

Montgomery County's Human Services Block Grant Plan

Fiscal Year 2018 - 2019



Montgomery County Board of Commissioners
Valerie A. Arkoosh, MD, MPH, Chair
Kenneth E. Lawrence JR., Vice-Chair
Joseph C. Gale, Commissioner

TABLE OF CONTENTS

PREFACE	1
PART I: COUNTY PLANNING PROCESS	2
PART II: PUBLIC HEARING NOTICE	5
PART III: CROSS COLLABORATION OF SERVICES	7
PART IV: HUMAN SERVICES NARRATIVE	
A. Mental Health Services	11
B. Intellectual Disabilities/Autism Services	42
C. Homeless Assistance	51
D. Substance Use Disorder Services	55
E. Human Services and Supports/Human Services Development Fund	63
APPENDIX A	69

Appendix A
Fiscal Year 2018-2019

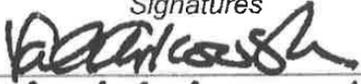
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

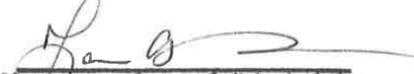
COUNTY OF: Montgomery

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>
	Date: 5/30/18
Remeth E. Lawrence, Jr.	Date: 5/30/18
Joseph C. Hale	Date: 5/30/18

APPROVED AS TO FORM

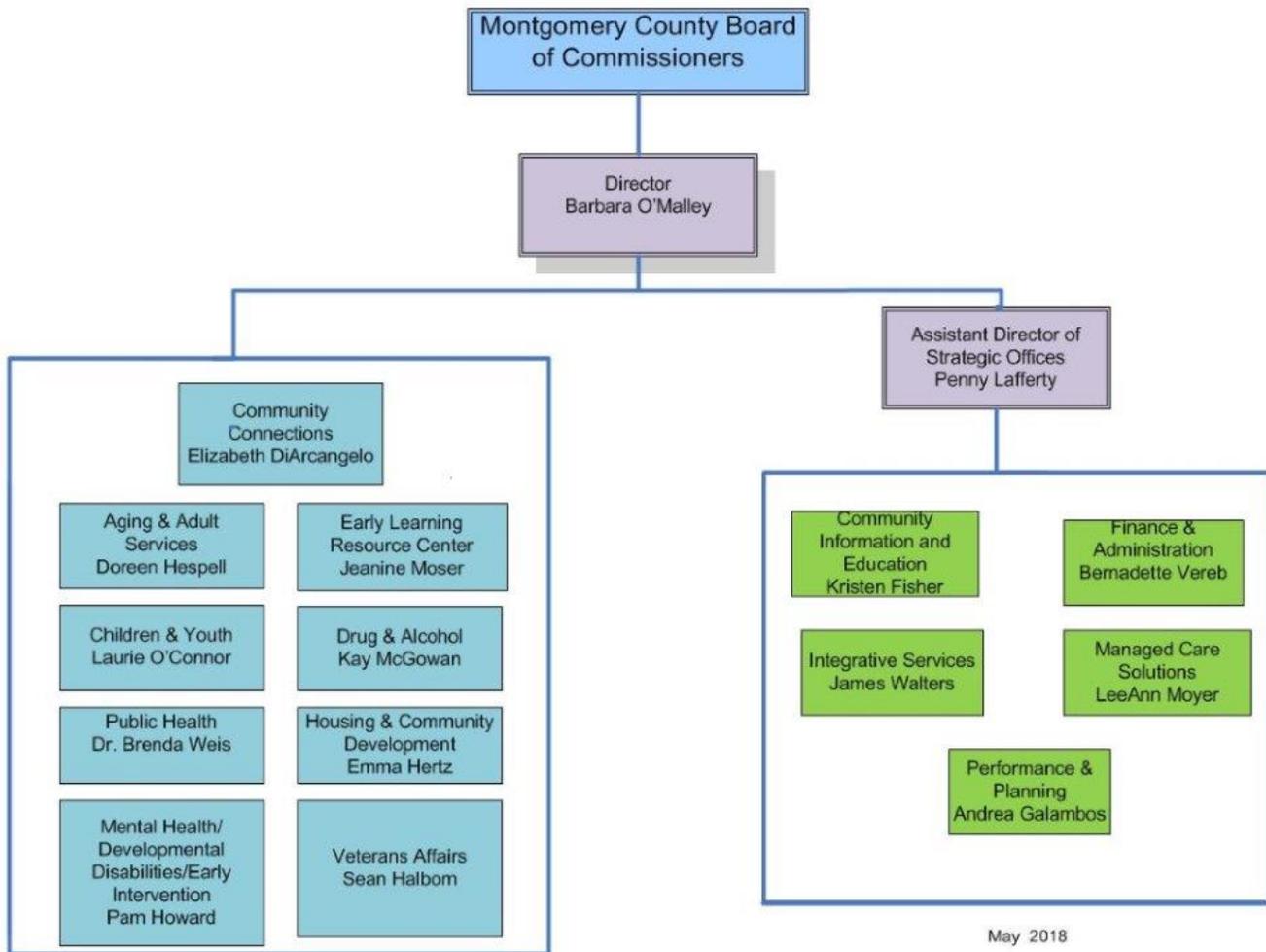

Montgomery County Solicitor's Office

PREFACE

Montgomery County's Board of Commissioners continues to support the integration of Health and Human Services in Montgomery County. This integration began several years ago to change the delivery of health and human services into a more collaborative approach to maximize the health and well-being of residents of all ages.

Our mission is to 'Collaboratively provide an accessible network of resources that fosters, supports, and enhances the health and well-being of Montgomery County residents.' Our staff has developed the Guiding Principles of Community, Inclusive, Responsive and Excellence.

Montgomery County Department of Health and Human Services



This plan for Fiscal Year 2018/19 demonstrates our progress toward establishing true cross-systems integration across all the human services. We look forward to working with the state to accomplish our goals and appreciate the flexibility that the Human Services Block Grant provides us to deliver the needed services to our consumers and in a way that is convenient and respectful to them in their own communities.

PART I: COUNTY PLANNING PROCESS

Montgomery County's leadership team for the Human Services Block Grant Plan is comprised of the Human Services Cabinet representing our new, integrated Health and Human Services Office (see chart in prior section) and county executive staff including: Chief Operating Officer, Chief Financial Officer, Solicitor's office and Communications office.

Community stakeholder input is invaluable as we plan improvements to our service delivery system, identify local needs of our most vulnerable, and implement strategies to serve our consumers.

With funding from the Human Services Block Grant, we established a Community Advisory Council. This council is made up of consumers of services from all health and human services offices. We believe this consumer model, sharing information and working together just as our offices work together, gives us feedback and guidance that is useful in our planning process.

Following are other specific examples of how our stakeholders were provided an opportunity to participate in this process and our various boards, councils and other initiatives.

Mental Health

- Community Support Program (CSP) and Systems of Care County Leadership Team and Community Meetings. The Community Support Program (CSP) Committee is made up of individuals who receive mental health services, family members, provider staff, interested citizens and county staff. System of Care (SOC) is a cooperative agreement with counties coordinated through the Mental Health Office. SOC is responsible to make recommendations that inform policy, planning, and practice.
- In order to develop this year's annual plan, OMH, in partnership with CSP, conducted an Assessment of Needs Survey in the beginning of 2018 to understand the current priorities of stakeholders. In addition, OMH and CSP jointly conducted focus groups throughout the county to obtain a more detailed understanding of the priorities.
- The feedback from stakeholders is infused into the language of Request for Proposals and Contracts and helps to inform Performance Based Purchasing measurements and the Practice Guidelines of services.
- The System of Care Initiative also conducts an annual needs assessment with stakeholders in each county which is compiled and published as guide to local and state planning and progress.
- Montgomery County collects feedback from those who have utilized services through Consumer Satisfaction Team and Family Satisfaction Teams each year through surveys and focus groups.

Aging and Adult Services

- Through the leadership of Judge Lois Murphy, Orphans Court, an Elder Access to Justice Roundtable has been developed. Participants include hospitals, district attorney's office, physicians, consumer advocacy groups, elder law attorneys, police, Recorder of Deeds, Veterans Affairs, Housing Department and others. This group addresses the various concerns of seniors and how to protect their interests while maintaining and respecting their independence.
- Aging and Adult Services conducts annual public hearings which are well-attended by providers, consumers and consumer advocacy groups. The purpose of these hearings is to provide a yearly review of activities, provide an update on current trends in the aging community, and to allow for input from the participants on Aging and Adult Services.
- Aging and Adult Services utilizes surveys to gather information on direct care service. Consumers enrolled in home and community based programs are asked to complete the survey relative to consumer satisfaction of their direct care provided by contracted providers.

Housing Assistance

- The Office of Housing and Community Development develops a Consolidated Plan every 5 years per requirements from its federal funder, the U.S. Department of Housing and Urban Development. The Consolidated Plan process includes a series of public meetings and comment periods so that citizens from all areas of the County may provide input regarding their suggestions for priority projects related to community development and the development of affordable housing.
- The Office must also complete an Annual Action Plan that outlines how it will use its public funding that year to meet the goals identified in the 5 Year Consolidated Plan. As part of this process, the office hosts a series of public meetings throughout the County. These public meetings are held during the initial funding announcement period, so that citizens can provide comment on the types of projects to fund, as well as after the draft funding recommendations have been announced by the Board of Commissioners..
- In addition, the Office of Housing & Community Development sponsors monthly Community Update Meetings to inform the public about issues related to its Your Way Home initiative, which is the county's housing crisis response system.
- The Your Way Home Advisory Council, a 25-member, Commissioner- appointed board of representatives from healthcare, education, criminal justice, behavioral health, nonprofits, philanthropy, and landlords; meets three times per year to provide recommendations to the Office of Housing and Community Development on homeless services, including funding priority areas.

The PA 504- Continuum of Care/ Emergency Food and Shelter Governance Team meets at least quarterly to provide oversight to homeless services funding applications, including federal, state, and local sources. This group creates applications, ranks projects based on the county's defined priority areas, and recommends funding for projects in alignment with the priority areas.

Drug & Alcohol Office

- A formal needs assessment process, as required by the State Department of Drug & Alcohol, is completed every two years to guide us in planning for service provision. The Office of Drug & Alcohol is involved in the formal needs assessment process currently.
- The County Office of Drug & Alcohol meets with contracted D&A Providers quarterly to solicit input on service provision and trends occurring with regards to substance use in the communities which they serve. Providers are also required to submit various data reports so that the County Office can track services provided, consumer demographics, successful outcomes, costs, etc.
- All contracted providers are required by the Office of Drug & Alcohol to have a consumer satisfaction survey process in place to gauge satisfaction with the services they provide to their specific service populations.
- The Office of Managed Care Solutions also contracts annually with Pro-Act, a consumer based organization, to conduct consumer satisfaction surveys at D&A Treatment Provider locations.
- The County Office of Drug & Alcohol by PA Code 4 is required to have an appointed Drug & Alcohol Planning Council to assist the Office in meeting County resident's needs as they relate substance use issues.

Developmental Disabilities

- Stakeholders are provided opportunity to participate in the planning process of the HSBG plan by participating in various group meetings that are either hosted by or attended by representatives in the Developmental Disabilities Office.
- The Developmental Disabilities Offices participates in the Developmental Disabilities Committee, a sub-committee of the Mental Health/Developmental Disabilities Board. This committee meets approximately seven times a year.

- The Developmental Disabilities Office uses the data from the Independent Monitoring for Quality (IM4Q), an independent monitoring team surveying individuals who receive service and their families, to identify trends when individuals voice concerns or express desires that would enrich their everyday living outcomes.
- Throughout the year the Developmental Disabilities Office meets with various parent groups, school districts and medical professionals and participates in community outreach events throughout the county to discuss service options and service needs.

Montgomery County endeavors to achieve success in meeting the needs of our residents in the least restrictive manner appropriate to their need. Our Mental Health/Developmental Disabilities and Aging and Adult Services offices all are focused on ensuring services are delivered in the community as opposed to structured residential treatment facilities. We have been a key partner in the changes at Norristown State Hospital and continue to work with the state and regional partners to ensure the appropriate transition of clients from structured residential living to the community, as appropriate.

Through Community Connections data, we have been able to confirm that the priorities identified in our block grant plan for the prior year, were indeed the needs seen in the community. Additionally, census data indicates that the County's senior population is surpassing 180,000 residents and we anticipate continued growth of these residents. The intake and referral unit from our Office of Aging and Adult Services was integrated with the Community Connections Navicates in order to more efficiently provide services for this demographic. As a result, in-home and community-based supports for seniors has become the highest request for Community Connections assistance at nearly 25%. There continues to be significant needs in terms of housing and utility requests for our residents as recognized in years prior and is the second highest request for this service. Public benefits, nutrition, and other financial assistance are noted as the most requested resources by our Navicates this year.

Funds allocated to address needs of Mental and Developmental Disabilities remain at the levels established for the past year. Funding changes should be noted Drug and Alcohol, Housing Assistance and Human Services Development Fund cost centers. These changes have been made as a result of reallocation of funds within other cost centers. Drug and Alcohol funds have been shifted out of that cost center due to Medicaid expansion which is now funding the majority of Drug and Alcohol treatment services under the M.A. HealthChoices funding stream. Funds are transitioned to Housing Assistance Programs and Human Services Development Fund cost centers and will be used to address needs through the County's Your Way Home housing initiative as well as the expansion of our Community Connections human services delivery model.

PART II: PUBLIC HEARING NOTICE

Bucks County, SS.

NOTICE OF MEETING

To Residents of
Montgomery County, PA

The County Commissioners and Montgomery County's Health and Human Services Department invite all residents, organizations, services providers or anyone else who may have questions or would like to provide input into the Human Services Block Grant Plan to attend any of the public hearings hosted in the County listed below. At that time, the public may provide written and oral comments. Information about the Human Services Block Grant Plan can be found on the county website at www.montcopa.org under

"Stay Informed",
Reports and Plans:

Thursday April 12, 2018
9:30 a.m.-10:00 a.m.
Human Services Center
ICN Meeting -Community Room
1430 DeKalb St
Norristown, PA 19401

Tuesday May 15, 2018
8:10 a.m. - 9:00 a.m.
Connections on High
ICN Meeting
238 E. High St
Pottstown, PA 19464

1r A 6 7209295

MONTGOMERY CTY DEPT OF HOUSE
AND COMMUNITY DEVELOPMENT
NORRISTOWN, PA 19404

3-054852000
0007209295-01

Kristen Smith being duly affirmed according to law, deposes and says that he/she is the Legal Billing Co-ordinator of the INTELLIGENCER INCORPORATED, Publisher of The Intelligencer, a newspaper of general circulation, published and having its place of business at Doylestown, Bucks County, Pa. and Horsham, Montgomery County, Pa.; that said newspaper was established in 1886; that securely attached hereto is a facsimile of the printed notice which is exactly as printed and published in said newspaper on

April 06, 2018

and is a true copy thereof; and that this affiant is not interested in said subject matter of advertising; and all of the allegations in this statement as to the time, place and character of publication are true.


LEGAL BILLING CO-ORDINATOR


Affirmed and subscribed to me before me this 6th day of April 2018 A.D.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Ann Clark, Notary Public
Tuliytown Boro, Bucks County
My Commission Expires April 30, 2019
MEMBER PENNSYLVANIA ASSOCIATION OF NOTARIES

RECEIVED
APR 13 2018
Montgomery County
Housing & Community Development



Daily Local News • Mercury • Times Herald • Reporter • Daily Times • Trentonian • Montgomery Media • Main Line Media • DCNN • Berksmont • Central Record • Advance of Bucks County

AGING OF ACCOUNTS

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL AMOUNT DUE
\$486.90	\$0.00	\$65.24	\$0.00	\$552.14
DATE	BILLED ACCOUNT #	ADVERTISING NUMBER	ADVERTISEMENT/CLIENT NAME	
04/10/2018	883066	883066	Montgomery CO Health Department	

Any discrepancy in advertising charges must be communicated to the Credit Department by calling: 1-855-664-5860

ADVERTISING INVOICE / STATEMENT

DATE	DESCRIPTION	AD #	SIZE	X's	UNITS/QTY	RUN DATES	NET AMOUNT
PREVIOUS BALANCE							\$65.24
04/05/18	The Times Herald	1561694	78.00 Lines	2	78.00	04/05/2018 04/05/2018	
	Subtotal - PO #HSBG 4-18, NOTICE OF MEETING To Residents						\$143.48
04/05/18	The Mercury	1561700	78.00 Lines	2	78.00	04/05/2018 04/05/2018	
	Subtotal - PO #HSBG 04-18, NOTICE OF MEETING To Residents						\$110.58
04/05/18	The Reporter	1561710	78.00 Lines	2	78.00	04/05/2018 04/05/2018	
	Subtotal - PO #HSBG 4-18, NOTICE OF MEETING To Residents						\$232.86

PREVIOUS BALANCE: \$65.24

BALANCE DUE: \$552.14

Page 1 of 1

REMITTANCE PORTION: DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

21st Century Media - Philly Cluster
PO Box 65220
Colorado Spgs, CO 80962

BILLING PERIOD	ADVERTISING/CLIENT NAME		
4/1/2018 - 4/8/2018	Montgomery CO Health Department		
ADVERTISING NUMBER	ACCOUNT NUMBER	TERMS OF PAYMENT	
883066	883066	Due Upon Receipt	
DATE	CURRENT	TOTAL AMOUNT DUE	AMOUNT ENCLOSED
04/10/2018	\$486.90	\$552.14	

REMIT TO:

Montgomery CO Health Department
Montg CTY Health Dept
PO Box 311
NORRISTOWN, PA 19401-0311

21st Century Media - Philly Cluster
PO Box 780154
Philadelphia, PA 19178-0154

10150000PHLY000000883066000000883066000000000000000055214000048690041020186

PART III: CROSS-COLLABORATION OF SERVICES

Employment:

Employment is an essential element of any successful Health and Human Service system. Unemployment has far-reaching implications for an individual and their family. The effects of poverty are well documented. From increased risk of homelessness and food insecurity to increased physical health and mental health concerns, unemployment drastically inhibits an individuals' ability to flourish in their community. In addition, stakeholders have consistently expressed their desire to continue to strengthen employment supports.

