

# DELAWARE COUNTY

## COUNTY HUMAN SERVICES **DRAFT** PLAN

FY 2015/16



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**DELAWARE COUNTY  
COUNTY HUMAN SERVICES PLAN  
FY 2015-16**

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# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

## INTRODUCTION

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

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

## I. COUNTY PLANNING PROCESS

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

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

### County Planning Team and Stakeholder Involvement

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

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

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The Human Services Block Grant Advisory Committee, which includes both professional and consumer representatives from each service area met with the Core Planning Team once during the year to discuss updates and progress toward meeting goals. Gaps in service were discussed and initiatives to resolve specific issues debated. The Core Team began drafting the FY 15/16 BG Plan and submitted their initial draft on May 8<sup>th</sup>. Once the 15-16 HSBG Guidelines were distributed, drafts were revised as needed to meet the new requirements. The draft Plan was distributed to the Advisory Committee on May 22, 2015. The draft was also distributed widely to multiple existing stakeholder groups including:

- Children's Cabinet
- MH/ID Board
- D&A Board
- Citizens Advisory Committee
- Consumer Satisfaction Team
- Consumer/Family Advisory Committee
- Community Support Program
- Homeless Services Coalition
- ARC
- Magellan Behavioral Health
- MH and D&A Providers

The draft was also posted on the Humans Services Webpage.

The Planning Team and Advisory Committee met via conference call on May 27, to discuss last years' goals, review the 15-16 draft plan, make additional comments/recommendations, and encourage participation in the public hearings. Feedback from the Advisory Committee and other stakeholders was received/reviewed and then incorporated into the final Plan.

## **PROGRAMMATIC INITIATIVES AND OTHER FUNDING SOURCES**

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

The largest flexible funding stream is Medical Assistance (MA)/HealthChoices (HC) funding. Most if not all children's' treatment services are funded through MA/HC as most children are eligible. We are fortunate to be partnered with Magellan Behavioral Health (MBH) in our HC Program as they have a proven record of seeking out and developing evidenced based services with proven positive outcomes regardless of whether or not mandated to do so. Some of the most successful evidenced based children's programs that involve multiple system cooperation include but are not limited to:

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- Pivotal Response Treatment (PRT)
- High Fidelity Wraparound (HiFi)
- Dialectic Behavioral Therapy (DBT)
- Multi-Systematic Treatment (MST)
- Youth Mental Health First Aid

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

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

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

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

As a Block Grant County in FY 14/15, we again had the opportunity to realize that commitment. Although the 10% cut in base funds has not been restored, we are able to effectively manage each service system, maintaining a comprehensive continuum of care that was both effective and efficient. The surplus we were able to retain from 13/14 is being used in FY 14/15 to cover the deficit in D&A. This will allow the County to keep the D&A system opened through June 2015 and serve an additional 544 individuals in need of D&A residential treatment.

## **NEEDS ASSESSMENT**

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

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characteristics, geographic location, etc. DHS also joins with the United Way organizations serving Delaware County in coordinating need assessments and service planning for the County.

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

## II. PUBLIC HEARING NOTICES

Public Hearings were held on June 1, 2015 at the Government Center in Media, and on June 15, 2015 at Welcome House Club House in Upper Darby. Both locations are easily accessible through public transportation. Notice of the Hearings was published in the local paper (*Appendix A 2*), on the County Website, through notices to all Stakeholder Groups, and at multiple community meetings. The Notice also identified locations in the county where the Plan would be available for review prior to the Hearings.

A summary of the Public Hearings is attached, *Appendix A 3* along with the signature pages of attendees.

This plan was approved by County Council on July 1, 2015. Please see *Appendix A 1* for signatures.

## III. WAIVER REQUEST

Delaware County will not be requesting a waiver at this time.

## IV. HUMAN SERVICES NARRATIVE

### MENTAL HEALTH SERVICES

#### Introduction

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

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the development, implementation, funding and monitoring of services targeted to Delaware County (DelCo) citizens with Serious Mental Illness (SMI).

