

**DELAWARE COUNTY**  
**COUNTY HUMAN SERVICES PLAN**  
**FY 2018/19**



**20 S 69<sup>th</sup> Street**  
**Upper Darby, PA 19082**

**Joseph T. Dougherty**  
**Director**

**May 2018**



**DELAWARE COUNTY  
COUNTY HUMAN SERVICES PLAN  
FY 2018-19**

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# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2018-19

## INTRODUCTION

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

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

**DELAWARE COUNTY  
COUNTY HUMAN SERVICES PLAN FY 2018-19**

**APPENDIX A**

**ASSURANCE OF COMPLIANCE place holder**

The Delaware County Commissioners will act on our FY 2018-19 Human Service Block Grant Plan at the May 23<sup>rd</sup> Council Meeting.

**Appendix A**

**Fiscal Year 2018-2019**

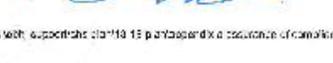
**COUNTY HUMAN SERVICES PLAN**

**ASSURANCE OF COMPLIANCE**

**COUNTY OF: Delaware**

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. The County assures, in compliance with Act 80, that the 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 handicap 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**

Signature	Please Print	Date
	John P. McBlain, Chairman	5/23/18
	Coleen P. Mommone, Vice-Chairman	5/23/18
	Michael F. Culp, Member	5/23/18
	Kevin M. Kaddor, Member	5/23/18
	Brian P. Zdek, Member	5/23/18

with support of 10/19 18 p 17/20 appendix a assurance of compliance block grant

Delaware County  
Department of Human Services

Page 2

## **I. COUNTY PLANNING PROCESS**

Under the leadership of the DHS Director, the Department is committed to using the funds to provide services to our residents in the least restrictive setting that is most appropriate to their needs.

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

### **County Planning Team and Stakeholder Involvement**

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

- Mental Health
- Drug and Alcohol
- Intellectual & Developmental Disabilities
- Adult and Family Services
- Fiscal

In various forums the Human Services Block Grant Advisory Committee, which includes both professional and consumer representatives from each service area are provided with information from the Core Planning Team during the year to discuss updates and progress toward meeting goals. Gaps in service are discussed and initiatives to resolve specific issues debated. The Core Team began drafting the 18-19 FY BG Plan on April 5<sup>th</sup> and submitted their initial draft on April 27<sup>th</sup>. The Advisory Committee was informed of the schedule and asked to submit questions or concerns prior to the completion of the final report and were notified of the public hearings. The draft Plan will be distributed to the Advisory Committee and put on the HSA webpage on May 7<sup>th</sup>. The draft will also be distributed widely to multiple existing stakeholder groups including:

- Children's Cabinet
- DelCo System of Care Leadership Team
- DelCo Early Childhood MH Advisory Board
- Mental Health/Intellectual & Developmental Disabilities Advisory Board
- Drug & Alcohol Planning Council
- Voice & Vision
- Overdose Coalition
- Community Support Program
- National Alliance on Mental Illness (NAMI)
- Homeless Services Coalition
- Delaware County Advocacy & Resource Organization
- Magellan Behavioral Health
- Adult & Family Services (AFS) Drug & Alcohol (D&A), Intellectual & Developmental Disabilities (IDD), Homeless Services, and Mental Health (MH) providers

**DELAWARE COUNTY  
COUNTY HUMAN SERVICES PLAN FY 2018-19**

- Office of Developmental Programs (ODP) and Office of Mental Health and Substance Abuse Services (OMHSAS) Field Offices

Feedback from the Advisory Committee and other stakeholders was received/ reviewed and then incorporated into the final Plan.

DHS' extensive, ongoing engagement with consumers, providers, and community groups within and across systems provides multiple opportunities to share and receive information, and promote collaboration, coordination, and cooperation to maximize resources and facilitate access.

DHS also joins with the United Way organizations serving DelCo in coordinating need assessments and service planning for the County. The cumulative overview of needs and resources is evaluated by the DHS Director, Financial Officers, and Administrators of each Office. Recommendations are discussed and categorical allocations decided upon. These recommendations are presented to the County Executive Director, and finally to County Council, for public comment and final approval.

**Programmatic and/or Other Funding Changes**

The information in this Plan focuses primarily on base funded services, but it is important to note that there are a variety of additional funding streams that make the county's comprehensive array and continuum of services possible.

The largest flexible funding stream is Medical Assistance (MA)/HealthChoices (HC) funding. Most if not all children's' treatment services are funded through MA/HC as most children are eligible. We are fortunate to be partnered with Magellan Behavioral Health (MBH) in our HC program as they have a proven record of seeking out and developing evidenced-based services with proven positive outcomes regardless of whether or not mandated to do so. As result of Medicaid expansion we have been able to significantly expand services to ensure a full continuum of care is available to our residents. The majority of service expansion has been focused on Substance Use Disorder (SUD) treatment and other resources for individuals suffering from addiction. In 2017 we provided SUD treatment to a total of 7,464 individuals (county and Magellan funded). In addition, we were able to provide rental assistance to 105 individuals residing in one of our Recovery houses.

In addition to expansion of SUD services, there are a number of adult programs/services that are the result of collaborative efforts and that were specifically created to address the multisystem needs of the homeless or near homeless, the forensic population (including treatment courts), the dually diagnosed, those with co-occurring disorders, individuals with comorbid physical health disorders and the aging population with behavioral health needs. Using Reinvestment funds to seed these collaborative initiatives has been invaluable.

In 17-18 FY, the 3% Retained Earnings from 16-17 FY will be used to supplement ID, specifically base funding services for an additional 125 individuals waiting to convert to waiver or ineligible for waiver, to supplement P/FDS, for Family Support Services, and assist with supported employment activities. Retained earnings will also be used to maintain shelter programs, increase rental assistance for 400 individuals, and provide emergency shelter for 375 individuals. We were fortunate to experience a surplus beyond the 3% allowable retainer and with approval for a waiver we were able to use these funds for the following:

- Enhanced ID Community Residential Services
- Base “bridge” funding to pay for emergency residential placements or extensive in-home services until Waiver capacity is available
- Increased promotional and educational strategies, and collaboration with providers and advocates to increase the number of individuals in Lifesharing
- Supported individuals who are no longer eligible for Office of Vocational Rehabilitation (OVR) services but require continued Supported Employment, and excessive waiver funds are not needed
- Increased resources to emergency shelter programs
- Provided additional vouchers for emergency shelter programs
- Funded shelters that were destined to close their doors due to deficits.

II. PUBLIC HEARING NOTICE

Public Hearings were held on May 2, 2018 at the Government Center in Media, and on May 3, 2018 at Welcome House Club House in Upper Darby. Both locations are easily accessible through public transportation. Notice of the Hearings was published in the local paper, on the County Website, sent through notices to all Stakeholder Groups, and at multiple community meetings. The Notice also identified locations in the county where the Plan would be available for review prior to the Hearings.

A summary of the Public Hearings is attached, B 3 along with the signature pages of attendees B 6. Submitted written testimony is included in B 4. The PowerPoint used at the hearings is included in B 5.

This plan will be approved by County Council at their regularly scheduled meeting on May 23, 2018. Please see A 1 for signatures.



PHILADELPHIA GROUP PUBLISHERS OF

The Delaware County Daily Times, a newspaper of general circulation, established September 7, 1876

**AFFIDAVIT OF PUBLICATION**  
639 S. Chester Rd. • Swarthmore, PA 19081

Delco Dept of Human Services  
20 SOUTH 69TH STREET  
UPPER DARBY, PA 19082  
Attention:

STATE OF PENNSYLVANIA,  
COUNTY OF DELAWARE

The undersigned *Diana P. Buis*, being duly sworn the he/she is the principal clerk of Daily Time and Sunday Times, Daily & Sunday Times Digital, published in the English language for the dissemination of local or transmitt 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:

**Delco Dept of Human Services**

Published in the following edition(s):

Daily Times and Sunday Times 05/01/18  
Daily & Sunday Times Digital 05/01/18

**PUBLIC HEARINGS  
SCHEDULED FOR DELAWARE  
COUNTY  
HUMAN SERVICES PLAN  
REVIEW**

The Delaware County Department of Human Services will hold two public hearings to receive comments on the County Human Services Plan FY 18/19.

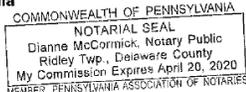
The first hearing will take place:  
**Wednesday, May 2, 2018**  
Government Center, County Council Meeting Room  
201 W Front Street  
Media  
4:00 pm

The second hearing will take place:  
**Thursday, May 3, 2018**  
Welcome House  
7700 West Chester Pike  
Upper Darby  
4:00 pm

Affiant further deposes that she/he is not interested in the subject matter of the aforesaid notice of advertisement, and that all allegations in the foregoing statements as to time, place and character of publication are true:

Sworn to the subscribed before me this *May 1, 2018*.

*Dianne McCormick*  
Notary Public, State of Pennsylvania  
Acting in County of Delaware



Those persons wishing to present testimony should contact Gayle Oddi at 610-713-2376, in order to be scheduled. Typed copies of testimony may be submitted in advance to the Office of Behavioral Health, 20 S. 69th St, Upper Darby, PA 19082 or email to oddig@delcohsa.org. DCT, May 1, a-1

**Advertisement Information**

Client Id: 905043 Ad Id: 1577853 PO: Sales Person: 066305

**SUMMARY OF PUBLIC HEARING COMMENTS**

**May 2, 2018 at Delaware County Government Center in Media**

**In attendance from the public:** see complete sign-in sheet **B 6**.

**In attendance from Delaware County Human Services:** Joseph Dougherty, Jonna DiStefano, Sandra Garrison, Jackie Hartney, Susan Proulx, Donna Holiday, Anne Jennings, Phil Morrison, Chris Seibert, Dana Rachko, and Gayle Oddi.

The first Public Hearing for the 2018-19 FY Delaware County Human Services Plan was called to order at 4:00 pm. Following a welcome from Joseph Dougherty, Director of Human Services, and introductions of county staff, Joseph Dougherty presented brief comments concerning the plan and process for the public hearing.

Joseph Dougherty stated we are so pleased and thankful for your presence today. Joe then summarized the plan details with a brief PowerPoint presentation. Joe noted this is the seventh block grant submission. The 18-19 FY plan is due May 24, 2018 after conducting two public hearings. The goal of the meeting today is to get your input. Joe noted there are six funding sources; Mental Health, Intellectual Disabilities, Homeless Assistance, Drug and Alcohol Services (two funding streams), and Human Services Development Fund/Human Service Supports. Over 30,000 total individuals were served with block grant base dollars, mostly served through provider contracts. Joe mentioned our proposed budget is based on an assumption of a flat state budget in 18-19 FY. Joe noted the block grant has been a godsend to Delaware County with every office being a recipient of additional block grant funds. Joe advised Medicaid expansion did relieve some stress on the system with D&A having the best outcome by using less of the CHS funds. Due to the flexibility we were able to use D&A dollars to assist OID, which was sorely in need due to the lengthy budget impasse and greater demand for services

Joe turned over the meeting to Jonna who explained the process for the plan. Jonna added a draft plan would normally be available for these hearings. However, we prepared outcomes from the previous year to present. The draft will be posted on the HSA website soon. Then Jonna turned it over to the Administrators to present the PowerPoint (attached). The hearing was then opened for public commentary for those wishing to make oral remarks.

**Rich Ziegler, Horizon House/NAMI** – Rich noted the process along with the PowerPoint is very helpful to explain the job Human Services is doing. Rich appreciates the thoughtfulness and comprehensiveness of the plan, noting this is just a portion of the MH system. Rich really wants the staff to keep doing what they are doing. Expansion is needed in housing and transportation to cover gaps. Training programs are needed for employment and anti-stigma issues. Rich added NAMI also expressed concern regarding housing issues for those individuals recently diagnosed. Rich noted CIT training for police officers has been well received in the community and does help with anti-stigma.

**Beth Naughton Beck – D&A Planning Council Chairman** – Beth exclaimed congratulations on a great plan, it is a phenomenal job, as she remembers in the past the D&A system would close because it was out of funding. The TAY initiative is compressive and she applauds the office for the initiative. Beth mentioned the point-in-time count and is impressed by the work of Homeless Services. Beth added the expansion of D&A programs is impressive, especially prevention; tobacco, gambling, and opioid epidemic.

Joe thanked everyone for coming and noted your attendance and comments are appreciated. The meeting was adjourned at 4:45 pm.

### **SUMMARY OF PUBLIC HEARING COMMENTS May 3, 2018 at Welcome House in Upper Darby**

**In attendance from the public:** see complete sign-in sheet **B 6**.

**In attendance from Delaware County Human Services:** Joseph Dougherty, Jonna DiStefano, Sandra Garrison, Kisha Brown, Susan Proulx, Tracy Halliday, Anne Jennings, Phil Morrison, Faith Brown, Clara Hill, Jessica Fink, Anthony Fluellen, and Gayle Oddi.

The second Public Hearing for the 2018-19 FY Delaware County Human Services Plan was called to order at 4:00 pm. Following a welcome from Joseph Dougherty, Director of Human Services, and introductions of county staff, Joseph Dougherty presented brief comments concerning the plan and process for the public hearing.

Joe turned over the meeting to Jonna who explained the process for the plan. Jonna noted a draft plan would normally be available for the hearings. However, the offices prepared outcomes from the previous year to present. The draft will be posted on the HSA website soon. Then Jonna turned it over to the Administrators to present the PowerPoint (attached). The hearing was then opened for public commentary for those wishing to make oral remarks.

**Corinne Canty** – Corinne asked about CIT and if Chester police officers have been trained. Tracy Halliday responded that yes, several officers have been trained. Corinne went on to say she witnessed an incident where an individual was shooting a gun and the officers deescalated the incident without using their guns so no injuries or loss of life.

**Corinne Canty** – Corinne lives in Chester next to Keystone Center and knows there are two rehabs close by and is wondering if they also assist with heroin and cocaine abuse not just opioid addiction? Jonna responded heroin is an opioid and added there are still alcohol and other drugs being abused and treated. The opioid crisis is currently getting all the attention due to the high number of opioid related deaths.

**Raymond Federici** – Raymond works at Welcome House and is a Certified Peer Specialist since 2006. Raymond also works on the Elwyn Peer Warm Line two nights a week. Raymond discussed his time on the Warm Line and the need for more resources

and information online. Due to his work schedule he can not attend trainings and therefore is limited by what he finds online. Raymond noted the peer warm line number is not listed on the HSA home page, for easy access. Jonna proposed having it listed on the home page. Raymond asked about an orientation. Jonna advised there is an Adult Systems Orientation presented by OBH, that explains MH, D&A, and Adult & Family services. Orientation is held every two years, and the next one is 2019. Joe noted the Human Services' website, [delcohsa.org](http://delcohsa.org), is current and has many resources available.

Joe thanked everyone for coming and appreciates your attendance and comments. The meeting was adjourned at 5:06 pm.

The PowerPoint was also reviewed at the Joint Providers (MH, D&A, and AFS) meeting on May 8, 2018 at Elwyn. No additional feedback.

**DELAWARE COUNTY  
COUNTY HUMAN SERVICES PLAN FY 2018-19**

**APPENDIX B 4**



To: OBH  
RE: Block Grant

I wanted to thank the County Administration and the team for the presentation of the block grant and taking the time to present that to us in an open format.

As a County D&A Provider CCMC is appreciative to the County OBH D&A division and OBH Administration for their ongoing support through reinvestment funding STR funding and the SCA allocation that support the uninsured. We have developed strong programming for our patient populations that include Drug Veterans and Mental Health Courts as problem solving courts responsible for the many clients that are re-engaging in their families and communities. We are able to offer the I\_IMR and DBT training and ongoing supervision to keep our staff in the evidence-based practices of COD and trauma informed care.

We are grateful to OBH for the support in expansion adding the 52-bed detox and rehab program, increase in our MAT especially Vivitrol. The diversion and reengagement process of the forensic population through prison liaison. The CRS programs that allow our team to connect with and offer warm hand off to victims of overdose.

We have been supported by OBH in our expansion grants such as the Center of Excellence that offers another team of warm hand off staff that are able to do assessments in the field and or the prison.

I would summarize our appreciation with the acknowledgement of the ongoing support by OBH through Provider meeting Community Prevention events and ongoing presence at committees and task force throughout the county including training the police in the CIT model.

Thanks Dave,

David F Moran LCSW, CADC,TEP  
CCMC  
2600 W 9<sup>th</sup> St Chester PA 19013  
O: 610 497-7459  
Fax: (610) 497-7470



Delaware County  
**Advocacy & Resource**  
Organization

740 S. Chester Road, Suite G  
Swarthmore, PA 19081  
(T) 610-544-6600  
(F) 610-544-8916

May 22, 2018

Delaware County Department of Human Services  
20 S. 69<sup>th</sup> Street  
Upper Darby, PA 19082

To Whom It May Concern:

After having reviewed the Delaware County Human Services Plan for FY 2018/19, I would like to offer the following comments.

The plan clearly indicates a fiscally responsible approach to best serving the residents of Delaware County in all facets of Human Services as evidenced by the utilization of cross-collaboration of services, the implementation and inclusion of stakeholder groups such as the Homeless Services Coalition, Supported Employment Advisory Committee and the Employment Forum. Throughout this plan The Department has clearly displayed strategic and forward-thinking approaches to providing the maximum amount of service to Delaware County residents.

The Delaware County Advocacy & Resource Organization thanks the Department of Human Services for their efforts and fully supports this Plan.

Respectfully,

Eileen A. MacDonald  
Executive Director



Charles S. McLister  
President

111 Elwyn Road  
Elwyn, PA 19063  
610.891.2001  
610.891.7300 fax  
www.elwyn.org

May 23, 2018

Joseph Dougherty, Director  
Delaware County Department of Human Services  
20 South 69<sup>th</sup> Street  
Upper Darby, PA 19082

Dear Joe:

I write to express my strong support for the Delaware County Human Services Draft Plan for 2018-2019, and to commend you and your planning team for a thorough process allowing a range of stakeholders to participate.

In particular, I want to mention the work of the Block Grant Advisory Committee, and the work that has been done to use these funding streams as efficiently as possible. I look forward to seeing the results of this group, which I am sure will result in more flexibility to the Department and enable funds to go where they are most needed.

As you know, Elwyn has been a proud partner of Delaware County DHS since the very beginning. A majority of our 5000 employees live and work in Delaware County, and a significant percentage of those we serve are in the County as well. We are proud to run behavioral health and intellectual developmental disabilities services in Delaware County, as well as the State's largest Approved Private School – based here in Media.

We are proud to be a part of the County's initiatives to achieve annual goals, and the work we are able to do to help those who need our services. We look forward to another year in partnership!

Sincerely,

A handwritten signature in black ink, appearing to read "Charles McLister", written over a horizontal line.

Charles McLister

***A NETWORK OF RESOURCES FOR CHILDREN AND ADULTS***

Behavioral Health • Early Childhood • Education • Health Services • Supports for Living • Employment and Adult Day

## SUMMARY OF MH/IDD ADVISORY BOARD MEMBERS' COMMENTS

May 16, 2018

In attendance MH/IDD Advisory Board members; Harry Jamison, Marion Rothstein, Jim Boyle, Mike Harper, and Bob Prince

**Mike Harper** – Mike was impressed with the number of stakeholders; providers, community groups, and family members, that the county reaches out to for comment. Mike has also referred several people to the new On My Way program.

### Mental Health

- The committee appreciates and supports the funding and collaborative planning to approach the issues.
- The committee appreciates the idea of the new community-based waiver for \$70,000 vs. the PFDS waiver for \$33,000.
- **Transitional Housing** – This is a good step but there is more need than resources.
- **Mobile Crisis Services** – Since the program moved to Elwyn it has experienced monumental growth and has helped many individuals.
- **Dual Diagnosis** – Mike suggests putting the guise of dual diagnosis for adolescents under prevention to avoid stigma for seeking treatment. Mike thinks the family clinic could also work on this topic.
- **Supported Employment** – Major strides with over 300 people employed.
- **Transitional Age Youth** – This is a much-needed program filling a gap once an individual leaves school.

### Intellectual and Development Disabilities

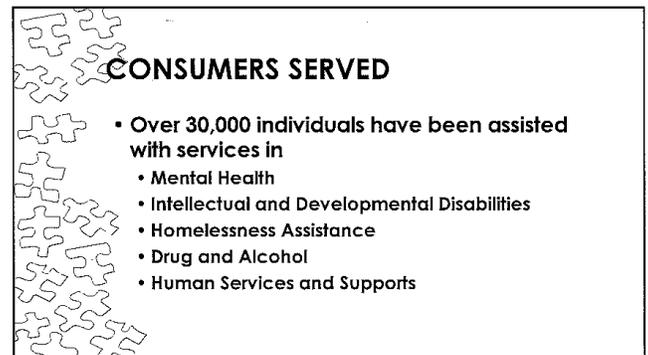
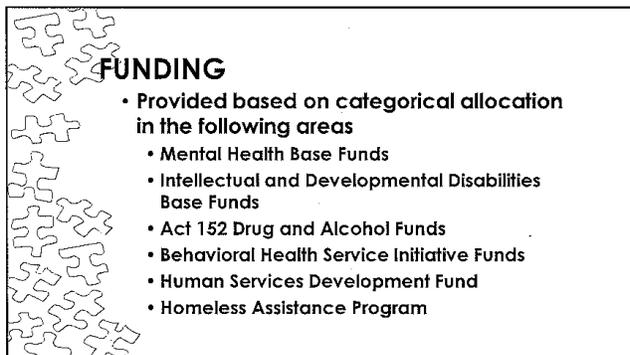
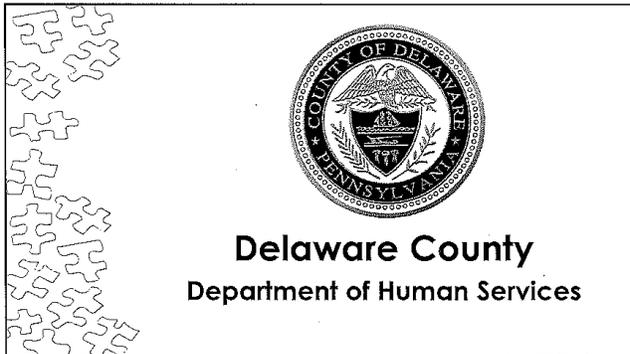
- **Supported Employment** – OIDD has made major strides and we need more jobs and workshops in the community.
- **Everyday Lives** – Appreciate and support the approach
- **Regional Collaborative** – The program has been successful on a limited basis so now it the time to widely roll it out.
- **DelCo Collaborative** – The office needs to get more info from the stakeholders as to their needs so the team can address and advocate for them.
- **Lifesharing** – The committee supports the new initiative that a family member can provide Lifesharing for a relative and be successful.
- **Community-Based Waiver** – Very beneficial for those people that PFDS was not enough and could likely fall through the cracks. The additional dollars are enormous in their success.
- **Transition, Employment, and Supported Employment** – We agree with looking at employment at an earlier age, 14 years old, so the process is started, and the seed planted. We support using base/block grant funds for supported employment when an individual does not qualify under OVR.
- **Volunteering** – It was discussed to also consider volunteering as a viable preparation to teach work ethic and prepare individuals for work.
- **Waiting List** – There needs to be some movement with the waiting list. DelCo has too many on the emergent and waiting lists for a total of over 500.

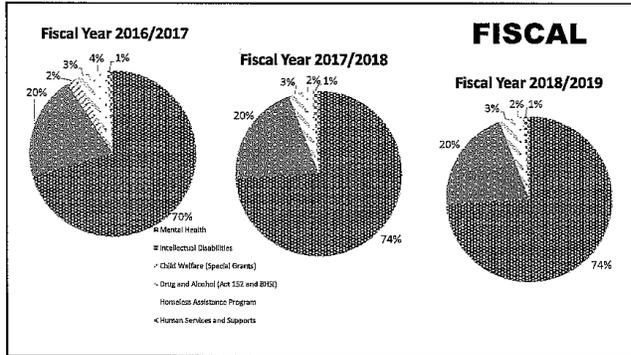
**DELAWARE COUNTY  
COUNTY HUMAN SERVICES PLAN FY 2018-19**

**APPENDIX B 4**

We appreciate the opportunity to review the County Human Service plan and provide support and comment. We also appreciate the collaboration between Administrative Entity and people representing the clients.