Montgomery County recognizes the importance of employment and is committed implementing collaborative approaches that best serve the community across populations. In order to accomplish this, Montgomery County has worked on multiple fronts to develop a system that recognizes and supports an individual's employment goals. This begins when a person first seeks support of any kind from a Community Connections Navicate (described in Part IV Human Services Development Fund). Individuals that seek support are assessed for a wide variety of needs, including employment. If someone is directly seeking employment support, or expresses concerns that may be related to employment (ex. food insecurity), the Community Connections Navicates guide individuals to the appropriate type of employment supports to meet their needs.

For the majority of individuals, help with employment resources comes through the continuum of MontcoWorks supports, including the local CareerLink. The Montgomery County Workforce Development Board, MontcoWorks, receives funding through the Workforce Innovation and Opportunity Act and Temporary Assistance for Needy Families to administer workforce development programming throughout Montgomery County. Programs assist eligible job seekers, including youth, through a range of services designed to build sustaining career pathways that benefit both the job seeker and employer. The board's *Priority of Service Policy* establishes service delivery priority for low-income job seekers with barriers to employment. Services provided include, but are not limited to the following:

- Career readiness workshops
- Career coaching
- Career interest and skills assessments
- Targeted recruitment and recruitment events
- Job fairs
- Skills training
- Adult basic education including ABE, HSE and ESL
- Computer skills instruction
- Apprenticeships and pre-apprenticeships
- On-the-job training

Services are delivered through the Montgomery County Employment and Retention Network, the Montgomery County Youth Empowerment Program and the PA CareerLink® Montgomery County in partnership with the Office of Vocational Rehabilitation, the Montgomery County Intermediate Unit, Montgomery County Community College, Montgomery County Assistance Office, as well as the Montgomery County Departments of Adult Probation, Aging and Adult Services, Veteran's Affairs, MH/DD/EI and Housing.

Montgomery County has also developed specialized supports for individuals that need additional assistance. These services are funded through a braided approach that includes the Human Services Block Grant. These services are detailed throughout Part IV of this plan, and include employment supports for individuals with Intellectual Disabilities utilizing the discovery approach. In addition, the county provides career services to support individuals with serious mental illness. These services were uniquely designed to augment SAMHSA's evidence-based practice of supported employment with additional emphasis on supported education.

Other supportive efforts are often needed beyond direct employment services in order to ensure the person's job seeking efforts are successful. Montgomery County recognizes this, and has worked to eliminate or reduce barriers to employment. For example, without access to safe and affordable childcare, many low-income families would be unable to successfully maintain employment. Montgomery County Early Learning Resource Center (ELRC) provides child care subsidies to TANF recipients and eligible low-income families that are employed. ELRC works collaboratively with MontcoWorks in order to support families to maintain employment. Additional examples of supportive services are captured to some extent in Part IV of this plan.

In order to coordinate the variety of services and strengthen the County's approach to employment, each month representatives from MontcoWorks, Providers and various Offices of the County's Health and Human Services meet to discuss systems barriers and solutions to best serve job seekers in Montgomery County. This group and Health and Human Services will continue to explore creative and effective strategies to support Montgomery County residents.

Housing:

The county recognizes that all people need access to safe, stable, suitable housing in order to improve their health and general wellbeing. Therefore, housing services are coordinated across all county offices to address the needs specific to each population and to leverage funding where available.

The county's Office of Housing and Community Development is the lead entity in coordinating housing resources, but works collaboratively with each office within the Department of Health and Human Services to tailor housing needs for each population. The scope of housing services offered by the County includes development of new housing units, particularly units of affordable housing or housing dedicated to persons with special needs; rehab of units by low-income homeowners to maintain affordable housing stock in the county; promotion of Fair Housing practices so that all populations have equal access to housing; short and medium-term rental subsidies for special populations; and homeless services.

The county's affordable housing development projects are targeted towards low and moderate income populations, and are funded primarily through federal grant programs and the county's local Affordable Housing Trust Fund. These grant programs require that units are maintained as affordable for low and moderate income persons, so there is significant overlap with populations served by other county offices, such as the Office of Mental Health/ Developmental Disabilities/ Early Intervention (MH/DD/EI), the Office of Aging and Adult Services, and the Office of Veteran's Affairs. In the past, the Office of Housing has jointly funded projects with other offices to ensure that specific units are targeted for special needs populations, such as with the MH/DD/EI. In these developments, office staff work collaboratively to execute agreements that will ensure that housing is made available for populations served by both offices, and that marketing for these units is

distributed to organizations that routinely serve these populations. In other cases, affordable housing is specifically developed for seniors over age 62 because of the high needs of that population. In those instances, marketing to appropriate populations is done jointly with Aging and Adult Services and their partners. For all its housing development projects, the Office of Housing requires that developers submit an Affirmative Marketing Outreach Plan that details how they will specifically market the availability of these units to special needs populations, including to populations that do not speak English. In this way, new units of affordable housing are made available across populations in the county.

The county also provides rental assistance programs for special needs populations and services for homeless individuals. These populations are significantly more likely than the general population to have disabling conditions, or have prior involvement with child protective services or other public institutions. As well, many veterans and seniors experience homelessness or are severely housing cost burdened, which can lead to homelessness. The county has developed various rental assistance programs to serve these populations, such as rental assistance to persons with developmental disabilities, with HIV/AIDS, to children aging out of foster care, and to veterans and their families. These programs are administered jointly with the appropriately Health and Human Services office through shared referral processes and shared administrative oversight. Additionally, the continuum of care of homeless services is led by the county's Office of Housing, which coordinates the housing crisis response system for all persons, including single adults, families with children, parenting and unaccompanied youth, veterans, seniors, and persons with disabilities. These services are coordinated under the Your Way Home initiative, which is the county's public-private partnership to end homelessness.

Through the Your Way Home initiative, services are coordinated across the service sector to ensure that resources are maximized for special needs populations. Through Your Way Home, federal, state, local, and private funding is braided together to provide a continuum of services to meet consumer needs, where one funding stream alone could not. For example, federal grants for Rapid Re-Housing, which can fund security deposits and rental subsidies to homeless households, is braided with private funding to pay for beds, linens, cleaning supplies, and other essentials needed when a homeless family moves into a new unit. Funding is also coordinated across offices to leverage resources for high need- and high cost- populations. For example, homeless individuals with mental health needs are connected to Critical Time Intervention, an evidence-based practice for mobile mental health support. Critical Time Intervention utilizes Blended Case Management and Medicaid funding to provide intensive supportive services for these clients, while federal housing grants are used to provide rental assistance to move into a unit and provide short-term rental subsidies while clients are connected to mainstream benefits. In order to accomplish these types of collaborative funding and service models, the county has established an Advisory Council to coordinate resources, and implements Action Teams to address policy issues and make recommendations to better connect and streamline services for housing to all populations.

Your Way Home continually seeks out new grant opportunities to supplement its current public grants. Most recently, Your Way Home was awarded PHARE funds from the state to expand its Rapid Re-Housing program for single adults exiting criminal justice institutions. Additionally, a Your Way Home provider was awarded NAP funds to implement a special program to better service medically fragile homeless clients. Together, these grants provided over \$350,000 in new funding for homeless services and will allow for the initiative to provide improved services to underserved populations. Your Way Home also solicits about \$200,000 in private grant contributions each year for direct client services.

Part IV – Human Services Narrative

MENTAL HEALTH SERVICES

a) Program Highlights: (Limit of 6 pages)

Montgomery County's Office of Mental Health (OMH) is committed to the continued development of a comprehensive, integrated system of care that supports individual recovery and the opportunity for a full and meaningful life for Montgomery County residents who experience mental illness. This vision drives OMH's efforts to continually develop a system of care that is comprehensive, integrated, and collaborative with other human service systems. Through the implementation of evidence based interventions and promising practices, the mental health system in Montgomery County ensures consistent improvement in the quality of care it provides.

OMH understands that in order to effectively implement transformational change, it is essential to obtain the feedback of stakeholders. So while OMH works on multiple initiatives simultaneously to address system gaps, the overarching efforts of OMH are targeted to stakeholder-identified priorities. Based on the input from stakeholders, Montgomery County OMH focused on the following five (5) Transformation Priorities for FY 2017/18: Crisis Intervention; Treatment; Residential and Housing Supports; Employment/Education; and Peer Support. OMH implemented several initiatives to pursue its vision, in its stakeholder-identified priorities. The intent of this section of the Human Services plan is to provide a snapshot of the accomplishments that occurred within Fiscal Year 2017/18 to support these priorities. Additional details of past efforts can be viewed in previous plans.

Crisis Intervention: OMH has continued working to transform the County's crisis services to address the acute needs of residents of Montgomery County experiencing a mental health crisis in the least restrictive setting. OMH approaches the crisis system with the philosophy that crisis planning and prevention are integral to crisis management, and all stakeholders have an important role to play. The following initiatives were implemented in pursuit of this system transformation in FY 2017/18:

- **Crisis Diversion/Involuntary Commitments/Outreach & Education.**
 - In July 2017, OMH restructured a position to be the Director of Diversion and Crisis services, a role which leads the Crisis system transformation and ongoing management. This Director acts as a liaison with community emergency departments and first responders and has oversight of crisis programming and services as well as the mental health civil commitment process.
 - Montgomery County continued its contract with a consultant to assist in further evaluating the County's existing crisis service system and envisioning the crisis system of the future. The consultant has worked closely with the new director to ensure a smooth transition of leadership and continued momentum in crisis system transformation.
 - Less than 2 years ago, Montgomery County created a process to allow more than one inpatient psychiatric hospital the ability to evaluate and treat individuals on a 302. This new process continues to be improved and refined through gathering stakeholder input, meeting with community emergency departments, conducting listening sessions with criminal justice partners, performing procedure reviews with county solicitors, and analyzing data.
 - Montgomery County participates in the Stepping Up Initiative, with OMH taking a leadership role. Through this initiative, OMH has strengthened relationships with cross systems partners and began to gather input from persons in recovery, family members, community providers, emergency departments and law enforcement. These steps help ensure that any changes will positively impact the strong diversion system that OMH has developed to support individuals to access treatment, rather than being taken to jail.

- Magellan sponsored a two day event on “Crisis Training for Community Settings”. Organizational leadership attended to discuss current crisis management and gain buy-in. Nationally recognized consultants conducted the training for supervisors, recovery coaches and blended case management staff. The training enhanced skills around crisis de-escalation.
- **Montgomery County Mobile Crisis Service (Mobile Crisis)**
 - Mobile Crisis has continued to be a leader in responding to disasters or tragic events that impact the larger community, such as fatal fires, suicides, and shootings; responding to requests for Disaster Crisis Outreach and Referral Team (DCORT) interventions and going above and beyond to assure the health of the larger community.
 - Mobile Crisis has successfully re-branded its service after the merger of adults and children’s crisis teams in December 2016. Both teams are now managed under one Director and OMH continues to gather stakeholder feedback re: the effectiveness of the post-merger service.
 - Mobile Crisis continues to build working relationships by meeting with several police chiefs in Montgomery County throughout the year and training at each MCES Crisis Intervention Specialist (CIS) school for police, probation, correctional officers and 911 Operators. OMH has collected and analyzed CIS and Mobile Crisis Utilization data to show that police participation in CIS results in increases the likelihood of connection to MH crisis services by the corresponding police department. This works toward OMH’s goal of decreasing individuals with SMI in the forensic system by intervening early with mental health crisis services.
 - Mobile Crisis has maintained its focus on decreasing risk to communities by continuing to support the HUB Model, an evidenced-based, collaborative problem-solving approach that supports community solutions for complex individuals as a proactive measure prior to the individual becoming forensically involved. Law enforcement leadership and participation are central elements of the HUB model with support and partnership of Mobile crisis and other community support providers.
 - Mobile Crisis has increased diversion opportunities through meetings with Emergency Departments and inpatient psychiatric hospitals around the County. The Mobile Crisis team functions in the role of clearinghouse for Emergency Departments so that ED staff doesn’t need to determine who to call for Drug & Alcohol Warm-Hand-Offs, mental health crisis and domestic violence situations. Mobile Crisis has been partnering with ED’s to receive referrals in real time, and connect those individuals to the appropriate level/system of care. This project serves the dual purpose of utilizing rapid service connection and warm hand-off protocols to better serve overdose survivors, as well as increasing the communication and cooperation between community hospitals and the mental health system.
- **Crisis Residential Program (CRP):** There are two (2) CRPs in Montgomery County. The newest CRP was began taking referrals in 2016 to provide increased availability and geographic access as an option for support and diversion from inpatient settings. In 2017/18, multi-prong efforts have been made to connect and increase referrals among Emergency Departments and the community at large.

Treatment: Treatment should be viewed within the context of recovery and the family system. Treatment, for treatment’s sake, is not the goal. Instead, treatment is a tool to assist individuals in supporting their wellness and gaining the life that they desire in the community. OMH has worked to enhance treatment services through a variety of strategies including: access to clinical care; addressing the growing need for co-occurring (mental health and drug & alcohol) services; and increasing the use of evidenced based practices. Below are some specific examples of accomplishments in FY 2017/18:

- The County previously procured and contracted with seven Community Behavioral Health Centers (CBHCs). The CBHC design enhanced and standardized some of the components seen in the county’s previous “Core Clinical Provider” design. Over the 2017/18 fiscal year, the county worked to ensure that CBHCs achieved the desired results. The county initiated performance based

contracting (PBC), with metrics for each service: Access to Care, Standards of Care, and Quality of Care. The metrics are being implemented through a phase-based approach. Baseline measurements were completed by the first quarter of 2017. In FY 2017/18 the information was analyzed and each of CBHC's was visited to review and enhance the metrics process. Performance on the outlined measures will inform future county decisions to re-contract, provide rate increases, and/or provide eligibility to bid on future requests for proposals.

- A Montgomery County Provider, RHD was awarded the State's CCBHC pilot program. The goal of this program is to better integrate behavioral health with physical health care; increase consistent use of evidence-based practices; and to improve access to high quality care for people with mental and substance use disorders – with overall results leading to better care, smarter spending and healthier people. County and Magellan staff continue to work with the provider and the state to support this initiative and ensure required changes in reporting are achieved.
- The OMH continues to focus attention on supporting and growing the delivery of Trauma-Informed Systems of Care. The audience for the project continues to grow to include partnerships with local county organizations and services providers. Provider goal plans are monitored and feedback is provided to encourage collaboration and further the TISC message and Trauma Informed services provided throughout the county. The Trauma Informed Learning Collaborative is held on a quarterly basis to grow the knowledge base within providers on Trauma Informed Care Practices. A survey was completed in winter 2018 to elicit Steering Committee and Team Leader input regarding successes and remaining challenges. Montgomery County has had an increased emphasis on trauma-informed system of care and competency in treatment including Trauma-Focused Cognitive Behavioral Therapy and other trauma-specific treatment modalities.
- The MCO conducted an analysis of the clinical profile of members most at risk for opiate abuse and/or overdose in order to identify need for increased engagement and care management services.
- The MCO and county are planning to broaden training opportunities for providers regarding COD competencies.
- The Managed Care Organization (MCO) implemented value based purchasing for inpatient, family based and ACT Teams.
- The County's training institute continued to lay out a curriculum that responds to dynamic needs of the system and county priorities.

Housing:

It is essential that housing needs are met in order for individuals to feel safe and to have the ability to focus on their recovery journey. OMH has developed several strategies to tackle the issue of housing for individuals who have a mental illness. This includes actively pursuing options to increase access to affordable housing while strengthening mobile mental health supports to assist participants to maintain housing. This approach clearly aligns with the County's "Your Way Home" initiative. The second strategy is a transformation of the current mental health residential system to support the clinical and rehabilitative needs of individuals. Below is a brief highlight of accomplishments this fiscal year (FY 2017/2018):

- OMH continued to provide an array of scattered-site, tenant-based rental assistance programs, utilizing a variety of funding sources and agencies. In total, 179 households comprised of 195 adults and 20 children are served by these programs. A database was created to help track the supportive services connected to each household. This helps OMH staff access the correct service and provide technical assistance as needed. In addition, Behavioral HealthChoices Reinvestment (Reinvestment) continues to provide Contingency assistance. Through February of this fiscal year, \$17,629 in Reinvestment funds was used for 12 occurrences of assistance (an average of \$1,469 per occurrence).

- OMH is also using Reinvestment funds as Capital to “purchase” affordable housing units for 30 year terms. Developers of Low Income Housing Tax Credit (LIHTC) properties use the Reinvestment funds as gap financing. In return, OMH has referral rights to a specific number of units based upon the amount of Capital provided. These units can be described as “MH Capital Units”.
- To date, a total of \$3,000,000 in Behavioral HealthChoices Reinvestment funds have been designated for Capital. This amount comes from different HealthChoices program years as follows: \$1,500,000 from 2004/8, \$750,000 from 2014, and \$750,000 from 2015. The 2004/8 funds have been completely expended in the support of three LIHTC projects that has resulted in 12 MH Capital Units (Reliance Crossing in Souderton, North Penn Commons Senior Housing in Lansdale, and Beech Street Factory Apartments in Pottstown). The 2014 Funds have been designated for the Montgomery Park I Senior Housing (Norristown) and Susie Clemens House (Hatfield) projects and will provide another 6 MH Capital Units total. Montgomery Park I should be finished and occupied by the end of this fiscal year. The awarding of LIHTC funds for Susie Clemens House was announced earlier in April 2018, and is an innovative project that will bring Section 811 PRA to Montgomery County. The County is currently in the midst of a NOFA process for the 2015 Capital Reinvestment funds which will bring at least another 6 MH Capital Units, for a total of 24.
- OMHSAS has been extremely helpful in securing and using Capital Reinvestment funds. The County’s Housing and Community Development Program Office (HCD) has also been extremely supportive. The HCD Office has experience and expertise with developer networking, application analysis, negotiating of terms, navigating the closing process, monitoring construction, etc.
- OMH and its providers continued to collaborate with the Montgomery County Your Way Home (YWH) program, which is operated out of the County’s Housing and Community Development (HCD) Program Office and works to end homelessness in the county.
 - Together, OMH and HCD staff co-chairs the Permanent Supportive Housing Prioritization Selection Team. Following guidance from HUD Notice CPD-16-11, the County created one prioritized list of persons to ensure that those with the longest history of homelessness and greatest service needs are placed into Permanent Supportive Housing as openings arise. Grievance processes as well as Violence Against Women Act requirements have been implemented.
 - YWH uses the evidence-informed, multi-domain Service Prioritization Decision Assistance Tool (SPDAT) to identify areas in individuals’ lives where support is most needed to prevent housing instability. Administrative Case Managers and some other mobile case management supports have received training in the SPDAT and have conducted SPDAT assessments with persons on OMH sponsored rental subsidy programs.
 - The OMH coordinated a YWH training specifically for Recovery Coaches/Blended Case Managers to enhance understanding of the system, increase coordination and communication and encourage the use of housing stability strategies.
 - The MH/DD/EI Administrator is a member of the Your Way Home Advisory Council.
 - OMH continues to act as the County’s point for the Local Lead Agency program.
 - OMH continues to fund the bridge between Your Way Home and the Mental Health system via the Critical Time Intervention (CTI) Team.
 - OMH continues to be represented on the Continuum of Care Governance Committee.