This MH Plan lays out the direction that the county is undertaking, in concert with Magellan and its intra and inter-system stakeholders, to assure that persons with mental illness have access to community-based services that are accountable, demonstrate positive outcomes, and, promote recovery and community inclusion. Key MH themes in this FY 15-16 CHS Plan are ongoing commitments to: promoting intra and inter-system collaboration; serving priority target populations; developing evidence-based services and promising practices; identifying systemic risks and creating strategic plan solutions; promoting recovery-oriented system transformation priorities; and, braiding all available funding streams and planning opportunities to maximize limited financial resources.

Integrating all funding and planning opportunities is an important strategy for OBH, Magellan, and local stakeholders in this challenging fiscal environment. Planning opportunities include: Reinvestment; CHIPP; Forensic Cross-System Mapping; Affordable Housing; Supported Employment; PATH Intended Use; Continuum of Care

Strategy; 10 Year Plan to End Homelessness; Consolidated Plan; and, Disaster Crisis Outreach & Referral Team Coordination (DCORT). Integrated planning assures that services: are recovery-oriented; employ evidence-based or promising practice models; use expert partnerships; and, leverage non-mental health funding streams. Through successful plan integration and braiding of available funding streams, the county will be positioned to: maintain key areas of current infrastructure; minimize the impact of continued allocations without COLA's; support ongoing transformation of the public mental health system; and, proactively meet future inter-system challenges as they arise.

In order to promote MH system enhancements, a variety of new funds have been procured in FY 14-15 including: MH Matters county and regional grants; SAMHSA TTI grant; Systems of Care grant; and annualized FY 13-14 CHIPP funds. Combined with existing MH Base, MA, and other local, state and federal funds, a modest level of recovery-oriented innovation and system enhancement will still be possible in DelCo in FY 15-16.

## **A. Program Highlights: recent achievements and programmatic improvements that have enhanced the behavioral health system and serve to direct its future**

There have been a number of significant activities, events and developments in FY 14-15 that have had immediate impact on the county's behavioral health system and that will also serve as a basis for future strategic planning initiatives. Included are new stakeholder initiatives, new evidence-based practices, new funding opportunities, and new collaborative partnerships. The table below highlights twelve of these recent developments, and describes the current impact and projects the future strategic planning between OBH, Magellan, and intra/inter-system stakeholders for continued program

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development and behavioral health system enhancement. Several of these developments are being tracked in a Quality Improvement initiative to measure outcome performance (see Section C.)

Recent Development	Immediate Impact	Future Strategic Plan
<b>FY 13-14 CHIPP Plan</b>	DelCo planned to discharge three people from the NSH Civil Section, close the beds behind them, and use the CHIPP funds to expand housing options for 41 individuals; increase supported living outreach, Rep Payee capacity, and serve as many as 64 persons altogether. The three CHIPP individuals were successfully discharged as of May 2014, start-up contracts were executed, and initial service delivery has begun.	With the NSH bed cap decreasing to 13 as of 7/1/14, the new 41 residential slots were critical to SMH diversion planning. Many of the new SLS and PCH housing options were targeted to the forensic population to aid in ongoing efforts to reduce the incarceration rate for persons with mental illness. New SLS slots serve as a step-down option for Transitional Housing Program residents.
<b>Transitional Housing Program FY'15-'16</b>	This transitional housing program in partnership with CEC, Int'l, the prison and Community Correction Center provider, is a 9-bed Transitional Housing Program which opened in FY 13-14 targeting the forensic population. Four individuals were placed as of 6/30/14, including two from NSH civil unit. The CEC Transitional Housing program had seven admissions in FY-14-15. As a result individuals on the waiting list for the Regional Psychiatric Forensic Center (RFPC) spent less time on the waiting list and there was a decrease in the number of days spent in prison awaiting psychiatric care. Three individuals were able to successfully transition to a lower level of care within six-nine months..	FY 15-16, Delco OBH will continue to collaborate with the criminal justice partners, regional forensic liaisons, and MH liaisons at the prison targeting this population in efforts of continued discharges, and increase community tenure. This transitional forensic housing program will operate at full capacity with the average length of stay six-nine months during this timeframe.
<b>Transformation Transfer Initiative (TTI) Grant</b>	Working in partnership with OMHSAS and the CRIF Self-Directed Care Operations Team, PA succeeded in its application to SAMHSA and NASMHPD for grant funds to document the experimental SDC program, enabling it to be replicated in other counties, and pursue a sustainable funding strategy.	OBH is developing a Reinvestment Plan to continue CRIF SDC funding through 12/31/16. 10 new slots are being added for the TAY population. TTI FY 14-15 deliverables include: CRIF program manual; CRIF fidelity assessment tool; CRIF II project outcomes report; and, a financial sustainability plan.