## PowerPoint Presentation





## STATE BUDGET FOR FISCAL YEAR 2018/19

### PLANNING TEAM

Joseph Dougherty, Human Services Director  
 Jonna DiStefano, Administrator OBH/OIDD  
 Donna Holiday, Deputy Administrator MH  
 Susan Proulx, Deputy Administrator OIDD  
 Anne Jennings, Administrator D&A  
 Chris Seibert, Deputy Administrator Adult & Family Services  
 Sandy Garrison, CFO Human Services  
 Block Grant Advisory Committee

### ADVISORY COMMITTEE

- Idea came from the public hearings for the 12/13 block grant
- Comprised of providers and consumers representing the block grant funding streams
- Members
  - Eileen MacDonald, Delaware County Advocacy and Resource Organization
  - Sharon Grasty, Community Action Agency
  - Jim Klaseen, Mental Health Partnerships
  - Marian Rothstein
  - Michael Salazar, Keystone Center
  - Rich Ziegler, Horizon House
  - Dr. Harry Jamison, MH/ID Advisory Board Chairman
  - Elizabeth Naughton-Beck, Esq., D&A Planning Council Chairman

**STAKEHOLDERS**

- Children's Cabinet
- DelCo System of Care Co Leadership Team
- DelCo Early Childhood MH Advisory Board
- MH/IDD Advisory Board
- D&A Planning Council
- Delaware County Advocacy and Resource Organization
- Voice & Vision
- Community Support Program
- Homeless Services Coalition
- Magellan Behavioral Health
- A&FS, D&A, IDD, & MH Providers
- ODP & OMHSAS Field Offices
- NAMI
- Overdose Coalition
- ALERT

**OFFICE OF BEHAVIORAL HEALTH  
MENTAL HEALTH**

**Delaware County MH Outcomes**

**Integrated Health Care Initiative: Health Connections**

- All MH Case Management Units trained on the COBALT SCREENER
- Online screening tool for early detection of Depression, Anxiety, D&A, and Insomnia

**Increase Community Awareness & Support : Youth & Adult Mental Health First Aide**

- Youth: 87 Community Members Certified
- Youth Suicide Prevention: Question Persuade Refer, 109 Certified
- Adult: 59 Community Members Trained (Includes County Jail Staff)

**Crisis Intervention Team Training**

- 334 Officers Trained, 37 Police Departments

**OFFICE OF BEHAVIORAL HEALTH  
MENTAL HEALTH**

**New Initiatives - Transitional-Aged Youth (TAY)**

**Residential**

- Minimum capacity for 10 CRS site-based beds and outreach for 6 SLS, apartment-based individuals

**Blended Case Management**

- Identified TAY BCM at each of the BSU's, plus the addition of the Transition to Independence (TIP) Program: capacity - 60 for age 15-26 years old
- Expansion of ACT services to focus on transition age needs

**Blended Case Management Unit for Homeless with SMI**

- Unit trained in Critical Time Intervention (CTI), time limited phase approach
- Collaborative work with DelCo Adult & Family System, MH housing system
- Provider: Crozer Blended Case Management Unit and Magellan

**OFFICE OF BEHAVIORAL HEALTH  
MENTAL HEALTH**

**New Initiatives - Transitional-Aged Youth (TAY)**

**First Episode Psychosis, Coordinated Specialty Care Program**

- Early identification, referral, and treatment of psychosis, low dose medications
- Psychiatrist, Family Education Specialist, Vocational Specialist, Clinician, Certified Peer
- Provider: Child & Family Focus, "On My Way" for Ages 15-30

**Certified Peer Support**

- Youth to youth peer supporter who provides individual support & advocacy services
- Supports youth crisis recovery, provides information, facilitates peer groups as well as referral to services
- Provider: Child & Family Focus, Ages 14-26

**OFFICE OF BEHAVIORAL HEALTH  
MENTAL HEALTH**

**COMMUNITY FORENSIC SERVICES**

GEO-Chester Serenity Hall

- Forensic Transitional Housing Program
- Initially opened 9 male beds in April 2014
- Expanded to 12 male beds in FY 17
- Added 9 female beds in FY 17
- 9-12 month transitional period for individuals leaving DCP, NSH, (forensic & civil) SCI, and LTSR Step Down
- Current bed capacity - 21

**OFFICE OF BEHAVIORAL HEALTH  
MENTAL HEALTH**

**COMMUNITY FORENSIC SERVICES**

**Forensic Assertive Community Treatment Team (FACT)**

- OBH, Magellan, and an ACT provider, Merakey, have created a functioning FACT team with technical assistance from the University of Rochester Medical Center (URMC)
- The R-FACT model is an evidence based forensic intervention model that collaborates closely with the MH Court

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**OFFICE OF BEHAVIORAL HEALTH  
ADULT & FAMILY SERVICES**

**Homeless Assistance System Goals**

- Reduce the number who become homeless
- Reduce the length of time people remain homeless
- Exit people into permanent housing situations whenever possible
- Reduce homeless recidivism
- Promote financial security

**OFFICE OF BEHAVIORAL HEALTH  
ADULT & FAMILY SERVICES**

**Homeless Assistance System Goals**

Goal	How/Program	Impact
Reduce the number of people who become homeless	Homeless Prevention Programs	From 2015 to 2016, the number of homeless persons decreased by 22%
Reduce the length of time people remain homeless	Rapid-Rehousing Programs and housing based case management	98 Days – avg. length of time from shelter entrance to housing placement
Move homeless households into permanent housing as quickly as possible	Case Management, Assessments, Housing Navigators	47% of people who exit emergency shelters and transitional housing programs exit into a permanent situation.
Reduce the number who return to homelessness	Discharge planning and financial assistance	Only 10% of those who became homeless in 2017, had a prior episode of homelessness in 2015 or 2016
Promote Financial Security	Referrals to career programs, linkages to employment and mainstream resources	40% of persons in shelter programs have increased their income at time of exit. 45% of that increase is from earned income.

**OFFICE OF INTELLECTUAL and DEVELOPMENTAL DISABILITIES  
SUPPORTED EMPLOYMENT**

- OID served 131 people in FY 17-18 in Supported Employment regardless of funding stream (increase of 19 people since 16-17). 16 people received Base/Block Grant funding.
- Use Base/Block Grant \$ to help people keep jobs after OVR ends.
- 310 total working full or part-time and making minimum wage. Increase of 45 people over past 2 years.
- The Employment Forum working to increase numbers through outreach, training, and coordination with agencies and businesses.
- Project minimum growth of 5% per year.

**OFFICE OF INTELLECTUAL and DEVELOPMENTAL DISABILITIES  
PARTICIPANT DIRECTED SERVICES (PDS)**

- 317 people funded through PDS in FY 17-18. One of the largest PDS programs in PA.
- 178 people served in Agency with Choice (includes 4 Base/Block Grant funded), and 139 through Vendor fiscal Agent.
- The Administrative Entity provides at least 4 trainings/year for Supports Coordinators, and yearly panel presentation for people, families, and other stakeholders on PDS.
- Many people in the Vendor Fiscal Agent program have utilized the services of a Supports Broker.

**OFFICE OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES  
STRATEGIES FOR 18/19**

- Promote Everyday Lives and Community of Practice/LifeCourse
- Decrease placements, especially Base/Block Grant funded
- Use emergency and one-time Base/Block Grant funds to maintain people in community
- Increase Lifesharing/Supported Living
- Increase employment and funding for supported employment
- Increase FSS program

**OFFICE OF BEHAVIORAL HEALTH – D&A  
OUTCOMES AND INITIATIVES**

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

Treatment Services Expansion

Level of Care	Total Bed Access
Hospital Detox	69
Hospital Rehab	98
Detoxification	341
Rehabilitation	2321: ST 1799, LT 522
Halfway House	332
Recovery Housing	108: 59 male, 50 female

Publicly Funded 2017: 7464 residents served (741 County, 6723 MBH)  
Recovery Housing: 105 residents received rental assistance

**OFFICE OF BEHAVIORAL HEALTH – D&A  
OUTCOMES & ADDITIONAL INITIATIVES**

- Allocated State Opioid Crisis funds to expand one of our assessment sites
- Expanded our Warm Handoff by adding an additional CRS and Mobile Assessor
- Hosted 4 Community Day/Drug Take Back Events
- Added 2 new D&A Prevention Providers to our network
- Assisted individuals with Co-Pays and Deductibles

**OFFICE OF BEHAVIORAL HEALTH – D&A  
OPIOID STATE TARGETED RESPONSE (STR) FUNDING**

- The Department of D&A Programs (DDAP) has awarded Delaware County \$576,812 and additional \$108,783 specifically to be used for Drug Treatment Court.
- General STR funds:
  - Cover all levels of care for Opioid Use Disorders (OUD)
  - Certified Recovery Specialist (CRS) Training
  - Dialectical Behavior Therapy (DBT) – therapy designed to change patterns of behavior
  - Expanding our warm handoff by adding a mobile assessor
  - Expanding our assessment hours by adding a second shift assessor
  - Additional \$9525.00 for Student Assistance Program (SAP) training

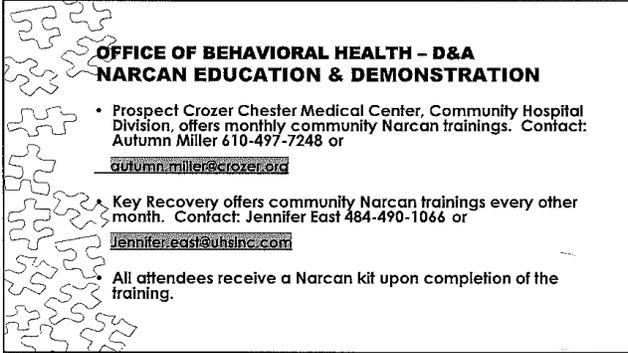
**OFFICE OF BEHAVIORAL HEALTH – D&A  
OPIOID STATE TARGETED RESPONSE (STR) FUNDING**

- Treatment Court Specific STR Funds Program Enhancements
  - Enhanced Peer Panel -Added a Full time Certified Recovery Specialist (CRS) engage with any new participants at the point of admission through completion
  - Enhanced Alumni/Family Program -Added Master's Level Social Worker that would have the primary role of supporting the participants enrolled in the Delaware County Drug Treatment Court Program and their families

**OFFICE OF BEHAVIORAL HEALTH - D&A  
CERTIFIED RECOVERY SPECIALIST (CRS) MODEL: PROVIDES  
WARM HANDOFF TO OUR EMERGENCY DEPARTMENTS**

- **Contact Number: 610-497-7278**
- The Prospect Chester Crozer Medical Center administers the 24/7 Warm Hand-Off service, utilizing a 24/7 hotline and a team of CRS's under clinical supervision. Program started 10/1/2016
- There are three Hospital Systems and seven emergency departments in our county. (Taylor, DCMH, CCMC, Springfield, Mercy Fitz, Riddle, Bryn Mawr)

10/1/16-2/28/18): Outcome of Engagements			
Individual Engagements	Type of Case	Entered Treatment	Refused Treatment
1481	491 Overdose 990 Non-Overdose	509	972



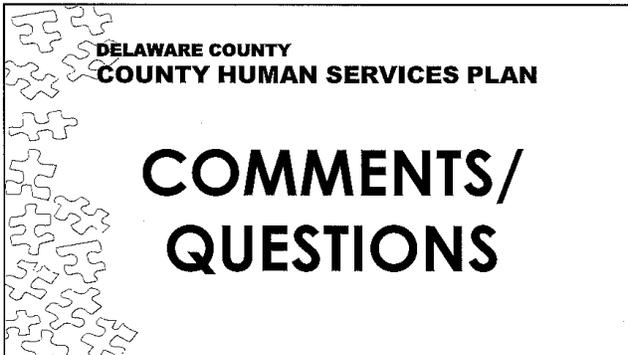
**OFFICE OF BEHAVIORAL HEALTH – D&A  
NARCAN EDUCATION & DEMONSTRATION**

- Prospect Crozer Chester Medical Center, Community Hospital Division, offers monthly community Narcan trainings. Contact: Autumn Miller 610-497-7248 or [autumn.miller@crozer.org](mailto:autumn.miller@crozer.org)
- Key Recovery offers community Narcan trainings every other month. Contact: Jennifer East 484-490-1066 or [Jennifer.east@uhshinc.com](mailto:Jennifer.east@uhshinc.com)
- All attendees receive a Narcan kit upon completion of the training.



**OUR COMMITMENT**

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



**DELAWARE COUNTY  
COUNTY HUMAN SERVICES PLAN**

**COMMENTS/  
QUESTIONS**

**DELAWARE COUNTY  
COUNTY HUMAN SERVICES PLAN FY 2018-19**

**APPENDIX B 6**



**PUBLIC HEARING  
WEDNESDAY, MAY 2, 2018 4:00 PM  
GOVERNMENT CENTER – MEDIA, PA**

**DELAWARE COUNTY DEPARTMENT OF HUMAN SERVICES  
COUNTY HUMAN SERVICES PLAN FY 2018/19**

**PLEASE SIGN IN**

**ATTENDANCE**

NAME	ADDRESS	Magellan
1. Tammi Gabriel	105 Terry Drive, Newtown, PA	
2. Phil Morrison	19 Myrtle Ave, Newtown	
3. Donna Holiday	242 Derwood Drive, Westlyn	
4. ANNE JENNINGS	20 S 69 <sup>th</sup> STREET UPPER DARBY PA	
5. Barbara Garrison	20 S 69 <sup>th</sup> St Upper Darby	
6. Jacki Holtz	20 S 69 <sup>th</sup> St UPPER DARBY PA	
7. Chris Seibert	20 S. 69 <sup>th</sup> St. Upper Darby, PA	
8. Joseph [unclear]	20 S. 69 <sup>th</sup> St Upper Darby, PA	
9. Anna D. [unclear]	20 S. 69 <sup>th</sup> St U.D	
10. Beth Naughton Beck	115 N Jackson Media PA 19063	
11. Susan Bonds	20 S 69 <sup>th</sup> St, Upper Darby, PA 19082	
12. Aru [unclear]	Dallas, TX, USA, UD	
13. Dana Rachtko	20 S 69 <sup>th</sup> St. Upper Darby PA	
14. Rich Ziegler	1601 Parklane Rd Springfield, VA	
15.		
16.		
17.		
18.		
19.		
20.		

**DELAWARE COUNTY  
COUNTY HUMAN SERVICES PLAN FY 2018-19**



**PUBLIC HEARING  
THURSDAY, MAY 3, 2018 4:00 PM  
WELCOME HOUSE - UPPER DARBY, PA**

**DELAWARE COUNTY DEPARTMENT OF HUMAN SERVICES  
COUNTY HUMAN SERVICES PLAN FY 2018/19**

**PLEASE SIGN IN**

**ATTENDANCE**

	NAME	ADDRESS
1.	Jana D. Stefan	Delco HSA
2.	Kristen Brown	Delco H&A
3.	Anthony Finelli	Delco HSA
4.	Troy Halliday	Delco HSA
5.	Lisa Pinsky	Delco OT/DD
6.	Linda Gardner	Delco HSA
7.	Sharon	Morris Township Upper Darby
8.	Jessica Fink	OBH DADS
9.	Phil Morrison	19 Myrtle Ave, Morton
10.	Julie Rubin	238 Wilbur Road, Upper Darby PA 19082
11.	Phil Rubin	4410 Township Line Rd Apt 5-7
12.	Hilary Reeder	32 W. Roland Rd 2nd Flr. Brookhaven.
13.	COMUNE CANITY	501 East 21st Chester PA 19013
14.	Faith Brown	Delco OBA
15.	Clara Hill	DELCO OBH
16.	Ray Fedorci	E Elyum
17.	Ann MACHEN	IT, HSA, UD
18.		
19.		
20.		

### **III. CROSS-COLLABORATION OF SERVICES**

There are a number of services that cross multiple systems and required intense collaboration which are enhanced by the sharing of resources, but those that are a focus for DelCo are Employment and Housing.

#### **Housing**

As is the case with most PA counties, DelCo has a dire shortage of housing opportunities particularly for individuals with disabilities and criminal backgrounds. Although our county is rich with housing resources, we are still unable to meet the demand which continues to grow. Lack of housing is often a deterrent to community reintegration and often results in a resident's inability to move on from a more intensive level of care and/or from prison or a shelter. As a Department that is fully integrated, HSA has always approached the housing shortage non-categorically in that we share the existing housing resources, ensure the most appropriate resource is accessed, and combine funding to ensure cost is not a barrier. Our goal is and always has been to have a fluid system that promotes movement to the least restrictive level of care and independent living when appropriate. DelCo is fortunate to have access to multiple funding sources for housing resources and support services including multiple HUD and PCCD grants, county funds, CHIPP funding, CYS, D&A, MH, and IDD base funds, HSDF funds, HC and Reinvestment funds all of which contribute to our efforts to meet the needs for housing in our community.

There are a number of regular meetings that occur and coalitions that exist in the county to address housing and homelessness, the longest standing being the Homeless Services Coalition (HSC), which has been coordinating homeless services since 1991. With over 100 members and a shared mission, public and private organizations have invested their time and efforts in the HSC for the very purpose of collaboration, identifying, and addressing gaps in housing resources. Meeting attendance, sub-committee participation, and partnerships in new programs are activities that ensure information sharing, discussion of gaps, outcomes evaluation, and developing gap implementation plans. Consumer participation brings their voice to the table. County offices participate in and function as an advisory to the HSC. Goals of the HSC include:

- Reducing the number of people who become homeless via expedited assessment, housing counseling and emergency financial assistance
- Reducing the length of stay in shelters for those who do become homeless by maintaining an array of transitional housing and rapid-rehousing programs
- Reducing homeless recidivism by providing support, treatment, tracking and follow-up services to those who become stability housed
- Promoting financial security by providing opportunities for employment and income growth

Homeless or near-homeless priority populations include chronically homeless individuals, veterans, families with children, transition aged youth, vulnerable adults, the elderly and homeless children.

Honing in on specific referrals for housing, the county facilitates monthly Community Residential Services (CRS) meetings wherein vacancies in existing housing resources are identified and referrals from all categoricals are reviewed for appropriateness. A wait list is maintained and updated regularly.

A number of housing resources have been created over the past several years and are detailed in various sections of this Plan. As noted earlier, our goal is to maintain fluid system that promotes movement to the least restrictive level of care and independent living when appropriate, recognizing that for some, independent living is not an option or involves restrictions relative to the individuals standing in the community. Once such example is an individual who has a criminal background. In an effort to circumvent HUD restrictions on funding individuals with criminal histories and landlords' resistance to renting to this population, HSA has developed a number of Master leasing options and transitional housing resources to provide the individual the opportunity to live independently with court oversight.

We have also added education specialists, employment specialists, and housing locators (available to those seeking housing independently but with HS oversight) that are available throughout the system.

While it seems unlikely we will ever fully meet the demand for housing in DelCo, we do believe we have maximized our resources to give residents the best opportunities for independent living.

DelCo Crisis Response System to address Housing Crises developed by the HSC:  
ACCESS help – Countywide access for persons experiencing a housing crisis to enter the system and seek guidance and a solution to their problem.

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

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

### **Employment**

We believe that employment is the cornerstone of self-fulfillment, independence, recovery and stability. DelCo has been committed to support employment opportunities for our residents as a part of the employment transformation initiative and recognizes that employment can play a very important role in an individual's recovery journey. However, we also recognize that employment opportunities are sometimes difficult to identify and even harder to access.

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**APPENDIX B 7**

Demonstrating our commitment to creating a systems-change regarding how employment services for the behavioral health population are viewed and delivered, we created the Supported Employment Advisory Committee (SEAC) to act as the organizational body that will ensure effective integration of various service enhancements. The SEAC is facilitated by the OBH Quality Improvement Unit with support from other categorical program staff and includes the OBH Community Support Program (CSP) liaison as well as education and employment-oriented agencies, managed care representatives, consumers, and governmental and community entities associated with business and industry. There are also key provider agencies leading the initiative all of whom have demonstrated a strong commitment to recovery, have many years of experience providing Psychiatric Rehabilitation Clubhouse and/or Community Employment services, and are also committed to making employment a focus within their service arenas.

To enhance this supported employment (SE) initiative, DelCo created a Reinvestment Plan to hire a consultant who assisted with developing and delivering a systemic Supported Employment training and funds for providers to hire a .5 FTE Certified Peer Specialist to assist with SE implementation. All contracted provider agencies were offered a one-time, monetary incentive for hiring a Certified Peer Specialist in a vacant, non-billable position (e.g., residential specialist) within their agency to promote the mindset that “work is everyone’s business

DelCo has effectively educated the entire behavioral health system on the principles and practices of SE so that all individuals may receive support in their employment endeavors through service they receive, and effectively strengthened relationships and linkages with community employers and other entities involved in the business community (e.g., Chamber of Commerce, OVR, Rotary, etc.) to ensure that policies and procedures at both the system and agency level support individuals in achieving their employment goals by removing barriers and streamlining processes.

The concept of employment is newer to the IDD system but has been embraced in HSA regardless of the many challenges. Significant barriers exist with regard to promoting employment and increasing the number of individuals employed and making at least minimum wage. OVR will need an infusion of resources needed to support the State’s Employment First Initiative although progress has been made. Individuals and families, who have been in “the system” for a number of years, often have fear and trepidation regarding employment in the community. Here too the county has made progress working with individuals and families ensuring them that employment is an option, not a requirement. The job market holds fewer opportunities in the current economic context, with other individuals competing for those same jobs. While some businesses are keenly aware of the value of hiring people with intellectual disabilities and have included many of our individuals in their workplaces, there are many businesses that do not hire individuals with IDD and need information and encouragement to make those first steps.

**DELAWARE COUNTY**  
**COUNTY HUMAN SERVICES PLAN FY 2018-19**

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DelCo has a broad stakeholder group of OID, families, OVR, School Districts, sheltered workshops and employment providers who have developed a three-year strategic plan to change the culture. Additionally, in 2013 we created the Employment Forum which included members representing the county, schools, several transitional/supported employment providers, the county SCO, OVR, ODP, DRN, and family members. The forum also created a website [www.delcoemploymentforum.wordpress.com](http://www.delcoemploymentforum.wordpress.com), which features information for individuals and businesses about employment and is linked to the DelCo Human Services website.

Funding to support these OID efforts within the community has come primarily from base funding/block grant. In-kind and volunteers have been invaluable. We are in the process of searching for opportunities to leverage additional funds for this initiative.

## **IV.HUMAN SERVICES NARRATIVE**

### **MENTAL HEALTH SERVICES**

#### **Introduction**

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

This MH Plan lays out the direction that the county is undertaking, in concert with Magellan and its intra and inter-system stakeholders, to assure that persons with mental illness have access to community-based services that are accountable, demonstrate positive outcomes, and, promote recovery and community inclusion. Key MH themes in this 18-19 FY County Human Service Plan are ongoing commitments to: promoting intra and inter-system collaboration, serving priority target populations, developing evidence-based services and promising practices, identifying systemic risks and creating strategic plan solutions, promoting recovery-oriented system transformation priorities, and, braiding all available funding streams and planning opportunities to maximize limited financial resources.

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

To promote MH system enhancements during 18-19 FY, a variety of funds have been procured: MH Matters county and regional grants and annualized CHIPP funds. Combined with existing MH Base, MA, and other local, state and federal funds, a modest level of recovery-oriented innovation and system enhancement will still be possible in DelCo in 18-19 FY.

**DELAWARE COUNTY  
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**A. Program Highlights**

There have been several significant activities, events, and developments in 17-18 FY that have had immediate impact on the county’s behavioral health system and that will also serve as a basis for future strategic planning initiatives. Included are new stakeholder initiatives, new evidence-based practices, new funding opportunities, and new collaborative partnerships. The table below highlights 11 of these recent developments, and describes the current impact and projects the future strategic planning between OBH, Magellan, and intra/inter-system stakeholders for continued program development and behavioral health system enhancement. Several of these developments are being tracked in a Quality Improvement initiative to measure outcome performance (see Section D.)