Residential:

Below are accomplishments of the Residential Transformation Initiative for Fiscal Year (FY) 2017/2018:

- OMH developed a time limited rental subsidy program to facilitate movement of often very long term residents from mental health transitional rehabilitative residences. To date the program has

provided rental assistance for 33 individuals. The program has also provided one time security deposits for 77 individuals and one time furniture subsidies for 115 individuals.

- OMH developed a Learning Collaborative with Residential Directors and key staff to increase learning and system change processes as well as define outcomes for Residential Transformation.
- The MCO implemented a new Care Management Protocol for individuals within residential services and receiving clinical support.
- OMH planned and funded a Psychiatric Rehabilitation training series for a team of residential staff from each facility. The formal training is provided on an annual basis and helps to increase skills for the residential staff to meet the needs of individuals they serve. Additionally, Residential Providers are involved in a Psychiatric Rehabilitation “Think Tank” Learning Collaborative.
- OMH provided funding to support 2 lead staff from each residential program to become Certified Psychiatric Rehabilitation Practitioners. This includes dollars that support the initial testing as well as annual incentives.
- OMH oriented Recovery Coaching and Certified Peer Specialist systems and personnel to the Residential Transformation and the need for partnership and conjoint planning and service delivery. Written Recovery Coaching practice guidelines were implemented to support residential transformation initiatives.
- Provided direct consultation to each of the residential providers. Through this process, there was an:
 - Increased engagement of residents around their own recovery and where they want to live.
 - Increased specificity in developing Rehabilitation Plans.
 - Increased understanding for residential staff of the use of relational engagement to promote and motivate an action-oriented approach with residents in regard to their own recovery.
- Developed concept of Collaborative Support Team meetings and worked with providers to track and increase communication and service planning with RCs, CPSs, employment providers, and outpatient clinical staff. The Collaborative Support Team Meetings are an important activity of the Residential Transformation.
- OMH developed an initiative to provide funding to each Community Behavioral Health Center for a Clinical Liaison position to work with individuals in need of residential programs and to participate as the clinical lead in the Collaborative Support Team meetings for individuals who are placed in residential programs. The Clinical Liaisons continue their collaborative work with individuals being referred for residential services and maintain the clinical connection post admission. They also have joined the Integrated Learning Collaborative with Residential service providers.

Employment/Education: The majority of stakeholders continue to express a clear desire to have improved and increased employment and educational opportunities for individuals who receive mental health supports. Montgomery County is highly motivated to address these priorities and continues to work to transform the system to ensure this desire becomes a reality including these accomplishments in Fiscal Year (FY) 2017/18:

- “Career Services” is an integral component of the Community Behavioral Health Center (CBHC) continuum of services and its inclusion has increased the availability of the Career Services approach, allowing more individuals to reach their career goals. HYPE (**Helping Youth on the Path to Employment**), developed in coordination with research at Rutgers University and University of Massachusetts Medical School, and was piloted as a new career manual and training program to LMCMS. This program assists young adults with mental health conditions to achieve their goals in work and school, and to gain competitive employment, enabling them to live meaningful and self-sufficient lives. This IPS based model is shown to enhance long-term work outcomes by emphasizing education as a critical vocational step. LMCMS has been fully trained in HYPE and utilizes the model to enhance their career services.

- In order to ensure that agencies are providing the EBP of Supported Employment and Supported Education, the County had monthly roundtables for all Career Services staff and directors during FY 17/18. Technical assistance was provided by experts from Rutgers University in the beginning of the fiscal year with the contract ending in March of 2018. Rutgers University subsequently trained the County Program Staff and developed a plan to provide ongoing technical assistance around Supported Education and Employment to providers. This allows the expertise to be housed within the County to assure sustainability of knowledge.
- OMH has worked to create a culture within the mental health system to ensure that employment and education are supported within the context of *every* service. There have been multiple accomplishments, such as having therapist complete the PRRDP and doing presentations of the service at the Joint Provider's meeting, to help shift the culture over the years. OMH continues to provide technical assistance to help other areas throughout the State and across the Country duplicate and improve upon the success of Montgomery County's employment and education transformational efforts.
- CBHC's submit monthly reports that track employment and education data to assess performance and inform future initiatives.

Peer Support: A significant component of Montgomery County's recovery transformation has been the infusion of peer support into the mental health system through recognizing that the inclusion into the workforce of those who have a shared life experience can improve outcomes for individuals and the system. Since Montgomery County held the first training session, 321 peer specialists (CPS) have earned certifications. There are 112 CPS who are currently employed as a CPS in 28 agencies in the mental health system in Montgomery County. Over two thirds of the CPS's trained are working as a CPS or in other roles. There are currently 14 CPS who are in supervisory roles. Within the 2017/2018 Fiscal Year, Montgomery County was able to support the following accomplishments:

- OMH held multiple trainings to promote CPS services in Montgomery County: Certified Peer Specialist Training - 18 graduates, Intentional Peer Support Training classes, WRAP Facilitator Training, Montgomery County Hearing Voices Network Facilitator Training and a class for CPS's who work with people with Intellectual & Developmental Disabilities and Mental Health challenges. OMH also holds quarterly learning collaboratives and encourages participation in statewide trainings.
- The Peer Support Coordinator, who is a CPS on the staff of OMH, participated in the first statewide conference for peer support at the PaPSC Conference in State College in April 2018. The coordinator also sits on the Board of Directors for the PaPSC.
- The OMH Peer Support Coordinator participated in the planning committee of the International Association of Peer Specialists (INAPS) Conference in October of 2017.
- The coordinator represented CPS's at the PA Peer Specialist Certification Workgroup that was charged with the specific task to draft recommendations to OMHSAS to successfully accomplish Peer Specialist certification under the PA Certification Board.
- The coordinator was part of the sub-committee of the peer-specialist stakeholder workgroup that was formed, and tasked with making recommendations to OMHSAS.
- OMH's Peer Support Coordinator will participate in the SAMHSA*SMVF TA Virtual Implementation Academy.
- The Peer Advisory Council (PAC) created a FAQ document for the applicants to the CPS training.

b) Strengths and Needs: (Limit of 8 pages)

Older Adults (ages 60 and above)

Strengths: Montgomery County OMH and the Office of Aging and Adult Services continue to partner to determine how to best serve the older adult population in Montgomery County. OMH has provided funding to support outreach services to engage the older adult population including Senior Outreach, the Peer Support Talk Line and Mobile Peer Support (MPS). The County continues to seek opportunities to integrate across disciplines. As noted in the housing section, OMH has had success in building relationships with developers of housing for older adults as stated previously. The OMH regularly participates in events held by the LINK to Aging and Disability Resources to increase knowledge and resource around programs that impact the older adult population, including the Community HealthChoices (CHC) Managed Care Program.

Needs: Older adults may experience mental health challenges for the first time. However, for a variety of reasons, including stigma, many individuals do not seek treatment. Therefore, a major need of the mental health system highlighted by the Human Services Community Advisory Council is to better engage older adults so they utilize mental health services. It is likely that continued education and awareness is needed to create a welcoming system for older adults. There is also still a need to create greater connection between mental and physical health services, particularly when a skilled nursing home level of care is required. Increased integration in human services in Montgomery County will offer even more opportunities to connect to the county's older adults.

Adults (ages 18 and above)

Strengths: Stakeholders have supported OMH in creating a spectrum of services to maintain the recovery of adults with serious mental illness. In alignment with the OMHSAS vision, a wide variety of services are available for each adult target population (adults, older adults and transition age youth). This strong commitment to stakeholder input and partnership, along with OMH's push to continue to improve the MH system, creates a culture in which change is possible. Many of these accomplishments are reflected throughout the plan. Some of the highlights of Montgomery County strengths include: a recovery oriented system; Trauma Informed care; improved the quality and effectiveness of treatment; stakeholder partnership; the infusion of Peer Support throughout the system; commitment to housing; support of employment and education of individuals served; evidence-based treatment approaches, forward thinking crisis intervention, multi-tiered levels of care, and multi-discipline collaboration to minimize forensic involvement with the mental health community.

Needs: As part of a needs assessment, adult stakeholders identified several areas to target growth and improvement. These include Housing and Residential supports; Employment and Education supports; Crisis Intervention; improvement of Treatment services and Peer Support. There is also a need to continue to enhance coordination and team collaboration with D&A specifically around the opioid crisis and a need for Narcan training for mobile support staff.

Transition-age Youth (ages 18-26)

Strengths: In order to engage and address the needs of the young adult population, Montgomery County has created a wide variety of supports specifically targeted to young adults. This includes specific transition age youth programs in the form of Peer Mentoring; an intensive residential service with a psychiatric rehabilitation component to better serve the skill building needs of young people; Supported Education at CBHC's and at the local community college; and an enhanced Blended Case Management program. The county has been stressing a requirement for competency in serving this unique age group was emphasized in its RFPs and contract renewal processes.

Magellan Behavioral Health, Montgomery County's managed care organization, remains committed to supporting Transition Age Youth through the ongoing work of the MY LIFE (Magellan Youth Leaders

Inspiring Future Empowerment) group and events such as a regional “MY FEST” event, as well as a Youth Day on the Capital. MY LIFE helps youth who have been connected with the mental health, substance abuse, juvenile justice or foster care systems use their experiences to help others and use their voice to improve the programs and systems that serve young people.

Montgomery County and Magellan partnered to implement the Transition to Independence Program (TIP). The TIP model is an evidence-supported practice that demonstrates improvement in real-life outcomes and futures planning for youth and young adults. The Montgomery County TIP Program serves members from all regions of the county ages 16-26 with emotional and behavioral challenges through a case management platform and is inclusive of peer support. The outcomes observed in the first implementation audit and the Fidelity Audits, in 2016 and 2017, demonstrated favorable outcomes.

Montgomery County and Magellan partnered to implement the Transitional Age Youth Certified Peer Support Program (TAY CPS). Peer Support will begin being offered to Transitional Age youth (14-26 years old) in Montgomery County and is tentative scheduled to begin July 2018. The pilot program was selected and training and preparation occurred in FY 2017/18. Youth, young adults and their families will connect with peer support staff that will build a bridge to valuable and necessary community/natural supports, as well as treatment services to promote health and recovery. This will all be guided by the voice and choice of the young person and their family.

The OMH strives to allow young adults to develop the tools necessary to support their wellness and achieve success in their life outside of the mental health system. Recognizing that transition age youth constitute a unique population with specific strengths, challenges, and needs, OMH coordinates a provider workgroup and new system of information distribution to foster communication, information sharing, and problem-solving among children, adult, and TAY-specific providers. The MONTCO TAYYA Provider Workgroup meets quarterly and includes individuals from mental/behavioral health providers, schools, Office of Children and Youth, community support groups, career centers, residential settings and Montgomery County Community College.

Needs: Although more young adults are accessing these unique and successful services, there are still unmet needs, including the need for safe and affordable housing for young adults. In addition, there is an ongoing need to educate the child and adult serving systems to ensure they are providing developmentally appropriate interventions and assisting young adults in obtaining the natural supports necessary to move beyond the mental health system. An important component of this is ensuring providers are supporting Transition Age Youth to obtain their education and employment. Additionally, Montgomery County is preparing for recent changes to the Psychiatric Rehabilitation regulations, to allow for services to TAY starting at age 14, but more understanding of the impact and best use of these services within the existing network of support is still needed.

Another need in Montgomery County is a First Episode Psychosis (FEP) Program. FEP offers services and supports including individual and group therapy, family education, case management, supported education and employment, Peer Support Services, and Psychiatry/low-dose medication management if the individual chooses. If supports and services begin as soon as possible (within 3-18 months of first experiencing psychosis), this can lead to a decrease in the duration of psychosis and symptoms. Individuals will also be more involved in the community and less support is needed once an individual completes the program.

Children (under 18)-

Strengths: Montgomery County is committed to the continued development of a comprehensive system of care for children and adolescents that includes quality treatment and supportive services. The collective vision and mission was developed by the System of Care (SOC) Leadership team that includes membership from County partners, including OMH, D&A, DD, OCY, Juvenile Probation, Magellan, Schools, Family and Youth Partners. The Leadership Team is tasked with the responsibility of promoting integration trauma-informed care, improving outcomes, building natural supports, and strengthening the voice of youth and families throughout the system.

Programs and initiatives centered around SOC principles include but are not limited to High Fidelity Family Teams; Student Assistance and Prevention, Youth Leadership Day; Mental Health Awareness Activities; Suicide Prevention, SOC Leadership Team and Community Meetings; Trauma Informed Care; Mobile Crisis and Teen Talk Line; Respite; Administrative and Blended Case Management, Family Mentor and Advocacy Network; Family and Youth Satisfaction Teams (FEST); and county sponsored trainings focused on promoting effective teaming, family and youth engagement, strengths, and resiliency.

The County Leadership Team collaborates with stakeholders and child serving systems to collect data related to cost effective services and supports for continuous quality improvement within child-serving agencies, as well as meeting broader community needs. Montgomery County has implemented evidence-based practices in addition to promising practices for both the general population of children, adolescents and families served plus targeted interventions and services for children and families served through other County System Partners. Below are examples of some of the efforts: Multi-Systemic Therapy (MST); High Fidelity Family Teams; Intensive Residential Treatment Model; Family-Based Services; School-Wide Positive Behavioral Support and School-Based Outpatient; Mobile Crisis Support Program and Family Engagement; Transition to Independence Program (TIP), and Adolescent/ Transition-Aged Certified Peer Support Specialist Program.

Montgomery County, alongside the SOC County Leadership team, has continually strived to meet the needs of individuals. The availability of HC funds as well as state allocations and county dollars and the interconnection of OMH with the child serving county offices and systems has enabled OMH to plan, implement and operationalize the above listed treatment modalities in a manner consistent with serving needs of the broad spectrum of children, adolescents and caregivers that cross child serving offices. Montgomery County is also leading a regional project with the Building Bridges Initiatives aimed at improving safety and outcomes for youth in PRTF.

Needs: Although there is much strength in the children's system, there are still needs and opportunities for improvement. Some of these include:

- Greater access to community-based services for youth and their families including child and adolescent psychiatry, competency working with youth on the autism spectrum and youth who have exhibited sexually reactive behaviors.
- Creative service/support models for youth and families in their community and flexibility in funding platforms to support peer models for youth and family members.
- Communication and coordination across funder supported by regulation to support quality management initiatives and incident management in residential levels of care.
- Services and supports that specialize in early childhood that engage and strengthen families and for youth involved in challenging or interrupted adoptions.
- Intensive and brief treatment experiences for youth who are unsafe in home/community such as crisis residential and respite models as alternatives to AIP / RTF.

- Partnerships between schools and communities to promote social and emotional learning to address and prevent student depression, anxiety, suicidal behaviors and related issues.
- Childcare and preschool options for families that are high quality, affordable and welcoming of youth and families with challenging needs.
- Funding for parenting supports, advocacy, and prevention as well as a better understanding of the needs of those accessing healthcare to adapt and ensure services and supports are responsive and respectful of the diverse needs of families.
- Improved coordination and collaboration with courts around behavioral health needs.
- Enhanced efforts with integrated care for co-located resources in schools, pediatricians, and other places in the community that meet families and youth where they are already connected including Universal screening tools and processes to identify trauma and ACEs cross all domains.
- Improved crisis planning, education, and resources for youth, family/ caregivers, providers, police, and school teams.

Individuals transitioning out of state hospitals

Strengths: OMH has a long history of working to enhance the community mental health system by providing supports and treatment services for individuals who can be discharged from Norristown State Hospital (NSH) and reside in the community. As a result of the enhanced community services, Montgomery County makes minimal use of state hospitals to support individuals with serious mental illness.

Since the OMHSAS closure announcement of the NSH civil unit, Montgomery County has been involved with an intensive independent assessment process for all individuals in the civil section at NSH as well as CSP process to determine the appropriate level of supports needed to assist individuals to live in the community. Appropriate supports did not exist within the county continuum to support the individuals that needed to discharge. In order to address this, Montgomery County has been involved with the development of two RTFA programs operated by Elwyn, Inc. to support individuals moving out of NSH. The first program is Natale-North which is a forensic RTFA. The bed capacity for this program is sixteen. Montgomery County has 2 designated beds in the Natale-North program. The target population for this program is forensically involved individuals who are either in the NSH Regional Psychiatric Forensic Center or on the waiting list for admission from the county jail and who can be safely diverted to this community program.

The second program is the New Beginnings RTFA. The New Beginnings program also has a bed capacity of sixteen of which four are designated for Montgomery County. The initial target population for this program is individuals in the NSH civil section who require community placement due to the NSH civil section closure. Montgomery County currently has four individuals in this program who were referred from NSH.

