities (MH/IDD), Veterans Affairs and the Youth Center) ensuring the services are provided as an integrated system that is accessible to consumers and demonstrates positive outcomes. Human Services and Supports funds for Interagency Coordination are used for some of the staffing costs involved in this coordination, integration, and planning.

##### **How Activities Will Impact the System**

The Interagency Coordination funds support the involvement of DHS leadership in cross-system programs and efforts. For example, the DHS staff promotes and ensures that our System of Care and Recovery Oriented System of Care (ROSC) approach is an inherent part of all we do across the human services. This staff provides technical assistance, both programmatic and fiscal, to all the human service categorical departments (Aging, Children, Youth and Families (CYF), Drug and Alcohol Services (D&A), and Mental Health/Intellectual and Developmental Disabilities).

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

*(Please see attached Excel file)*

Public Hearing Proof of Publication

21ST CENTURY  
media

digitalfirst  
M E D I A

PHILADELPHIA GROUP

**AFFIDAVIT OF PUBLICATION**  
307 Derstine Avenue • Lansdale, PA 19446

**COUNTY OF CHESTER**  
601 WESTTOWN RD STE 310

P O BOX 2747

**WEST CHESTER, PA 19380**  
Attention: Cindy Scott

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

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

**COUNTY OF CHESTER**

**Published in the following edition(s):**

Daily Local News 03/22/18  
Daily Local News Digital 03/22/18

**PUBLIC HEARINGS**  
County of Chester Board of Commissioners  
Department of Human Services  
Monday, April 9, 2018  
AT 4:30 PM  
Chester County Government Services Center  
601 Westtown Road, Suite 175  
West Chester, PA 19380-0990

**AND**

Tuesday, April 10, 2018  
AT 1:00 PM  
Brandywine Health Center Conference Room  
744 East Lincoln Highway  
Coatesville, PA 19320

Purpose: To receive Public Comments on the FY 2018-19 Human Services Block Grant Plan for the Chester County Department of Human Services. A draft plan will be posted on the Department of Human Services website at [www.chesco.org/human](http://www.chesco.org/human) or is available by calling 610-344-5262.  
dln. 3/22 - 1a.

Sworn to the subscribed before me this 3/22/18

Jacqueline A. Kelly  
Notary Public, State of Pennsylvania  
Acting in County of Montgomery

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
Jacqueline A. Kelly, Notary Public  
Hatfield Twp., Montgomery County  
My Commission Expires July 27, 2020  
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

**Advertisement Information**

Client Id: 890251 Ad Id: 1545430 PO: 2018-19BlockGrantPla Sales Person: 018303

Public Hearing Sign-In Sheet

County - 13  
 Public - 8  
 21

Block Grant Plan Public Hearing Sign-In Sheet - April 9, 2018

NAME	AFFILIATION	E-MAIL ADDRESS
Jodi Dill	The Arc of Chester County	jdill@arcofchestercounty.org
Nick DeStasio	Chesapeake	
Heather Smith	Human Services, Inc	hsmith@hsi-emhs.org
Kathy Brauner	DHS	kbrauner@chesco.org
Kim Bowman	DHS	kbowman@chesco.org
Bob Maccarella	DHS	dmaccarella@chesco.org
Kelly Frizer	Voice and Vision	kellyf@voiceandvisioninc.org
Catherine Friedman	Friends Association	cfriedman@friendsassoc.org
Cindy Craig	MHIDD	ccraig@chesco.org
Donna Tolson	CC DHS	dctolson@chesco.org
Bridget Thrash	MHIDD	bthrash@chesco.org
Dawn Marion	Self	sage.and.thumet@gmail.com
Kathy Sullivan	West Chester Area Senior Ctr.	kathys@wcaeniors.org
Kim Moore	CC MHIDD	kmoores@chesco.org
Cheryl Miles	CC SS	Cheryl@goodsonservices.org
Wilson Melick	Chesco SCO	wmelick@chesco.org
Denise Bryer	MHIDD - UAME	denise.bryer@va.gov
Tracy Behringer	MHIDD	tbehringer@chesco.org
Paul Abbott	MHIDD	pabbott@chesco.org
Pat Bokowitz	DCD	