Recent Development	Immediate Impact	Future Strategic Plan
<b>FY 17-18 CHIPP Plan</b>	DelCo discharged 15 individuals from the NSH Civil and Regional Psychiatric Forensic Units. Individuals currently at GW Hill Correctional Facility (on the Regional Psychiatric Forensic) waiting list were also able to be diverted to the newly developed Adult Residential Treatment Facility-Forensic specific facility. This 16-bed treatment facility provided individuals with an opportunity for further stabilization, competency restoration, in a lesser restrictive setting. DelCo will have access to 12 of the 16 beds thus opening the remaining four beds to the other counties in the Southeast counties. To date, Bucks and Montgomery counties each are utilizing a current vacancy. The CHIPP will be used to expand housing options for 29 individuals; increase supported living services, development of the residential treatment facility and increase beds within the transitional forensic housing program. Since its inception May 2016, seven individuals have successfully discharged to lesser restrictive community living placements.	Many of the new Supported Living Service (SLS) and housing options targeted to the forensic population will aid in the ongoing efforts to reduce the incarceration rate for persons with mental illness. New SLS sites serve as a step-down option for Transitional Housing Program residents.  18-19 FY, DelCo OBH working collaboratively with the criminal justice partners in the development of a community-based Restoration of Competency program which will also include a residential component.
<b>Transitional Housing Program 17-18 FY</b>	The GEO Transitional Housing program had 16 admissions in 17-18 FY. Thus, individuals on the waiting list for the Regional Psychiatric Forensic Center (RFPC) spent less time on the waiting list and there was a decrease in the number of days spent in prison awaiting psychiatric care.	18-19 FY, DelCo OBH will continue to collaborate with our criminal justice partners, regional forensic liaisons, and MH liaisons at the prison targeting this population in efforts of continued discharges and increased community tenure. This transitional forensic housing program will continue to

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	<p>Because of the success of the program, DelCo OBH, expanded the existing contract to open an additional unit of 12 beds to address the growing demands of this specific population. The expected length of stay will remain within the 9 to 12 months timeframe.</p>	<p>operate as a community re-entry resource for those individuals maxing out of SCI and/or being released from the county correctional facility. The expected length of stay will remain within the 9 to 12 months timeframe.</p>
<p><b>Mental Health First Aide (MHFA)</b></p>	<p>County provides Mental Health First Aid - Adult, Youth, Higher Education, Military, Veterans &amp; Family, and First Responder Models which are available. Youth Mental Health First Aid (YMHFA) is provided monthly.</p>	<p>18/19 FY - YMHFA trainings are planned for various groups including human service offices (CYS, OIDD, OEI, CCIS) and other community groups involved with children including Juvenile Detention Center, Juvenile Justice, and community-based providers. Family members and stakeholders are also offered an opportunity to attend these monthly trainings. 18-19 FY, MHFA trainings will be expanded to include district and magisterial judges, local community, and faith-based organizations. Existing trainers will receive supplemental training and certification in these areas. MHFA survey will be sent to these various groups and trainings will be scheduled based on their level of interest and demand.</p>
<p><b>System of Care (SOC)</b></p>	<p>DelCo enrolled as an SOC County on 2/14/14. The DelCo System of Care (SOC) Children's Cabinet and Coalition are the workgroups that oversee the SOC initiatives including YMHFA, Question, Persuade, Refer (QPR), Multisystem trainings and the Trauma Informed Care trainings (TIC); involving youth and family in program development review and on advisory boards; and, enhancing youth leadership opportunities in MY LIFE. The Trauma Informed Care Initiative continues to focus on the annual organizational assessments to determine strengths and needs within Human Services, Juvenile Court, Juvenile Detention, Domestic Relations, and Department of Emergency Services.</p>	<p>18-19 FY -The DelCo SOC Children's Cabinet and Coalition continues to support the use of High Fidelity Wraparound as the outcomes have shown a decrease in out of home placements in all systems which we expect will continue. The DelCo SOC Children's Cabinet and Coalition continues to support the TIC Initiative within Human Services, JPO, Juvenile Detention Center, Domestic Relations, and Department of Emergency Services. TIC strategic plans will continue to be assessed and modified by each department's TIC Change Team. Expansion of this initiative will be to the District Attorney's Office and to our Youth &amp; Families. Specific trainings in Trauma 101, 102, and Self Care will also be offered. Trauma 105 for Youth, and Trauma 106 for Families, will be offered through our partnership with the United Way. Their Collective Impact's goal is to make DelCo a TIC Informed</p>

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		Community will also continue.
<b>Transition Age Certified Peer Specialist (TAY CPS)</b>	OMHSAS developed and released a TAY CPS seminar in preparation for the new TAY CPS Services for youth ages 14-17. DelCo released a RFP to target CPS services for the Transitional Age: 14-26. Those under 18 will be able to access peer support services as well as can have the support of a CPS specifically around transitional age issues and concerns. Child and Family Focus has been selected to hire a team of young CPS staff that will support people in the community.	18-19 FY - OBH and Magellan will continue to implement and provide oversight to the TAY CPS provider to enact Minimum Practice Standards, Minimum Training standards and a Provider Readiness Review.
<b>Enhanced Mobile Crisis Services</b>	In 17-18 FY the DelCo Crisis Connections Team (DCCCT) continued to provide 24-hr /7 day a week mobile crisis services in the county. The Peer Warm Line expanded its hours of operation to meet the needs of the individuals served.	Thus, far in 17-18 FY, DCCCT has provided more than 1,200 outreach contacts. The mobile service is the centerpiece of the county's effort to continue reduction of involuntary commitments to hospital treatment. DCCCT is also being marketed to colleges and universities and to police departments through CIT training.
<b>Expanded Assertive Community Treatment (ACT) Team</b>	OBH and Magellan developed an expansion of the ACT services. Horizon House operates two ACT teams, increasing their capacity to add a new 100-person team, 30% of which is targeted to a Transitional Age Youth (TAY) caseload. The TAY receive additional support through an employment group that meets weekly in the office. This has been beneficial as young adults can share concerns and resources surrounding their age specific issues.	The team recently increased to full staffing as the census builds to full capacity. TAY continue to be served with the goal of 30% census. Those that graduate from TA status have continued to receive ACT services. ACT continues to accept new referrals as they work toward the 100-full census, targeting the 30% TAY population.
<b>Natale RTF-A Dual-Diagnosis Unit</b>	The opening of Natale's Dual-diagnosis unit created four new beds at the RTF-A LOC, directly addressing the MH/IDD crisis/inpatient access for those that can receive voluntary treatment. Thereby, this has decreased the number of individuals presenting at a crisis center and seeking inpatient psychiatric hospitalization.	Referrals to the DDTT have been prioritized for DelCo residents. OBH and Magellan continue to promote and educate providers, agencies, and systems regarding the ability of the Dual Diagnosed unit to accept individuals not yet at a LOC requiring Acute Inpatient Unit (AIP), or as a step-down from an AIP level of care to further stabilize and treatment plan prior to returning to the community.

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<p><b>Dual-Diagnosis Treatment Team for MH/ID</b></p>	<p>The DDTT has been able to work with dual-diagnosed (MH/ID) individuals who are either living at home and at-risk of placement in a residential setting and/or have worked directly with residential programs to assist in treatment planning and interventions with staff, directly addressing the concerns regarding the need for staff training. This has had a direct result in those individuals who may have been at-risk of failing a residential placement or even being able to keep a person at home. Initial outcomes for the intensive, team-approached treatment in the person's setting has shown to provide stability and progress toward the individual's treatment goals.</p>	<p>Continue to work toward a DelCo full-census of up to 11 individuals (total census of up to 22 individuals is shared with another county for fiscal sustainability. The DDTT is developed to be an 18-month team approached program. OBH, Magellan, and OIDD regularly monitor and assess individuals to ensure supports and plans are stable and in place prior to discharge.</p>
<p><b>Forensic Assertive Community Treatment (FACT) Team</b></p>	<p>In 17-18 FY the R-FACT model is an evidence –based model that has collaborated closely with the Mental Health Treatment Court (MHTC) and ACT provider. Community Forensic Interventions, LLC consultants continued to work on the development of the R-FACT team.</p> <p>The consultative services contract was renewed for further program development of the team, technical assistance communicating with criminal justice systems and implementation of fidelity measurement process.</p>	<p>18-19 FY OBH personnel will continue to work with the consultants to provide technical assistance to improve communication with the criminal justice partners, FACT and the MHTC's overall productivity.</p>
<p><b>Question, Persuade, Refer (QPR)</b></p>	<p>QPR is a suicide prevention gatekeeper training that is available to Human Services staff but has the capacity to train a wide variety of Human Service providers, county system partners and stakeholders.</p>	<p>18/19 FY- QPR will be offered to Human Services staff as well as our county system partners and stakeholders at least three times a year.</p>
<p><b>First Episode Program - On My Way (FEP)</b></p>	<p>In 2017, OMHSAS released a grant to develop a First Episode Psychosis (FEP) program for individuals who experience their first psychotic episode within the past 12-month period. Child and Family Focus (CFF) was awarded the grant through a RFP process with OBH and Magellan. The program is a community-based treatment team approach for those 15-30 years old who will receive medication management,</p>	<p>The initial treatment team has completed all trainings and has received several referrals as they work toward a census of 35 individuals. The treatment staff has been stable as CFF is actively looking to add an additional therapist and psychiatric time as the caseload approaches 20. OBH and Magellan meet with CFF regarding implementation and oversight to</p>

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	case management, therapy, vocational rehabilitation, and education to both the individual and the family regarding signs, symptoms, treatment options, and recovery. CFF has named their program, "On My Way."	monitor referrals, access, and treatment.
<b>Homeless Blended Case Management (BCM)</b>	In 16/17 FY, DelCo identified the need to increase community-based supports for homeless individuals with Serious Mental Illness (SMI) to support the housing and recovery aspects of the individuals served. In 17/18 FY DelCo added to the AFS continuum of care for this population. A BCM unit specially trained in the CT evidence-based model was developed. A RFP was released and awarded in 17/18 FY. Implementation meetings began and referrals were accepted starting in November 2017. Since its inception, 20 individuals have begun services with the unit.	In 18/19 FY OBH and Magellan will continue to have monthly meetings to support the development of this new program, review housing needs/status, coordinate with Adult and Family Services and ensure that outcomes collection are in place.
<b>Supported Employment</b>	OBH and Magellan combined to offer Supported Employment training in 2017. The training was offered to the two community employment providers and two clubhouses as well as the ACT treatment teams.	OBH utilized the Supported Employment training to bring all providers that have a vocational component together for quarterly provider meetings. OBH facilitates the provider meetings to discuss applicability to the Supported Employment model.

**B. Strengths and Unmet Needs**

**Older Adults: (Persons aged 60 and above)**

In 2016, the estimate of population of 560,000 over age 65 represented 16% of the total county population. Increasing numbers of elderly residents present challenges to the County Office of Services for the Aging (COSA) and for OBH as well. The GATEWAY program, operated by COSA with joint AAA/MH funding, continues to be the primary resource for outreach and referral to older SMI adults. OBH maintains Specialized Personal Care Home (SPCH) beds for the elderly/medically fragile population. As residents age and decline physically, greater challenges are imposed on all Community Residential Services (CRS) programs to help residents "age in place". For those who require NF placement, finding facilities to accept Medical Assistance (MA) SMI referrals remains a significant challenge. Personal Care Home (PCH) licensing regulations also restrict serving people who are eligible for NF, making "aging in place" particularly challenging for those CRS programs.

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<b>Strengths</b>	
<b>GATEWAY</b>	Longstanding, jointly-funded, inter-system partnership between COSA and OBH that provides outreach, assessment, engagement, and referral to senior citizens with behavioral health needs in the community.
<b>Aging/Disability Resource Center (ADRC)</b>	Partnership between OBH, COSA, and other organizations serving older adults that provides training, screening, outreach, and linkages to housing and other community-based services combined with the City of Philadelphia.
<b>Specialized Personal Care Homes (SPCH)</b>	SPCH programs were designed to meet the housing needs of the elderly/medically fragile target population. Provides barrier-free housing environment for older individuals with high-level mobility and personal care needs. DelCo OBH released a RFP for "aging-in-place" to address this ongoing residential concern specific to this population.
<b>Therapeutic Counseling</b>	Therapeutic counseling is provided for identified homebound older adults with behavioral health needs who otherwise would go untreated. The capacity of the program is 25.
<b>Older Adult Task Force</b>	DelCo specific group of OBH, COSA, and providers offers case reviews and develops best practice service plans to meet the needs of older adults with SMI.
<b>Unmet Needs</b>	
<b>Housing</b>	This need will be met 18/19 FY as an RFP has been released for the aging population. Housing that enables individuals to age-in-place continues to be a limited resource. Targeted SPCH are challenged due to regulations which prohibit them from keeping individuals assessed to need NF placement.
<b>Nursing Facility (NF) Access</b>	NF continue to resist accepting older adult SMI referrals. The process of linking with COSA for assessments and OMHSAS for OBRA approval are relatively smooth, however it often takes months to obtain any NF placement.
<b>Persons with Dementia</b>	GATEWAY and other services that encounter older adults with dementia present challenges to service provision, particularly when out-of-home placement is needed.
<b>Funding</b>	Housing remains an essentially MH Base-funded service and is potentially at-risk in the current economic and budget environment. Money Follows the Person (MFP) did not materialize as a viable funding stream for state hospital discharges.
<b>Older Adult Hoarding Task Force</b>	Additional services beyond case reviews are needed. Individuals need intensive counseling, case management and house restoration services.

**Adults: (Persons aged 18 - 59)**

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

<b>Strengths</b>	
<b>Supported Living Service (SLS)</b>	OBH has emphasized development of SLS apartment-based housing subsidies for some time. FY 17-18, CHIPP funding added an additional 10 Bridge and Master Lease subsidies some of which will be step-downs from the Transitional Forensic Housing Program.

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<b>Strengths</b>	
<b>Psychiatric Rehabilitation (PRS)</b>	OBH and Magellan continue to fund a comprehensive network of PRS services. In addition to five-site-based PRS programs, there are two mobile (MPR) programs, and two PRS Assessors, one at each BSU to provide PRS assessment and referral. OBH and Magellan meet with the assessors and providers throughout the year to review program developments, county specific trends and issues, and overcome barriers to access. Illness Management Recovery (IMR) is an evidenced based practice that has been implemented successfully to the two mobile MPR programs.
<b>Certified Peer Specialist (CPS) Initiative</b>	OBH and Magellan continue to develop CPS resources throughout the county. Several specializations were added and well attended in 2017, including curriculums for special populations such as Geriatric, Trauma, Forensic, LGBTQ and Integrated Health Care. The Crisis Services Training for CPS was very successful. Many other resources continue to be available such as the Peer Development Network. The response from CPS has been positive regarding professional skills training on documentation skills, organizational skills, as well as ethics and boundaries. In 18-19 FY, OBH would like to develop an opportunity for providers to talk with recently graduated CPS' who are seeking employment. OBH would also like to enhance the CPS advisory so that community stakeholders have the chance to provide feedback.
<b>Illness Management &amp; Recovery (IMR)</b>	IMR is the cornerstone of DelCo OP treatment at seven sites across the MH and D&A service continuum. Three D&A sites conduct the traditional Hazelton-IMR; two MH sites conduct Enhanced-IMR for COD; and one MH site practices JEVS-IMR for the MH/IDD population. All are EBP and fidelity modeled. OBH reinforces the philosophy that existing programs continue to support new programs while the DelCo consultant, Lindy Fox supports competency and evaluations of programs.
<b>Integrated HealthCare (IHC)</b>	The Learning Community continued in 2017-18 FY with combined leadership and planning from OBH and Magellan. The focus continues to be provider networking, best practices, data collection and outcomes, as well as regulatory updates. All three BCM providers participate monthly in face to face or teleconference meetings to strengthen implementation and collaboration. Collaborative efforts continue to support integrated care and expectations as outlines by the Integrated Care Plan Pay for Performance initiative as well. Magellan Behavioral Health and DelCo have letters of agreement in place with all required physical health managed care organizations. Coordination calls are being conducted on joint members and hospital admissions continue to be mutually shared. Providers are getting data files which can be used to increase member engagement in integrated care as well as better understanding risk stratifications for those currently consented. Providers are also being asked to assist with member identification for joint collaboration calls to include the provider, Magellan, and the assigned physical health MCO. To date, these calls are occurring monthly. Available IHC programs also include a Health Home with a PCP & pharmacy on site as well as Nurse Navigators at the BCM units.
<b>Delaware County Open Door to Education (DCODE)</b>	Since 2010, DelCo OBH has contracted with DelCo Community College to provide DCODE: a nine-week course to allow adults with a self-identified MH diagnosis to attend classes two days per week. Classes focus on identifying current skills and developing a goal plan toward educational or /vocational achievement. Focus groups were conducted in 2016 after over 100+ individuals successfully completed the initial DCODE class. This resulted in the development of the first DCODE II class, held in the Fall 2017. The DCODE II was developed to

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<b>Strengths</b>	
	further assist those that had begun DCODE with no specific goal or focus. DCODE II was developed to further enhance skills and develop individualized action plans for participants toward their education/vocation achievement. 15 DCODE I graduates participated in the first DCODE II class, all successfully completing the class with a clearer focus and goal plan.
<b>Housing</b>	Housing that enables individuals to age-in-place is very limited. Even targeted SPCH resources are challenged as regulations prohibit them from keeping individuals assessed to need NF placement. A RFP was released to address this continued need for individuals to “age-in-place” within the community.
<b>BCM Homeless</b>	Specialized Case Management for Homeless with SMI, in 2017, DelCo developed a specialized BCM unit trained in the CTI model. This unit uses a time limited evidenced based intervention that mobilizes support to facilitate community integration and continuity of care. The BCM will address homelessness with the SMI population in a phased approach in collaboration with OBH, Magellan, and Adult and Family Services.
<b>Unmet Needs</b>	
<b>Nursing Facility (NF) Access</b>	NF continues to struggle with accepting older adult SMI referrals. These facilities are ill-equipped to properly address the psychiatric needs of these individuals meeting NF LOC. The process of linking with COSA for assessments and OMHSAS for OBRA approval are relatively smooth, however it often takes months to obtain any NF placement.
<b>Long-Term Care Access</b>	Access for long-term SMI inpatient care at the state hospital is problematic for the adult population. There is a lengthy waiting list of over 50 persons, most whom are referred by the court, with a waiting time of over one year for individuals at the top of the list.
<b>Funding</b>	MH base funds are limited which affects the availability of housing, community employment, and other recovery services.
<b>Housing</b>	Housing that enables individuals to age-in-place is very limited. Even targeted SPCH resources are challenged as regulations prohibit them from keeping individuals assessed to need NF placement. A RFP was released in 17-18 FY to address this continued need for individuals to “age-in-place” within the community.
<b>Dually-diagnosed</b>	Services have been enhanced to include expansion of the RTF-A to include a four-bed DD-unit and on-going reviews with the DDTT. DelCo has continuously sought to enhance and increase the supports and services for those that have both a MH and IDD. OBH, ODDP, and Magellan worked with PMHCC to conduct a series of trainings targeted toward both MH and ODDP staff in multiple parts. Trainings were held separately with psychiatrists, residential staff, and case management/support coordinators

**Transition-Age Youth (TAY): (Persons 18-26 aging out of children’s services)**

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

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<b>Strengths</b>	
<b>ACT Team Expansion</b>	OBH and Magellan expanded ACT services to include a second 100-member team for MA eligible persons. 25-30% of the new caseload is targeted to the TAY population. As of 4/1/18, the census of the new ACT team is approximately 70 individuals with 20 (28%) of the individuals being TAY. TAY individuals who age out of TAY definition can stay on the ACT team and continue to receive ACT services.
<b>Transition-Age CRR</b>	The county initially identified the need for additional support to be provided to those of transitional age (18-25) living in CRRs. OBH enhanced its contract with a CRR provider to add a full-time staff who was dedicated to working with up to four TAY individuals within their full-care CRR programming. Approximately 10 years ago, OBH expanded the TAY CRR capacity by operating a dedicated six-bed TAY CRR and adding six-bed TAY SLS subsidy program
<b>MY LIFE and MY FEST</b>	The Magellan Youth Leaders Inspiring Future Empowerment program has grown significantly since its inception. My LIFE planning meetings have been implemented and allow for better planning of group topics and activities for the monthly meetings. Better engagement of youth has been occurring. MY FEST event and MY LIFE Leadership events are held annually to build youth leadership capacity. Youth are now being offered opportunities to give back to the community via visiting local nursing homes and interacting with the residents. In October, the youth will be raising awareness about bullying.
<b>Hi-Fidelity Wrap Around</b>	Team-based collaboration serving children including TAY up to 21 years of age and their families. The DelCo team served 33 families in 17/18 FY and we expect to service 36 families in 18-19 FY.
<b>Transition to Independence (TIP)</b>	Evidenced supported model for ages 16-26, that is licensed as a Blended Case Management program with an additional Certified Peer Specialist, currently serving 60 with seven on the waitlist. TIP provides support and structure for assisting young people in recognizing their strengths, identifying their resources, and working toward their independent goals. Outcomes of this new initiative have been progressing and working toward the evidence supported trends.
<b>Youth Mental Health First Aid (YMHFA)</b>	YMHFA trainings are planned for various groups including human service offices and other community groups involved with children including Juvenile Detention Center, Juvenile Justice, and community-based providers. Family members and stakeholders are also offered an opportunity to attend these monthly trainings.
<b>Young Adult Road Map Trainings / Team Up for your Family-Roadmap</b>	In collaboration with the PA SOC will be offering the Team Up For Your Family Roadmap training in 18-19 FY for families interested in learning how to navigate systems and keep proper records. We will also be offering the Young Adult RoadMap: A step by step Guide to Navigating Wellness, Independent Living, and Transition Services for People in their teens and twenties.
<b>First Episode Psychosis Program (FEP)</b>	“On My Way” is a First-Episode Psychosis Program for ages 15-30. County OBH and Magellan conduct quarterly implementation meetings with CFF to provide support, structural and programmatic recommendations, identify any barriers and collaboratively develop solutions. “On My Way” continues to review a strict admission criteria for enrolling new members. Those that do not meet the First Episode criteria are referred to other services. Currently there are 18 individuals receiving services with a projection of 35 full census. “On My Way” has already had successful discharges in 2017, though only operating for less than a year.
<b>Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex (LGBTQI)</b>	PRYSM Youth Group continues to sponsor the annual LGBTQIAA training called Over the Rainbow.

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<b>Trauma Informed Initiatives</b>	18-19 FY the DelCo SOC Children’s Cabinet and Coalition continues to support the use of High Fidelity Wraparound as the outcomes have shown a decrease in out of home placements in all systems which we expect will continue. The DelCo SOC Children’s Cabinet and Coalition continues to support the Trauma Informed Care Initiative within Human Services, JPO, Juvenile Detention Center, Domestic Relations, and Department of Emergency Services. TIC strategic plans will continue to be assessed and modified by each department’s TIC Change Team. Expansion of this initiative will be to the District Attorney’s Office and to our Youth & Families. Specific trainings in Trauma 101, 102, and Self Care will also be offered. Trauma 105 for Youth and Trauma 106 for Families will be offered through our partnership with the United Way. Their Collective Impact’s goal is to make DelCo a Trauma Informed Community will also continue.
<b>Question Persuade, Refer (QPR)</b>	QPR is a suicide prevention gatekeeper training that is available to Human Services staff but has the capacity to train a wide variety of Human Service providers, county system partners, and stakeholders. 18-19 FY QPR will be offered to Human Services Staff as well as our County System Partners and stakeholders at least three times a year.
<b>PHARE</b>	TAY Bridge to Permanent Housing Program PHARE/Realty Transfer Tax - -The DelCo DHS will use PHARE funds to reduce youth homelessness by providing up to two years of rental assistance and case management services to TAY exiting the care of CYS. The program will target young adults between the ages of 18 to 24 years old.
<b>Unmet Needs</b>	
<b>TAY CPS</b>	Services for the TAY continue to be added as needs are identified. OBH partnered with Magellan in 2017 to identify a new CPS service for TAY. CFF was awarded the new initiative and is currently developing a team of CPS staff that will work with individuals aged 15-25. The county continues to monitor the expansion and development of TIP, FEP, and the new TAY CPS program. Continued review of outcomes and gaps in services are reviewed on an on-going basis to identify progress and need for improvement and expansion. Services to TAY individuals in an effort to support them in their recovery are vital to ensure that they are able to achieve their educational, vocational, and housing goals.
<b>TAY w/ Autism Spectrum Disorder (ASD)</b>	There is a need to develop housing and community-based programs and treatment for TAY with an ASD diagnosis.

**Children: (Persons under 18)**

Counties are encouraged to include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements. OBH, Magellan, children, families, and inter-system stakeholders have moved aggressively with the adoption of a SOC model in DelCo. The grant ended on June 30, 2017 but the philosophy and continued work has been managed by the DelCo SOC Children’s Cabinet & Coalition. The goals of increasing the family driven and youth voice in all the youth serving systems through increased collaboration and program development will continue.

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<b>Strengths</b>	
<b>MY LIFE and MY FEST</b>	The Magellan Youth Leaders Inspiring Future Empowerment program has grown significantly since its inception. My LIFE planning meetings have been implemented and allow for better planning of group topics and activities for the monthly meetings. Better engagement of youth has been occurring. MY FEST event and MY LIFE leadership events are held annually to build youth leadership capacity. Youth are now being offered opportunities to give back to the community via visiting local nursing homes and interacting with the residents. In October 2018, the youth will be raising awareness about bullying.
<b>H-Fidelity Wrap Around</b>	Team-based collaboration serving children including TAY up to 21 years of age and their families. The DelCo team served 33 families in 17-18 FY and we expect to service 36 families in 18-19 FY.
<b>Transition to Independence</b>	Evidenced supported model for ages 16-26, that is licensed as a Blended Case Management program with an additional Certified Peer Specialist, currently serving 61 with seven on the waitlist. The DelCo team served 68 young adults in 17-18 FY and they expect to serve 103 new young adults in FY 18/19.
<b>First Episode Psychosis Program</b>	On My Way, a First-Episode Psychosis program for ages 15-30. On My Way continues to enroll new members. Currently there are 18 receiving services with a projection of 33 for 18-19 FY.
<b>Question, Persuade, Refer (QPR)</b>	QPR is a suicide prevention gatekeeper training that is available to Human Services staff but has the capacity to train a wide variety of Human Service providers, county system partners and stakeholders. 18-19 FY QPR will be offered to Human Services staff, as well as our county system partners and stakeholders at least three times a year.
<b>Unmet Needs</b>	
<b>Under 18 ASD Disorders</b>	There is a need to develop more comprehensive community-based programs and treatment for youth under 18 with an ASD diagnosis.
<b>LGBT</b>	PRYSM Youth Group continues to sponsor the annual LGBTQIAA training called Over the Rainbow.
<b>Trauma Informed Initiatives</b>	18-19 FY the DelCo SOC Children's Cabinet and Coalition continues to support the use of High Fidelity Wraparound as the outcomes have shown a decrease in out of home placements in all systems which we expect will continue. The DelCo SOC Children's Cabinet and Coalition continues to support the Trauma Informed Care (TIC) Initiative within Human Services, JPO, Juvenile Detention Center, Domestic Relations and Department of Emergency Services. TIC strategic plans will continue to be assessed and modified by each department's TIC Change Team. Expansion of this initiative will be to the District Attorney's Office and to our youth and families. Specific trainings in Trauma 101, 102 and Self Care will also be offered. Trauma 105 for Youth and Trauma 106 for Families will be offered through our partnership with the United Way. Their Collective Impact's goal is to make DelCo a Trauma Informed Community will also continue.