Montgomery County was also involved with the new development of an Enhanced Community Residential Rehabilitation program operated by The Lenape Valley Foundation and located in Bucks County. This will eventually be an eight bed program. Currently Montgomery County is allotted two beds in this program and both are occupied by individuals who transitioned out of the NSH civil section due to the announced closure.

As a result of these new services, Montgomery County discharged four individuals in 2016/17 and seven in 2017/2018. Montgomery County now has 16 individuals in the civil section of NSH, 11 of whom are deemed civil/civil, meaning individuals who have no forensic involvement. Montgomery County also has been assigned 6 beds at the Wernersville State Hospital. In order to assist the remaining individuals in the civil unit of NSH and create additional community beds for the Forensic unit, Montgomery County contracted with Creative Health Services, Inc. to develop a sixteen bed ELTSR by FY 2018/2019.

Needs: Although these services and others, such as the Extended Acute Care, are meeting the needs of some individuals in need of extended care, still others continue to need the longer-term care that is currently provided by the NSH civil section. It is anticipated that some individuals currently in the NSH civil section may be clinically assessed as needing continued state hospital level of care. RTFA, EAC and LTSR beds could potentially meet the treatment needs of these individuals. However, 6 of the 16 individuals on Montgomery County's NSH census have been admitted directly from an EAC or LTSR. This poses a very serious challenge and reflects that there is still a need for state hospital or equivalent long term treatment for some individuals to be safely supported. Additionally some individuals on the forensic units at NSH and Torrance Sate Hospital have been determined legally non-restorable and are being recommended for state hospital civil admissions. This will present a challenge with the loss of the NSH civil beds and the increasing demand for the utilization of the 6 civil beds at WeSH.

There is an increasing need for support and planning around individuals on psychiatric units in community hospitals, who have been assessed and approved for Skilled Nursing Home level of care. They are frequently not accepted to nursing home facilities, often due to behavioral concerns related to their psychiatric diagnosis. These individuals, who are unable to care for themselves for a variety of medical reasons, are placed in psychiatric hospitals and are denied the level of care they require.

Co-occurring mental health/substance use disorder

Strengths: Co-occurring services are made possible primarily through HealthChoices dollars, with some additional funds through State allocations. MCO and County staff analyze data, utilization trends, and service barriers to formulate effective and efficient delivery of care strategies to this specialized population.

Magellan (MCO) and the County worked together to establish a Co-Occurring Disorders (COD) Providers Initiative. This initiative seeks to engage agencies that provide services to individuals diagnosed with co-occurring mental health and substance abuse disorders, in a 24-hour level of care. Three providers are participating in the initial phase and have and are working toward the enhancement of their COD services. Selection for participation has been based on the County and Magellan's assessment of agencies already providing services to this population and a desire to support continued system growth and development. The Co-occurring Disorders Providers Initiative creates the opportunity for agencies to receive dedicated technical support in: analyzing program effectiveness, establishing targeted goals for continued improvement, training and didactic support of staff, and the opportunity to be recognized as being aligned with Magellan's "Adult Co-Occurring Disorder Integrated Service Guidelines for 24 Hour Levels of Care." Magellan will be expanding this initiative to provide training to community-based providers as well.

Additionally, the MH Mobile Crisis team has partnered with the D&A office to help facilitate the warm-handoff mandate to local community emergency departments. In this role, the mobile crisis team responds to individuals who have overdosed and are in Emergency Departments. They work to engage an individual and help provide immediate connection to drug and alcohol services. This project is in its initial stages but has resulted in strong relation building with community hospitals.

Additional service and education options through OMH include evidence based Assertive Community Treatment Teams for individuals who experience long term and pervasive co-occurring challenges and the regularly scheduled Foundation Training Series offers "Co-occurring Experiences in Adults." Certified Recovery Specialist services have also been made available to individuals to enhance engagement and strengthen the COD recovery process.

Needs: Montgomery County and Magellan Behavioral Health have conducted extensive data analysis for individuals with diagnosis of both mental health and substance use/abuse/dependence who are readmitting to hospitals. To date, the data has shown that the age of these members seems to fall into three specific age groups. The highest is the 26-34 year old category. Consistently half of them had D&A issues that were not identified at admission, and were the largest group for day two admissions. These individuals seemed to be coming from D&A treatment and the next day are admitted to an inpatient psychiatric facility. The expansion of co-occurring assessments and providers initiatives coupled with establishing connections with mental health services while at a D&A facility may help identify people in need of more extensive mental health supports. The second age group for admissions is the 45 - 47 year olds who have a diagnosis in the mood disorder category. The third group is the Transition Aged Youth. Enhanced engagement strategies require ongoing exploration as studies show connecting with individuals who experience co-occurring issues can be difficult and yet paramount to the recovery process.

Justice-involved Individuals-

Strengths: OMH has a long-standing partnership with the criminal justice system to reach the unified goal of assuring community safety by appropriately diverting individuals with serious mental illness from correctional institutions into community based treatment. When diversion is not possible, the goal is to provide treatment and re-entry support planning within the correctional facility. The benefits to individuals and the community as a result of the extensive efforts of these systems are evidenced by reduced length of stays in the correctional facility.

Over the years, links between the courts, probation, police departments, and the correctional facility have been connected to the community mental health system in a variety of ways to assist with diversionary and community re-entry interventions. The OMH participated in a National GAINS Center Sequential Intercept Mapping session and has developed comprehensive services within each intercept. The strategies that have been developed to address criminal justice issues complement OMHSAS Recommendations to Advance Pennsylvania.

The OMH partnership with GAINS led to the development of a Behavioral Health Court (BHC) in June 2009 which has further strengthened the collaboration between the criminal justice and mental health systems. BHC continues to provide benefits to individuals with MH challenges as evidenced by reduced rates of incarceration, improved quality of life and reduced or dismissed legal charges. In addition, Montgomery County developed the Justice Related Services (JRS) team to provide case management services for individuals who are involved in the criminal justice system. JRS works to divert individuals with a mental health diagnosis from incarceration. They also work with incarcerated individuals on re-entry and community support plans. Their overall mission is to increase community tenure and prevent recidivism within the criminal justice system for the individuals they serve.

In furtherance of the work being done to support individuals with forensic involvement, the Montgomery County Commissioners proclaimed their support of the national Stepping Up Initiative, and in May 2017 signed on to become a “Stepping Up” county. Stepping Up provides a framework for all of the county’s efforts to make system changes to address the waitlist and appropriate diversion. The Stepping Up Coalition is comprised of a diverse group of organizations, county departments, individuals, families, and advocates representing the mental health and criminal justice systems.

To accomplish the 4 goals of the National Stepping Up Initiative the Coalition has 3 active workgroups which focus on *diversion*, *data collection* and *re-entry services*. Each workgroup reports their recommendations to the Stepping Up Coalition Steering Committee on a quarterly basis for review and implementation discussions. One recent recommendation that was implemented involves having a Justice

Related Services case manager located at the Adult Probation Office. The goal is to have the case manager meet with individuals identified by probation officers who are in need of mental health services and for JRS to help with connecting people to services. This is an effort to help divert individuals from incarceration. Data, which sets a baseline for measuring progress with the goals, is being collected on an ongoing basis.

Needs: Montgomery County's OMH partnership with the criminal justice system has worked to facilitate cross-system partners regularly coming together to address new problems or re-address historical issues related to the needs of persons with mental illness who come in contact with the criminal justice system. This is done in a variety of ways under the auspices of the Criminal Justice Advisory Board.

The greatest need is to divert individuals as early as possible in the sequential intercepts. There is work happening relative to police and community connections, such as the HUB, but even greater awareness of mental wellness and crisis supports would assist in individuals avoiding involvement in the criminal justice system entirely. Two major needs, which are being addressed but to date continue to be unmet, are competency restoration and psychiatric symptom stabilization for incarcerated individuals who are diagnosed with a serious mental illness. Access to the Regional State Hospital Forensic Unit has improved, but is still very limited and creates lengthy waiting periods. Additionally, delays in connecting people with community services and coordinating with the courts for placement approval, often impact an individual's ability to maintain symptom stabilization even if diversion is achieved.

As individuals prepare to move into the community from jail, there is a need for expedited MA enrollment as well as funds to help people secure housing. There is also a need for greater resources to support a data integration system to further support the County's efforts in tracking progress with the goals of the Stepping Up initiative.

Veterans

Strengths: Montgomery County has worked to strengthen collaboration with agencies and departments that serve veterans. The Director of Veteran Affairs is an active member of the Human Services Cabinet which includes OMH. Individuals who have served in the United States Military but do not have veterans' benefits are able to access community MH services via county funding or other insurance plans. In addition, Montgomery County has a Veterans Court which coordinates treatment and support services for veterans who are involved in the Criminal Justice system. Many of those veterans have co-occurring mental health disorders.

Needs: A Sequential Intercept Cross System Mapping workshop was held which helped to identify system strengths and gaps in services for Veterans involved with the criminal justice system and in need of MH supports. This identified limited services for veterans despite a growing demand.

Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers

Strengths: Montgomery County is committed to advancing the goals of the Keystone Pride Recovery Initiative (KPRI) to help *Lesbian, Gay, Bi-Sexual, Transgender, Questioning and Intersex (LGBTQI)* individuals seeking or being referred to behavioral health services in Pennsylvania. Two Care Managers have completed a training program which qualifies them to facilitate both the One Day and Three Day LGBTQI trainings as developed by Drexel University.

The Montgomery County System of Care Initiative sponsors annual training focused on creating a supportive environment for the LGBTQI community and includes an audience of families, youth, supervisors and staff from all human services departments. Increased connections have been made with local Gay and Lesbian Alliances at schools and colleges/ universities.

Needs: While progress has been made, there is still a need to ensure the whole system is culturally informed and welcoming. This will impact the number of individuals in the LGBTQI community that actively seek out community based mental health supports.

Racial/Ethnic/Linguistic Minorities (including Limited English Proficiency)

Strengths: Montgomery County System of Care (SOC) was selected along with two other counties to participate in a pilot project focused on cultural and linguistic competency. The overarching goal of the *Cultural and Linguistic Competency Pilot Project* is to incorporate culturally and linguistically competent methods into the PA SOC County process using the expertise of the county SOC leadership team, PA SOC State implementation team, youth, family, system partners and community members. The project was guided by the definition of cultural competence used in the CLAS Standards Report.

The pilot objectives include but are not limited to: Understanding demographics and diversity in the pilot county; Development of culturally relevant and culturally specific trainings for youth, family, system partners, and community partners; Building relationships with Cultural Brokers and Community partners; Evaluating translation and interpretation services for those with limited English proficiency; Performing Organizational Assessments; Developing culturally and linguistically appropriate materials that match the health literacy of youth and families served; and Understanding Disparity Data for county youth and families served.

The Montgomery County SOC Leadership Team and two other selected pilot counties are working to improve methods for delivery of culturally and linguistically appropriate services in three phases. Each phase of the project aims to: (1) heighten awareness, (2) influence attitudes toward practice and (3) motivate the development of knowledge and skills to incorporate cultural and linguistic competence into the county’s system of care. The pilot project phases include: 1. Conducting a CLC Assessment; 2. Developing a CLC Plan and 3. Implementing an Action Item from the County CLC Plan.

The Montgomery County SOC Leadership Team has worked closely with the Planning Commission to understand the demographics and diversity of the county and ensure the availability of culturally relevant and culturally specific training for youth, family, system, and community partners. Additional action areas include assessing translation and interpretation services, partnering with cultural brokers, and ensuring outreach materials are representative of communities served. The County Leadership Team will continue to develop strategies to reduce racial, ethnic, and cultural disparities in access and outcomes of services.

Needs: Cultural norms around obtaining mental health support can impact the rate at which individuals seek support. Human Services Departments’ contracted providers are at different stages of familiarity and comfort with cultural competency, and many are new to the notion of developing programs to address equity issues affecting the youth and families they serve. It is expected that the CLC pilot will help identify ways to improve the cultural competence of services and will thus increase the rate of individuals seeking and receiving mental health supports. The pilot will also support recruiting staff and individuals to serve on boards/ advisory committees that are representative of the County’s diversity and trained in cultural and linguistic competence, as well as ensuring the availability of translation and interpretation services for those with limited English proficiency

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

Yes No Please see above section on Racial/Ethnic/Linguistic Minorities for discussion on CLC plan.

Does the county currently have any suicide prevention initiatives? (Limit of 1 page)

Yes No

In Montgomery County, approximately 100 loved ones, friends, neighbors and coworkers are lost to suicide each year. Over the past three years, OMH and the Montgomery County Suicide Prevention Taskforce have focused on several concentrated initiatives: developing community leadership and participation, increasing overall awareness of suicide as a public health issue and the resources available to help, offering technical assistance, analyzing and utilizing county-level data to inform strategy, and delivering community-based suicide prevention trainings such as QPR and Mental Health First Aid. In addition to taskforce trainings, Montgomery County Student Assistance Programs (SAP teams) delivered over 90 hours of Signs of Suicide training in local schools. The SAP team has delivered over 50 suicide prevention trainings, reaching more than 1,000 people and hosted multiple awareness events.

The MONTCO Suicide Prevention Taskforce meets every other month and includes participants from mental/behavioral health providers, drug and alcohol, aging and adult services, community support groups, career centers, residential settings, hospitals, schools, doctors, loss survivors, and the Montgomery County Community College. Since its training initiative began in 2015, the Taskforce has hosted over 180 events and trained over 2,000 Montgomery County residents. The Montgomery County Suicide Prevention Taskforce currently has 22 QPR Suicide Prevention trainings and 9 Peyton Heart Project (www.peytonheartproject.org) events scheduled for 2018. The plan is to double the training and outreach that was done in 2017.

In 2018, the Taskforce has continued to engage in unique community partnerships. The Health Department added a kindness mission component to their yearly Trails Challenge. The MONTCO Suicide Prevention Taskforce will be partnering with them for the second consecutive year. The Taskforce will also participate in the annual Senior Games event and has partnered with Montgomery County Community College's Radio Club to create a Suicide Prevention Public Service Announcement (PSA) in the beginning of the year. The Suicide Prevention Taskforce will be attending two Suicide Prevention nights at the Philadelphia Phillies games to share Montgomery County resources.

On May 22nd, 2018 the Suicide Prevention and Teen Parent Taskforces, Brooke Glen Behavioral Hospital, and Keystone First are hosting suicide attempt survivor and acclaimed speaker Kevin Hines at Montgomery County Community College. The Taskforce plans to have multiple screenings throughout all of Montgomery County to host film screenings of "Suicide- The Ripple Effect" by Kevin Hines. The purpose of this is to raise suicide awareness and prevention for National Suicide Awareness month.

The Montgomery County Suicide Prevention Taskforce continues to do outreach, trainings, events, and share resources whenever the opportunity arises. The Taskforce is determined to decrease the number of loved ones who are lost by suicide within Montgomery County.

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 help 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 checked="" type="checkbox"/> Check if available in the county and complete the section.					
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 18-19 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
Reliance Crossing	PHFA LIHTC, HOME, &	\$375,000	\$0	6	6	3 (2 BRs)	30		2016

	Reinvestment								
North Penn Commons Senior Housing	PHFA LIHTC, HOME, & Reinvestment	\$375,000	\$0	3	3	3	30		2016
Beech Street Factor	PHFA LIHTC, HOME & Reinvestment	\$750,000	\$0	0	6	6	30		2017
Montgomery Park I Senior Housing	LIHTC, PennHOMES, Reinvestment	\$0	\$0 \$375,000 expended in FY 17/18	0	3	3	30		2018
Susie Clemens House	LIHTC, HOME, & Reinvestment	\$0	\$375,000	0	0	3	30		TBD
Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health					<input type="checkbox"/> Check if available in the county and complete the section.				
Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
	*Funding Sources by Type (include grants, federal, state & local)	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	Year Project first started

	sources)								FY 16-17
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18 –19	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
Reinvestment	HealthChoices – State	\$150,998	\$391,840						
HUD CoC	HUD Continuum of Care - Federal	\$516,658	\$529,245						
HSBG	Human Service Block Grant - State	\$710,854	\$420,154						

AHTF	Affordable Housing Trust Fund – County	\$147,437	\$147,437						
	TOTALS	\$1,525,947	\$1,488,676	215	204		179	\$8,525	Varies
Notes:	Multiple projects with braided funding stream, hence the “TOTALS” line.								

4. Housing Clearinghouse for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	*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
Notes:									

5. Housing Support Services for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
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.									
	*Funding Sources by Type (include grants, federal, state)	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

	& local sources)								
Reinvestment	HealthChoices – State	\$146,673	\$141,984						
HSBG	Human Services Block Grant - State	\$303,770	\$304,745						
	TOTALS	\$450,443	\$446,729	215	204			6.0	
Notes:	Multiple projects with braided funding stream, hence the “TOTALS” line.								

6. Housing Contingency Funds for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Average Contingency Amount per person	Year Project first started
Reinvestment	HealthChoices – State	\$69,994	\$0						
HSBG	Human Service Black Grant - State	\$60,390	\$48,750						
	TOTALS	\$130,384	\$48,750	118	44			\$1,105	Varies
Notes:	Multiple projects with braided funding stream, hence the “TOTALS” line.								