Public Hearing Sign-In Sheets

County - 6  
 Public - 10  
 16

Block Grant Plan Public Hearing Sign-In Sheet - April 10, 2018

NAME	AFFILIATION	E-MAIL ADDRESS
Diane Conway	MAX Association	dconway@MAXAssociation.org
Kim Moore	MH/ID	kmoore@chesco.org
MARY WASHINGTON	HUMAN SERVICES INC.	m.washington@hsi-cmhs.org
Bridget Thrash	CC MH/ID	<i>[Signature]</i>
Carolyn Mullen	HoS	
Don Altemus	MHP	daltemus@mhphope.org
<del>Denise Smith</del>		
Denise Smith	CEDD	dsmith33@yahoo.com
Allen Smith	Coatesville Community Dev. Corp	asmith@ctsbusiness.com
Chaya Scott	CYI	chaya@coatesvilleyouthinstitute.org
Jennifer Brion	CC DHS	jbrion@chesco.org
John Dill	The Arc of CC	jdill@arc-of-chesco.org
Kathy Brauner	DHS	<i>[Signature]</i> county.org

Block Grant Plan Public Hearing Sign-In Sheet - April 10, 2018

NAME	AFFILIATION	E-MAIL ADDRESS
Kelly Cook	HSI	<del>kcook@hsi-cmhs.org</del> kcook@hsi-cmhs.org
Beth Higgins	HSI	bhiggins@hsi-cmhs.org
Mary Rose Washington	HSI	m.washington@hsi-cmhs.org
Matthew Mentzer	Chesler Cough Dist	mmentzer@chesco.org
Tracy Behringer	MH/ID	tbehringer@chesco.org

## Appendix “F”

### 2018-19 HSBG Planning Meeting Summary

<b>Date of Meeting</b>	<b>Name of Meeting</b>	<b>Number Attending</b>	<b>Type of Attendees (Internal/External/Both)</b>
07/12/17	LINKS Meeting	25	Both
07/14/17	D2D Legislative Event	15	Both
07/18/17	HSBG Review Meeting	5	Internal
07/20/17	Coatesville Cross Systems Partnership Meeting	20	Both
07/25/17	Youth Homelessness Taskforce Meeting	20	Both
07/26/17	Needs-Based Budget Meeting	10	Internal
07/26/17	D2D Executive Committee Meeting	20	Both
08/15/17	Landlord Forum Planning Meeting	12	Both
08/17/17	Coatesville Cross Systems Partnership Meeting	20	Both
09/11/17	UP Core Advisory Workgroup Meeting	6	Both
09/13/17	National Hunger and Homelessness Planning Team Meeting	15	Both
09/19/17	Landlord Forum Planning Meeting	12	Both
09/20/17	D2D Executive Committee Meeting	20	Both
09/20/17	D2D Executive Committee Meeting	13	Both
09/20/17	Coordination of Care Meeting	20	Both
09/21/17	Coatesville Cross Systems Partnership Meeting	20	Both
09/26/17	Youth Homelessness Taskforce Meeting	25	Both
09/28/17	Youth Mental Health First Aid Advisory Meeting	15	Both
10/05/17	National Hunger and Homelessness Planning Team Meeting	15	Both
10/18/17	High Risk Administrative Meeting	9	Both
10/24/17	Youth Homelessness Taskforce Meeting	25	Both
10/24/17	National Hunger and Homelessness Planning Team Meeting	12	Both
10/25/17	Phoenixville Cross Systems Partnership Meeting	20	Both
11/03/17	ROSC CEO Meeting	15	Both
11/09/17	Landlord Forum	65	Both
11/13/17	Adult MH Subcommittee Meeting	8	Both
11/16/17	Coatesville Cross Systems Meeting	20	Both
11/29/17	Behavioral Health Taskforce Meeting	30	Both
11/30/17	Crisis Advisory Committee Meeting	30	Both
12/03/17	Phoenixville Community Meeting	10	Both
12/07/17	ROSC Leadership Meeting	10	Both
12/07/17	Recovery Action Committee Meeting	7	Both
12/11/17	Adult MH Subcommittee Meeting	7	Both
12/13/17	Psychiatric Advisory Panel Meeting	10	Both