**Special/Underserved Populations  
Individuals Transitioning Out of State Hospitals**

Since the closure of Haverford State Hospital (HSH) in 1998, OBH has overseen the transfer of 215 CHIPP discharges from the state hospital to the community. As of February 12, 2018, Norristown State Hospital (NSH) stopped accepting civil/civil admissions, which resulted in all future psychiatric admissions being targeted to

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Wernersville State Hospital. The current civil/civil NSH census is four, which is a 95% reduction from the 220 beds at HSH at the time of the closure.

The corresponding shift in state hospital funding to the county program has resulted in a proliferation of recovery-oriented, community-based MH services. 17-18 FY, OBH successfully discharged five individuals from the state hospital to community placement. 18-19 FY, we will continue to access the resources available within the infrastructure by successfully diverting individuals from accessing state psychiatric hospitalizations into step-downs within structured CRS placements which in turn opens appropriate discharge options for current state hospital residents.

<b>Strengths</b>	
<b>CHIPP Planning</b>	OBH works closely with NSH treatment teams and OMHSAS administrative personnel in discharge planning under the state's CHIPP plan guidelines.
<b>Community Support Plans (CSP)</b>	CSP's are completed for all individuals in the Civil and Forensic Units at NSH. OBH participates with NSH treatment teams and community providers in development of CSP's and tracks them post-discharge at 1, 3, 6, 9, and 12-month intervals.
<b>NSH Diversion Planning</b>	The OBH CRS Team continues to meet bi-weekly to plan for CRS target population referral and admission, as well as addressing NSH diversion and waiting list issues for both the Civil and Forensic Units.
<b>Treatment Team Meetings</b>	OBH Community Liaison and Forensic Specialist staff participate in ongoing Civil and Forensic Unit treatment team meetings and plan discharges as applicable.
<b>Regional Extended Acute Care Unit (EAC) Facility</b>	The Regional EAC facility continues to provide this resource as an alternative to NSH for extended inpatient service by stabilizing, assessing, treating, promoting recovery, and discharging individuals successfully to the community.
<b>Unmet Needs</b>	
<b>Long-term Care Access</b>	As CHIPP plans have been implemented and bed caps have decreased over time, waiting lists have grown for state mental hospital access, particularly for court ordered cases of the justice-involved population.
<b>Housing</b>	With the discharge of more high-need CHIPP individuals, housing providers are challenged to successfully serve these individuals as they also must meet the high needs of the diversion, justice-involved, homeless, COD, and TAY populations.
<b>Funding</b>	CRS providers, facing year after year of static MH Base funding, are experiencing significant challenges to successfully serve various high-need target populations. Periodic increased MH Base funding is needed to shore up these critical resources.

**Co-Occurring Disorders:**

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

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<b>Strengths</b>	
<b>Illness Management &amp; Recovery (IMR)</b>	The county has contracted with Lindy Fox, LLC. for several years to implement the SAMHSA evidence-based IMR approach in several provider programs including OP, IOP, CRS, ACT, CRP, and Halfway House serving the COD (MH/D&A) population. IMR also has a COD enhanced tool kit (Enhanced-IMR) which is being implemented in DelCo at three D&A sites; two of these providers are also implementing Integrated-IMR which addresses physical health as well. Integration of PH needs are critical to populations that incur physical issues due to substance abuse and/or prescribed medications.
<b>Integrated Dual Diagnosis (IDD) Treatment</b>	Magellan and OBH continue efforts to increase provider competency in integrated screening, assessment, and intervention for individuals with COD. Over 17-18 FY, OBH's quality department worked closely with providers to ensure that the recommendations made during the COD evaluations using the DDCAT & DDMCAT were implemented. Magellan and OBH collaborated to provide technical support to meet the recommendations. A COD Collaborative will be developed in the upcoming year to again focus on enhancements and new trends.
<b>Dual Diagnosis Treatment Team (DDTT)</b>	MH/IDD Services DDTT. The DDTT works with individuals who have an MH/IDD diagnosis. DDTT staff meet with family members and program staff both in the family homes and within the residential programs to assist in stabilizing members situations. Several individuals have completed the anticipated 18-month treatment period with successful discharge back to their community programs. The Elwyn MH/IDD Natale RTF-A: This program has consistently received referrals from Magellan and DelCo as well as outside county referrals. There have been several positive discharges where Natale has been able to assist in stabilizing individuals and assisting to get longer term community supports in place to prevent re-admission.
<b>CIT Training</b>	There is a strong COD component presented by both MH and D&A faculty with CIT certification classes for law enforcement personnel held annually.
<b>System Training</b>	In 2017, the second installment of Recovery Trainings were conducted, titled "Recovery Principles in Action". This training was attended by more than 125 residential staff representatives of eight different agencies. Strategic planning meetings occur two x's per year to identify system training needs. Cultural Competency training is scheduled for the fall and will be open to all providers.
<b>CRS COD Housing</b>	OBH maintains a 10-bed CRR and a three-bed Three Person Residence (TPR) targeted to the COD population. The CRR program has linkages to Dual Diagnosis IOP treatment programs.
<b>D&amp;A Certified Recovery Specialist (CRS )</b>	In 2017-18 FY Magellan contracted with one CRS provider to increase capacity of this service for the COD community. The SCA has sub-contacted the CRS program to Prospect Crozer Chester Medical Center. This program is a 24 hour "warm hand off" community-based program with the primary purpose to outreach and engage the overdose survivors who have been brought to our emergency departments. There are four CRS associated with the Crozer program, one CRS at the Harwood Halfway House, and one encompassed in the Crozer Center of Excellence. Twenty CRS were trained through the CRS training program.
<b>Inpatient Dialectical Behavioral Therapy (DBT) program</b>	The county's only D&A inpatient DBT program continues with praises. This provider also offers outpatient substance abuse DBT programming creating a seamless transition at discharge. This program has reduced persons leaving treatment AMA by 30%.
<b>Specialty Courts</b>	There are several specialty courts such as D&A, MH, and Veterans Treatment Courts which all have high levels of COD/co-occurring among the caseload.

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<b>Strengths</b>	
<b>Funding</b>	With MA expansion funding appears to be adequate.
<b>Unmet Needs</b>	
<b>Trauma Competent Providers</b>	Providers who specialize in trauma focused treatment continue to be a challenge. Magellan and OBH contracted with Andrea Meier of Dartmouth to train three providers in trauma informed treatment to improve clinical outcomes and avert the revolving door in and out of higher levels of care. Unfortunately, due to staff turnover and inability of providers to meet the expectations for fidelity and data reporting, DelCo continues to have a gap in this area. OBH and Magellan will continue to plan in this area.
<b>Housing</b>	There are still gaps in housing for the COD population that continues to experience periodic relapse and abuse of substances that allows them to retain their housing

**Justice-Involved Individuals:**

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

<b>Strengths</b>	
<b>Inter-System Administrative Forums</b>	The CJAB, Cross-System Strategic Planning Committee (CSSPC), and DelCo Cares are the primary administrative forums for inter-system forensic planning and service development.
<b>Cross-System Mapping</b>	In 2010, OBH and criminal justice partners participated in a MH Justice COE led Cross-System Mapping to identify strengths and gaps and create a prioritized strategic action plan to develop and enhance forensic services in the county.
<b>Crisis Intervention Team (CIT)</b>	The CIT program has trained and certified over 330 officers from the various municipal police departments, county park police, university police departments, state police officers, county correctional facilities, and SEPTA transit systems. CIT certification classes are held annually and faculty is comprised of consumers, families, providers, and county personnel.
<b>Transitional Housing Program (THP)</b>	The forensic THP, operated by GEO the provider of the county's prison and Community Corrections Center facilities, opened in March 2014. The re-entry program established at the forensic THP continues to serve both males and females in re-connecting to needed treatment and other supportive services.
<b>Forensic ACT (FACT) Team</b>	The FACT team continues to be an integral component of the successful discharge and transition of individuals returning to the community from NSH or county and/or state correctional facility. The team will to work with our criminal justice partners and community resources.
<b>MH Court</b>	The MH Court continues to address the needs of the SMI/justice-involved population. There is a strong working relationship between the criminal justice and behavioral health systems in this new venture.

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<b>Forensic Peer Support</b>	Peerstar continues to implement this evidence-based model both in the jails and community-based providing peer mentoring services.
<b>OBH Forensic Specialist</b>	The Forensic Specialist helps oversee the myriad of forensic initiatives targeted to the justice-involved population.
<b>Behavioral Health Liaisons</b>	OBH and Adult Probation/Parole jointly fund four behavioral health liaisons at the GW Hill prison to coordinate treatment in the prison and in the community at release.
<b>DOC Max-out Tracking</b>	OBH staff, in conjunction with the Regional Forensic Liaison, track and develop release plans for the C and D roster priority max-out cases returning to DelCo.
<b>Unmet Needs</b>	
<b>Housing</b>	The CRS and mainstream housing systems are impacted by those owners/property managers who mandate criminal background checks as part of their screening process and exclude most individuals with any level of justice-involvement.
<b>Funding</b>	Because the Housing Authority implements a criminal background check, the CRS system must provide Master Lease subsidies for persons with justice-involvement who otherwise would receive mainstream federal housing subsidy.
<b>RFPC Access</b>	Waiting lists continue to expand for access to the Regional Forensic Psychiatric Center (RFPC) at NSH. As of April 20, 2018, there were 26 men and 4 women on the waiting list, with a wait time of about 12 months for the inmate at the top of the list.
<b>SMH Civil Section Access</b>	As the regional numbers of justice-involved individuals court-ordered to the NSH Civil Section has increased to more than 50, there is now a minimum wait time of roughly one year for those at the top of the list, making diversion a high priority.

**Veterans:**

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

<b>Strengths</b>	
<b>Fairweather Lodge</b>	The Fairweather Lodge program has been serving Veterans for several years. The capacity of this evidence-based housing program is four-beds.
<b>Veterans' Court</b>	This is a relatively new specialty court in DelCo with a small caseload. There are relationships with behavioral health providers and the Coatesville Veterans Affairs Medical Center (VAMC)
<b>VAMC Forensic Linkages</b>	The Coatesville VAMC Justice Outreach worker is involved with the new Veterans' Court program and is a member of the CIT faculty training DelCo police officers.
<b>100 Day Vet Housing goal</b>	DelCo accomplished the Coatesville VAMC project to End Veteran Homelessness in 100 Days. DelCo housed 18 homeless Veterans, including 10 Chronic Homeless.
<b>Veterans Affairs Supportive Housing (VASH) Vouchers</b>	The Housing Authority received an allotment of VASH Vouchers from HUD and adopted a Housing First approach to rapidly house eligible Veterans.
<b>Hero's Path Program</b>	DelCo received state funding to provide linkages and information about employment services to Veterans, including connecting them to prospective employers.

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<b>Unmet Needs</b>	
<b>VA Treatment Access</b>	Some Veterans report not wanting to access treatment services through the VA system which places additional demand for service on the MH Base-funded system.
<b>Housing</b>	Veteran-specific housing tends to be utilized as soon as it becomes available. More VASH vouchers and access to more structured housing would be beneficial.
<b>Funding</b>	Funding for treatment is available through the VA, but many Veterans still choose not to access the VA, placing an additional burden on the MH Base-funded system.

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

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

<b>Strengths</b>	
<b>PRYSM Program</b>	Non-profit organization providing education, advocacy, outreach, and support groups led by former PRYSM participants for the LGBTQI population aged 14-20.
<b>LGBTGI Training</b>	DelCo and Magellan sponsored four trainings (October 27, 2017, January 8, 2018, April 26, 2018, and May 22, 2018) focused on cultural competency and LGBTQI behavioral health support. Ongoing training for CPS are offered annually as well through the Recovery Institute.
<b>Parents, Families and Friends of Lesbians and Gays (PFLAG) Program</b>	PFLAG is a volunteer, grassroots organization that helps supports the parents of the LGBTQI population.
<b>Center for Violence Prevention</b>	There is a Sexual Minority sub-committee of the Widener University Center for Violence Prevention that OBH staff participates in examining the special needs of this under-served population.
<b>In-Network Providers</b>	Magellan has several contracted in-network providers that specialize in working with members of this population.
<b>LGBTQI Workgroup</b>	Magellan, OBH, and county providers developed a LGBTQI workgroup to: design training content; compile provider resource information; look at best practices; etc.
<b>Unmet Needs</b>	
<b>In-Network Providers</b>	Adding new in-network providers will expand the range of services offered, enhance treatment competencies, and, increase participant choice.
<b>Specialized Staffing</b>	Need for more staff with specialized competencies to create more capacity on specialized caseloads in more services within the county.

**Racial, Ethnic, Linguistic Minorities:**

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

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<b>Strengths</b>	
<b>Deaf Services</b>	Contracts for Wrap-Around, Case Management, and BHRS in the children's' system, and socialization and sign language interpreters in the adult system.
<b>CIT Training</b>	Cultural Competency is one of the 21 core curriculum content areas of each annual CIT certification training that has currently been provided to over 330 DelCo police officers.
<b>In-Network Deaf Providers</b>	Magellan has several in-network providers to serve the deaf and hard of hearing population giving participants a measure of choice.
<b>In-Network Linguistic Providers</b>	Magellan has in-network provider linguistic competencies reflecting the county's minority populations. Intercultural Family Services staff speak over 20 languages. Some providers offer Spanish speaking telephone options and staff interventions.
<b>System Trainings</b>	Cultural competency trainings have been provided to contracted agency staff for several years. Magellan has online training content available to provider staff online.
<b>Documents and Interpreter Services</b>	OBH has procured a telephonic interpreter service via Language Line which allows staff to use during phone calls and/or face to face meetings coordinated by OBH staff. The use of an IPAD with immediate access to video interpreting is also available for OBH as well as all Human Services offices. Magellan is able to provide interpreters for members who call our Member Services Line; Magellan has translated letters based on a member's primary language; member handbook and newsletters are printed in Spanish.
<b>Unmet Needs</b>	
<b>In-Network Providers</b>	Adding new in-network providers will enhance service effectiveness, better meet participant demand (Spanish speaking staff), and, increase participant choice.
<b>System Training</b>	Need for ongoing trainings to increase stakeholder awareness and build staff competencies and diversity to better serve these under-served populations.
<b>Assess Staff Diversity</b>	Need to assess diversity of staff with respect to the racial, ethnic and linguistic composition of the populations served by various county programs (like PATH).

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

**OTHER HOMELESS**

<b>Strengths</b>	
<b>Continuum Of Care (COC) Planning</b>	OBH has several staff who maintain leadership roles in the COC planning process and Homeless Services Coalition that has operated successfully for 24 years.
<b>HEARTH Act Governance</b>	In 13-14 FY a Governance Charter was drafted and a Governing Board constituted to comply with Federal HEARTH Act requirements.

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<b>COC Services</b>	The county's COC has services for homeless SMI that include: Outreach, Emergency Shelter, Supportive Services, and Transitional and Permanent Housing.
<b>Local Match Commitment</b>	DelCo has long provided required federal match funding for homeless initiatives. Reinvestment funds have also been used when other match sources have ended.
<b>PATH</b>	OBH has maintained federal PATH grants through OMHSAS for many years to provide homeless street outreach and a Chronic Homeless Housing First program.
<b>Shelter Plus Care (S+C)</b>	OBH has also maintained two S+C grants for years that provide housing for the Chronic Homeless population. HUD recently consolidated these into one S+C grant.
<b>PHARE</b>	TAY Bridge to Permanent Housing Program PHARE/Realty Transfer Tax The DelCo DHS will use PHARE funds to reduce youth homelessness by providing up to two years of rental assistance and case management services to transition-age youth exiting the care of Children and Youth Services. The program will target young adults between the ages of 18 to 24 years old.
<b>Unmet Needs</b>	
<b>Permanent Housing</b>	Access to permanent housing placements is particularly difficult for persons with SMI as their needs often exceed the availability of residential staff supports.
<b>Supportive Services</b>	HUD's funding formulas significantly reduced the availability of supportive services funding which in turn has made serving special needs populations very challenging.
<b>Mainstream Housing</b>	Housing Authority limited Section 8 voucher access impedes mobility of persons to exit the homeless system and enter mainstream housing, and clogs shelter beds.
<b>Funding</b>	Local MH Base match funds are potentially at-risk, and Reinvestment match funds must be replaced with a sustainable funding stream at some point.

**Other: MH/IDD**

OBH, OIDD, and Magellan have coordinated to enhance and increase the services and supports to the dually-diagnosed mental health and intellectually disabled for several years. Trainings have been provided to cross-systems agencies and staff. The county is dedicated to identifying at-risk individuals and plans to meet their needs. New programs have been developed to increase community-based interventions and divert from higher LOC. The Dual-Diagnosed Treatment Team (DDTT) and the increase of bed capacity at the Natale Residential Treatment Facility for Adults (RTF-A) have improved the capacity and expertise in working with this population.

<b>Strengths</b>	
<b>Administrative Forums</b>	OBH and OIDD both participate on the DelCo Block Grant Advisory Committee and in the Human Services Administrators meetings for joint planning/information sharing.
<b>MH/ID Case Review</b>	OBH and OIDD participate in ongoing case review forums for children and adults to identify needed services and plan joint service delivery for Dual Diagnosis clients.
<b>Inter-system Training</b>	OBH, OIDD, and Magellan provided a series of best practice Dual Diagnosis trainings for inter-system personnel. These trainings were targeted at Psychiatrists, Blended Case Managers, Supports Coordinators, and finally MH & IDD Residential staff.
<b>CIT Training</b>	A consultant from PCHC provides instruction in MH/IDD Dual Diagnosis curriculum content area to police officers attending the annual certification program.
<b>Joint programming - RTFA-DD</b>	The RTF-A has four beds specifically to target the BH/ID population. The facility opened in the Spring of 2016. The RTF-A is used when appropriate as a diversion from AIP or for those who have been discharged from AIP but may need additional time prior to returning to the community.

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<b>Strengths</b>	
<b>Dually Diagnosed Treatment Team (DDTT)</b>	MH/IDD Services Dual Diagnosis Treatment Team. The DDTT works with individuals who have an MH/IDD diagnosis. DDTT staff meet with family members and program staff both in the family homes and within the residential programs to assist in stabilizing member's situations. Several individuals have completed the anticipated 18-month treatment period with successful discharge back to their community programs. The Elwyn MH/ID Natale RTF-A: This program has consistently received referrals from Magellan DelCo as well as outside county referrals. There have been several positive discharges where Natale has been able to assist in stabilizing individuals and assisting to get longer term community supports in place to prevent re-admission.
<b>Unmet Needs</b>	
<b>ID Staff Training</b>	Particularly on the residential side, due to impact of low salaries, there is a high need for better staff training to meet the MH needs of those in ID placements.
<b>Crisis/Inpatient Access</b>	Access and competent assessment/treatment is a problem in MH crisis services and inpatient units when the MH/ID population seeks services.
<b>Housing</b>	There is a lack of housing resources available to meet the primary residential and step-down needs of the MH/ID population.

**Other: Fetal Alcohol Spectrum Disorders**

<b>Strengths</b>	
<b>Fetal Alcohol Syndrome</b>	In collaboration with D&A DelCo hosted a FASD training. The Take 10 Survey to the community was sent out. Activities are facilitated in September.

Is the county currently utilizing Cultural and Linguistic Competence (CLC) Training?

Yes     No

<b>Strengths</b>	
<b>Deaf Services</b>	Contracts for Wrap-Around, Case Management, and BHRS in the children's' system. The adult system also has Case Management as well as a base funded contract to provide information, initial assessment of needs, and referral for on-going services.
<b>CIT Training</b>	Cultural Competency is one of the 21 core curriculum content areas of each annual CIT certification training that has currently been provided to over 330 DelCo police officers.
<b>In-Network Deaf Providers</b>	Magellan has several in-network providers to serve the deaf and hard of hearing population giving participants a measure of choice.
<b>In-Network Linguistic Providers</b>	Magellan has in-network provider linguistic competencies reflecting the county's minority populations. Intercultural Family Services staff speak over 20 languages. Some providers offer Spanish speaking telephone options and staff interventions.
<b>System Trainings</b>	Cultural competency trainings have been provided to contracted agency staff for several years. Magellan has online training content available to provider staff online.

In 2017-18 FY, four in-person trainings were held for providers to enhance their ability to treat underserved population. Trainings were held on October 27, 2017, January 8, 2018, April 26, 2018, and May 22, 2018 with a primary focus on cultural sensitivity. Magellan's Cultural and Linguistic Competence (CLC) training program was implemented for all

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HealthChoices and providers staff and will continue in 2017-18 FY. The Cultural Competency plan was inclusive of goals to address recruitment and training strategies, diversity of staff, language assistant services, bilingual staff, easily understood member related materials, and mechanisms for member involvement. All activities will be monitored quarterly and a continuous quality improvement plan will be implemented.

An area of significance is ensuring that DelCo services are provided in a culturally competent manner. An intervention identified to ensure that this is the case includes Culturally Competent trainings available online via Magellan of PA website. This resource includes training modules designed to increase provider knowledge around cultural competency. For example, the training module entitled “Cultural Competence for the Direct Support Professional (DSP)” supports providers in understanding specific cultural competency strategies when working with individuals with developmental disabilities, helps providers define cultural diversity, describes how culture may influence an individual’s behavior and enhances provider understanding of the DSP’s role in responding to cultural diversity.

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**c) Supportive Housing:**

DHS' five- year housing strategy, *Supporting Pennsylvanians through Housing*, is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing.

This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation. Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

**SUPPORTIVE HOUSING ACTIVITY** *Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not. **Include any program activity approved in FY 17-18 that is in the implementation process. Please use one row for each funding source and add rows as necessary. (Note: Data from the current year FY17-18 is not expected until next year)***

1. Capital Projects for Behavioral Health				<input 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

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<b>2. Bridge Rental Subsidy Program for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.</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 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>Reinvestment</b>	<b>\$86,496</b>	<b>\$87,500</b>	<b>18</b>	<b>16</b>	<b>16</b>	<b>\$430</b>	<b>2</b>	<b>2009</b>
	<b>Block Grant</b>	<b>\$195,780</b>	<b>\$245,000</b>	<b>39</b>	<b>49</b>	<b>38</b>	<b>\$420</b>	<b>0</b>	<b>2010</b>
	<b>CHIPP</b>	<b>\$0</b>	<b>\$40,704</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2017</b>
Notes:									

<b>3. Master Leasing (ML) Program for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>Leasing units from private owners and then subleasing and subsidizing these units to consumers.</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 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
	<b>Reinvestment</b>	<b>\$76,273</b>	<b>\$80,000</b>	<b>9</b>	<b>9</b>		<b>9</b>	<b>\$550</b>	<b>2009</b>
	<b>Block Grant</b>	<b>\$0</b>	<b>\$41,012</b>	<b>0</b>	<b>6</b>		<b>6</b>	<b>700</b>	<b>2018</b>
	<b>CHIPP</b>	<b>\$0</b>	<b>\$89,040</b>	<b>0</b>	<b>10</b>		<b>10</b>	<b>0</b>	<b>2017</b>
Notes:									

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<b>4. Housing Clearinghouse for Behavioral Health</b>				<input 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

<b>5. Housing Support Services for Behavioral Health</b>				<input 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
	<b>CHIPP</b>	<b>\$0</b>	<b>\$487,760</b>	<b>0</b>	<b>49</b>			<b>0</b>	<b>2018</b>
Notes:									

<b>6. Housing Contingency Funds for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.</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			Average Contingency Amount per person	Year Project first started
	<b>Reinvestment</b>	<b>\$4,803</b>	<b>\$5,000</b>	<b>6</b>	<b>10</b>			<b>\$800</b>	<b>2009</b>
	<b>CHIPP</b>	<b>\$0</b>	<b>\$43,996</b>	<b>0</b>	<b>24</b>			<b>\$1,833</b>	<b>2018</b>
	<b>Block Grant</b>	<b>\$59,254</b>	<b>\$60,000</b>	<b>843</b>	<b>850</b>			<b>\$70</b>	<b>2010</b>
Notes:									

<b>7. Other: Identify the Program for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
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<b>Project Based Operating Assistance (PBOA</b> is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); <b>Fairweather Lodge (FWL</b> is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); <b>CRR Conversion</b> (as described in the CRR Conversion Protocol ), <b>other.</b>								
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
<b>Transitional Housing</b>	<b>Reinvestment</b>	<b>\$250,087</b>	<b>\$250,000</b>	<b>9</b>	<b>9</b>			<b>2014</b>
<b>Transitional Housing</b>	<b>Block Grant</b>	<b>\$0</b>	<b>\$150,000</b>	<b>0</b>	<b>12</b>			<b>2017</b>
<b>Barn</b>	<b>CHIPP</b>	<b>\$0</b>	<b>\$90,000</b>	<b>0</b>	<b>1</b>			<b>2017</b>
<b>ROC &amp; THP (GEO)</b>	<b>CHIPP</b>	<b>\$0</b>	<b>\$1,000,000</b>	<b>0</b>	<b>10</b>			<b>2018</b>
Notes:								

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

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

Table d. (inserted) is the list of Transformation Priorities from the 17-18 FY CHS Plan. Most, if not all of these initiatives will continue to be implemented, tracked, and monitored in 18-19 FY, and are updated accordingly, along with the addition of a couple of new initiatives that will be started in 18-19 FY, in shaded area.