7. Other: Identify the Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.				
<p>Project Based Operating Assistance (PBOA 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); Fairweather Lodge (FWL 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); CRR Conversion (as described in the CRR Conversion Protocol), other.</p>								
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
Notes:								

d) Recovery-Oriented Systems Transformation: (Limit of 5 pages)

Montgomery County has been a leader in promoting system transformation to ensure that recovery philosophy is at the foundation of everything, from system assessment to service development and delivery. In order to bring the vision to reality, OMH consistently receive feedback from stakeholders in order to inform planning. In 2017/18, Montgomery County partnered with local Community Support Program (CSP) Committee to conduct an Assessment of Needs Survey. After receiving over 200 surveys from individuals that receive services, family members, providers and system partners, OMH and CSP conducted focus groups throughout the county to solicit additional feedback. Based on the strengths and needs reported above and the feedback from the needs assessment, the following areas were identified as the top priorities to focus system transformation: crisis intervention, treatment, residential and housing supports, employment and education supports and peer support. Below are the goals that will be worked on in 2018/2019:

1. (Crisis Intervention)

As described previously in the Program Highlights narrative above, Montgomery County has worked to transform the County’s crisis services to address the acute needs of Montgomery County residents experiencing a mental health crisis. Montgomery County will work towards the following goals in 2018/19:

Goal	Timeline
Complete a comprehensive strategic plan for crisis and diversion system in Montgomery County.	September 2018
Complete Montgomery County Commitment Community Guide	June 2019
Develop an integrated Crisis Management System in which different service systems interact seamlessly, free from obstruction.	Complete by 2020
Continue to promote and strengthen relationships between the Mobile Crisis Teams and Police and Emergency Departments across the county.	Ongoing
Promote a culture that supports individuals to become more self-managing of health and wellness, including individual crisis response.	Ongoing
Monitor Mobile Crisis data to ensure effectiveness; compare with data from: Crisis (MCES), the Commitment Office (MCCO), Emergency Services Dispatch, Crisis Intervention Specialist Training, Montgomery County Correctional Facility, Crisis Residential Programs (CRP) and MH Court to develop strategies for earlier intervention in cycle of crisis.	Ongoing on quarterly basis
Increase training and outreach to: Emergency Departments, Police Departments, CBHCs, Schools and other front line staff in regards to crisis intervention/diversion strategies. Hold Crisis Intervention training for mental health providers, focusing on enhancement of crisis management capability across the system.	Ongoing outreach and trainings
Develop best practices for individuals with high readmission rates and collaborate with stakeholders across systems to implement protocols.	Ongoing

Fiscal and Other Resources: Crisis services are made possible through a braided funding stream, which includes Reinvestment funds, HealthChoices, and Human Services Block Grant.

Tracking Mechanism: As stated above, Montgomery County is currently looking at ways to analyze and incorporate data from all Crisis services, in order to inform the development of direct interventions to support individuals in managing crises outside of hospital settings, when possible. Currently, OMH utilizes ACCESS databases and Excel for data collection and analysis. The mechanism for tracking the implementation of Crisis goals will be accomplished using a web-based project management tool, Smartsheet.

2. Treatment

As described previously in the Program Highlights narrative above, there are multiple initiatives that fall under the category of treatment. The goals for 2018/2019 include:

Goal	Timeline
OMH/MCO monitors access to treatment services as part of the performance based contracting initiative	Quarterly
OMH/MCO will roll out value based purchasing to Outpatient Services.	January 2019
OMH/MCO participation and oversight of the CCBHC pilot program at LMCMS. Quarterly Steering Committee and implementation meetings as well as support of EHR outcomes reporting.	Ongoing
Continue moving toward a Trauma Informed System of Care. Montgomery County completes an annual review of individual agency Goal Check-In submissions to offer individualized feedback and opportunities for TA from the Trauma Change Consultant. These goal plans identify short and long term goals, highlight accomplishments and challenges, and are used to inform the planning and development of the quarterly Learning Collaborative as well as the strategic work of the Steering Committee.	Ongoing
Use Trauma Informed Care Goal Check-In content, feedback from Team Leaders Meetings, strategies of the Steering Committee, and guidance from cross-systems collaborations to inform the Learning Collaborative.	Ongoing
Elicit Steering Committee and Team Leader input re: successes and remaining challenges, in order to inform plans for 2019	Data will inform plans

Fiscal and Other Resources: Clinical services are funded through both the HSBG and HealthChoices. The leadership work comes through the administrative categorical funds of the various offices.

Tracking Mechanism: OMH will implement the performance based contracting to monitor clinical expectations and will continue to monitor the implementation of the Trauma initiative through the Steering Committee and internal Trauma Champions Workgroup.

3. Residential and Housing Supports

Residential

In regards to the Residential Transformation, there are three ongoing overarching goals for the next fiscal year, which include enhancing CRR staff competencies with Psychiatric Rehabilitation interventions to improve the experiences and outcomes of individuals receiving support; increasing the clinical and residential provider connection; and working to align the types and number of residential supports to meet the specific needs of individuals. OMH will accomplish these goals through some of the following objectives:

Goals	Timeline
Provide additional Psychiatric Rehabilitation training for staff at transitional rehabilitation residential settings to enhance staff skills.	Annually

Develop plans to incorporate Psychiatric Rehabilitation concepts, values, principles, assessment practices, and skill training approaches into all residential settings.	December 2018
Continue to assist programs in implementing study and learning strategies to ensure that each TRR residence has 2 or more staff who has obtained their CPRP credentials.	June 2019
Support the development and implementation of Psych Rehab Lesson plans that coincide with the phase system to enhance focused skill building by residential staff. Phase system developed and Lesson Plans being utilized.	June 2019
Continue consultation through both the Learning Collaborative and on-site supports for residential services.	Ongoing
Continue to support and monitor the work of the Clinical Liaisons with residential programs to enhance collaboration between all treatment and support services. Clinical Liaisons have been hired at 4 CBHCs and clinical collaboration has begun.	Ongoing
Continue to assess the system needs for individuals who require lengths of stays longer than 2 years in transitional residential programs.	Ongoing - revise data collection July 2018.

Housing

In FY 2018/19 OMH will continue to commit to, advocate for, and seek housing options that provide affordable sustainable long term housing options. Some specific goals in 2018/19 are as follows:

Goals	Timeline
Work to transition people off of the Rental Assistance line of the Housing Reinvestment Plan as reinvestment dollars decrease.	Ongoing through January 2020
Permanent supportive housing committee will collaborate to support individuals who experience chronic homelessness to: 1) define the needs and goals, 2) locate and analyze detailed data, 3) compare needs, resources and options, 4) implement actions.	First 3 steps – June 2019
Continue to partner with YWH on the operation of the LLA.	Ongoing
Continue to identify and address any gaps in MH Services for persons experiencing homelessness.	Ongoing
Continue to use CTI as the front door to the Mental Health System for persons with mental health challenges who are homeless and not already engaged with the Mental Health system.	Ongoing
Continue partnership with YWH and the Montgomery County Housing Authority for a Housing Choice Voucher program Preference.	As Federal Budget allows
Continue to encourage Mental Health Providers to attend the YWH Learning Collaborative and other YWH meetings.	Ongoing
OMH seeks opportunities to expand sustainable housing through the use of HealthChoices dollars, as funding permits.	As funding permits

Fiscal and Other Resources: Funding for housing comes from a variety of sources, including the Human Services Block Grant; Reinvestment, and multiple grants. Residential services are primarily funded through the Human Services Block grant.

Tracking Mechanism: Montgomery County tracks a great deal of information in regard to its existing housing subsidy programs as well as residential programs. There is staff assigned to review and monitor this information.

4. Employment and Education: As discussed above, there is a need to support employment and education goals and Montgomery County has implemented an effective model to fill this need. The following goals have been set for the Fiscal Year 18/19 for Montgomery county:

Goal	Timeline
The County will provide technical support around Supported Education and Employment – based on training from Rutgers University.	Ongoing
Host a monthly Roundtable with all program staff to provide ongoing TA.	Ongoing
LMCMS will continue to utilize the HYPE program knowledge base and resources.	Ongoing
Continue to increase the number of individuals being successfully employed or enrolled in educational programs.	Ongoing
Continue to provide education to the entire mental health system around the importance of employment and education in facilitating recovery.	Ongoing
Continue to have access, moderation and facilitation to Rutgers’ Community of Practice (CoP). The web-based platform will allow for staff to share information, seek consultation, and coordinate resources; the Professional Development Course in Career Development is also available for new hires.	Ongoing

Fiscal and Other Resources: Supporting individuals’ recovery goals of employment and education is achieved through a braided funding approach. Human Services Block Grant; HealthChoices and Office of Vocation Rehabilitation (OVR) funding are utilized based on the types of activities offered.

Tracking Mechanism: Montgomery County staff has responsibility for overarching implementation and monitoring of this priority. This is accomplished through a variety of mechanisms, including: monthly reporting to the County, County analysis of outcome data, monthly meetings with providers, as well onsite monitoring.

5. Peer Support: The County has made a very strong commitment to the provision of ongoing training, technical assistance and support for the CPS initiative here as well as across the state and nation. Montgomery County remains committed to the ongoing growth of CPS services in FY 2018/2019. Please see below the plans for this coming year:

Goals	Timeline
CPS training to continue to expand the workforce pool.	Fall 2018
Intentional Peer Support Train the Trainer training to expand IPS in the provider agencies.	Spring 2019
Explore the concept of designing a curriculum for preparatory trainings for individuals interested in becoming a CPS.	Spring 2019
Continue expanding the CPS service to work with various groups, including individuals with a forensic background, veterans, transition age youth, older adults and the MH/DD population.	Ongoing
Assess the need for CPS trainings and develop new strategies to recruit individuals to train and work as a CPS.	Ongoing
Increase the impact of peer support at the CBHC’s by continuing to promote greater access to CPS services for people who experience serious mental illness.	Ongoing

Support the ongoing development of mutual support groups around the County as well as to promote them as critical tools to support an individual's recovery.	Ongoing
Work with providers who wish to begin implementation of the collaborative documentation practice that includes staff training and supervision requirements.	Ongoing
Support Peer Advisory Council (PAC) in developing prep trainings for individuals interested in becoming a Certified Peer Specialist.	Spring 2019
PAC will create a survey to gather information pertaining to the retention and sustainability of CPS's.	Spring 2019
Will continue to support the ongoing development of the PAC.	Ongoing
Child and Family Focus was chosen as the pilot site for peer support services that may now be provided for youth who are 14 years of age and older.	Spring 2018

Fiscal and Other Resources: The fiscal resources needed to implement this priority will come from Human Service Block Grant, HealthChoices, and Reinvestment funding.

Tracking Mechanism: Montgomery County funds a CPS Coordinator position to ensure that movement occurs towards realization of its vision for Peer Support. In addition, the data from the Magellan outcomes survey (described in the accomplishment section above) is being used to provide technical assistance to agencies in regards to achieving its goals and vision. A variety of other monitoring techniques are used, including quarterly reviews of penetration data, audits, and outcome measures.

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 checked="" 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 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 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 type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Psychosocial Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator’s Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 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 type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

*HC= HealthChoices

f) Evidence Based Practices Survey: Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current number served in the County/ Joinder (Approx.)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	Yes	265	TMACT	State, County, Private Consultant	Annually		Yes	
Supportive Housing	Yes	215	n/a	n/a	n/a	No	No	
Supported Employment	Yes	344	SAMHSA	County	Every 3 years	Y	Yes	
Integrated Treatment for Co-occurring Disorders (MH/SA)	Yes	*	COMPASS	MCO	Annually		Yes	*imbedded in ACT and IOP program
Illness Management/ Recovery	Yes	*	Based off IMR toolkit	MCO			Yes	*imbedded in ACT and IOP program
Medication Management (MedTEAM)	No	n/a	n/a	n/a	n/a	n/a	n/a	
Therapeutic Foster Care	No							
Multisystemic Therapy	Yes	100		All	Annually		Yes	
Functional Family Therapy	No							
Family Psycho-Education	Yes		Participant evaluation forms provided after each program	Agency	Participant evaluation forms provided after each program	N/A	N/A	*element of all children's community-based services
QPR	Yes		Training	n/a	n/a	n/a	Yes	
Critical Time Intervention	Yes	250		MCO				
Supported Education	Yes	60	SAMHSA toolkit	OMH	Every 3 years	Yes	Yes	

*Please include both county and Medicaid/HealthChoices funded services.

g) <u>Additional EBP, Recovery Oriented and Promising Practices Survey:</u> Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer /Family Satisfaction Team	Yes	843	Inpatient Hospitals, CHIPPs Residential programs, and Inpatient Hospitals, BHRS, BCM, RTF, & HIFI were surveyed.
Compeer	N		
Fairweather Lodge	N		
MA Funded Certified Peer Specialist- Total**	Y	367	
CPS Services for Transition Age Youth	Y	65	
CPS Services for Older Adults	Y	75	
Other Funded Certified Peer Specialist- Total**	Y	506	Includes the PSTL
CPS Services for Transition Age Youth	Y	33	
CPS Services for Older Adults	Y	230	
Mobile Meds	Y		Part of ACT teams
Wellness Recovery Action Plan (WRAP)	Y	N/A	
High Fidelity Wrap Around/ Joint Planning Team	Y	100	Funding from BH and OCY
Shared Decision Making	Y		Included in many services – not separate
Psychiatric Rehabilitation Services (including clubhouse)	Y	453	IPR, MPR, Clubhouse, TAY IPR
Self-Directed Care	N		
Supported Education	Y	60	CBHC's and Community College
Consumer Operated Services	Y		
Parent Child Interaction Therapy	N		
Sanctuary	Y	15	
Trauma Focused Cognitive Behavioral Therapy	Y	40	
Eye Movement Desensitization And Reprocessing (EMDR)			Unknown – embedded in Outpatient work
First Episode Psychosis Coordinated Specialty Care	N		
Other (Specify)			

Recovery Oriented and Promising Practices	Service Provided	Current Number	Additional Information and Comments
--	-------------------------	-----------------------	--

	(Yes/No)	Served (Approximate)	
Consumer /Family Satisfaction Team	Yes	843	Inpatient Hospitals, CHIPPs Residential programs, and Inpatient Hospitals, BHRS, BCM, RTF, & HIFI were surveyed.
Compeer	N		
Fairweather Lodge	N		
MA Funded Certified Peer Specialist- Total**	Y	367	
CPS Services for Transition Age Youth	Y	65	
CPS Services for Older Adults	Y	75	
Other Funded Certified Peer Specialist- Total**	Y	506	Includes the PSTL
CPS Services for Transition Age Youth	Y	33	
CPS Services for Older Adults	Y	230	
Mobile Meds	Y		Part of ACT teams
Wellness Recovery Action Plan (WRAP)	Y	N/A	
High Fidelity Wrap Around/ Joint Planning Team	Y	100	Funding from BH and OCY
Shared Decision Making	Y		Included in many services – not separate
Psychiatric Rehabilitation Services (including clubhouse)	Y	453	IPR, MPR, Clubhouse, TAY IPR
Self-Directed Care	N		
Supported Education	Y	60	CBHC's and Community College
Consumer Operated Services	Y		
Parent Child Interaction Therapy	N		
Sanctuary	Y	15	
Trauma Focused Cognitive Behavioral Therapy	Y	40	
Eye Movement Desensitization And Reprocessing (EMDR)			Unknown – embedded in Outpatient
First Episode Psychosis Coordinated Specialty Care	N		
Other (Specify)			

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

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

h) Certified Peer Specialist Employment Survey:

“Certified Peer Specialist” (CPS) is defined as:

An individual who has completed a 10-day Certified Peer Specialist training course provided by either the Institute for Recovery and Community Integration or Recovery Innovations/Recovery Opportunities Center.

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	112
Number Full Time (30 hours or more)	80
Number Part Time (Under 30 hours)	32

INTELLECTUAL DISABILITY/AUTISM SERVICES

Montgomery County has 2,810 individuals with a diagnosis of intellectual disability or autism enrolled with the Developmental Disabilities Office. Since January 2018, as a result of the expansion of eligibility to serve individuals with autism in the ODP Medicaid waivers, we have experienced an increase of referrals by 40%. This increase has impacted the workload of the Administrative Entity (AE)/county office in processing the eligibility determination as well as affecting the number of individuals on the waiting list. We are currently at an all-time high of over 300 individuals identified as emergency based on the Priority of Urgency of Need for Services (PUNS) process. Information regarding service options is provided at time of intake as well as review of other service systems and other funding sources that may meet the needs of the individual and their caregiver.

The continuum of services offered to individuals registered with the Developmental Disabilities Office begins with supports coordination. Through the Individual Support Plan (ISP) process Supports Coordinators assist individuals and their caregivers in identifying services and supports to meet their needs. If upon review, natural supports or other eligible funding sources are not available or appropriate, the team will request funding through our office to fund supports. If capacity is available, funding will be provided for services which include in-home and community supports, respite, home & vehicle adaptations, behavior supports, employment supports, community participation, prevocational supports, transportation, and residential services provided through Life Sharing, supportive living and twenty-four hour supervised programs.

Services are funded through a variety of funding sources including block grant funding, TSM and three Medicaid waivers; Consolidated Waiver, Community Living Waiver and Person/Family Directed Waiver. The block grant provides funding to 158 individuals for supports and services, not including supports coordination, that range from in home supports to intensive residential supports. We have utilized block grant funds to provide supports coordination services to approximately 400 individuals. We are evaluating the need to provide HSBG funds for supports coordination services for individuals with autism who are not TSM eligible because they are not yet enrolled in MA or are enrolled in a waiver program through Office of Long Term Living or the Bureau of Autism Services. Without funding supports coordination we are not able to support the individuals who have needs beyond what they are receiving through alternative funding sources. ODP can be of assistance by increasing our administrative funds so we can appropriately serve individuals equally without discriminating based on their MA status.

Nearly 60% of the individuals registered with the Montgomery County Developmental Disabilities Office live with a family member. As a Regional Collaborative in the Pennsylvania's Community of Practice, Supporting Families throughout the Lifespan, we are dedicated to supporting caregivers by providing them with tools, information, resources and connections to increase their capacity to promote independence for their family member with a disability.

Individuals Served through block grant funds:

	<i>Estimated Individuals served in FY 17-18</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 18-19</i>	<i>Percent of total Individuals Served</i>
Supported Employment	71	27%	71	26%
Community Participation	50	5%	50	5%
Base Funded Supports Coordination	430	15%	450	16%
Residential (6400)/unlicensed	69	6%	65	6%
Life sharing (6500)/unlicensed	9	12%	9	12%
PDS/AWC	1	.6%	1	.6%
PDS/VF	7	6%	7	6%
Family Driven Family Support Services	0	0	0	0

Supported Employment:

The Employment First Policy has provided the principles and intentional vision for the Human Services Departments to develop the associated supports/services to increase competitive integrated employment for all community members with disabilities. The associated services include Supported Employment, Small Group Employment, Advanced Supported Employment and Benefits Counseling.