12/13/17	NSH Stakeholder Meeting	50	Both
12/18/17	Voice and Vision Results Meeting	7	Both
01/10/18	D2D Executive Committee Meeting	24	Both
01/10/18	Mental Health Core Provider Meeting	15	Both
01/23/18	Homeless Outreach Workgroup Meeting	8	Both
02/13/18	Brandywine Hospital Administrative Meeting	8	Both
02/14/18	Chester County Suicide Prevention Taskforce Meeting	30	Both
02/15/18	HSBG Review Meeting	7	Internal
02/21/18	D&A Administrative Staff Meeting	9	Internal
02/28/18	Phoenixville Cross Systems Partnership Meeting	24	Both
02/28/18	D&A CMU Staff Meeting	8	Internal
03/05/18	D&A Advisory Council Meeting	12	Both
03/15/18	D&A Program Directors' Meeting	20	Both
03/19/18	HSBG Review Meeting	7	Internal
04/09/18	HSBG Public Hearing	21	Both
04/10/18	HSBG Public Hearing	16	Both
04/25/18	HSBG Review Meeting	8	Internal

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

County: CHESTER	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	10		\$ 201,600			
Administrative Management	167		\$ 195,000			
Administrator's Office			\$ 1,016,921			
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	39		\$ 85,000			
Community Residential Services	125		\$ 7,229,850		\$ 152,384	
Community Services	56		\$ 810,143			
Consumer-Driven Services	206		\$ 104,864			
Emergency Services	822		\$ 615,462			
Facility Based Vocational Rehabilitation	37		\$ 200,000			
Family Based Mental Health Services	3		\$ 10,000			
Family Support Services	64		\$ 101,570			
Housing Support Services	185		\$ 2,691,879			
Mental Health Crisis Intervention	1,028		\$ 916,755			
Other						
Outpatient	344		\$ 303,374			
Partial Hospitalization						
Peer Support Services	22		\$ 91,115			
Psychiatric Inpatient Hospitalization	11		\$ 20,000			
Psychiatric Rehabilitation	57		\$ 185,010			
Social Rehabilitation Services	97		\$ 183,067			
Targeted Case Management	271		\$ 229,306			
Transitional and Community Integration						
<b>TOTAL MENTAL HEALTH SERVICES</b>	<b>3,544</b>	<b>\$ 15,035,516</b>	<b>\$ 15,190,916</b>	<b>\$ -</b>	<b>\$ 152,384</b>	<b>\$ -</b>

**INTELLECTUAL DISABILITIES SERVICES**

Administrator's Office			\$ 2,581,590			
Case Management	654		\$ 517,511			
Community-Based Services	285		\$ 1,221,355			
Community Residential Services	15		\$ 1,021,657		\$ 400,000	
Other						
<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	<b>954</b>	<b>\$ 5,474,646</b>	<b>\$ 5,342,113</b>	<b>\$ -</b>	<b>\$ 400,000</b>	<b>\$ -</b>

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

County: CHESTER	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
<b>HOMELESS ASSISTANCE SERVICES</b>						
Bridge Housing	300		\$ 113,079			
Case Management	-					
Rental Assistance	275		\$ 70,000			
Emergency Shelter	375		\$ 44,000			
Other Housing Supports	8		\$ 21,000			
Administration			\$ 27,564			
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	<b>958</b>	<b>\$ 275,643</b>	<b>\$ 275,643</b>		<b>\$ -</b>	<b>\$ -</b>
<b>SUBSTANCE USE DISORDER SERVICES</b>						
Case/Care Management	864		\$ 392,216			
Inpatient Hospital	-		\$ -			
Inpatient Non-Hospital	275		\$ 532,240		\$ 95,370	
Medication Assisted Therapy	14		\$ 25,000			
Other Intervention	368		\$ 35,000			
Outpatient/Intensive Outpatient	103		\$ 88,300			
Partial Hospitalization	-		\$ -			
Prevention	1,000		\$ 75,000			
Recovery Support Services	192		\$ 130,000			
Administration			\$ 195,730			
<b>TOTAL SUBSTANCE USE DISORDER SERVICES</b>	<b>2,816</b>	<b>\$ 1,571,353</b>	<b>\$ 1,473,486</b>	<b>\$ -</b>	<b>\$ 95,370</b>	<b>\$ -</b>
<b>HUMAN SERVICES DEVELOPMENT FUND</b>						
Adult Services						
Aging Services						
Children and Youth Services						
Generic Services	9,125		\$ 304,741			
Specialized Services						
Interagency Coordination			\$ 25,193			
Administration			\$ 36,659			
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	<b>9,125</b>	<b>\$ 291,593</b>	<b>\$ 366,593</b>		<b>\$ -</b>	<b>\$ -</b>
<b>GRAND TOTAL</b>	<b>17,397</b>	<b>\$ 22,648,751</b>	<b>\$ 22,648,751</b>	<b>\$ -</b>	<b>\$ 647,754</b>	