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**Recovery-Oriented Systems Transformation Priorities**

Initiative	Brief Narrative	Time Line	Funding	Monitoring
<p><b>1. Older Adults:</b>  <b>Gateway</b></p>	<p>GATEWAY (Giving Assessment, Treatment, and Empowerment in the Aging Years) targets and identifies isolated, at risk older adults with behavior health (mental health and/or substance abuse) issues. The program evaluates older adults aged sixty and older who are experiencing behavior health difficulties and links them with the appropriate formal and informal community resources and monitors them to track their progress</p>	<p>18-19 FY the primary objective is to ensure that adequate resources are available for the needs identified by the assessments. Quality Department to identify EBP trainings to treat the needs of this population to enhance provider skill. As well as expand the therapeutic services currently contracted.</p>	<p>MH base</p>	<p>Annually, OBH will request a report on the outcomes of the assessments as well as type of treatment referred by GATEWAY on a quarterly basis. This will offer insight and drill down on the need for specific services other than what was identified in 17-18 FY. If appropriate, plan for enhancing the continuum will be developed mid-year. This will take into account current services and the possibility of expansion.</p>
<p><b>Older Adults:</b>  <b>Housing</b></p>	<p>DelCo currently has an array of services available specifically to treat the needs of the aging. However, as community tenure has grown for many special populations (TAY, Forensic, ID), supportive housing opportunities have grown at a much slower rate. Specifically, for the aging, specialized housing for those with Dementia and/or other medical needs. DelCo continues to develop housing through MH base dollars</p>	<p>18-19 FY The primary objective is to develop housing to meet the needs of the aging population via currently contracted programs such as GATEWAY, Older Adult Task Force and Therapeutic Counseling. OBH will identify housing needs as they are assessed thru these agents. Adult and Family Services (AFS) as well, has identified 10% of the homeless served are 60+. OBH will work collaboratively to identify how many members need housing support who are not included in the AFS count as</p>	<p>MH base</p>	<p>Bi Annually, OBH will request a report on outcomes for the number of members from contracted programs who need housing supports and what level. A plan for increasing housing support for the aging will be developed by mid-year</p>

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Initiative	Brief Narrative	Time Line	Funding	Monitoring
	utilizing the Specialized Personal Care Home Model.	well as what level of supports are needed.		
<b>2.Justice-Involved:  Community Forensic Interventions, LLC (R-FACT)</b>	The R-FACT model has helped the Mobile Assessment Stabilization & Treatment (FACT) team transition to a forensic ACT model with the intent to serve a 100% forensic population. The consultants of the Community Forensic Interventions have provided training to the FACT team to enhance their skills and criminal justice expertise.	18-19 FY primary objective is to provide ongoing consultation to the FACT team. Focus on harm reduction techniques, medication management, communication and maintaining fidelity. The consultants will provide trainings to the FACT team via teleconferencing, in-person trainings to improve their overall team development and its collaborative efforts with the criminal justice system.	Reinvestment (start-up) County base HealthChoices	Annually, OBH and/or Magellan participate in site visits to assess the adherence to fidelity, best practices as well as regulatory guidelines. OBH QI is currently enhancing the current data collection to include MH Court focus.
<b>Justice-Involved:  Forensic Peer Support Program (FPSP)</b>	The FPSP model is being used to offer Peer Support services to the forensic population. Peerstar is providing FPSP services using the Yale citizenship model with Peers with lived forensic experience.	Peerstar will continue to provide community-based FPSP to complement the services in place at the GEO THP and the soon-to-be developed community-based ROC program.	Reinvestment HealthChoices County base	OBH/Magellan oversees the FPSP community team and delivery of billable CPS services. OBH will continue to track the caseload as it builds toward full capacity. In addition to caseload information (currently at 57 individuals) OBH also tracks, referrals, origination of referral, marketing strategies, waitlist, and training hours.
<b>Justice-Involved:  Transitional Housing Program (THP)</b>	THP is a forensic housing model implemented by the Geo Group, Inc. THP is sited in a Community Corrections Center (CCC) facility. Target populations include discharges from NSH, diversions from NSH RFPC, DOC/SCI max-	Individuals continue to be admitted to the THP with the projected length of stay being 9-12 months. The GEO Group, Inc., continues to work with community MH providers and individuals with criminal justice involvement. The GEO Group Inc. THP will continue	Reinvestment County base	The GEO Group, Inc operation will be tracked by OBH CRS staff to assure attainment of full occupancy and monitored to determine actual length of stay versus the projected 6-9 month LOS, with emphasis on use of CRS step-down resources.

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Initiative	Brief Narrative	Time Line	Funding	Monitoring
	outs, and county prison releases.	to operate at full occupancy and work with community treatment providers to step individuals down within the continuum of services during 16-17 FY. 17-18 FY will expand to serving females on a small scale.		
<b>3.Transition-Age: Assertive Community Treatment (ACT)</b>	OBH and Magellan expanded ACT services to include a second 100-member team for MA eligible persons. 25-30% of the new caseload is targeted to the TAY population.	Horizon House began operation of DelCo ACT in 13-14 FY As of April 1, 2018, the census of the new ACT team is approximately 70 individuals with 20 (28%) of the individuals being TAY. TAY individuals who age out of TAY definition can stay on the ACT team and continue to receive ACT services.	Reinvestment (start-up) HealthChoices County base	OBH and Magellan oversee referrals, admissions, utilization, outcomes, and ACT fidelity. The percent admissions and retention rate for TAY cases will be tracked ongoing.
<b>Transition-Age: Transition to Independence (TIP)</b>	TIP is an evidenced supported model developed to engage and support young people experiencing emotional and or behavioral struggles in their own futures planning process across five transition domains: Education Opportunities, Living Situation, Employment and Career, Community Life Functioning, and Personal Effectiveness and Wellbeing.	Evidenced supported model for ages 16-26, that is licensed as a Blended Case Management Program with an additional Certified Peer Specialist, currently serving 61 with 7 on the waitlist. The DelCo Team served 68 young adults in 17-18 FY and they expect to service 103 new young adults in 18-19 FY.	Reinvestment (start-up) HealthChoices	Magellan and OBH oversee the outcomes and fidelity of this model.
<b>Transitional Age Certified Peer Specialist</b>	In the Fall 2017, Magellan and OBH identified CFF via a RFP process, to develop a CPS program for 14-26 year olds.	CFF has submitted documentation to begin their license process and will look to hire and train up to five CPS staff. CFF has identified the	HealthChoices/ County base	OBH and Magellan meet with CFF on a monthly basis to review implementation and oversight monitoring.

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Initiative	Brief Narrative	Time Line	Funding	Monitoring
	People will be able to have the support of a CPS in the community to work with them toward their recovery goals. The team of TAY CPS will focus on working with individuals specific to their transitional age issues.	supervisor who has already completed training. CFF will begin to take referrals in Spring/Summer 2018.		
<b>First Episode Psychosis</b>	In 2016, OMHSAS requested proposals for a grant to provide First Episode Psychosis treatment to individuals. Child and Family Focus was awarded the grant and has trained and developed a team to provide community-based treatment services to individuals 15-30 years old who have	CFF hired and trained the initial team: psychiatrist, therapist, case worker. The team has accepted and reviewed referrals leading to a current census of 18. Projected total census is 35. CFF is currently in the process of adding an additional psychiatrist and therapist	HealthChoices/ County base	OBH and Magellan provide on-going monitoring. CFF submits data to the State OMHSAS in response to the grant.
<b>4.Children: Youth MHFA</b>	DelCo was able to have four YMHA instructors trained and certified in 13-14 FY and under the SOC grant, five instructors were trained in 2014.	YMHA training continues as priority for stakeholder education. Human Services and various stakeholders including TAY and parents, are the entities that are offered these monthly trainings	County base	OBH Children's' Coordinator continues to take the lead in planning and documenting YMHA training and staff certification per National Council requirements.
<b>5.Adults: MHFA</b>	17-18 FY, MH First Aid (MHFA) provided to targeted audiences (older adults, residential, public safety and veterans) involved in the President Judge's DelCo Cares Initiative. These trainings have provided	18-19 FY, MHFA trainings will be expanded to include district and magisterial judges, local community, and faith-based organizations. Existing trainers will receive supplemental training and certification in these areas. MHFA survey will be sent to these	MH Matters Regional Grant County base	2 OBH Instructors will continue to lead in planning and documenting MHFA training and staff certification per National Council requirements.

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Initiative	Brief Narrative	Time Line	Funding	Monitoring
	personnel at the county jail, adult probation & parole, direct care workers ,and others with skills and resources necessary to identify and work effectively with individuals with mental illnesses	various groups and trainings will be scheduled based on their level of interest and demand.		

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**E. Existing County Mental Health Services**

Please indicate all currently available services and the funding source or sources utilized.

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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" 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 checked="" type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment

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Services By Category	Currently Offered	Funding Source (Check all that apply)
Adult Developmental Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 type="checkbox"/> Reinvestment
Family Support Services for families of Adult in MH Court	<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 type="checkbox"/> Reinvestment
Consumer Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" 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 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 checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
First Episode Psychosis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment

\*HC= HealthChoices

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**F. Evidenced Based Practices Survey**

<b>Evidenced Based Practice</b>	<b>Is the service available in the County/ Joinder? (Y/N)</b>	<b>Current number served in the County/ Joinder (Approx)</b>	<b>What fidelity measure is used?</b>	<b>Who measures fidelity? (agency, county, MCO, or state)</b>	<b>How often is fidelity measured?</b>	<b>Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)</b>	<b>Is staff specifically trained to implement the EBP? (Y/N)</b>	<b>Additional Information and Comments</b>
<b>Assertive Community Treatment</b>	Yes	239	TMACT	Kim Patterson of Allegheny	Annually	Yes	Yes	Forensic and non-forensic ACT Program meets fidelity
<b>Supportive Housing</b>	Yes	331	N/A	N/A	N/A	N/A	N/A	Includes full capacity
<b>Supported Employment</b>	Yes	257	SE Fidelity	DelCo OBH	Annually	Yes	Yes	Members served includes standalone programs and embedded services. Number Employed is 47
<b>Integrated Treatment for Co-occurring Disorders (MH/SA) (Enhanced IMR)</b>	Yes	444	IMR Fidelity	Dartmouth Lindy Fox LLC.	Annually	Y	Y	Currently have 5 providers of IMR, 1 D&A, 4 MH Enhanced-Illness Management & Recovery incorporates IDDT

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<b>Evidenced Based Practice</b>	<b>Is the service available in the County/ Joinder? (Y/N)</b>	<b>Current number served in the County/ Joinder (Approx)</b>	<b>What fidelity measure is used?</b>	<b>Who measures fidelity? (agency, county, MCO, or state)</b>	<b>How often is fidelity measured?</b>	<b>Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)</b>	<b>Is staff specifically trained to implement the EBP? (Y/N)</b>	<b>Additional Information and Comments</b>
<b>Medication Management (MedTEAM)</b>	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Therapeutic Foster Care</b>	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Multisystemic Therapy</b>	<b>Yes</b>	32	Therapist/Supervisor/Consultant Adherence Measures, Program Implementation Review	Supervisors, Consultant, Program Director	Ongoing-Tams (therapist adherence measure) are monthly, PIR data is collected and reported on a 6-month basis.	The SAMHSA EBP toolkits have been reviewed and are referenced as a guide, along with the MST implementation guidelines to ensure effective programming and quality outcomes.	YES – 5-day training at hire and continuous training by supervisor and consultant including quarterly booster trainings.	
<b>Functional Family Therapy</b>	<b>No</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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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)	Additional Information and Comments
+	<b>Yes- The Incredible Years (TIY)</b>	12 families per year	TIY Self-evaluation form TIY session evaluation Parent Group weekly & final parent satisfaction questionnaire Child group final parent evaluation Session Protocol checklists The Incredible Years Parenting Practices Interview & Eyberg Child Behavior Inventory	For the 1st two years, the Episcenter measured fidelity. Now, CGRC (provider) measures fidelity	For the 1st two years fidelity was measured 2-4 times/child 18 group module & 2-4 times/parent 18 group module. Currently, fidelity is measured 1 time. Child 18 group module & 1 time/parent 18 group module	Currently CGRC follows the guidelines set by the TIY creator Dr. Carolyn Webster-Stratton	Yes	Of CGRC's 4 Facilitators, 1 is working towards her peer coaching certification & the 2 others are close to being certified. There are just a handful of certified TIY Facilitators in PA

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**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
<b>Consumer/Family Satisfaction Team</b>	Yes	687	New M/FST Team in place as of December 2018. Policies and Procedures are being developed during the latter part of the FY to coincide with the enhance survey process. Survey will resume in 4 <sup>th</sup> Quarter.
<b>Compeer</b>	Yes	50	Match length of time range six months to 19 years
<b>Fairweather Lodge</b>	Yes	4	
<b>MA Funded Certified Peer Specialist- Total**</b>	Yes	403	
<b>CPS Services for Transition Age Youth</b>	Yes	Start Up	TAY CPS provider was awarded at the end of 2018. Currently facilitating implementation. Provider has not begun accepting referrals yet. Waiting on Licensure.
<b>CPS Services for Older Adults</b>	Yes	403	
<b>Other Funded Certified Peer Specialist- Total**</b>	Yes	102	
<b>CPS Services for Transition Age Youth</b>	Yes	0	
<b>CPS Services for Older Adults</b>	Yes	102	
<b>Dialectical Behavioral Therapy</b>	Yes	94	87 Adult, 7 Adolescent Group
<b>Mobile Meds</b>	Yes	15	
<b>Wellness Recovery Action Plan (WRAP)</b>	Yes	40	This includes CPS run WRAP groups and individual WRAP
<b>High Fidelity Wrap Around</b>	Yes	25	Services for CYS/JPO families, children 8-21
<b>Shared Decision Making</b>	NO	N/A	

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Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
<b>Psychiatric Rehabilitation Services (including clubhouse)</b>	Yes	375	
<b>Self-Directed Care</b>	Yes	32	Consumer Recovery Investment Funds through a PCPS model.
<b>Supported Education</b>	Yes	20	DelCo Open Door to Education (DCODE)
<b>Treatment of Depression in Older Adults</b>	Yes	179	(GATEWAY) Giving Assessment, Treatment, and Empowerment in the Aging Years
<b>Consumer Operated Services</b>	Yes	32	
<b>Parent Child Interaction Therapy</b>	Yes	22	
<b>Sanctuary</b>	Yes	HC MH residential programs for children	This is practiced in residential settings. Trainings were completed several years ago via HC. In County-The Village provides this model / Other Magellan MH RTFs also provide this resource
<b>Trauma Focused Cognitive Behavioral Therapy</b>	Yes	Adult OP/Community Based Services Children-Yes	Trauma informed Care is an initiative in DelCo as part of our Systems of Care Grant. TIC training was provided by a consultant.
<b>Eye Movement Desensitization and Reprocessing (EMDR)</b>	Yes	45	
<b>First Episode Psychosis Coordinated Specialty Care</b>	Yes	18	This program is in its second year. Total capacity is 35.
<b>Other (Specify) Transition to Independence</b>	Yes	61	Full capacity is considered 60, 7 on waitlist
<b>Other (Specify) Pivotal Response Treatment</b>	Yes	7	For ages 18 months to 5 years with a Diagnosis of Autism

\*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

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**H. Certified Peer Specialist Employment Survey:**

Please include CPSs employed in any mental health service in your county/joinder including, but not limited to:

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- Medicaid-funded peer support programs
- consumer-run organizations
- residential settings
- ACT, PACT, or FACT teams

Total Number of CPSs Employed	<b>53</b>
Number Full Time (30 hours or more)	<b>31</b>
Number Part Time (Under 30 hours)	<b>22</b>

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## **INTELLECTUAL and DEVELOPMENTAL DISABILITY SERVICES**

### **Introduction**

The Office of Developmental Programs (ODP), in partnership with county programs, is committed to ensuring that people with an intellectual disability and autism live rich and fulfilling lives in their community. It is important to also ensure that the families and other stakeholders have access to the information and support needed to help be positive members of people's teams.

The DelCo Office of Intellectual and Developmental Disabilities (OIDD) has embraced the Everyday Lives philosophy and is committed to ensuring that people with intellectual and developmental disabilities, including those with Autism, live their lives in the community as any other citizen; with choice, responsibility, dignity, and respect. The Supports Coordination Organization and Administrative Entity (AE) staff assist people and families in understanding the concepts of Everyday Lives and applying this to the support planning process. In addition, we work with advocacy groups, community partners, provider agencies, and with the PA Family Network to help families and people with disabilities learn about and use the LifeCourse Tools, utilize natural community supports, and obtain useful community skills and opportunities.

### **Continuum of Services:**

**Funding Streams:** The County exercises flexibility in funding services from various financial sources to support people in need. Services can be funded through the use of Base/Block grant funding, Waiver capacity, Medical Assistance, and private insurance, as appropriate. Other necessary supports can be obtained through connection with naturally occurring programs found in the community (ex. YMCA, etc.). Primary goals in the use of any source of funding are to promote personal independence, support life in the community in the least restrictive setting to meet the person's needs, and reduce the cost of services including residential placement. During the 17-18 FY, OIDD outspent its Base/Block grant funding allocation to support people in need. Block grant funds were used once OIDD base funding was exhausted. Even though additional Waiver capacity was available during the 17-18 FY due to the allocation of 32 Community Living Waiver capacities, and additional Consolidated and PFDS Waiver Capacity was available due to deaths and other vacancies in existing capacity, the needs of people living in the community have continued to grow. This places increased demands on Block Grant funds to meet these needs. People receive priority for Base/Block grant funds if they have no supports or require a higher level of care due to an emergency, or they require services or one-time adaptations to enable them to remain in their family homes. Because employment is a priority, we have also used Base/Block grant funding so people can receive Supported Employment services to maintain their jobs if they have no other funding source.

**Continuum of Supports:** OIDD provides a wide array of services ranging from those provided in the community to those provided out-of-home. Services include Supports Coordination, Family Support Services (FSS), Supported Employment, day and pre-vocational services (Community Participation Supports), community and large congregate residential care, Lifesharing, Participant Driven Services (PDS), and Behavior

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Support, among other specialized services. Supports Coordinators work with people to maximize familial and community supports in place of, and in addition to, use of system resources. Families and people are also linked to advocates, special needs units, the local Health Care Quality Unit (Philadelphia Coordinated Health Care – PCHC), housing, and other service systems such as the Office of Behavioral Health, Children and Youth Services, and School Districts, among others. We continue to try to offer programs and information to people and their families through community and education fairs, special presentations, and events. Intake for people with Autism Spectrum Disorders continues to grow. Many providers are able to serve people that have Autism, such as Employment agencies and community agencies offering support groups and a range of home-based services. We also have residential provider agencies that can assist people dually diagnosed with Autism and an intellectual disability. Clearly supports for people with Autism need to continue to expand.

**Strategies:** DelCo will continue to employ a multitude of strategies to ensure maximal and appropriate use of Base/Block grant funds and all other sources of funding, while providing supports that are selected by the person and her/his family in conjunction with the support team. Staff in our office continue to utilize creative strategies. Many people have no immediate need for services and receive Supports Coordination to assist them in identifying and availing themselves of community and family resources. Others require minimal system supports and may receive services through Family Support Services (FSS) or other Base/Block grant funding. Still others may need more intensive levels of service and may be waiting for Waiver capacity. For those with immediate needs for whom there is no Waiver capacity, the person may be supported through cross system services and/or community supports; the family may be offered Base/Block grant funded Family Support Services; or in emergency situations, the person may receive more extensive services and supports utilizing Base/Block grant and other sources of funding, up to and including short and longer-term out-of-home care. Strategies to serve the maximum number of people and maximize *all* sources of funding include:

- **Everyday Lives** - As we work closely with our partners in ODP and take courses and webinars on Everyday Lives and Positive Approaches, DelCo continues to implement Everyday Lives principles and practices to support all people enrolled in our service system. We ensure that DelCo Administrative Entity (AE) staff and the Supports Coordination Organizations (SCOs) are continuously trained in Everyday Lives principles and receive Positive Approaches information. This ensures that all staff are working from the same principles, and they continually explore with families and people ways to remain ensconced in the community. Staff will continue to attend ODP webinars and face-to-face trainings on these and related topics in the 18-19 FY. We are also encouraging families to receive training in these principles.
- **Regional Collaborative** - DelCo OIDD continues to collaborate with its SE Region suburban county partners in the Regional Collaborative. Our Vision includes these major concepts:
  - a. all people are part of a welcoming community
  - b. families thrive, not just survive; a cohesive and strong collaborative
  - c. we must have measurable outcomes of our efforts

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We will continue to participate in the SE Regional Collaborative as well as our local DelCo Collaborative Team to train and identify resources across many stakeholders. The Regional Collaborative held three meetings in 17-18, including a meeting to develop a Regional Collaborative Vision. Additional meetings will be held to refine this vision and to share ideas in the 18-19 FY.

- **DelCo Collaborative** - In DelCo, the local Collaborative which includes our PA Family Network Advisors, has met three times to discuss how to educate people and their families, providers, advocates, community partners, and others in the Community of Practice and Everyday Lives concepts, and use of the LifeCourse tools at every family stage. In the 17-18 FY, presentations were held for providers, the SCOs, and for the System of Care partners on the Community Collaborative and the LifeCourse. DelCo also funded one person to attend the annual Everyday Lives conference in Hershey and to participate in the Regional Collaborative day during the conference. Further efforts to reach our system partners, provider agencies, community stakeholders, and people and their families will continue in 18-19 FY. We continue to identify support groups for people with disabilities and their families and reach out to them to provide information. On May 5, 2018, the local Collaborative will hold an event for transition-age people and their families, advocacy groups, employment providers, home-based providers, school personnel and community members. Titled “Planning a Good Life After High School”, the event includes discussion about the Community Collaborative, the LifeCourse tools, leveraging Social Capital, the ODP Waiver changes, and how stakeholders can pull this information together to build a good life with the person aging out of the school-age system. Next, our collaborative plans to create and distribute a survey of needs based on the Three Buckets. The survey will be sent to people and their families, advocates, system partners, provider agencies, and other community stakeholders. Results of this survey will help inform a Community Conversation to be held with DelCo stakeholders in the fall 2018. This Community Conversation will help guide further efforts to expand our local community collaborative. We will continue to ensure that DelCo community stakeholders are trained in Communities of Practice so that modes of thinking and support planning go beyond services the system has historically provided. The County will work with the PA Family Network and with the DelCo Collaborative group to ensure that this is an ongoing goal.
- **Reduce Placements** – We plan to continue efforts to reduce out-of-home placements through work with support teams (including relatives and other natural supports), as well as system partners. Alternative options, including support at home with family members, and engaging in other activities such as work, or work training are explored. In addition, DelCo has made better use of Behavior Specialist Supports over this past year, as well as the Dual Diagnosis Treatment Team, to support people with behavioral and psychiatric challenges to remain in the community, or to support transitions back to life in the community from out-of-home placements (Ex. RTF settings).

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- **Reduce Base/Block Grant Residential Funding** – We will continue to reduce the use of Base/Block grant funding for ongoing base residential placements through attrition and through conversion of some people to Waiver funding, if possible, with savings applied to serve additional people in need. It should be noted that one option we have utilized when the person is ineligible for waiver and is in danger of losing their home or apartment, is to provide Base/Block grant funding so the person can receive PDS or agency supports to remain in their own home. The financial commitment of such efforts is typically well below the costs of a Waiver placement.
- **One-Time Funding** – We provide Base/Block grant funds for adaptations or other one-time services that allow the person to remain home and avoid out-of-home care. DelCo served at least 23 people in this category in the 17-18 FY. DelCo utilizes the services of an Occupational Therapist to assess a person and her/his home environment and make recommendations before most home adaptation bids are solicited. This prevents us from going back to the home to correct inappropriate work. We funded four adaptation projects to allow people to be able to successfully remain at home and avoid out-of-home placement in 17-18 FY. We have also paid for three specialized assessments to ensure that services and supports would be appropriate designed to meet the specialized needs of people with extreme behaviors (ex, fire and sexuality risk assessments). Finally, one person was in need of extermination services so she could safely remain at home. These kinds of thoughtful and creative efforts will continue in the 17-18 FY.
- **Emergency Funding** – Our office provides Base/Block grant “bridge” funding to pay for emergency residential placements, day supports or extensive in-home services until Waiver capacity is available. DelCo served at least 24 people in this category in 17-18 FY. If it is appropriate to step someone down from an RTF or an ICF into a community-based based placement and Waiver capacity is not immediately available, DelCo utilizes Base/Block grant funding to support the person in a Waiver-eligible placement until Waiver capacity is available.
- **Supplemental Base/Block Grant Funding** – DelCo has also used Base/Block grant funds to supplement services for people in the P/FDS Waiver program that have reached the financial cap, but who do not require significant funding to warrant conversion to Consolidated Waiver. At least 39 people were served in this category in 17-18 FY. The Community Living Waiver has helped to a fair degree in reducing the number of people requiring additional funds. However, people continue to present with needs that exceed the PFDS funding cap. We will continue to provide supplemental funds, as needed and appropriate, in 18-19 FY.
- **Increase Lifesharing/Supported Living** – We plan to increase promotional and educational strategies, and collaborate with ODP, providers and advocates, to increase the number of people served in Lifesharing/Supported Living. The number of people in Lifesharing has steadily decreased and currently stands at 23. This number clearly needs to increase to take advantage of this excellent and cost-effective service.