Overall, these services are always customized because they are designed to have the interest, preference, gifts and strength of an individual revealed as a guide to employment goals and a job.

A new service, Advanced Supported Employment, has been added as of July 1, 2017. There are three separate services under Advanced Supported Employment umbrella: Discovery, Job Acquisition and Job Retention. These services are an enhancement of supported employment and are intended for individuals with the following needs:

- Advanced physical and behavioral challenges
- Little or no work history
- Out of the job market and want to return
- Older individuals

The Developmental Disabilities Office will continue to sponsor two full-day seminars, “Maximizing Income, Maintaining Public Benefits and Working”, facilitated by Michael Walling, Benefits Consultant. The seminars will be open to individuals/family, agencies, supports coordinators, educators, other counties in the Southeast, and county collaborators such as Behavioral Health.

The employment lead is also a steering committee member on the Project Search program at GlaxoSmithKline and is assisting in the selection process for students in their last year of high school for this program. The lead also assists in distributing information about Project Search to SCOs and families at outreach events.

Our office is planning to schedule day and evening presentations for stakeholders including individuals and families. The ABLE savings account allows individuals to save money and continue to receive Medicaid funding.

We have several employment provider meetings each year and for the coming fiscal year the providers and the lead will explore how assistive technology can be used to increase employment opportunities for individuals. Representatives from ODP and OVR are an integral part of the provider meetings.

Supports Coordination:

The Montgomery County Developmental Disabilities Office strongly believes in the benefits of using the LifeCourse tools to link individuals to resources within their community and to plan for the future. Individuals and families are provided with the LifeCourse materials at time of registration with a brief explanation by the Intake Coordinator. We have hosted trainings of the LifeCourse tools for our provider community including Supports Coordination Organizations. This June, Montgomery County is co-hosting with Montgomery County Intermediate Unit a presentation on Supporting Families through the Lifespan and will be doing small group activity work with the LifeCourse tools. Representatives from each of the SCOs will be attending and participating in the use of the tools with individuals they support.

The Montgomery County Developmental Disabilities Office conducts weekly review meetings of individuals who are identified in the Emergency Category of the Priority of Urgency of Need for Services (PUNS). To ensure that our office has the most up to date information regarding the individual/family circumstances, we meet regularly with each of the Supports Coordination Organizations and they provide us with weekly updates for the individuals with an emergency need. Through this process we are able to provide assistance, if necessary, in identifying alternative resources that could possibly meet the needs of the individuals on the waiting list.

Montgomery County consistently communicates the advantages of self-directed supports when appropriate for individuals. Through on-going communication with the SCOs we provide training and support to enroll individuals into one of the self-directed options.

Life Sharing and Supported Living:

Life Sharing is an alternative residential option for individuals to continue to reside in a community setting. Not only is Life Sharing a more cost-effective choice, it can also provide the most inclusive and

natural living environment for our individuals who need long-term residential placement. It differs from a standard Community Living Arrangement in that it provides a more consistent and stable living situation.

The Montgomery County Developmental Disabilities Office works actively with the provider community in supporting and promoting the Life Sharing program in Montgomery County. This past fiscal year we served 73 individuals in Life Sharing. This number is down from last fiscal year. There are many reasons why individuals leave Life Sharing placements which could include anything from increased medical needs to aging caregivers.

When individuals are considering placement outside of their families' homes, we regularly request that Life Sharing be explored prior to considering a Community Living Arrangement. Barriers we have encountered in the growth of Life Sharing are the attitudes of biological families feeling that if they could not care for their family member, how could another family; and the recruitment of families or individuals to provide Life Sharing, especially to serve individuals who present with significant medical and/or behavioral needs.

We continue our efforts in expanding Life Sharing through information and education sessions presented to families and at outreach events. Success stories in Life Sharing are also featured in our newsletter, Partners for Success. Each year we host a community outreach event that is specific to Life Sharing that includes panel discussions with existing Life Sharing providers and individuals in order to educate others on the benefits of Life Sharing. Our last event, held on April 18, 2018, was well-attended and received much positive feedback from families.

As of July 1, 2017, Life Sharing may be provided by the individuals' relatives. A relative providing Life Sharing must comply with standard program requirements as set by the Life Sharing Agency. Currently there are no relatives providing Life Sharing for an individual in Montgomery County.

Montgomery County supports 26 individuals in supportive living. Supportive living is another less restrictive option for individuals who need long term placement, providing supervision less than thirty hours a week. The number of individuals in Supportive Living has not grown as we have found an increase in individuals choosing to remain in their family homes or their own home with in-home and community supports.

Cross Systems Communications and Training:

In order to better support individuals with complex medical and behavioral needs, Montgomery County Developmental Disabilities uses block grant and other resources for training for county staff and to provide training for individuals, families, and providers. County staff attended the Dual Diagnosis Conference in Hershey, a conference on Autism Spectrum Disorder in Princeton, New Jersey, and plan to attend the PA Autism Conference in Lancaster. The AE also met with representatives from Philadelphia Coordinated Health Care, our local HCQU, to plan trainings for providers on best practices for supporting an individual being discharged from a physical health hospital or psychiatric hospital. The Developmental Disabilities Office is exploring the use of block grant funds to help interested provider agencies train staff on specific physical and behavioral health treatments/interventions to increase provider capacity in the community.

The Montgomery County Developmental Disabilities Office continues to work closely and collaboratively with local school districts and the Intermediate Unit. The outreach team has participated in numerous transition fairs, outreach events, health fairs and other activities to engage individuals, families and school personnel. We participate in the Local Education Task Force and the Transition Coordinated Counsel. We have a strong working relationship with the Montgomery County Intermediate Unit and often co-sponsor training events for families who have school aged children.

Montgomery County Developmental Disabilities Office coordinates with the offices of Aging and Adult, Mental Health, and Children and Youth on a case by case basis. Frequently, individuals and their families have contact with multiple service systems and coordinating efforts to address concerns with supports is essential. In addition, the Montgomery County Developmental Disabilities office participates in the Systems of Care council which integrates a variety of system partners that support youth and families.

As a Health and Human Services Department, Montgomery County has provided the opportunity for cross training allowing us to better understand the service offerings from each of the program offices and to better serve individuals and families with multiple needs.

Emergency Supports:

The Montgomery County Developmental Disabilities Office works closely with the supports coordination offices to identify resources and funding to handle emergency situations as they arise. Priority is always given to individuals whose health and safety are at risk. In order to protect an individual's health and safety we collaborate with other service systems to assure that the individual's needs are addressed in the most effective manner. When no other resources are available, base funds are released to provide immediate relief, with the expectation of converting necessary funds to waiver as capacity becomes available.

The Montgomery County Developmental Disabilities Office does have a limited reserve in base funds that could be used to support unexpected emergency needs. These funds can be used to meet the immediate need by providing supports in home, in the community or for temporary residential placement.

Individuals in crisis or emergency situations present in a variety of ways. Whether they are experiencing a psychiatric emergency, the sudden loss of a primary caregiver, experiencing homelessness or another type of emergency, the Developmental Disabilities Office pulls together the most appropriate resources and supports for the individual. Interdepartmental collaboration is best highlighted in these types of emergency situations.

To address psychiatric emergencies, Montgomery County contracts with ACCESS Services to provide Mobil Crisis. The mobile crisis team receives training on working with individuals with intellectual disabilities and autism. The training is completed initially when the staff is hired and continues through on the job experiences. Many of the staff has experience and background in working with individuals with intellectual disabilities and autism, whether through professional experience or education.

The Montgomery County Mental Health/Developmental Disabilities/Early Intervention Program Office contracts with Montgomery County Emergency Services (MCES) for our 24-hour emergency response service. MCES has a schedule of our assigned on call staff who will respond to the emergency. The Supports Coordination Organizations have provided us with their on-call system and work with the county staff to resolve emergency situations.

Administrative Funding:

PA Family Network

Montgomery County Developmental Disabilities Office has utilized the PA Family Network to provide trainings to our provider network, community partners, individuals and families. We hosted a full day event for families to learn about Social Capital and Employment and included a session on Supporting Families throughout the LifeSpan by our Family Advisor. PA Family Network is working with our Regional Collaborative to develop goals and strategies to provide education to our stakeholders on the benefits of the LifeCourse Tools. Montgomery County Family Advisor is currently mentoring families on the use of the tools who will then share their experience with the MH/DD Board sub-committee for Developmental Disabilities and other families through panel discussions at a training event as well as our Developmental Disabilities Committee.

Strategies to provide discovery and navigation include continuing with our outreach efforts in meeting with school districts, the medical community and other social services agencies to provide information about services and supports provided through our office and open communication on how we can meet the needs of individuals and their families collaboratively. We provide information through social media, newsletters and monthly meetings with the MH/DD Board sub-committee for Developmental Disabilities.

We will continue to sponsor training events for families to increase their knowledge of the services and supports available to individuals with intellectual disabilities and autism, not only through our system but other community resources. These events will provide an opportunity for families to connect and share resources that they have discovered.

Health Care Quality Unit

Philadelphia Coordinated Health Care (PCHC), our regional Health Care Quality Unit, has been an excellent resource for the Developmental Disabilities Office and our local provider network. PCHC participates in our provider meetings and offers many specialized training opportunities for the provider network, county staff and families. PCHC provides us with training data, which allows us to do targeted outreach to providers that are not taking advantage of this resource. In addition to trainings, PCHC completes comprehensive case reviews on complex individuals and shares the results with the individual's team and our office. By reviewing the data gathered by PCHC from those reviews, we are better able to plan for the changing needs of individuals with complex medical and behavioral needs.

PCHC fully participates in our Quality Management team. The HCQU has provided the county with information on comprehensive reviews completed for individuals served by our office to identify potential gaps in a person's care or possible areas of improvement in their day to day lives. These reviews have been shared with the quality assurance coordinator to be included in the data for the

quality management plan. Ongoing communication with PCHC regarding complex case reviews helps the quality manager track consumers with behavioral and medical challenges.

Independent Monitoring for Quality

The Independent Monitoring for Quality (IM4Q) program gives participants, their families and their staff opportunities to share what is going well and what could be improved in their lives. Considerations are developed as a result of the interview and conversations that occur during the IM4Q interview process, when individuals voice concerns or express desires that would enrich their everyday life. Considerations can be requested for change in a person's life and can be developed by any member of the individual's team or the IM4Q interviewer. The considerations that arise from IM4Q are entered into HCSIS and the process to close the loop begins. The Quality Assurance Program Specialist ensures that the considerations entered by the IM4Q team are followed up appropriately by the individual's team.

Provider Competency and Capacity

The Montgomery County Developmental Disabilities Office conducts regular provider meetings to provide opportunities for the providers to receive training and valuable resources to address the multiple needs of the individuals that they serve. A representative from Philadelphia Coordinated Health Care (PCHC) attends the provider meetings and offers resources to enhance the provider's ability to support individual's physical and behavioral health. PCHC also provides case reviews when teams are struggling with supporting individuals with medical or behavioral needs. PCHC conducts in person as well as on-line training events that our providers participate in.

Risk Management

Risk management is addressed on an ongoing basis, at weekly staff meetings as well as the ongoing review, approval or disapproval of all reportable incidents. Quality management and incident management teams meet regularly to evaluate incident data in order to identify potential risks or common trends that may involve an individual directly, or a systemic issue within an agency. When these larger scale issues are identified, the team will implement strategies to develop a plan of action. These action steps may include increased provider visits and collaboration, outside investigations, additional provider training, as well as making the area of need a quality management initiative.

Over the past several years, the Developmental Disabilities Office has developed an increased presence in the community. Allegations of abuse, neglect or exploitation that involve caregivers and family members (not associated with a provider agency) are routinely investigated. Through this undertaking, our office has developed positive working relationships with local police departments as well as Adult Protective Services. There have also been several cases that with the assistance of police and/or Adult Protective Services, we have been able to step in and provide needed services and supports or remove an individual from a high risk situation.

The Montgomery County Developmental Disabilities Office has collaborated with Montgomery County Victim's Services in an effort to streamline the interview process for serious cases of abuse. The vision

is to create a system that does the least amount of harm to an individual who has been the victim of sexual and other forms of serious abuse. The interview process can be problematic for our individuals who may struggle to process what is happening to them. As the system currently stands, an individual may be subject to several formal interviews from several agencies. Creating a system whereby individuals are not re-traumatized and there is only one interview is the over-arching goal. An interdisciplinary team has been established which includes our office, Montgomery County Victim's Services, DA's office, Child Advocacy Center (Mission Kids), Police Chiefs, Adult Protective Services and ODP. This team has been holding monthly meetings since the fall of 2017 in the mutual effort to create the procedure in Montgomery County that will streamline the interview process for special victims of abuse.

The Montgomery County Developmental Disabilities Office continues to work closely with ODP in order to provide training and technical assistance to provider agencies. Throughout the year, the Southeast Regional Risk Manager assists with these trainings; provider agencies will come in to our offices or we will go to theirs. Incident Management meetings are held quarterly with provider agencies. We also are part of the Regional Risk Management committee. This committee meets monthly and provides a three-day, region-wide incident management training each year. These trainings will focus on a specific area of interest based on identified trends throughout the year. Trainings can be tailored to small provider agencies as well as individuals and families.

Housing Coordinator

The Montgomery County Developmental Disabilities Office has worked with the Community Housing Coordinator, in the Office of Mental Health for the past four years to coordinate referrals of people with disabilities to low income tax credit projects. The Local Lead Agency Planning Committee consists of representatives from supports coordination organizations and our ID provider community. The Community Housing Coordinator provides on-going communication about available affordable housing that is either immediately available or being developed.

Emergency Plan

Regulations require that the provider maintain a plan that addresses the protection of individuals as well as the process to maintain communication and operational procedures in the event of an emergency. These plans are reviewed as part of the QA&I process to ensure that the plan remains in place, updated and that staff are trained. Providers have participated in Psychological First Aid, which is an evidence-informed approach to assist people in the aftermath of disasters and other major crises.

Participant Directed Services (PDS):

The Montgomery County Developmental Disabilities Office has been a strong supporter of using Participant Directed Services (PDS) and encourages families to enroll when this model of service delivery would best meet an individual's needs. The two types of PDS include Agency with Choice (AWC) and Vendor Fiscal/Employment Agent (VF/EA). This past year we had 338 individuals authorized for Participant Directed Services. This service delivery model promotes choice and control by an individual and their family. It is a more cost effective way of delivering service so an individual can receive some additional hours of support that may not fit into their budget under a traditional

provider agency. The individual and their family choose their support staff, which can include family members. When an individual or family has specialized needs, such as a language barrier, PDS is often the service delivery method of choice. The Montgomery County Developmental Disabilities Office continues to promote the use of PDS during meetings with supports coordinators when an individual could best be served under this model. The county also discusses the use of PDS when a participant is enrolling in waiver and at intake.

There are barriers associated with the use of AWC and VF/EA including: staff training limitations, compliance with regulations, back up planning challenges and cumbersome responsibilities for the common law or managing employers.

Assistance with developing staff training would be greatly beneficial for consumers, families and staff under the VF/EA mode, so that families have a better understanding of their role and responsibilities under the participant directed services.

Community for All:

Montgomery County strongly supports the choice of individuals living in small community based programs. Many of the individuals living in the larger settings will require intensive supports to address their behavioral and/or medical needs if they would consider moving to a smaller community based program. Over the years we have found resistance by family members to our efforts to promote a move to a smaller community program. We have been fortunate to have two providers develop medical model community homes and will successfully place two individuals with complex medical needs this year. To continue to promote movement to smaller settings we would need financial support to achieve this goal.

HOMELESS ASSISTANCE SERVICES

The comprehensive planning process for housing services in Montgomery County is led by the Operations Team of Your Way Home (YWH) with input from Montgomery County homeless service providers, consumers, philanthropy, and community groups in order to ensure that a comprehensive system of housing options exists across Montgomery County. Through use of the Homeless Assistance Program (HAP) funding, the Montgomery County Affordable Housing Trust Fund, HUD Continuum of Care (COC) funding, and the Emergency Solutions Grant (ESG) funding, all areas within the continuum of housing services for the Human Services Block Grant will be covered to provide a comprehensive and accessible array of services to those with the most significant needs. These include but are not limited to the housing crisis response system, which includes toll-free centralized intake, assessment and referral services, Case Management, Street Outreach, Emergency Shelter Assistance, Rapid Re-Housing, Transitional Housing, and Permanent Supportive Housing. Traditionally, HAP and HSDF priorities have been aligned to blend with other public and private funding streams to ensure coverage along a continuum of care, as designed through the strategy to end homelessness, entitled "Your Way Home Montgomery County."

"Your Way Home Montgomery County" is the County's unified system for preventing and ending homelessness, focused on enhancing consumer, provider and funder efficiencies, eliminating duplicative efforts, building capacity and resiliency and weaving together our partners in a comprehensive effort. The goal of Your Way Home is to help families and individuals achieve housing and financial stability and a higher quality of life and lasting independence, reflecting the goals and outcomes established years ago by the Homeless Assistance Program (HAP). HAP funding is utilized to fill the funding gaps within the continuum of services needed to assist this effort toward success.

Your Way Home was launched in 2014 and to date has reduced homelessness by 37%, as measured by reductions in the County's annual Point in Time Count of homeless persons conducted each January. Persons experiencing homelessness, or their advocates, access services through a single point of entry, the Your Way Home Call Center. The Your Way Home Call Center provides intake and assessment information to consumers seeking services, connects literally homeless consumers to Street Outreach and Emergency Shelter, and connects households at imminent risk of homelessness to shelter diversion services.

Persons who do become literally homeless and/or enter emergency shelter are helped to quickly move to permanent housing through a coordinated exit strategy. Consumers are connected to one of three regional housing resource centers (HRCs), which provide housing location and move-in assistance, as well as short-term rental subsidy and housing stability case management. HRC case managers connect consumers to the services that they need to maintain their housing long-term, such as food assistance, healthcare, mental health supports, transportation, and income/employment.

Since its launch in January 2014, Your Way Home Montgomery County has achieved significant improvements in outcomes related to ending and preventing homelessness:

- Reduction in total homelessness by 33% since 2014, including among most population groups such as single adults and families with children, children under age 18, youth age 18-24, and victims of domestic violence.