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- **Improve Transition** – We will assist people, their families, and their teams to understand the value of employment in the community and the necessity to explore these options from high school age through adulthood. DelCo has, and will continue to, participate in community transition fairs, hold Provider Information Fairs, and present workshops on transition to all stakeholders. These efforts will continue in 18-19 FY.
- **Increase Employment** – We continue to work with Supported Employment providers, businesses, OVR, and others to ensure employment opportunities are available for people we serve. In 17-18 FY, the DelCo Employment Forum initiated a quarterly newsletter and has resumed regular trainings for stakeholders to ensure that they are aware of strategies that will assist them to reach their employment goals. The forum will continue its outreach to community businesses to increase employment opportunities. A strategic plan was developed in April 2017 with long and short-term goals to increase opportunities for employment for people with disabilities. Unfortunately, there was little in the way of sustained community support for these goals. Thus, the workgroups that were conceived at the strategic planning meeting were reduced to strategies that are being implemented incrementally by the current members of the Employment Forum.
- **Base/Block Grant Funding for Supported Employment** – We will continue to support people utilizing Base/Block grant funds who are no longer eligible for OVR services but require continued Supported Employment, and excessive Waiver funds are not needed. One of our strategies for maximizing use of Waiver capacity is to use Base/Block grant funding for services and supports that do not rise to the level of PFDS or other Waivers.
- **Cross Systems Collaboration** – We continue to collaborate across the various human service and community service systems, and to access natural community supports to ensure maximum use of resources and reduce use of Base/Block grant or other sources of OIDD/county funding.
- **Increase FSS Program** – DelCo OIDD works to increase the number of people served under the FSS program who warrant services, but do not need significant funding that would require P/FDS, Community Living or Consolidated Waiver funding. FSS is a source of supports for people who are on the waiting list, do not have other sources of funding and live at home with their families. In the 17-18 FY, FSS funds were used along with other Base/Block grant funds to help in situations in which no other help was forthcoming. FSS funding is vital to keeping families together in their own homes and communities. While the program did not meet its total persons served goal for 17-18 FY (projected to serve 210, will serve approximately 180), we project to match last year's total number served, and the grants awarded were typically larger than in previous years. In addition, 18 people graduated from high school and converted to PFDS funding and 10 people received one-time only grants. Grant requests continue to come in, albeit at a slower pace. Efforts to serve as many people as possible in the most cost-effective way will continue in 18-19 FY. Services such as home adaptations, respite, summer camps, transportation reimbursement, family

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aides, and therapies recommended by a physician but not covered by medical insurance, enable people to remain in the community and avoid higher levels of service or funding. In the 18-19 FY, the program projects to serve at least 180 people and their families. We find that families are extremely grateful for any funding and assistance they receive. As is our past practice, when people in the FSS program convert to Waiver funding, new people will be added for identified supports.

- **Use PUNS and Waiver Capacity** – OIDD will utilize the PUNS and Waiver capacity to serve people in all types of settings as truly needed and agreed to by the person's team. Supports could include in-home staff services (many self-directing their services), home and vehicle adaptations, transportation funding, supported employment, Lifesharing, and group homes, among other potential sources of support.

### People Served

	Estimated People served in 17-18 FY	Percent of total People Served	Projected People to be served in 18-19 FY	Percent of total People Served
Supported Employment	16	12%	18	13%
Pre-Vocational	19	7%	20	7%
Community participation (workshop)	12	2.7%	15	3%
Base/Block grant Funded Supports Coordination	360	15.4%	350	15%
Residential (6400)/unlicensed	50	9%	53	9.8%
Life sharing (6500)/unlicensed	1	4%	1	4%
PDS/AWC	4	2.4%	5	2.9%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	180 (served 86% of projected number)	100%	180	100%

**Supported Employment:** "Employment First" is the policy of all commonwealth executive branch agencies under the jurisdiction of the governor. Therefore, ODP is strongly committed to competitive integrated employment for all.

DelCo is committed to increasing competitive employment for all. In 17-18 FY, approximately 131 people received supported employment services and were employed either part or full time in community settings. In total, there are approximately 310 people working either full or part time and making minimum wage (including those in supported

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employment). This represents an overall increase of about 45 people over past two years. More than half of these people are working independently and do not need supported employment services. As a side note, there are 74 people doing volunteer work in the community. In 18-19 FY OIDD expects to increase the number of new people in Supported Employment by a minimum of 5%, utilizing Base/Block grant funding, Waiver capacity and referrals to OVR.

OIDD works with several Supported Employment providers. They provide employment services including: Supported Employment and Advanced Supported Employment, including Discovery, Job Acquisition, and Job Retention. The bulk of the services are provided by four large agencies as they are able to accommodate our referrals, and they contract with OVR which provides continuity for the people we serve. These providers include: Community Integrated Services, Elwyn, Community Interactions and the DelCo Intermediate Unit. OIDD has also begun to utilize the services of approximately six other providers, including one that works primarily with people with Autism. We have some people who self-direct their employment services under PDS through Agency with Choice. We also have at least one agency qualified to provide benefits counseling. As the 17-18 year progressed, we increased referrals to various Supported Employment Providers to ensure that people we serve have choice and services can be rendered in a timely manner. Expansion of service provision will continue in 18-19 FY.

**Employment Growth Activities.**

Efforts to increase supported employment are achieved in two major ways – through Supports Coordination and through the DelCo Employment Forum. SC make referrals to OVR and other supported employment agencies, as appropriate, and utilize the “Pathway to Employment, Guidance for Conversations” when speaking with people and their families about possible employment. In addition, all SCOs that work with people from DelCo maintain training through mandatory webinars and trainings on the MyODP website to ensure that they are up-to-date on ways to increase opportunities and the dialogue around employment.

The DelCo Employment Forum was created in February 2013 to help grow employment in DelCo. As of right now the forum is comprised of approximately 13 representatives from various vocational programs, day programs, job coaches, OVR, School Transition Council, Parents, the ODP employment point person, and other employment leads in the Southeast Region. Forum members meet at minimum on a quarterly basis. The forum is thriving and we have continued to promote employment through education, training, and outreach.

Because the Employment Forum was a relatively small group that was doing all of the work to try to expand employment, the decision was made to use Block Grant funding in 16-17 FY to include community stakeholders to create a PATH to lay out a three-year strategic plan for employment, along with workgroups to carry out interim objectives. Unfortunately, although there was great enthusiasm during the PATH session, the Forum was unable to solicit volunteers to be part of these workgroups. As a result, the Forum decided to move forward with the identified interim goals in a priority manner.

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Forum members have been very proactive in expressing their vision to increase employment numbers. We are seeing that vision come to life as more and more graduates have been choosing employment as an option. Our ODP employment point person has been very instrumental in providing good feedback and direction to the group. The forum has created a quarterly newsletter in which our individuals and employers are highlighted for their accomplishments at work. This serves as proof and confirmation that people are achieving great success in the work force. The forum also provides updated information regarding training opportunities through the newsletters. The first newsletter was published in the fall of 2017, with a second edition in winter 2018.

The Forum has decided that training for stakeholders continues to be a priority and a transition training occurred April 30, 2018. Trainings related to employment will be provided on a quarterly basis so that those new to thinking about employment and those already preparing for employment will be prepared to enter the workforce. The Forum has a website [www.DelCoemploymentforum.wordpress.com](http://www.DelCoemploymentforum.wordpress.com) which features information for people and businesses about employment and is linked to the DelCo Human Services website. Funding to support these efforts, as needed, has come from the Block Grant.

The AE point person leads the employment efforts and attends yearly employment related conferences, i.e. the 2017 PADES conference which was a two-day training that brought together employers, government agencies, service providers, and potential employees to dispel myths and discuss opportunities for people with disabilities to find employment in the Commonwealth of Pennsylvania. The AE employment point person brings ideas back to the Employment Forum and to the AE to provide a stimulus to those groups for ways to increase employment efforts. The AE shares training and resource information with all of the SCOs. The AE employment point person reviews monthly progress notes from supported employment providers and distributes these to the SCs. If there is an employment related issue, the AE point person contacts the SCs directly to discuss the issues and will intervene with the employment provider as needed. These efforts will continue into 18-19 FY.

For the 18-19 FY, there are several strategies in which we will engage in an effort to increase employment for people with disabilities. Chief among these strategies is collaboration with service providers, such as agency providers, the Intermediate Unit, school districts, SCs, the Transition Council, and OVR. Businesses will need to be included in the plan to educate them regarding the benefits of employing an individual with an intellectual disability, developing jobs and providing supports to maintain employment for the long term. Past efforts to engage the business community included a presentation at the DelCo Chamber of Commerce and presence at a local trade show. Renewed efforts will be made to make contact with businesses and keep them engaged. Finally, the Employment Forum will begin to look at ways to help day program providers increase employment among people in workshops and traditional day programs. Members of the forum will attend day program provider meetings to begin this discussion.

We feel supported by Regional and State ODP in these efforts and will continue our collaborative work, and request technical assistance as needed.

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**Employment Pilot**

Although DelCo is not an Employment Pilot County, the Employment Forum was developed and continues to carry out efforts to increase employment for the people we serve.

**Supports Coordination**

While the SCOs are in various stages of implementing the LifeCourse tools into their everyday practices, they have been learning about the LifeCourse tools and encouraging their SCs to engage families in this process. The AE ensures that each SCO has information on the LifeCourse and that all SCs have taken the ODP training on the LifeCourse. Through discussion with the Deputy Administrator of the Delco SCO, that SCO made changes to accommodate use of the LifeCourse tools into its ongoing practices. The DelCo SCO has the bulk of the people registered with DelCo OIDD. In October 2017, the DelCo SCO began introducing the LifeCourse materials with SCs in their monthly unit meetings. These presentations and reminders continue as the SCO finally became fully staffed by the end of November 2017 and new staff needed to be trained along with seasoned staff. The DelCo SCO ensures that the LifeCourse is discussed with each person at the annual meeting. The LifeCourse tools are also addressed as appropriate throughout the year and are not relegated to the annual ISP. Along with the ISP invitation letter, the SC attaches information on Charting the LifeCourse and encourages people and their families to begin completing the LifeCourse Portfolio. The LifeCourse website is also referenced in the letter. SCs are directed to enter information about Charting the LifeCourse that was reviewed with families in the “desired Acts” section of the ISP. Information about the LifeCourse is included as part of the ISP “tip sheet” that was developed by the DelCo SCO for its staff.

In addition, the PA Family Network Advisors have made presentations to the DelCo SCO and have worked with people from other SCOs and their SCs to work on the LifeCourse tools. The AE is attempting to find a way to change its intake process so that the PA Family Network Advisors can either meet new families when they register, or the AE intake person can share the PA Family Advisor’s information with new people and their families. Another option being enacted at some SCOs is to have the LifeCourse presented to families as part of SCO intake. This ensures that new people are aware of the LifeCourse as soon as they enter the door, and readies families for the discussions they will have with their selected SC.

People First is the second largest SCO that works with DelCo residents. They held a session in conjunction with the one of the PA Family Network Advisors. A few SCs came and each one brought a family to learn about and discuss how the LifeCourse tools could be used to help them plan for a good life for their loved one. They are now considering having one of their people do their LifeCourse meeting as an example at their SC staff meeting. People First continues to identify people with whom to use the tools. They are considering covering the LifeCourse as part of their SCO intake process. Thus, People First, like the DelCo SCO and others, is working to embed the LifeCourse as part of its ongoing SCO process.

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**Waiting List.**

The AE Deputy Administrator conducts a monthly review of the PUNS list and asks the SCOs for regular updates for people who continue to remain in ER PUNS status. The AE will also be requiring that all people on the ER PUNS list, and those a year away from any planned transition (ex. graduating from high school), have a full ISP. The full ISP will accomplish two purposes. First, it will challenge SCs, families, and teams to discuss what natural resources and supports may be available. Second, it will provide a full and accurate “picture” of the person so that any necessary service referrals will be appropriately received by providers. The AE is also in support of the SCOs utilizing the LifeCourse tools so that families and SCs can have better discussions about what constitutes a good life and do not automatically begin offering paid services as a first option. Discussion of the use of the LifeCourse tools will be held at each meeting between the AE and the SCO providers.

**Self-Direction**

The AE point person for PDS provides training at least four times a year to new SCs as well as to those SCs needing a refresher training. Topics include the philosophy that drives the person-directed model focusing on the benefits to the people and to their families and supporters and explaining the differences between the Agency with Choice Model and the model in which a family member/relative is the Common-Law Employer (VF/EA). The AE point person talks about how to start the process and what information will be requested, hiring, and training staff, keeping progress notes and how employees are paid. The AE point person attempts to educate SCs on the responsibilities associated with each model so that the SC can help the family/person decide on the model that best meets their own situation.

The AE point person offers a training each year (in 17-18 FY the training was held in August 2017) for Common Law Employers, Co-Managing Employers, Participants, SCs and anyone who has expressed an interest in PDS services. The training is conducted by a panel that includes representatives from Public Partnership, The ARC of Chester County (AWC), the Office of Developmental Programs (ODP), a SCO, family members and, participants. Topics covered include changes in service definitions or any ODP changes that may affect PDS services, reminders about the process for completion of timesheets, requirements for expenses associated with home adaptations or home modifications, transportation reimbursement, and completion of progress notes by staff. Best practice procedures are shared by family representatives and the SCO representative offers tips about the SC role in PDS services. The agency representatives are available to answer a variety of questions associated with the roles and responsibilities of being a Common-Law Employer or Co-Managing Employer.

The AE PDS point person and the SCs work together to resolve outstanding issues. For example, as soon as any discrepancy is found, whether it be a service that is incorrectly authorized, a situation where overtime is being utilized, or situations where services are under-utilized, the AE Point person immediately notifies the SC to work on a resolution.

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The DelCo AE will continue to promote this opportunity by providing ongoing training to SC staff who will be the first point of contact with families and people, and by supporting people and families when they choose these options.

### **Lifesharing and Supported Living:**

DelCo supports the growth of Lifesharing and Supported Living by encouraging SCO to always consider Lifesharing/Supported Living first when a person is in need of a residential placement. SCs discuss and explain Lifesharing/Supported Living to people and families at the annual ISP meeting, and at other appropriate times as warranted.

DelCo conducts a Lifesharing Information session for people, families, and SCs. The session consists of a panel of representatives which includes the ODP Lifesharing point person, agencies who offer Lifesharing, and families who have people who are living in their homes. The participants are encouraged to ask questions and are given the opportunity to meet with provider agencies after the presentation. Provider agencies are also given the opportunity to have a table where they can display their brochures and information. DelCo hosts a yearly provider fair where agencies can have tables and meet with families who are interested in learning more about their Lifesharing services. The AE Lifesharing/Supported Living point person continues to attend both the regional and state Lifesharing meetings throughout the year. The AE point person spoke about Lifesharing to people and their families at a Speaking for Ourselves meeting in 17-18 FY. The AE point person attended the annual state Lifesharing conference which was held October 16 and 17, 2017 in MT Pocono. DelCo also maintains a referral list of provider agencies who offer Lifesharing/Supported Living.

### **Barriers to the growth of Lifesharing/Supported Living**

Barriers to expanding Lifesharing in our county seem to have been families' unwillingness to have their people reside with other families. Birth families often feel like they may be replaced or have the mindset that if my love one can't live with his current family how can they succeed with a Lifesharing family. Families in DelCo many times prefer a community living home as that is what they are most familiar with due to the many campus settings in our area. An additional recent barrier are the SIS scores which generate reimbursement rates that may be a too low for a provider to support people in a Lifesharing setting. Since Supported Living is relatively new, we may be able to encourage some people and their families to consider this option.

### **Expansion services despite the barriers**

So far, DelCo has been stymied in trying to increase this service. We have not found anything to be successful to date. A new interpretation to the Lifesharing service definition has been developed to now allow birth families (parent, child, step parent, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece, or nephew) to provide unlicensed Lifesharing in their home. It is designed to encourage families to stay together and to assist them with supporting their loved ones while remaining in their own family home. DelCo is represented on the state coalition to promote the growth of birth families doing Lifesharing. This new approach may be helpful in encouraging some families, or relatives of the people we serve, to engage in Lifesharing.

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**ODP Assistance in Expanding and Growing Lifesharing/Supported Living**

ODP can assist counties in growing Lifesharing/Supported Living by continuing to participate in both the regional and state Lifesharing meetings. ODP can also help by continuing to meet and communicate regularly with the State ODP point person and sharing with us the information from those meetings. DelCo will request specific assistance from ODP as well.

**Cross Systems Communications and Training**

**Base/Block Grant Funding to Increase the Capacity of your Community Providers**

Providers in DelCo and the Southeast Region of Pennsylvania have been extremely reluctant to expand services or to accept individuals with complex needs. Due to funding limitations, supervisory and administrative staff at provider agencies have been spread very thin. Low rates of pay and the risks of working with challenging people for direct service professionals has resulted in excessive turnover at provider agencies. In fact, many agencies are now using temporary agency staff in their homes. Even if additional supports are offered, providers often continue to refuse to accept new or challenging individuals for services. The revised state set rates have resulted in rate cuts for some agencies and has resulted in many agencies no longer employing nurses or having to cut back severely in this area. This makes it difficult for agencies to feel confident serving people with medical needs. Direct service professionals do not have the skill levels for intervention in many medical situations, nor do agencies feel they can accept the liability of serving people with complex medical needs. Unfortunately, new providers are becoming qualified at a high rate and offer to serve people with complex needs. However, they clearly do not understand the steps that must be taken to properly support these people.

DelCo works with individual agencies when a need arises and assists them in making arrangements to receive training and gather the supports necessary to properly care for the person being referred for placement. PCHC, the local Health Care Quality Unit, has conducted nursing reviews for many people with complex medical needs and has made recommendations that are helpful to the team and to the prospective provider. PCHC also provides training for direct care staff in many areas related to medical issues. However, in many cases, we have had great difficulty finding agencies willing to provide care for people with complex medical needs. Often these people must then be referred to ICF/ID programs. DelCo has also used Base/Block grant funding to temporarily fund people in this category.

DelCo would be happy to receive any assistance that ODP can render in terms of rate increases for programs to serve people with complex needs, and technical assistance for DelCo and its providers in meeting the needs of people with complex medical issues. DelCo also has grave concerns regarding the use of temporary staffing in many agencies and the liability this represents.

DelCo's insistence that providers use behavior support services has been helpful in maintaining placements. However, it has not necessarily resulted in more people being accepted for services. Base funds have been utilized in a few cases for behavior support services for those people that do not have Waiver. We plan to continue this use of

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Base/Block grant funds for Behavior Supports and to continue to engage all of the above strategies in 18-19 FY.

HealthChoices Reinvestment dollars has enabled the county to provide services for people with dual diagnoses and conduct trainings to help prepare providers and other system stakeholders to work more successfully with this population. The Dual Diagnosis Treatment Team (DDTT), under the auspices of Northwestern Human Services (now Merakey), has been instrumental in helping people to remain at home in their communities, remain in their current placement, or transition into new placements as appropriate. A total of 11 unduplicated people from DelCo were served in the DDTT program in 17-18 FY. This is a critically important service that will continue in 18-19 FY. Base/Block grant funds can be used to support people in this service if they do not meet managed care insurance criteria, but no such funds have needed to be used to date.

**Communication and Collaboration with Local School Districts**

County staff have attended information fairs at the local Intermediate Unit to spread information about OIDD services and have attended school district transition fairs to emphasize the importance of individual engagement with the OIDD system at any age. The SCO and AE will attend additional transition fairs in the 18-19 FY.

A DelCo representative continues to attend the DelCo Transition Council and Right to Education Task Force meetings and activities. Agenda items include presentations from provider agencies and state services.

**School Districts and Employment** - As for employment, one school district regularly attends the Employment Forum meetings to increase the number of district youth involved in career planning and skill development. Other DelCo school districts participated in the Employment PATH held in April 2016. We will encourage them to continue their involvement with the Employment Forum working on PATH objectives, and with the Regional Collaborative working on the Community of Practice and learning about the LifeCourse Tools.

**SCO Attendance at IEP Meetings** - Each SC that has school-age students attends IEP meetings to discuss employment planning and prepare for the person's needs as they approach adulthood. The DelCo AE has a representative on the local Right to Education Task Force and the Transition Council to share and gather information on what school districts and OIDD are doing to support youth. Information gathered is shared with the SCO administrators.

**Communities of Practice** - Because school is such a vital part of young children's lives, it is critical to get school districts involved in the Community of Practice efforts. Several school districts and the Intermediate Units in the SE Region were involved in the SE Regional Collaborative in 16-17 FY. In 17-18 FY, the first event that they will participate in is the "Creating a Good Life After High School" day. It is hoped that this event will spur more districts to get involved with the LifeCourse Tools so that families and their children can plan for the best life possible starting at an early age.

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**Communication and Collaboration with local Children and Youth Agencies, Area Agency on Aging (AAA), and the Mental Health System**

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

**CYS** - OIDD staff regularly interact with CYC around people and families involved in both systems. This may entail sharing information and coordinating services and supports for youth and/or for their parents through the team process. The SC and the CYC case manager work together for the benefit of everyone involved. At times, OIDD may have a person that lives at home and has come to the attention of Adult Protective Services or Incident Management. If the allegation involves one or more parents, and there are children under age 18 in the home, OIDD will make an additional report to CYC. OIDD staff attend Complex Case Review Meetings with CYC and OBH if there is a youth with IDD involved in all three systems. OIDD accepts referrals for intake from CYC if there is suspicion that a youth may have an ID. In addition, training on Communities of Practice as well as LifeCourse tools has been held for some members of the other human services departments in DelCo so they can see how they can play a part in supporting families to dream for their children and plan for increased use of natural and paid supports. This holistic effort will help to combat the system silos that have existed as barriers for decades in the human service system. There will be further LifeCourse presentations for Human Services departments in 18-19 FY. Unfortunately, OIDD has recently had to pick up funding for two youth from the CYC system that were aging out of CYC care in congregate care settings. We plan to move these youth to the community as soon as we are able.

**OBH** - Communication between OIDD and OBH occurs on a regular and frequent basis. As cases are identified and involve both systems, or should involve both systems, OIDD contacts OBH, or vice versa. In addition, regular meetings between the departments are held. Dual Diagnosis Adult Collaboration meetings between OIDD and OBH each occur at least quarterly. These meetings are designed to coordinate services and supports for dually diagnosed people and avoid duplication or gaps in services. Use of MH resources in combination with OIDD base funding have enabled the systems to thus far avoid any State Center/State Hospital admissions, and often to avoid costly out-of-home placement. The OIDD Administrator also attends OMHSAS quarterly meetings with regional OMHSAS representatives, OBH staff, Magellan representatives, CYC staff, OBH fiscal staff and advocates. The discussion for OIDD centers around initiation of new services (DDTT and RTF-A) and areas that still need to be addressed. DelCo OIDD is also a member of the Children's Cabinet, a cross system group facilitated by OBH that addresses issues and services for children in the systems. A training about Communities of Practice and the Life Course tools was presented by Nancy Richey of the PA Family Network to the Children's Cabinet/System of Care in the fall of 2017. Additionally, OIDD also participates in the cross systems training given on a regular basis for staff new to the systems so staff from other systems understand OIDD eligibility, processes and supports;

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and OIDD staff understand the functioning of the other systems. These collaborative efforts will continue in 18-19 FY.

**AAA** - OIDD staff and COSA regularly communicate around the needs of families and people we serve. Two OIDD staff attend the OIDD/COSA collaboration meetings to discuss individual cases. At times, COSA may become involved with a family and discover that there may be an adult who appears to have an IDD. COSA refers these people to OIDD for possible intake and subsequent supports. The reverse is true as there have been cases in which OIDD has identified a parent or a person with ID that may be in need to COSA services and these referrals are made by SCO staff. In addition, trainings have been held to share information with stakeholders in the area of aging. Continued training efforts and cooperation between our two agencies will continue in 18-19 FY.