- Rate of exit to permanent housing from emergency shelter, rapid re-housing, and transitional housing programs is 58% overall.
- 81% of all persons exiting emergency shelter to permanent housing have not returned to homelessness within 2 years.
- 88% successful retention in Permanent Supportive Housing or Other Permanent Housing.
- 87% of households provided shelter diversion services are successfully diverted from entering shelter.

Your Way Home Montgomery County coordinates data along the continuum of housing needs through its HMIS tracking database, called Clarity Human Services. All housing providers report through this common system, and HAP / HSDF funded providers are included as part of this HMIS tracking as well.

As mentioned previously, HAP and HSDF funding is now focused on filling gaps according to the funding priorities of this county-wide coordinated planning initiative.

Individuals Served Through Base Funds

	Actual Individuals Served in FY 16-17	Projected Individuals to be Served in FY 17-18
Bridge Housing	0	0
Case Management	165	1216
Rental Assistance	0	0
Emergency Shelter	643	643
Other Housing Supports	0	0

Describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction by answering each question below.

Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

Bridge Housing:

- None proposed for FY2018-2019

Case Management:

Case management funds will be used for two programs, SOAR and Street Outreach.

The SOAR Program will ensure that homeless clients with significant mental and physical barriers to permanent housing stability are connected with the SSI/SSDI benefits that will help economic stability. Case management services to prepare applications, gather documentation, and support application follow through is provided through this grant.

The Street Outreach program provides outreach and engagement to approximately 700 clients per year who are homeless or at imminent risk of homelessness. Outreach includes diversion from homelessness if safe and appropriate and connection to emergency shelter. Engagement includes ongoing case management support and connection to services such as mental health services, basic needs and supplies, healthcare, etc.

Rental Assistance:

- None proposed for FY2018-2019

Emergency Shelter:

Emergency shelter funds will be used for two programs, Salvation Army Norristown and Salvation Army Pottstown.

Salvation Army Pottstown funding is to support shelter operations for a 24/7 emergency shelter to homeless families from throughout Montgomery County including Code Blue services. The shelter serves 11 families at a time as well as Code Blue clients. Shelter case managers connect homeless residents to permanent housing as quickly as possible, while providing a safe place to sleep.

Salvation Army Norristown funding is to support shelter operations for a 24/7 emergency shelter to homeless families throughout Montgomery County including Code Blue services. The shelter serves seven families at a time as well as Code Blue clients. Shelter case managers connect homeless residents to permanent housing through housing focused case management, and provide a safe place to sleep and connection to basic needs.

Other Housing Supports:

- None proposed for FY2018-2019

Homeless Management Information Systems:

The Montgomery County Department of Housing and Community Development is the coordinating administrator and HMIS lead agency for the County. Montgomery County's HMIS system is Clarity Human Services, operated by Bitfocus, Inc. There are currently 33 active agencies and 114 users in HMIS, representing homeless service providers and partner agencies that provide supportive services to homeless clients. The HMIS bed coverage rate is over 98% for all homeless service provider categories (shelter, transitional housing, rapid re-housing, and permanent supportive housing). HMIS is the central database for the county's homeless crisis coordinated entry system, and allows data sharing between partner agencies, with client consent, in order to generate unduplicated counts of persons served and to coordinate service provision between partner agencies. Montgomery County's HMIS is in full compliance with the current HMIS Data Standards. In 2014 and 2016, the county updated its HMIS Policies and Procedures Manual, which includes its Privacy Policy, Security Plan, and Data Quality Plan. The county provides monthly user trainings and frequent update/ refresher trainings in order to ensure accurate and timely use of the database. The County produces quarterly reports on its progress

meeting goals, and uses HMIS data to measure program performance during the annual Continuum of Care funding application process. Montgomery County submits data to HUD's Annual Homeless Assessment Report and conducts an annual sheltered and unsheltered Point in Time Count using HMIS data where possible.

SUBSTANCE USE DISORDER SERVICES

This section should describe the entire substance use service system available to all county residents regardless of funding sources.

The services available to county residents through the Montgomery County Office of Drug and Alcohol (SCA) span a continuum of services from prevention, intervention, student assistance programming, case management, certified recovery specialists, outpatient, intensive outpatient, partial hospitalization, medication assisted treatment as well as hospital and non-hospital inpatient treatment service approaches. At this point in time, Health Choices funding is serving many more individuals in drug and alcohol treatment services than SCA county funding. Therefore the SCA is adjusting more of its funding resources to prevention, intervention, case management and recovery support services at this time and into the foreseeable future.

Please provide the following information:

1. Waiting List Information:

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

**Use average weekly wait time

NOTE: Currently there is no statewide standardized process to capture “waiting list” information primarily due to the fact that there is such fluidity at the Provider level of individuals admitting and discharging on a daily basis. Therefore, we are unable to provide any real time data on this issue. Inpatient detox, rehab and halfway house service providers in particular have individuals admit and discharge on the same day in many cases. The Montgomery County contracted Case Management offices have numerous inpatient providers to which they can refer individuals. Montgomery County’s contracted outpatient providers, when unable to admit individuals within seven days, typically have individuals assigned to pre-admission group sessions to keep individuals engaged until formal admission is available. MAT treatment, particularly MMT, does on occasion have what would be considered a waiting list of several weeks to occasionally a month or two. However, in those instances the Case Management offices maintain contact with those individuals and provide interim services until admission as per DDAP guidelines.

2. Overdose Survivors’ Data: Describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in your county. Indicate if a specific model is used.

Montgomery County is engaged in “warm hand-off” projects throughout the County with each of its nine (9) general hospitals. These projects are in varying stages of engagement and success. Five D&A providers are assigned to the general hospitals based on geographical access. Currently our numbers for

direct referral to D&A treatment are low due to a number of variables – all of which have been noted in the six (6) statewide “warm hand-off” sessions held by the Pennsylvania Departments of Health, D&A and HHS. The SCA utilizes the services of ACCESS Services, the County’s mobile 24/7 crisis program for *afterhours* overdose survivors’ appearing in hospital emergency departments.

NOTE: the numbers indicated below are for the time period July 2017 – January 2018

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
59	31	28	**

** Hospitals are not reporting to the D&A “warm hand-off” providers the number of deaths from overdoses that are brought to the ER’s. However, the Montgomery County Coroner’s office keeps very good data on countywide overdose deaths.

3. **Levels of Care (LOC):** Please provide the following information for your contracted providers.

NOTE: Montgomery County’s MCO contracts with more providers than the SCA

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	2	2	COD
Inpatient Hospital Rehab	2	2	COD
Inpatient Non-Hospital Detox	19	3	COD
Inpatient Non-Hospital Rehab	33	5	COD, Spanish speaking, Women w/ children
Partial Hospitalization	2	0	COD capable
Intensive Outpatient	4	3	COD capable
Outpatient	4	3	COD capable
Halfway House	15	0	COD capable

*** In this section, please identify if there is a specialized treatment track for any specific population in any of your levels of care. For example, a program specific for adolescents or individuals with a co-occurring mental health issue.*

4. **Treatment Services Needed in County:** Provide a brief overview of the services needed in the county to ensure access to appropriate clinical treatment services. Include any expansion or enhancement plans for existing providers or any use of HealthChoices reinvestment funds for developing new services.

The County would benefit from access to quality suboxone treatment programs and/or a plan to work with the primary care physicians who are prescribing suboxone in order to ensure that those primary care physicians are not just prescribing but also coordinating an individual’s substance use therapeutic treatment needs with appropriate providers. Adolescent substance use treatment services are also in need

not only in the County but throughout the State. The entire substance use treatment system would also benefit from having available inpatient substance use treatment providers that are able to conduct admissions 24/7 – many do not have this ability currently. At this time there are no formal plans for the use of HealthChoices reinvestment funds for developing new services, however, the D&A Administrator is included in all meetings with the County’s contracted MCO – Magellan and County Office of Managed Care Solutions and therefore discussions are always occurring regarding the needs of the substance use system in such meetings.

5. **Access to and Use of Narcan in County:** Include what entities have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan.

The SCA purchases Narcan kits annually for the County’s Office of Public Health. The two offices have a cooperative working relationship whereby kits are made available to the general public in each of the three health clinics located geographically throughout the County. Additionally, the two offices host quarterly Narcan training and distribution events for the public, again, geographically throughout the County. The District Attorney’s office with the use of drug forfeiture monies supplies dollars to the County’s Department of Public Safety which purchases Narcan for the County’s 49 police districts. All County police districts carry Narcan. All County EMS units also carry Narcan. The Department of Public Safety keeps detailed data on the use of all Narcan by the police and EMS units. The County’s Department of Public Safety was awarded a PCCD grant in 2017 to be the County’s Coordinating Entity (CCE) for distribution of Narcan to community organizations to have on-site in the event of an overdose situation. In general the County is well supplied with Narcan. The County’s Overdose Task Force working group routinely discusses other options for deployment of Narcan in to the County’s communities.

6. **ASAM Training:** Provide information on the SCA plan to accomplish training staff in the use of ASAM. Include information on the timeline for completion of the training and any needed resources to accomplish this transition to ASAM. See below to provide information on the number of professionals to be trained or who are already trained to use ASAM criteria.

The SCA, Office of Managed Care Solutions and the County’s MCO – Magellan Behavioral Health collaboratively worked together to plan and equally share the costs for six (6) 2-day ASAM training sessions for the Provider Network in Montgomery County. As of May 4, 2018 – four (4) of the six (6) training sessions will have been completed.

	# of Professionals to be Trained	# of Professionals Already Trained
SCA	3	3
Provider Network	@240	@160

HSBG Funding Request for Fiscal Year 2018/2019

Prevention Services

Over the last three (3) years the SCA has significantly been expanding its prevention efforts in hopes of reaching residents of the County to prevent the start of substance use. While the majority of these

for scheduled focus groups, a stipend to cover staff time for 8 months of involvement, and other miscellaneous expenses.

Classroom EBPs – Education **\$85,135**

Montgomery County school districts participating in the PAYS understand the value of teaching skill focused programming related to drug and alcohol prevention and social emotional learning and have therefore given up precious classroom time to allow contracted Prevention Providers to teach lessons. The SCA expects to see a 30 percent increase in evidence-based programming in classrooms for FY18/19 based on school district and their assigned prevention provider’s service plans.

FASD – Information Dissemination **\$2,000**

Fetal Alcohol Spectrum Disorders remain an issue throughout Pennsylvania. In previous years, the SCA has implemented targeted outreach activities to raise awareness about the dangers of drinking alcohol during pregnancy. Funds in this category will be used to increase knowledge and awareness about FASD. Approximately 1,000 residents will receive information about FASD through two targeted FASD prevention activities.

EBPs in SAP Groups – Problem ID and Referral **\$138,100**

Due to the increased demand for student support groups for at-risk students identified through the Student Assistance Program, additional funding is needed to cover this important support service. School districts rely on these groups as an additional support for their at-risk students. Contracted SAP Liaisons utilize evidence-based curriculum in these small groups to achieve measureable outcomes. These small groups will service approximately 2,500 students in elementary, middle and high school. With the DDAP reclassification of SAP Groups, this activity for FY18/19 will fall under prevention.

TOTAL Prevention Funds Requested: **\$510,235**

Intervention Services

SAP Conference – Information Dissemination **\$2,000**

The SCA is partnering with the Office of Mental Health and the Montgomery County Intermediate Unit to coordinate a Student Assistance Program Conference in November 2018. The purpose of the conference is to address the training needs established by school districts to cover youth substance use and mental health issues. All SAP Teams in Montgomery County will be invited. 150 participants can be accommodated.

Office of Children & Youth Services to Families **\$136,000**

There are three contracted OCY Providers with three distinct programs which are considered eligible expenses for the SCA to pay with HSBG funds under Intervention Services. The SCA plans to continue to reimburse the Office of Children & Youth in FY18/19 for the following services:

Lab Testing for substance use with identified families + supply costs	@2100 tests	@200	\$20,000
Intensive Supervision Program for Adolescents with SUD’s	387 days	26	\$21,000

D&A Education/Intervention Services for Identified Families with SUD's	1320 hours	112	\$95,000
--	------------	-----	----------

TOTAL Intervention Funds Requested: \$138,000

Administrative Needs

Prevention Administration Miscellaneous: \$8,000

The SCA is proposing a comprehensive prevention program for FY18/19 involving a foundation in evidence-based classroom presentations, supported by speaking engagements, information dissemination at events, active participation in the Communities That Care (CTC) youth substance use prevention coalitions, and support for grassroots organizations conducting drug and alcohol prevention activities. The glue holding these services together is an investment in evaluation of the services. With this comprehensive approach and services prioritized, funding to support miscellaneous incurred expenses are not within the budget caps. Miscellaneous items include approximately \$3,000 for printing costs to support D&A prevention materials distributed throughout Montgomery County and \$5,000 to support professional development opportunities such as the PA SAP conference, PLCB Alcohol Education conference, SAP workshops and other prevention workshops.

Prevention Specialist Position \$72,047

Given that the Montgomery County Office of Drug and Alcohol has expanded prevention and intervention services significantly over the last three years with only one designated full time Prevention Specialist, there is a definite need to add a second prevention specialist position to share in the increased workload of the office's prevention and intervention service activities. To the D&A Administrator's knowledge, Montgomery County is the only county in southeastern Pennsylvania with only one Prevention Specialist position in its staffing compliment.

TOTAL Administrative Funds Requested: \$80,047

Recovery Support Services

CrossFit Pottstown Resurgence \$3,120

CrossFit Pottstown is a non-profit program that promotes both the physical and mental well-being of an individual by utilizing an evidenced based fitness curriculum. CrossFit Pottstown has developed an introductory class to help individuals in substance use recovery build their self-esteem, increase their confidence, develop new and positive friendships, as well as allow them to be part of a healthy community. In addition to attending a 1-hour fitness class, individuals will also attend a 1-hour recovery meeting where topics such as trust, boredom, pushing yourself, and character are discussed. This funding will serve approximately 15 individuals annually to attend 3 sessions per week.

Recovery Month Celebration \$2,500

The SCA is once again planning a large Recovery Month Celebration event, called "Lights of Hope" with community partners in September 2018. This event will bring together members of the recovery community and their families to celebrate their recovery journey and also honor those lost to addiction.

We anticipate an audience of 150 participants at this event and are requesting these dollars to cover some of the costs for the event.

TOTAL Recovery Support Service Funds Requested: \$5,620

Homeless Shelter Case Management Services

The SCA plans to continue its support of a D&A Addictions Specialist position (i.e. Case Manager) at the county’s Coordinated Homeless Outreach Center (CHOC) to provide drug and alcohol screening, case coordination and supports for the homeless and supported housing populations struggling with substance use disorders which is estimated to be 500 individuals over the course of the year. This is a collaborative endeavor between the SCA, the Office of Mental Health and the Office of Housing & Community Development.

TOTAL Case Management Funds Requested: \$90,000

In-Patient Non-Hospital Treatment Services

Individuals in need of D&A Treatment services are clinically and financially evaluated through one of four SCA contracted Case Management sites located geographically throughout Montgomery County. The Health Choices MCO – Magellan utilizes the SCA funded case management offices for Level of Care assessments to treatment as well as a number of additional D&A Providers who are approved to conduct such assessments. HSBG funds have historically been used to provide non-hospital residential detox and rehabilitation services for individuals who are uninsured, who do not have private insurance that covers the service they need or cannot obtain Medical Assistance. These funds have also been used to provide detox and rehabilitation services for individuals who are eligible for Medical Assistance but not yet enrolled in the Health Choices program or not eligible for the Health Choices program and yet are enrolled in the MA fee for service program which does not pay for non-hospital detox and rehab services. Each individual is required to formally apply for MA to ensure whether or not they are eligible or ineligible for the Health Choices funding program under Medical Assistance in order to maximize HSBG funds.

We continue to realize the positive impact that “Medicaid Expansion” has had on the utilization of HSBG & SCA funds. Individuals historically funded by SCA or HSBG dollars for the most part have become eligible for Medicaid funding within a very quick turnaround time (in some cases same day or 1 to 2 days), thereby coverage for their substance use disorder services are being paid for under the Health Choices project.

As in prior years, the SCA has no reason to believe that there will be a decrease in the need for inpatient treatment services in FY 18-19, given the continuing opioid crisis; however, with Medicaid expansion and coverage for additional eligible individuals, the SCA projects the following decreased service levels for inpatient non-hospital treatment services, for 12 clients for a total of 180 days at an average cost of \$3,400 per client.

TOTAL In-Patient Non-Hospital Treatment Funds Requested: \$40,800

SERVICE CATEGORY FUNDING REQUEST TOTALS:

Inpatient Non-Hospital Treatment	\$ 40,800
Prevention	\$ 510,235
Intervention	\$ 138,000
Recovery Supports	\$ 5,620
Case Management	\$ 90,000
Administrative	<u>\$ 80,047</u>
TOTAL D&A HSBG FUNDS REQUESTED FY18/19:	\$ 864,702

HUMAN SERVICES AND SUPPORTS/HUMAN SERVICES DEVELOPMENT FUND

For decades, Montgomery County has utilized HSDF funding to provide help to low-income adults and families through a continuum of services designed to meet service priorities and gaps which exist within Montgomery County's human services system. Funding through categorical programs existing in County departments is supplemented through HSDF funding, which covers programs for people currently unserved or underserved through other human services funding, in order to complete a continuum of services, especially as it relates to housing, employment and information and referral needs for County residents. Over the years, as funding has become more limited, Montgomery County has been considering ways to better utilize these limited funds and to restructure the human services delivered to low income adults and families through a more effective system.

We continue to develop and strengthen our Community Connections initiative with the HSS funding, in addition to planning to meet the basic needs for low-income adults and families. Community Connections is the County's initiative to improve interagency coordination and service through a "No Wrong Door" and person-centered service delivery model. Due to the success and value of this program, our most significant change to HSS funding is to include all costs and expansion costs associated with this cornerstone program as part of the Human Services Block Grant. We believe this program addresses all that the HSBG would like us to accomplish; meeting the needs of all residents, particularly low-income, in a person-centered, regional and comprehensive way in partnership with community providers and agencies.

ADULT SERVICES

Program Name: Home-Delivered Meals for Disabled Adults

Description of Services:

This funding is utilized to provide home delivered meals to a specific adult population. Disabled, low income adults (age 18-59) requiring basic home care, including home delivered meals, in-home personal care, adult day care and care management, will receive these contracted supportive services, if ineligible for other publicly-funded programs such as any of the aging and disability Medicaid Waivers. Adults are screened through the Montgomery County Office of Aging and Adult Services and assessed for eligibility. Services are ordered to meet needs, and needs are reassessed semi-annually by Aging and Adult Services staff.

Service Category: Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes. Each client is served a minimum of one but no more than two meals daily, up to 7 days a week.

Program Name: Case Management for Disabled Adults

Description of Services:

This funding will be used to provide case management services to identify and coordinate needed services. Disabled, low income adults (age 18-59) requiring basic home care, including home delivered meals, in-home personal care, adult day care and care management, will receive these contracted supportive services, if ineligible for other publicly-funded programs such as any of the aging and disability Medicaid Waivers. Adults are screened through the Montgomery County Office of Aging and Adult Services and assessed for eligibility.

Service Category: Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.

Program Name: Adult Day Care for Disabled Adults

Description of Services:

Funding will be utilized to provide adult day care for disabled, low income adults (age 18-59) requiring basic home care, including home delivered meals, in-home personal care, adult day care and care management, will receive these contracted supportive services, if ineligible for other publicly-funded programs such as any of the aging and disability Medicaid Waivers. Adults are screened through the Montgomery County Office of Aging and Adult Services and assessed for eligibility. Services are ordered to meet needs, and needs are reassessed semi-annually by Aging and Adult Services staff.

Service Category: Adult Day Care - Provides a program of activities within a licensed, protective, nonresidential setting to four or more enrolled adults who are not capable of full time independent living.

Program Name: Low Income MATP

Description of Services:

Transportation- Payment to TransNet-contracted transportation provider to provide rides to low-income adults, not otherwise eligible, for medical trips or emergency trips.

Low-income adults requiring transportation for medical trips or emergency reasons, and not eligible through MATP or other transportation options, will receive transportation through the county's shared ride provider, TransNet and funded by HSDF. All riders are screened through Aging and Adult Services, and registered to receive this transportation service through TransNet in order to qualify for these limited rides.

Service Category: Transportation - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living. The service is provided only if there are no other appropriate resources.

GENERIC SERVICES

Program Name: Benefits Access Services

Description of Services: Through subcontracted providers, we will provide information and referral services and benefit access enrollment assistance to residents county-wide; including diverse populations such as non-English speaking, rural, low-literacy, and those with little or no access to transportation. These needed benefits help clients achieve self-sufficiency and sustainability; this program has shown that a \$1 investment in the program yields \$8 in return in benefits. These benefits also help the community since much of those dollars in aid are being spent locally on food, utilities and shelter.

Service Category: Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.

Please indicate which client populations will be served (must select at least **two**):

Adult Aging CYS SUD MH ID HAP

Program Name: Project HOPE

Description: Project Hope began as a program at Family Services in 1989 as a demonstration project for persons infected with HIV/AIDS within Montgomery County, PA. The core service of Project HOPE is medical case management and Project HOPE is the only provider of these integral services to persons infected with HIV/AIDS in Montgomery County. Medical case management allows those who are living with HIV/AIDS to connect to resources they need for support and medical care through infectious disease doctors and other specialists as needed. HSBG funding is utilized to support the service planning/case management activities of the Project HOPE program; to identify and connect these individuals to needed services.

Service Category: Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.

Please indicate which client populations will be served (must select at least **two**):

Adult Aging CYS SUD MH ID HAP

SPECIALIZED SERVICES

Program Name: Community Connections

Description of Services:

Montgomery County's commitment to create a human services structure that is a regionally-based and consumer-driven which provides residents immediate assistance and access, minimizes the impact of crisis and connects residents with supports available countywide has been realized through Community Connections. Officially established in June 2013, Community Connections is an innovative approach to provide services to people who need them the most, where they need them most – in their own community. Four (4) Community Connections offices operate as one-stop service and advocacy centers across the County – Willow Grove, Pottstown, Lansdale and Norristown. Community Connections builds a stronger partnership between state, county and local governments, community organizations and families to foster better service and care.

Staffing the four (4) major regions are Community Connections “Navicates,” who are experts in the resources of their particular region. Navicates are trained human service professionals who can provide quick information and resources for simple questions or short-term assistance for more complex needs such as health, housing, senior supports, child care, veteran’s affairs, supports for individuals with behavioral health/developmental disabilities or child, family or elder services. They navigate the system for the residents and make referrals to County, State and local health and human services offices and charitable organizations within their local communities where they have established partnerships and serve the residents of that region. Residents can work with the same Navicate during their interaction with Community Connections allowing the Navicate to serve as both a navigator of the system and an advocate for the individual throughout the process of connecting the individual or family with the assistance needed.

The number of unique residents assisted monthly across the four (4) offices has increased from 107 at its inception to averaging over 350 calls from residents. In addition to supporting clients, Community

Connections serves as a referral source to other agencies, legislators, hospitals, schools, and businesses in more than 5,000 instances in 2016. Referrals are primarily made to Community Based Providers, demonstrating our partnership and understanding of our local provider community and the services and benefits they offer. Our three primary referral sources for clients are County Departments, Community Based Organizations and public relations, which is word of mouth and outreach. This indicates our need to do continued outreach to identify and connect with those consumers that have needs, but are not already connected to the human service system. Data has demonstrated that the outreach efforts and ongoing success of Community Connections have increased the community's awareness and use of the service and will continue to do so over this coming year. Due to the complex needs of many of the consumers served, Community Connections Navigates often connect individuals with multiple providers or supportive services. Over the last year, the Navigates have been providing person centered counseling which is a person-centered decision support process whereby individuals are supported in their deliberations to determine appropriate support choices in the context of their needs, preferences, values, and individual circumstances. The Navigate and individual are both responsible for developing an action plan with responsible parties and a timeframe for follow up. This service is slightly more involved and intense than typical information and referral/assistance but not as intense as formal case/care management. Community Connections statistics indicates many return contacts by residents who, although they enjoy the support of the program and find the referrals helpful, evidence suggests that residents will use less public resources and stay in their community much longer via the person-centered service approach. The primary connections being made by the Navigates continue to be in the basic areas of human service needs: housing, financial/utility assistance, employment, and health care. These areas of need were identified by the Human Services Cabinet prior to the inception of Community Connections and the actual service data has reinforced that these indeed are areas of need for consumers. Consumer feedback regarding localized access to human services is consistently positive and as a result, Community Connections will continue to provide outreach to residents in underserved areas who are not yet connected to health and human service organizations nearest to them.

Community Connections has also strengthened its relationship with the PA Link to Aging and Disability Resources; it is the established practice for this agency to refer any callers seeking services in Montgomery County directly to Community Connections because they understand the effectiveness of the program connecting residents to local resources. Additionally, this year we are reinforcing our existing partnership with the United Way of the PA specifically with their PA 211 service. Our goal is to collaborate with them to develop their resource database which is used by the Navigates and is also accessible to any resident of Montgomery County.

There are six (6) operational goals identified by the Human Services Cabinet that were intended to guide development of Community Connections. Although Community Connections has seen much success, it is still in its infancy and as such, these goals will be continued:

- Goal 1: Provide easy, local, customized access to human services
- Goal 2: Deliver exceptional value and customer service
- Goal 3: Modernize operations and infrastructure
- Goal 4: Embrace innovation to produce better outcomes
- Goal 5: Develop productive and supportive public/private partnerships
- Goal 6: Encourage more synergies to enhance the service delivery system

Community Connections has demonstrated success in providing needed connection to services in a way that is customer service oriented, following a ‘No Wrong Door’ philosophy and providing the appropriate level of involvement and follow-up to consumers to ensure needs are being met. Funding will be utilized to support the staffing needs of the Community Connections program. There are currently five Navigates and an Administrator to provide services to our over 850,000 residents throughout the county. Additionally a Community Connections Supervisor is being added to support the needs of the service. Funding is also utilized for operational expenses such as materials and supplies, equipment, outreach services and technology support.

Program Name: Community Connections Partnership

Description of Services: Our goal with Community Connections is to improve access to services and meet our constituents where they live and provide local resources that address their needs. The Community Connections offices are located in the most high-risk, low-income areas of the county. With a county of over 450 square miles, this can be challenging.

We have partnerships with 3 agencies in opposite parts of the County and have established site for our Navigates one day a week: The Open Link, a human services provider in our most rural area and two food pantries, one in Narberth and the other in Lansdale. All locations provide temporary workspaces for our Navigates to engage with clients privately. We selected days where there is the most client volume at those locations and our Navigates are engaging consumers that are already there. In addition, through marketing and outreach, we are encouraging residents to visit these sites if they have needs and are finding that consumers are now coming to these locations and utilizing the other services these providers have to offer. This partnership has been mutually beneficial; in return providers continue to refer to Community Connections beyond their regularly scheduled day.

Our expansion plan also includes partnering with additional county health and human service departments and other state and local providers in the regional offices to provide even more direct service to consumers. Most recently, we began providing Navigate services within our Health Department in Norristown during an immunization clinic, one day a week. The Navigate office is on the first floor of the building and clients must pass the Community Connections office to get to the Health Department; however, we acknowledge that clients may not seek out or have awareness of the fact that they may be in need of services. Our intention is to literally meet clients where they are during waiting times in the clinic.

This “one-stop shop” model for services enables consumers to not only have needs identified locally, but also have service delivery and evaluation in their own community. We expect this enhanced access will allow for better and more sustainable outcomes.

Because of the success of this pilot, we recognize the need to further establish more formalized partnerships to allow an ongoing access to Community Connections services in these and other remote locations. Funding will be utilized to provide services in these other regions of the county, increase marketing efforts and identify any additional locations that may need our services.

INTERAGENCY COORDINATION

In an ongoing effort to improve our human services delivery system, we seek to emphasize the importance and value of consumer input. Last year, through a work team developed by the Human Services Cabinet, we created a model for a Consumer Advisory Council. This council includes representation from all 8

human services departments. This council is for consumers only, not providers or county employees. The goal is to seek input, identify barriers and service gaps, gain insight into the consumer experience and solicit input into county funding decisions, including the Human Services Block Grant.

All of our human services departments allow for consumer input in a variety of methods; however the cabinet believes the value of the multi-system approach exists within the arena of consumer input. The cabinet created a multi-disciplinary consumer advisory group. These consumers generate ideas and feedback that would not be obtained through internal discussion. Support will be needed for the training and on-going meeting of this advisory group. Funds will be used to support the attendees of these meetings, transportation, day care, etc. and to make the meetings easy and appealing for consumers to attend. These funds will not be used to provide food at the meetings.

Montgomery County was a key convener in the development of a unique network of community health and human services providers as well as other key community stakeholders such as law enforcement, faith-based community, state legislators, school districts and advocacy groups. This system is called the collaborative network which has redefined how community partners come together to network, train, coordinate services and find efficiencies in their work. County Health and Human Services staff also attends these meetings. These Collaboratives all now are their own 501(c) 3 organizations and have regular meetings, membership fees and attendees. Funding will be used to support their minimal staff operations and in return, each collaborative will host a public human services block grant hearing, provide an annual report on community need and service delivery and convene a meeting with the faith-based community.

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

County:	1.	2.	3.	4.	5.	6.
Montgomery	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	50		\$ 500,000			
Administrative Management	2,200		\$ 1,200,000			
Administrator's Office			\$ 1,900,000			
Adult Developmental Training	-					
Children's Evidence-Based Practices	-					
Children's Psychosocial Rehabilitation	-					
Community Employment	175		\$ 675,000			
Community Residential Services	190		\$ 10,066,375		\$ 500,000	
Community Services	2,000		\$ 500,000			
Consumer-Driven Services	2,000		\$ 860,000			
Emergency Services	1,000		\$ 730,000			
Facility Based Vocational Rehabilitation	1		\$ 8,352			
Family Based Mental Health Services	5		\$ 10,000			
Family Support Services	12,000		\$ 420,000			
Housing Support Services	270		\$ 8,372,600		\$ 200,000	
Mental Health Crisis Intervention	4,400		\$ 540,000			
Other	-		\$ -			
Outpatient	600		\$ 860,000			
Partial Hospitalization	10		\$ 60,000			
Peer Support Services	75		\$ 245,000			
Psychiatric Inpatient Hospitalization	90		\$ 685,000			
Psychiatric Rehabilitation	100		\$ 490,000			
Social Rehabilitation Services	250		\$ 1,500,000			
Targeted Case Management	400		\$ 975,000			
Transitional and Community Integration	400		\$ 1,050,000			
TOTAL MENTAL HEALTH SERVICES	26,216	\$ 31,647,327	\$ 31,647,327	\$ -	\$ 700,000	\$ -
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			\$ 1,700,000			
Case Management	450		\$ 500,000			
Community-Based Services	200		\$ 1,669,000		\$ 22,536	
Community Residential Services	85		\$ 6,196,348		\$ 180,000	
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	735	\$ 10,065,348	\$ 10,065,348	\$ -	\$ 202,536	\$ -

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

County:	1.	2.	3.	4.	5.	6.
Montgomery	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing						
Case Management	1,216		\$ 270,531			
Rental Assistance						
Emergency Shelter	643		\$ 363,000			
Other Housing Supports						
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	1,859	\$ 479,154	\$ 633,531		\$ -	\$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	500		\$ 90,000			
Inpatient Hospital						
Inpatient Non-Hospital	12		\$ 40,800			
Medication Assisted Therapy						
Other Intervention	540		\$ 138,000			
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention	112,000		\$ 510,235			
Recovery Support Services	165		\$ 5,620			
Administration			\$ 80,047			
TOTAL SUBSTANCE USE DISORDER SERVICES	113,217	\$ 1,202,259	\$ 864,702	\$ -	\$ -	\$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	40		\$ 7,000			
Aging Services						
Children and Youth Services						
Generic Services	1,500		\$ 265,500			
Specialized Services	12,000		\$ 374,493		\$ 190,507	
Interagency Coordination			\$ 39,400			
Administration						
TOTAL HUMAN SERVICES DEVELOPMENT FUND	13,540	\$ 503,213	\$ 686,393		\$ 190,507	\$ -
GRAND TOTAL	155,567	\$ 43,897,301	\$ 43,897,301	\$ -	\$ 1,093,043	\$ -

From: [Lafferty, Penny](#)
To: [PW, HS Block GRANT](#)
Subject: RE: 2018/2019 Montgomery County Human Services Block Grant Plan
Date: Friday, September 14, 2018 2:57:38 PM

Good Afternoon,

Please find Montgomery County's response to your question below. Please do not hesitate to reach out if you need further information.

The following performance measures will be used to evaluate efficacy in the County's contracted Emergency Shelters:

- Utilization rate of shelter beds
- Number of persons/ Households served in shelter (by household composition)
- Average length of stay in shelter
- Number/ Percentage of persons exiting to permanent housing
- Number/ Percentage of adults connected to non-cash benefits at exit

Additionally, the Office of Housing & Community Development meets quarterly with emergency shelters providers to evaluate performance and address any gaps

Your Way Home has reprioritized entry into emergency shelter determined by these new set of values:

- No young child under age 5 should ever sleep outside
- Households that are at greatest risk for severe health and safety consequences (especially pregnancy and "frailty") should be prioritized
- The complex needs, configurations, and situations of families and individuals who are experiencing street homelessness should be assessed and addressed by Your Way Home's trauma-informed, comprehensive, 24/7 homeless Street Outreach team

Your Way Home will continue to prioritize Category 1, street homeless, households for entry into shelter and will use an open, transparent process for referrals through: 1. Daily check ins with 2-1-1 call center 2. Weekly shelter bed capacity report (from HMIS) 3. By-Name Street Outreach Monthly Advisory Team Meeting. Your Way Home will also prioritize certain populations (i.e. families with children under 5 and medically fragile individuals) for limited shelter space rather than prioritization based on a first-come-first-served basis.

Penny Lafferty
Assistant Director, Strategic Support
Montgomery County Department of Health and Human Services
PO Box 311
Norristown, PA 19404-0311
610-278-3627 (office)
plaffert@montcopa.org
www.montcopa.org

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, forwarding, or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

From: PW, HS Block GRANT [mailto:RA-pwhsblockgrant@pa.gov]
Sent: Friday, August 31, 2018 11:44 AM
To: Lafferty, Penny; PW, HS Block GRANT
Subject: RE: 2018/2019 Montgomery County Human Services Block Grant Plan

Good morning,

Thank you for Montgomery County's FY 2018-19 Human Services Plan. Responses from the Program Offices are below;

1. Regarding HA, per OIM, "*The county needs to include how they will evaluate efficacy and if there are any proposed changes for Case Management and Emergency Shelter.*"

Response for this will be due 9/14/18. Thanks and have a great day

Michael Wallis | Administrative Officer
Department of Human Services | Bureau of Financial Operations
Forum Place First Floor | 555 Walnut St | Hbg, PA 17101
Phone: 717.705.0997 | Fax: 717.705.6334
www.dhs.pa.gov

From: Lafferty, Penny [mailto:plaffert@montcopa.org]
Sent: Thursday, May 31, 2018 2:49 PM
To: PW, HS Block GRANT <RA-pwhsblockgrant@pa.gov>
Subject: 2018/2019 Montgomery County Human Services Block Grant Plan

Good Afternoon!

Attached to this email please find our 2018/2019 County Plan, signed Appendix A and our C-1 budget template. Should you have any questions or require anything further, please let me know.

Thank you!

Penny Lafferty
Assistant Director, Strategic Support
Montgomery County Department of Health and Human Services

PO Box 311
Norristown, PA 19404-0311
610-278-3627 (office)
plaffert@montcopa.org
www.montcopa.org

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, forwarding, or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.