### **Emergency Supports**

Despite the variability of Waiver capacity to meet the need, OIDD is able to manage Base/Block grant funding and other available resources to assist people in emergency circumstances. Whenever possible, supports are provided to maintain people in their community homes and to avoid residential placement. If a person is in emergency need of supports, a special base funding request process must be followed, and approval obtained before base funding can be used. Base funds can be used for in-home or other community supports or for temporary residential placement. The vast majority of the people requiring emergency supports are provided with community-based supports, as opposed to residential care. The ultimate goal is to convert to Waiver funding as soon as possible, if appropriate (i.e., it is more than a one-time need). In 17-18 FY, OIDD spent in excess of its base allocation for emergency support services and temporary placements and requested block grant funds to support these people. This effort to support individuals in emergencies through the use of Base/Block grant funds remains a critical initiative. It is important to note that no needs for out-of-home care were identified after hours in 17-18 FY. In-home and other community supports were arranged to support people in need after hours. Typically, those persons were already receiving community supports, and those services were increased over the weekend to cover the needs.

### **Emergency Response Plan**

While funds are not specifically reserved for emergency needs, emergencies are considered a priority in our county and requests are done via a base funding request process. Block grant funds are requested if base funds have been exhausted.

### **Emergency Plan for an Individual Needing Emergency Services**

If the emergency need occurs outside of normal work hours, OIDD has arranged an on-call system in which an SCO professional works with the family, individual and/or provider to secure needed supports. If natural supports are unavailable or inadequate to address the situation, approval is sought from the AE Deputy Administrator, the AE QM Coordinator, or from the OIDD Deputy Administrator for expenditure of funds as noted above. DelCo ensures that its base allocation for OIDD is available for OIDD use first and foremost. This allows us to ensure that sufficient funds are available to provide the services people need, even if no Waiver capacity is available. When an emergency

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occurs, and a person requires emergency residential or other services, the SCO discusses the need internally and first ensures that natural resources have been appropriately explored to deal with the situation. If paid supports are required, the SCO Administrator brings the need to the attention of the AE Deputy Administrator, the AE QM Coordinator, and/or the OIDD Deputy Administrator for base funding approval as noted above. This approval can be made within a day (typically within hours) regardless of whether it is within normal work hours or after normal work hours. While awaiting approval, the SCO works quickly to secure a residential placement or another/additional service(s) to ensure the health and safety of the individual. For example, if a residential placement is not immediately available, approval may be given for staffing to be sent into a family home to provide extra support. The case is then reviewed on the next business day if approval was given after hours, to ensure follow up of the approved emergency plan.

### **Mobile Crisis**

DelCo has a county-wide 24/7 mobile crisis unit called DelCo Crisis Connections Team (DCCCT).

### **Mobile Crisis Team Knowledgeable work with individuals with ID and/or autism diagnosis**

Elwyn was selected to provide mobile crisis services in part because of their experience working with people with ID and Autism. Initial training for staff includes meeting the unique needs of people with ID and/or Autism. Elwyn provides its own training for these staff members as a requirement of its contract. There is a 90-minute Elwyn online training on ID. A 45-minute module on Autism is also required to be taken yearly. There is also a 60-minute module on child development, a module on APS, and a module on verbal de-escalation. There have also been case consultations on specific problematic cases as needed.

### **Mobile Crisis Team Background in ID and/or Autism**

Several of the staff on the mobile crisis team have background experience with people with ID and/or Autism. Others may not have direct experience, but they receive training.

### **Mobile Crisis Team Training**

In addition to the training provided by Elwyn as part of its contract, DelCo OIDD has informed DCCCT of the valuable information available on the MyODP website, as well as the PCHC website, among others. DelCo OIDD is available for consultation around training needs as appropriate.

### **County 24-hour Emergency Crisis Plan**

See attached.

### **Administrative Funding**

#### **PA Family Network Trainers**

When the PA Family Network Advisors have made training arrangements for families, the county has distributed these training announcements through its SCO agencies to share with families. Unfortunately, this has not resulted in the desired turnout. The county then

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met on three separate occasions with the PA Family Network Advisors, Lisa Tessler, and the Regional Collaborative co-facilitator to discuss possible ways to increase family involvement in the LifeCourse training and in the regional collaborative. The PA Family Advisors have found success in arranging meetings with individual SCOs in which they plan an evening and each interested SC brings a family with them to learn about the LifeCourse. In addition, the PA Family Advisors have provided face-to-face trainings for SCO staff. In 2017, the county arranged for a LifeCourse presentation at an OIDD All Provider Meeting, as well as a presentation for the System of Care partners. These trainings were very well received.

### **Discovery and Navigation and Connecting and Networking for Individuals and Families.**

The DelCo Regional Collaborative has embarked on a campaign of information and education for families, people we serve, providers, SCOs, school districts and other interested stakeholders. On May 5<sup>th</sup>, there will be an event entitled, "Creating a Good Life After High School". We anticipate that about 100 people will attend. Topics will include the LifeCourse, leveraging social capital, and ODP Waiver changes. The day will wrap up with a discussion on how to pull all of this information together. We plan to follow up with a survey of stakeholders over the summer related to the three buckets, and on how to get people better connected. This will inform a Community Conversation that we intend to hold in the fall of 2018. We will also continue to support the PA Family Network Advisors to partner with individual SCs and families.

### **Support From ODP**

The DelCo Regional Collaborative will continue to require the support from the SE Regional ODP representative and from the state level PA Family Network to ensure that the LifeCourse tools and Everyday Lives concepts are spread throughout the county at every level of stakeholder. Finding out about what other regional collaboratives are doing helps our collaborative with new ideas on ways we can implement our project. Handouts and links to websites are also invaluable, as well as suggestions on effective ways to engage families.

### **Engagement with Health Care Quality Units (HCQU)**

The HCQU for DelCo is PCHC. The community nurse for DelCo is Vanessa Cornell. She attends the quarterly DelCo AE QM meetings and will be part of the DelCo Human Rights Committee. She also attends the quarterly DelCo All Provider meetings and shares training information with all service providers. PCHC continues to provide Community Health Reviews for people with a variety of medical issues, and the Integrated Health Clinical Review when teams are supporting people with both physical and mental health issues. This FY, the clinicians at PCHC have completed community health reviews for two people in DelCo and attended the team meeting for a third person. PCHC also is one of our main resources for training providers and SCOs when IM4Q, PIER, or SCO monitorings indicate a training need.

We plan to use the HCQU more in 18-19 FY as we plan for the discharge of several people from RTF settings into the community. We will need nursing and behavioral assessments to help the teams to best prepare for the person's life in the community.

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### **HCQU Generated Data as Part of the Quality Management Plan**

Feedback has been provided to individual providers when we have seen data about cases in which excessive medications have been prescribed. We also use the data to see which providers are availing themselves of the various PCHC online and face-to-face trainings. Those that are not utilizing PCHC trainings for their staff will be strongly encouraged to do so. DelCo will also look at other ways it may use PCHC data in 18-19 FY.

### **Independent Monitoring for Quality (IM4Q) Program**

The Independent Monitoring Team visits a random sample of people designated by ODP. As of March 31, 2018, they have completed 134 of the required 267 monitoring visits. Results of the monitorings are entered into HCSIS and reviewed by the AE and SCO. The SC is then responsible for addressing any issues in the report.

If the IMT reports indicate a trend or common issue that needs to be addressed on a larger scale, then the issue will be presented to the QM team. The QM team then reviews the concern and decides what follow-up action is needed. If the QM team decides that the concern needs ongoing follow-up, then an action plan is developed and added to the Quality Management Plan.

An example would be the communication issue that is currently part of the QM plan. IMT reports indicated that once people age out of the education system, their needs for communication assessments and assistive devices are not easily addressed by the adult service system. To address this issue, the county now presents annual training on communication assessments and assistive technology. The Penna. Initiative on Assistive Technology, part of the Institute on Disabilities at Temple University, presents this information to our SCOs. Training occurred on September 27, 2017.

IM4Q reports also recognized that many people were asking for basic computer training. To meet this need, the DelCo Advocacy and Resource Organization Center developed a Computer Literacy Course for DelCo people. The first course included six sessions in Sept/Oct. 2017, and the second course is an eight-session course offered in April/May 2018.

### **Provider Competency and Capacity**

Two AE representatives attend case collaboration meetings with COSA. As appropriate, information from these meetings is shared with relevant providers. PCHC offers online and face-to-face trainings related to many issues facing the aging population (ex. dementia), those with health needs (ex. diabetes, dysphagia, etc.), and people with dual diagnoses of ID, or Autism, and MH disorders. A representative from PCHC attends the quarterly OIDD All Provider Meetings to share announcements regarding training and to answer questions. DelCo OIDD encourages providers who serve people with these issues to engage in these trainings. DelCo OIDD also receives training announcements from DelCo OBH which it passes on to both providers and families.

If needed, a referral to PCHC for a clinical evaluation is recommended to the team by the AE or the SCO. The county also recommends behavioral assessment and support in

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cases in which behavioral health needs are threatening placement or the ability of the person to remain in the community, or if the person has 1:1 or 2:1 staffing as a result of behavioral needs. When OIDD has a person requiring services, we make every attempt to refer to the most appropriate providers with the expertise to meet that person's needs.

### **ODP Assistance to County**

DelCo OIDD would like to engage in a dialogue with ODP regarding ways to better support providers. Examples of ways that other counties or states are successfully supporting providers would be helpful. However, it must be noted that DelCo OIDD has experienced tremendous support from ODP in every area, especially with regard to people with DD. The support from the DD Clinical Director, Dr. Amy Nemirow, has been unwavering and she has gone out of her way to assist in complex cases. In addition, the Regional Program Manager, Shelley Zaslou, has been very supportive from a programmatic standpoint and in our request for additional supports for specific people/providers as needed. The entire SE Regional Team has been outstanding in their support of our efforts to support agencies by moving people out of institutions, discussing interpretation of regulations, resolving risk management issues, promoting the Community Collaborative, and problem solving in many areas related to provider supports.

### **Risk Management Approaches**

The DelCo OIDD QM Coordinator, Benita DiLucido-Saff, and the IM Coordinator, David Kaiser, have been regularly attending the Regional Risk Management Meetings. They return with ideas on ways to improve our QM processes and procedures. DelCo OIDD contracts with PIER-CFST which continues to monitor the Pennhurst Class people receiving service in DelCo. They visit each class member every year and report any issues with service delivery. Health and Safety concerns are immediately reported to the AE and addressed with the SCOs and providers. AE staff investigate serious issues directly as needed and assist in training provider staff as necessary. All other issues are part of the monitoring report which is sent to the SC and the service provider, with a request for follow-up. The reports are reviewed by the AE, and any trends noted are discussed with providers on an individual basis, or at the quarterly DelCo All Provider meetings. As of March 31, 2018, PIER has conducted 108 monitorings for 17-18 FY. These monitorings will continue in 18-19 FY.

### **Risk Management Activities**

DelCo OIDD shares all information it receives from the Human Services Disaster Coordinator, with provider agencies, and with families as appropriate. A family-friendly disaster preparedness training was recently offered, and the announcement was shared with DelCo families. Any announcements about risk management-related issues are also shared with the DelCo Advocacy and Resource Organization—to share with its membership. When significant events are pending (ex. serious snowfall or flooding) DelCo OIDD sends an email to identified contacts at each provider agency, and to families, reminding them to enact their preparedness plans and ensure they have the necessary supplies. If providers need assistance with developing plans, the AE provides the necessary resources.

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### **ODP Assistance with Stakeholders**

DelCo OIDD would be very happy to discuss how to better interact with stakeholders around risk management-related activities. We have long had problems getting stakeholders to attend meetings and events, especially families. If there are more effective ways to get information out to stakeholders, we are open to hearing them.

### **County Housing Coordinator Assistance for People with Autism and Intellectual Disability**

While OIDD has had few circumstances in which we encounter individuals who are homeless or need shelter services, we cooperate with the Coordinator of Adult and Family Services (AFS) and with the shelter providers to ensure that people are able to get a bed at local homeless shelters as needed. We are able to access the Coordinator of AFS or the shelters in emergency situations. The Coordinator of AFS has been helpful in training AE and SCO staff in what the system has to offer regarding housing services. If we have an individual in a shelter, we have been able to move them to stable housing by returning them to their home in the community or working with the system to acquire permanent subsidized housing. The overall goal is to avoid homelessness for individuals with ID and/or Autism by providing supportive services in their home community. If warranted, DelCo OIDD is willing to use Base/Block grant funds to provide staffing supports to people with ID/Autism in temporary housing situations. We have done this in the past and will do so in the future if needed to ensure the person's health and safety.

### **Providers Development of an Emergency Preparedness Plan**

Several years ago, DelCo made a coordinated effort to work with providers to develop Emergency Preparedness Plans for their entire agencies, including group homes, and homes in which they provide support. These plans are reviewed during the AE's Provider Monitoring process to ensure that they remain in place and that they are updated. Providers have also been informed that they can sign up for the County's emergency alert system. It is available on the homepage of the county's website. DelCo also ensures that the SCOs help families to complete the Premise Alert information so local first responders have the necessary information in an emergency.

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

#### **PDS (AWC VF/EA)**

DelCo OIDD has always been proud to be in the forefront with the number of people registered with our office who use PDS. It makes sense in the communities we serve because many neighborhoods are close knit with families living there for generations. Families have connections in the community and very often the person with the disability participates in community events so he/she too is known in the community. The benefits to the person of having staff who know him or her and are familiar with the support needs are tremendous. Families are very comfortable hiring relatives and friends not only because they are familiar but also because the families know that they are reliable and trustworthy. As of the third quarter of this FY, 174 people with Waiver funding have chosen the Agency with Choice Model (The ARC of Chester County), four people with Base/Block grant funding have chosen the Agency with Choice Model and 139 people with Waiver funding have chosen to work with Public Partnerships LLC (PPL) where a family member or friend is a Common-Law Employer. DelCo OIDD is not experiencing

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difficulties engaging families in utilizing PDS. However, we have found that Supports Broker services are extremely valuable. This past year many more people and families have chosen to engage the services of a Supports Broker to better understand the requirements and the many responsibilities associated with being a Common-Law Employer or Co-Managing Employer. The Supports Brokers provide training on developing a good system to manage paperwork, hiring and scheduling of staff, how to manage staff, and arranging for appropriate training to ensure that the needs of their loved ones are being met. The ongoing challenge continues to be finding adequate staff to address the needs identified in the ISP. In addition, Common Law Employers and Co-Managing Employers struggle to be able to provide a good backup plan so that services can be provided when they are needed. Natural supports are often very limited or in many cases not available at all. During 18-19 FY Supports Coordination staff will continue to offer people and families the choice of a Supports Broker.

### **Training for SCO's, People, and Families on Self-Direction**

The AE Point person for PDS provides training at least four times a year to new SCs as well as to those SCs needing a refresher training. Topics include the philosophy that drives the Person-Directed model focusing on the benefits to the people and to their families, and supporters and explaining the differences between the Agency with Choice Model and the model where a family member/relative is the Common-Law Employer. The AE Point person talks about how to start the process and what information will be requested, hiring, and training staff, and keeping Progress Notes, and how employees are paid. The AE Point person attempts to educate SCs on the responsibilities associated with each model so that the SC can help the family/person decide on the model that best meets their own situation.

The AE Point person offers a training each year (In 17-18 FY the training was held in August) for Common Law Employers, Co-Managing Employers, Participants, SCs and anyone who has expressed an interest in PDS services. The training is conducted by a panel that includes representatives from Public Partnership, The ARC of Chester County (AWC), the Office of Developmental Programs (ODP), a Manager from Supports Coordination Organizations, family members, and participants. Topics covered include changes in Service Definitions or any ODP changes that may affect PDS services, reminders about the process for completion of timesheets, requirements for expenses associated with home adaptations or home modifications and transportation reimbursement and completion of progress notes by staff. Best Practice procedures are shared by family representatives and the SC Unit Manager offers tips about the SC role in PDS services. The agency representatives are available to answer a variety of questions associated with the roles and responsibilities of being a Common-Law Employer or Co-Managing Employer.

### **ODP Assistance in Promoting/Increasing Self-Direction**

The representative from ODP in the Southeast Region has been very instrumental in providing a variety of information to county staff which enables them to work effectively with PDS participants and Common-Law employers. The representative will notify the AE point person as soon as any discrepancy is found whether it be a service that is incorrectly authorized, a situation where overtime is being utilized or situations where

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services are under-utilized. The AE PDS point person and the SCs work together to resolve outstanding issues.

DelCo AE will continue to promote this opportunity by providing ongoing training to SC staff who will be the first point of contact with families and people and by supporting people and families when they choose these options. It is essential that ODP continue to provide the technical assistance that is needed to address issues and concerns as they arise. Participant-Directed Services cannot work without the “behind the scenes” oversight by ODP as both the AE point person and the SCs become actively involved when the Common-Law Employer has a problem and they have no place to turn as PPL is a Fiscal Agent that is not like our traditional providers.

**Community for All ODP has provided you with the data regarding the number of people receiving services in congregate settings.**

**Enable People to Return to the Community.**

DelCo currently has 322 people in private ICFs (large and small), Base-funded large congregate care, and nursing homes. A few decades ago, DelCo converted people from PLF placements to ICF funding as a way to shift funding and to better serve individuals with medical needs. However, large congregate care settings are no longer a reasonable choice for the vast majority of individuals, especially those that currently reside in the community. DelCo has a commitment to moving individuals from large congregate care settings and nursing homes, as appropriate, and into the community. We support the downsizing of ICF facilities in our home county and have participated in the planning and movement of individuals to the community. During the 17-18 FY, one person moved from Woodhaven back to a community group home setting, and another moved from Woods to a community home. There is no one else identified to move at this time, however, as people are identified to move from nursing homes and ICF settings, DelCo pledges to prioritize these people for movement back to the community. DelCo has also been working to move the four identified people out of Hamburg. One was transferred to another state facility. A second person moved into a group home in the community, and the final two are waiting for their group home to be readied.

There are barriers to rapidly moving many people back to the community. A major barrier is the lack of funding/capacity to support them in the community. Another barrier is some people and families are choosing not to move to the community from the relative “safety” of a larger congregate care setting where everything is provided and controlled. Older people often have the most reluctance to move, especially if they have medical issues or major issues related to the aging process. In addition to these challenges, many providers are financially over-stretched and refuse to expand to serve new people. We also find that some people have very complex skilled nursing needs and smaller Waiver providers do not feel equipped to safely care for them. Sometimes people were placed from their original living arrangement due to behavior problems, or the family had difficulty caring for the person in the community. These families are very reluctant to move their loved ones back into the community.

Since current waiting lists for services are long, additional capacity is desperately needed to make these community moves a reality. The vast majority of people in congregate

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care have few resources in the community. They often have aging parents or siblings who are not equipped to care for them, even if in-home supports are offered. Additional capacity is needed even if many of these people were to choose Lifesharing as an option. Delco utilized all of its base allocation for the 17-18 FY plus additional block grant dollars to support people in need. In order to make more community options a reality, additional resources are required.

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## **HOMELESS ASSISTANCE SERVICES**

### **Continuum of Care (CoC) for Homeless and near Homeless Individuals and Families**

The DelCo CoC is the standing system of care for homeless services in DelCo. The Homeless Services Coalition (HSC), as one of the longest standing coalitions in the country, has been coordinating homeless services in the County since 1991. The HSC has an 18-member Governing Board (GB) with five standing committees, a governance charter, a CoC Advisory Team (CoCAT) and a full membership of the HSC with a needs-based committee structure. The CoC has the following system components: Homeless Prevention, Street Outreach, Coordinated Entry, Emergency Shelter, Transitional Housing, Rapid Rehousing, Permanent Supportive Housing, and Services.

The HSC is the center of our CoC structure. With over 100 members and a shared mission, public and private organizations have invested their time and efforts for the purpose of collaborating, identifying, and addressing system gaps. Dedication and volunteerism are the driving forces in the HSC as quarterly meetings, sub-committee participation, and partnerships in new programs contribute to the 27-year success. Consumer voice is also at our table and is encouraged via GB representation, consumer focus groups, annual consumer achievement recognition, and meeting attendance.

The CoC operates under a Housing First philosophy and is committed to these three guiding principles: 1) prevent homelessness whenever possible, 2) re-house people quickly when homelessness cannot be diverted and; 3) provide wrap-around services that promote housing and income stability.

#### **The Mission:**

To have an integrated community-based system of care which prevents homelessness and provides the necessary support and opportunities to end homelessness.

**Guiding Principles:** In our effort to provide individualized self-sufficiency solutions to persons that are experiencing housing crises, the HSC follows the following guiding principles:

- Prevent homelessness whenever possible;
- Rapidly re-house people when homelessness cannot be prevented;
- Provide wraparound services that promote housing stability and self-sufficiency.



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**The CoC Strategic Initiatives include:**

1. Aggressive outreach initiatives designed to identify, engage, and rehouse unsheltered individuals and families as quickly as possible.
2. A community-wide coordinated approach to addressing housing crises through a comprehensive Coordinated Entry System
3. Transitioning homeless households to appropriate housing and effective individualized services that promote self sufficiency
4. Ensuring access to and availability of affordable stable housing
5. Promoting leadership, collaboration, and system improvement by allocating resources effectively, growing the resource base and making data informed decisions.

**Using Data to Evaluate Performance and Determine Unmet Needs and Gaps –**

The Annual Countywide meeting provides CoC stakeholders the opportunity to discuss CoC priorities, identified needs and gaps, and our progress on reducing the number of people who become homeless. When systemic CoC needs are identified, they are brought to the GB and CoCAT table for discussion, planning, and decision-making purposes. Responsibilities under the HSCGB and CoCAT include management of the CoC via a governance charter, implementing the CoC strategic plan and implementing coordinated intake and assessment countywide.

Each year, the CoC is required to update our unmet needs for Emergency Shelter, Transitional Housing, and Permanent Housing Beds. Based on data collected in our HMIS, Point-in-Time (PIT) counts of sheltered and unsheltered people, our current bed capacity and utilization rate from the Housing Inventory Chart (HIC), and the newly added CoC System Performance Measures, outcomes are analyzed along with program and provider performance. This is conducted across the CoC and HSBG programs and data collected via the HMIS system in place. The following are other reports used to analyze performance and identify needs and gaps:

- Annual Homeless Assessment Report (AHAR)
- Annual Performance Report (APR)
- Homeless Management Information System (HMIS) reports.
- Employment and Income status of persons at entrance and exit
- PIT Counts twice annually.
- Data Quality Reports distributed monthly to providers

In addition, the CoC analyzes the following HUD System Performances Measures:

Reduce the number of people who become homeless	Reduce the length of stay for those who become homeless	Reduce Homeless Recidivism	Promote financial security
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### Evaluating Through Monitoring

The County Planning Team monitors each program annually using several methods: desk side file reviews via HMIS, site visits, hard copy file review, staff interviews and regularly scheduled, ongoing program management meetings.

The following measures to ensure programs operate efficiently and are cost effective.

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

### 2018 System Changes - The Coordinated Entry System (CES)

The CoC CES, completed the implementation of an easily accessible process that allocates CoC resources as effectively as possible no matter how or where people present. This system ensures that homeless persons move out of homelessness more quickly and prioritizes assistance based on vulnerability and severity of service needs.

The DelCo CES was designed using a crisis response model that allows for a triage assessment that directs households along the path that best meets their needs and situations. There are three paths that are possible;

- shelter diversion (with housing counseling and/or financial rental assistance)
- emergency shelter placement; and
- housing assistance/homeless prevention

The process requires the identification of the housing status of the household as either literally homeless or at imminent risk of homeless. If at imminent risk, the goal is to prevent evictions if possible, divert from shelter if possible and or provide financial assistance to promote stable housing.

The CES Specialists develop housing and immediate needs stability plans for each path or situation and makes the appropriate referrals.

**Permanent Housing Clearinghouse** – The CoC recently implemented a PHC, which is a web-based platform that manages the “by name” lists of prioritized households who require Rapid Rehousing or Permanent Supportive Housing as part of their housing crisis resolution. The PHC is a “warehouse” of all units/beds of RRH and PSH and assigns vacant units to prioritized households.

### 2017 CoC and Homeless Service Achievements:

- Achieved the federal benchmarks in ending veteran homelessness
- Implemented Coordinated Entry System countywide
- Increased funding to prevent homelessness, thus preventing homelessness for more households

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- Increased number served in RRH programs
- Funded year two and three of a Transition Age Youth Bridge rental subsidy program
- Reduced the length of time homeless by eight days
- Increased the percentage of persons who leave a shelter, transitional or permanent housing program and have an increased income (earned or not) by 47%, up from 41% in 2016
- Increased the number of households diverted from entering shelter programs compared to last year.
- Launched the Permanent Housing Clearinghouse, a web-based program to assign and prioritize permanent housing.
- Offered SPDAT and Critical Time Intervention (CTI) training to CoC Programs
- Developed a homeless targeted Blended Case Management program capable of serving 50 persons with severe mental illness using the CTI model.
- Funded a Housing Navigator position for RRH programs
- Completed the Coordinated Entry Manual

**The HSBG Funding Priorities for Homeless Services are:**

- Maintain the operations of seven shelter programs and two day center programs
- Fund additional Homeless Prevention Assistance
- Fund additional RRH units
- Fund a second Housing locator services
- Target unsheltered homeless persons and transition them into services, shelter, and housing.

**Bridge Housing:**

Bridge Housing is no longer offered under the HSBG. The program was eliminated as a result of State budget cuts.

**Case Management:**

Case Management services are provided by the following providers and programs:

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

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Provider	Service Area	Description	Program Evaluation
Salvation Army	Stepping Stone – Coordinated Entry	Centralized intake, outreach and case management for single adults in southern portion of county.	Length of time homeless
Interfaith Housing Network	Family Promise	Provides case management and a Day Shelter with services.	

- How does the county evaluate the efficacy of Case Management services? – Each agency and program is monitored and evaluated both programmatically and fiscally as describe above.
- There are no changes to Case Management services for FY 17-18.

**Rental Assistance:**

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

- How does the county evaluate the efficacy of Case Management services? Each agency and program is monitored and evaluated both programmatically and fiscally as describe above.
- There are no changes to Rent Assistance services for 18-19 FY.

**Emergency Shelter**

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

- How does the county evaluate the efficacy of Case Management services? –

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Each agency and program is monitored and evaluated both programmatically and fiscally as describe above.

- There are no changes to Case Management services for 18-19 FY.

**Other Housing Supports:**

<b>Provider</b>	<b>Service Area</b>	<b>Description</b>	<b>Program Evaluation</b>
Community Action Agency	Tokens	Purchase of public transportation tokens for homeless persons to get to housing, medical, treatment, school and employment appts	Shelter exits to permanent situations.  Increase in income.  Increase access to mainstream benefits
Community Action Agency	Donations Warehouse	Supportive Service that provides access to furnishings and other household items for families when they relocate to permanent housing.	Numbers served
Community Action Agency	Innovative Outreach and Engagement	Program will provide extended stay at a voucher-based facility to bring unsheltered, vulnerable adults off the street and into a safe setting where services can be wrapped. Targeting single adults. Allows for 40 days of voucher-based shelter.	Numbers engaged from street to services/shelter

**Homeless Management Information Systems:**

DelCo implemented the CARES Homeless Management Information System (HMIS) in 2007. The system is web-based and has 59 programs and 125 users from 15 organizations. Our HMIS has the following functions: intake, case management, assessment, service planning, outreach module, online referral, daily bed register, and inter-agency data sharing. In 2017, we implemented the Permanent Housing Clearinghouse with scanning and uploading documents to keep electronic filing of homeless verification documents. In 2018, we will add a landlord/rental unit data base that can be used for rent reasonableness and as a resource for Housing Navigators.

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**SUBSTANCE USE DISORDER SERVICES**

**1. Waiting List Information:**

	<b># of Individuals</b>	<b>Wait Time (days)**</b>
Detoxification Services	5	3-5 days
Non-Hospital Rehab Services	6	7 days
Medication Assisted Treatment	13	14 days
Halfway House Services	5	35 days
Partial Hospitalization	N/A	N/A
Outpatient	0	1day

\*\*Use average weekly wait time

The SCA polled several in-county provider agencies and requested current statistical data regarding their admission and wait list process. The information requested was to identify the number of DelCo individuals in a specific Level of Care (LOC) and the average wait time.

All individuals who have received a LOC assessment must be admitted to the most appropriate LOC available within 14 days of the assessment. Individuals in need of detox must be admitted to treatment within 24 hours. If these time frames cannot be met, the reason must be documented in the individual's file. One reason why there are wait times across the commonwealth is due to inadequate capacity.

Many substance users in DelCo report that they experience multiple barriers that produce significant challenges to linking with treatment services. Being on a waiting list is frequently mentioned as a barrier, leading some individuals to give up on treatment and to continue using, while prompting others to view sobriety during the waiting period as proof they do not need treatment. Providers base their waitlist on the number of discharges scheduled for the day and try to predict upcoming discharges as well at least 10 days out.

The above waitlist numbers noted in Medication Assisted Treatment, reflecting Methadone Maintenance, are due to scheduling delays with agency physicians. It is important to note that while an individual has been assessed for MMT services and are waiting, they are receiving outpatient treatment for continuity of care.

**2. Overdose Survivors' Data:**

To track the number of individuals who have recently survived an overdose, as much as possible, the SCA is using the CRS model, which aims also to provide screening, and/or referral of overdose survivors to a professional provider who will assess and refer to treatment options, as well as sometimes referring directly into treatment. The Prospect Chester Crozer Medical Center administers the 24/7 Warm Hand-Off service, utilizing a 24/7 hotline and a team of CRS's under clinical supervision. The staff are PCB trained commensurate with the service.

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# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
491 (10/1/16- 2/28//18)	209	282	247

Overdose Death rate is preliminary data from the DelCo Medical Examiner's Office, January 2017

**October 1, 2016 – February 28, 2018): Outcome of Engagements**

Individual Engagements	Type of Case	Entered Treatment	Refused
1481	491 Overdose 990 Non-Overdose	509	972

**3. Levels of Care (LOC):**

DelCo SCA has entered into a contractual agreement with 56 provider agencies to ensure that a full D&A continuum of care is offered to our residents. The below table only reflects treatment providers and some offer more than one level of care.

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
<b>Inpatient Hospital Detox</b>	4	1	Pregnant Women, Injection drug user, overdose survivors, veterans, co-occurring
<b>Inpatient Hospital Rehab</b>	3	1	Pregnant Women, Injection drug user, overdose survivors, veterans, co-occurring
<b>Inpatient Non-Hospital Detox</b>	17	2	Pregnant Women, Injection drug user, overdose survivors, veterans, co-occurring
<b>Inpatient Non-Hospital Rehab</b>	32	2	Pregnant Women, Women with children Injection drug user, overdose survivors, veterans, co-occurring, *only one provider serves adolescents
<b>Partial Hospitalization</b>	1	0	Injection drug user, overdose survivors, veterans, co-occurring,
<b>Intensive Outpatient</b>	7	7	Pregnant Women, Injection drug user, overdose survivors, veterans, co-occurring, adolescent, gender specific
<b>Outpatient</b>	8	8	Pregnant Women, Injection drug user, overdose survivors, veterans, co-occurring, gender specific

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LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Halfway House	12	1	Injection, drug user, overdose survivors, veterans, co-occurring, gender specific, *only one provider serves Pregnant Women and women with children

### Treatment Services Expansion

Level of Care	Total Bed Access
Hospital Detox	69
Hospital Rehab	98
Detoxification	341
Rehabilitation	2321: ST 1799, LT 522
Halfway House	332
Recovery Housing	102

#### 4. Treatment Services Needed in County:

There continues to be several barriers to accessing treatment related services within DelCo. One of the most pressing needs at the current time is the availability of evening/weekend assessment services. In addition, the SCA is still lacking adolescent treatment provider contracts for inpatient/residential treatment. This is due to the decline of adolescent residential treatment providers.

DelCo substance users also report a need for expanded MAT service providers (Suboxone). There seems to be a lack of D&A Outpatient agencies who start Medication Assisted Treatment inductions. Many residents enter residential treatment to address this demand, the SCA has encouraged a specific provider to expand their services.

It would also benefit the SCA and DelCo residents to increase transportation access for individuals seeking outpatient services. There are limited public transportation options in the western side of the county, as well as extensive travel times for individuals using public transportation.

The Department of Drug and Alcohol Programs (DDAP) has awarded DelCo federal funds through the Opioid State Targeted Response (STR) Grant. These dollars are intended to assist uninsured and underinsured individuals with an opioid use disorder (OUD) and may include the delivery or enhancement of outreach, treatment, case management and recovery support services to both categories of recipients. Awards consisted of general treatment and treatment related services and an additional amount to be used for Drug Treatment Court enhancements.

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**General STR funds:**

- Cover all LOC for Opioid Use Disorders (OUD)
- Certified Recovery Specialist (CRS) Training
- Dialectical Behavior Therapy (DBT) –therapy designed to change patterns of behavior
- Expanding our warm handoff by adding a mobile assessor
- Expanding our assessment hours by adding a second shift assessor
- Additional \$9525 for student assistance programs (SAP) training

**Treatment Court Enhancements:**

- DDAP has approved the use of our Opioid State Targeted Response Grant funds to enhance our treatment court program. These funds will add a full time CRS and a Masters' Level Social Worker (MSW) that would have the primary role of supporting the participants enrolled in the DelCo Drug Treatment Court Program and their families.
- Peer Panel - The role of the CRS would be to engage with any new participants at the point of admission. Most importantly the CRS would instill hope to the participant by sharing their story and their journey in completing the Treatment Court Program. The CRS will meet with each participant as they transition to the next phase of the program.
- The role of the social worker would support the participants by offering mobile assessments, family psychoeducation sessions about addiction and recovery, trauma, relapse warning signs, co-dependency, and information on the importance of resources such as ALANON and NARANON. Addiction affects the family, yet to often the focus once in treatment is solely on the individual that is in treatment and not the family as a whole.

A reinvestment plan has been approved for the expansion of Halfway House services here in DelCo. A Halfway House LOC is defined as a treatment facility located in the community that is state licensed, regulated, and professionally staffed. The new facility will have a capacity of 16 beds and hereto be referred to as Harwood House II. Harwood House II will be licensed by DDAP, as required, to provide halfway house services which are evidence-based for substance use disorders and co-occurring disorders. Due to issues relative to zoning and community opposition, this project has been delayed.

Prospect Crozer Keystone Health Systems is currently pursuing opening a second residential detox and rehab facility at another hospital in our community. Leadership discussions are underway and once finalized, a reinvestment plan will be submitted for approval for expansion of these services.

Crozer Keystone's Access Center will be moving to their main hospital in the near future. DelCo is very supportive with this move for it will expand our access hours to a 24/7 delivery system. The Access Center provides screening and assessments to our D&A population. The use of our opioid crisis funds and

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perhaps reinvestment funds will be used to support this provider's decision to move their assessment site.

Medicaid expansion has brought more residents into the substance use treatment system. This has created an influx of individuals seeking services who are in need of a detoxification LOC. SCA's continue to strategize ways to expand services. DelCo has a valued partnership with Magellan, our BH-MCO, and together we collaborate on ways to address the opiate epidemic that plagues our county.

DelCo continues to utilize every available resource and explores new initiatives to address the heroin epidemic which has grown out of control. This epidemic has created a capacity issue across the Commonwealth.

**5. Access To and Use of Narcan in County:**

- Narcan is currently carried by all 41 police departments and the Pennsylvania State Police. As of February 2018, there have been 1050 Narcan saves by law enforcement since the program's inception in November 2014. DelCo Adult Probation and Parole and Treatment Court staff are also equipped with Narcan. All of these agencies have been provided kits through funds from the DelCo District Attorney.
- DelCo SCA has provided funds for five providers to have Narcan on site at their organizations.
- Prospect Crozer Chester Medical Center, Community Hospital Division, offers monthly community naloxone trainings and all attendees receive a Narcan kit upon completion of the training. Key Recovery offers community naloxone trainings every other month and all attendees receive a Narcan kit upon completion of the training.

**6. ASAM Training:**

	<b># of Professionals to be Trained</b>	<b># of Professionals Already Trained</b>
SCA	6	0
Provider Network	137	0

- DelCo SCA will host four two-day, in-person ASAM trainings at Key Recovery in Brookhaven. The trainings are scheduled for May 17 and 18, 2018; May 24 and 25, 2018; May 31 and June 1, 2018; and June 21 and 22, 2018. In addition to the training, one book per participant will be provided to SCA and provider staff who attend the full two-day, in-person training.
- Magellan Behavioral Health has hosted one regional training on March 5 and 6, 2018 and trained 33 people. Magellan will host two more regional trainings on May 23 and 24, 2018 and May 31 and June 1, 2018 at Eagleville Hospital.

The DDAP target goal for the transition to ASAM remains July 1, 2018. However, due to the challenges that exist in training a treatment system as large as PA's and the constraints of having one training provider, the timeline for full implementation

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will likely be extended. All providers and SCAs will continue to work toward the target date of July 1, 2018 by having their key staff and supervisors attend the two-day in-person training by July 1, 2018.

**7. Prevention**

In 17-18 FY, Alcohol, Tobacco, and Other Drugs (ATOD) Prevention expanded to three Countywide providers. Through CHS funds, evidence-based and state-approved programs are now offered to all 15 school districts in Delaware County as well as the Archdiocesan schools. Prior to this expansion, Delaware County contracted with one provider for countywide ATOD Prevention and evidence-based programs were only offered to Delaware County's Targeted Community.

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**HUMAN SERVICES AND SUPPORTS / HUMAN SERVICES  
DEVELOPMENT FUND**

Adult    Aging    CYS    SUD    MH    ID    HAP

**Adult Services – three programs are funded**

1. **Program Name** - Family and Community Services – Adult Counseling  
**Description of Services** - Sliding fee scale one-on-one counseling for adults who do not have resources to obtain this much needed service.  
  
**Service Category** -  
 Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functioning.
  
2. **Program Name:** Mercy Home Health  
**Description of Services:** Homemaker staff assists eligible clients with activities of daily living such as light cleaning, laundry and grocery shopping.  
  
**Service Category:** Homemaker - Activities provided in the person's own home by a trained, supervised homemaker if there is no family member or other responsible person available and willing to provide the services, or relief for the regular caretaker.
  
3. **Program Name: Catholic Social Services - HRCP**  
**Description of Services:** Housing Resource Coordination is an educational resource on topics such as home maintenance, housing stability, homeless prevention tools and other supports. This is offered to participants in permanent housing programs to ensure housing stability. Money Management Workshop is a workshop for adults that covers the 3 R's of Budgeting: Responsibility, Resources and Reality  
  
**Service Category:** Life Skills Education - Provides to persons the practical education and training in skills needed to perform safely the activities of daily living. The term does not include job readiness training, instruction in a language, or remedial education.

**Specialized Services:**

1. **Program Name:** DelCo Intermediate Unit – Family Center Program  
**Description of Services:** Services include Parents As Teachers, parent education classes, teen support groups, preventive health services, crisis intervention, Project Elect, and information and referral. In addition, the Family Centers have formal Memoranda of Understanding with Chester Youth Build and Head Start to provide service components to benefit the common populations of each.
  
2. **Program Name:** HIV AIDS – Counseling, case management and education

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**Description of Services:** Non-medical HIV/AIDS related services, assessment, service plan development and accessing all services and resources appropriate to their needs, including HIV case management, medical care, services and entitlements. Education includes outreach to schools, churches and community groups and a peer-led consumer group, where selected consumers and the peer-facilitator are also participating in outreach and education activities.

**Division of Adult and Family Services**

Human Service and Support allocation will be utilized to support the salary of the Adult and Family Deputy Administrator under the following 2 areas:

1. Coordination of local planning and coordinating bodies in multiple service fields. Coordinator for the DelCo Women's Commission whose goal is to assist the County in: 1) assessing the needs of women and girls; 2) identifying existing resources to meet those needs; 3) promoting the utilization of identified resources; 4) identifying service gaps, and 5) making recommendations to the DHS and County Council for improvements to services
  
2. Coordination of County Continuum of Care for Homeless Services: Complete oversight of CoC for the County and Co-Chair of County Advisory Team for homeless and homeless prevention activities that includes but is not limited to: Fostering the development and implementation of the county's CoC system; Maintaining the Homeless Crisis Response System; developing and implementing various service strategies like Housing First Strategy and Rapid-RE-housing; conducting annual evaluations of system needs and gaps and develop strategic plans to meet the needs of the systems.

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**V. SUMMARY**

DelCo has been operating under a Human Services model for several years and the natural progression to a block grant model was easily achieved. We believe we have been able to maximize the benefits of being a block grant county to the betterment of DCHS, our providers, and the individuals we serve. Although each categorical department always involved multiple stakeholder groups in decision making, planning, and development of initiatives, as a block grant county we have coordinated stakeholder involvement so that input is generated for and across all departments. We are all in agreement that it is essential to collaborate and share the goal of holistic approaches to services. We continue to move beyond the point of identifying what we cannot do to thinking about what we can do to meet the identified needs of the residents we serve. As a result of Medicaid expansion, in 16-17, we did request a waiver and were able to move unspent D&A funds to ID and Homeless Services in 2017/18. Other funds were also moved among categoricals but within the 20% allowable. Consequently, we were able to provide services as needed throughout the system. The one area that will continue to defy resolution is the ever increasing need for housing. We will not be requesting a waiver for 18/19 FY as all funds have been categorically allocated and we predict, will be used. We look forward to another productive year of serving the residents of Delaware County in the most appropriate, cost effective, and least restrictive LOC and support.

DRAFT

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COUNTY HUMAN SERVICES PLAN FY 2018-19**

**APPENDIX C**

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

Directions:	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1. ESTIMATED INDIVIDUALS SERVED	Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2. HSBG ALLOCATION (STATE & FEDERAL)	Please enter the county's total state and federal DHS allocation for each program area (MH, ID, HAP, SUD, and HSDF).
3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4. NON-BLOCK GRANT EXPENDITURES	Please enter the county's planned expenditures (MH, ID, and SUD only) that are <u>not</u> associated with HSBG funds in the applicable cost centers. <i>This does not include Act 152 funding or SUD funding received from the Department of Drug and Alcohol.</i>
5. COUNTY MATCH	Please enter the county's planned match amount in the applicable cost centers.
6. OTHER PLANNED EXPENDITURES	Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
<p>■ Please use FY 17-18 primary allocation plus the supplemental state PATH funds received during the year. If the county received a supplemental CHIPP allocation during FY 17-18, include the annualized amount in the FY 18-19 budget.</p> <p>■ The department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 18-19 are significantly different than FY 17-18. In addition, the county should notify the department and submit a rebudget form via email when funds of 10% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).</p>	

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COUNTY HUMAN SERVICES PLAN FY 2018-19**

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

County:	1.	2.	3.	4.	5.	6.
<b>Delaware</b>	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	44		\$ 584,800	\$ 185,971		
Administrative Management	2,988		\$ 725,915	\$ 96,235	\$ 31,917	\$ 1,695,757
Administrator's Office			\$ 1,277,583		\$ 141,954	\$ 156,033
Adult Developmental Training						
Children's Evidence-Based Practices	6		\$ 18,000			
Children's Psychosocial Rehabilitation						
Community Employment	145		\$ 840,471	\$ 35,684		\$ 80,000
Community Residential Services	398		\$ 21,304,474		\$ 444,093	\$ 28,749
Community Services	2,561		\$ 2,623,994		\$ 55,565	\$ 626,091
Consumer-Driven Services	131		\$ 56,082			\$ 10,000
Emergency Services						
Facility Based Vocational Rehabilitation						
Family Based Mental Health Services	15		\$ 25,000			
Family Support Services	11		\$ 4,500		\$ 500	
Housing Support Services	67		\$ 864,978			
Mental Health Crisis Intervention	329		\$ 347,190			
Other						
Outpatient	870		\$ 2,467,460		\$ 93,194	\$ 152,347
Partial Hospitalization						
Peer Support Services	12		\$ 88,539		\$ 1,461	
Psychiatric Inpatient Hospitalization	85		\$ 80,000			
Psychiatric Rehabilitation	108		\$ 477,151		\$ 110,434	
Social Rehabilitation Services	90		\$ 395,770			
Targeted Case Management	459		\$ 872,578			\$ 5,000
Transitional and Community Integration						
<b>TOTAL MENTAL HEALTH SERVICES</b>	<b>8,319</b>	<b>\$ 33,054,485</b>	<b>\$ 33,054,485</b>	<b>\$ 317,890</b>	<b>\$ 879,118</b>	<b>\$ 2,753,977</b>
<b>INTELLECTUAL DISABILITIES SERVICES</b>						
Administrator's Office			\$ 2,032,000			
Case Management	351		\$ 651,500			
Community-Based Services	273		\$ 885,000	\$ 340,000		
Community Residential Services	59		\$ 5,380,938			
Other						
<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	<b>683</b>	<b>\$ 8,949,438</b>	<b>\$ 8,949,438</b>	<b>\$ 340,000</b>	<b>\$ -</b>	<b>\$ -</b>

# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2018-19

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

County:	1.	2.	3.	4.	5.	6.
<b>Delaware</b>	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>HOMELESS ASSISTANCE SERVICES</b>						
Bridge Housing						
Case Management	710		\$ 519,607			
Rental Assistance	150		\$ 31,000			
Emergency Shelter	600		\$ 475,290			
Other Housing Supports	40		\$ 10,000			
Administration			\$ 102,262			
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	<b>1,500</b>	<b>\$ 838,684</b>	<b>\$ 1,138,159</b>		<b>\$ -</b>	<b>\$ -</b>
<b>SUBSTANCE USE DISORDER SERVICES</b>						
Case/Care Management	106		\$ 200,000	\$ 197,411	\$ -	
Inpatient Hospital	5		\$ 25,000	\$ -	\$ -	
Inpatient Non-Hospital	51		\$ 150,000	\$ 2,142,999	\$ -	
Medication Assisted Therapy				\$ 46,684	\$ -	
Other Intervention				\$ 20,000	\$ 2,223	
Outpatient/Intensive Outpatient	58		\$ 70,000	\$ 280,000	\$ 6,667	
Partial Hospitalization				\$ 5,000	\$ -	
Prevention	3,046		\$ 634,193	\$ 669,924	\$ 14,250	
Recovery Support Services	185		\$ 225,000	\$ 264,514	\$ -	
Administration			\$ 70,500	\$ 1,005,499	\$ 75,000	
<b>TOTAL SUBSTANCE USE DISORDER SERVICES</b>	<b>3,451</b>	<b>\$ 1,374,693</b>	<b>\$ 1,374,693</b>	<b>\$ 4,632,031</b>	<b>\$ 98,140</b>	<b>\$ -</b>
<b>HUMAN SERVICES DEVELOPMENT FUND</b>						
Adult Services	90		\$ 44,790			
Aging Services						
Children and Youth Services						
Generic Services						
Specialized Services	915		\$ 121,889			
Interagency Coordination			\$ 25,250			
Administration			\$ 19,192			
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	<b>1,005</b>	<b>\$ 510,596</b>	<b>\$ 211,121</b>		<b>\$ -</b>	<b>\$ -</b>
<b>GRAND TOTAL</b>	<b>14,958</b>	<b>\$ 44,727,896</b>	<b>\$ 44,727,896</b>	<b>\$ 5,289,921</b>	<b>\$ 977,258</b>	<b>\$ 2,753,977</b>

**DELAWARE COUNTY  
OFFICE OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES  
POLICY & PROCEDURE BULLETIN**

**SUBJECT:** 24-Hour Response System

**DATE:** Revised April 25, 2018

**DEPUTY ADMINISTRATOR SIGNATURE:**

<p><b>EFFECTIVE DATE:</b> March 1, 2009 <b>BULLETIN NUMBER:</b> SCO 7/2009</p>
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### **POLICY**

It is the policy of the Delaware County Office of Intellectual and Developmental Disabilities to respond to consumers, families, and the public within 24 hours whenever possible. This is completed through a system in which the SCO is the first line of response. The SCOs then contact OIDD if authorization for additional supports, or technical advice is needed. The AE also has delegates on duty on weekends and after hours to monitor incident reports.

### **PROCEDURE**

Supports Coordinators, AE staff and managers are expected to return calls/emails within 24 hours. When a staff person is away from the office, the voice mail/automatic reply must inform the caller/emailer that the staff person will return the call/email upon his/her return. The voice mail/automatic reply must also instruct the caller to dial the main Supports Coordination Organization phone number if it is an emergency and the call cannot wait.

### **24 HOUR EMERGENCY ON CALL SYSTEM**

It is the policy of the Delaware County Office of Intellectual Disabilities and the Supports Coordination Organization to maintain a 24 hour/7 days week emergency contact system.

1. If the emergency need occurs within normal or outside of work hours, OIDD has a delegate system. First, the SCO professional works with the family, individual and/or provider to secure needed supports.

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2. If natural supports are unavailable or inadequate to address the situation, contact is made with the AE Deputy Administrator or with the AE QM Coordinator for technical assistance or approval of expenditure of funds. Delaware County ensures that its Base allocation for OIDD is available for OIDD use first and foremost. This allows for the ability to ensure that sufficient funds are available to provide the services people need, even when no Waiver capacity is available.
3. The SCO Administrator brings the funding need to the attention of the AE Deputy Administrator or the AE QM Coordinator for Base funding approval as noted above. This approval can be made typically within a day regardless of whether it is normal work hours or outside of normal work hours.
4. While awaiting approval the SCO works quickly to secure a residential placement or another service to ensure the health and safety of the individual. For example, if a residential placement is not immediately available, approval may be given for staffing to be sent into a family home to provide extra support.
5. The case is then reviewed on the next business day if approval was given after hours, to ensure follow up of the approved emergency plan.
6. In cases in which the AE Deputy Administrator and the AE QM Coordinator are not available, SCOs are instructed to call 610-713-2400 and ask to be connected to the OIDD Deputy Administrator.
7. If the AE delegate identifies an incident after hours or on the weekend that requires attention by the SCO or by AE management, those parties are contacted for further action.

**OFFICE EMERGENCY CLOSURE**

In the event that the office is dismissed early due to an unforeseen situation or due to a holiday, there will be a delegate on call or present in the office, functioning as the skeleton crew.

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If the office is closed due to an emergency or building closure, the voicemail message on the office line will be changed to say, "The office is closed today due to .... (state reason). If this is an emergency, call the on-call number (the number for that particular SCO is given)."

After regular business hours, including weekends, the main Supports Coordination Organization phone number is programmed with a voice message alerting all callers to the on-call number in the event of an emergency situation.

**PROCEDURE**

The Supports Coordination Organizations maintain a yearly schedule of on-call rotation.