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<p><b>Mental Health Matters County Grant</b></p>	<p>DelCo received a MH Matters grant to implement a YMHFA training initiative. With OMHSAS coordination, four DelCo trainers, including a project coordinator in OBH, were trained and certified in this evidence-based practice. First trainings have been completed to excellent reviews for staff of the Detention Center and the Juvenile Probation Office.</p> <p>FY 14-15 Mental Health First Aid (MHFA) provided to targeted audiences (colleges/universities) involved in the President Judge's Delco cares Initiative. These trainings have provided personnel at the universities, direct care workers, and others with skills and resources necessary to identify and work effectively with individuals with mental illness.</p>	<p>Additional YMHFA trainings are planned for various groups including CYS, and other human service offices like OID, EI, CCIS, etc., and other community groups involved with children. YMHFA will also be available to staff of the Valley Forge Military Academy who elected this content over that of the MHFA curriculum as they operate classrooms for K through Junior College students.</p> <p>FY 15-16, MHFA trainings will be expanded to include additional targeted groups such as public safety, veterans, and older adults. Existing trainers will receive supplemental training and certification in these areas. MHFA survey will be sent to these various groups and trainings will be scheduled based on their level of interest and demand.</p>
<p><b>Mental Health Matters County Grant</b></p>	<p>DelCo received a MH Matters grant in 2013 to implement a YMHFA training initiative. With OMHSAS coordination, four De!Co trainers, including a project coordinator in OBH, were trained and certified in this evidence-based practice. So far the Juvenile Detention Center Staff, Juvenile Court Officers, Dept. of Human Services and many stakeholders have been trained in this model.</p>	<p>Additional YMHFA trainings are planned for various groups including CYS, and other human service offices like OID, Early Intervention (EI), Child Care Information Services (CCIS), etc., and other community groups involved with children. YMHFA will also be available to staff of the Valley Forge Military Academy again in 2015 who elected this content over that of the MHFA curriculum as they operate classrooms for school aged youth to Junior College.</p>

**System of Care (SOC) Grant** DelCo enrolled as an SOC County on 2/14/14. The CLT will establish their sustainable one which will continue to mission, vision and strategic plans. enhance our child serving systems Short and long term sustainable goals beyond the term of the initial grant. The plan include: training initiatives including calls for using a structured youth and YMHFA, PEAK, and the Multisystems family driven approach to effectively Trainings; involving youth and family in meet the needs of youth and families program development review and on involved with multiple systems. The use of advisory boards; and, enhancing youth High Fidelity Wraparound continues to be an leadership opportunities in Bully Free SOC priority and one that has already Friends support group and MY LIFE. The shown great success by increasing Trauma Informed Workgroup is focusing families natural supports systems as on an organizational assessment to well as youth voice and choice, and, by determine strengths and needs within reducing the -out of home placement Human Services and Juvenile Court. rates.

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<p><b>I'm The Evidence (ITE) Campaign</b></p>	<p>OBH adopted a FY 14-15 ITE campaign to promote stakeholder awareness and fight stigma surrounding the behavioral health system. In partnership with the MHA of PA, a plan has been developed, and ITE awards have been made to graduates of the CPS, DCODE, and Peer-to-Peer classes. As well as to police officers are certified in CIT.</p>	<p>OBH will continue to promote inclusion of these and other groups in FY 15-16 to expand the membership and recognition awards of the ITE campaign. Other stakeholders will be engaged including the CSP Committee, NAMI Chapters, Vocational Providers, YMHFA and MHFA trainers, college and university personnel, landlords, employers and other community groups as applicable.</p>
<p><b>Continuum of Care (COC) Governance Charter</b></p>	<p>In an effort to meet HUD's new HEARTH Act regulations, DelCo has created a new Governing Board and Governance Charter to oversee COC planning, service delivery, and program performance monitoring. The 2013 COC application was fully approved by HUD resulting in more than \$4 million in renewal and reallocation projects, in addition to a planning grant.</p>	<p>OBH has had a primary planning role with the DelCo COC for the past 22 years, and continues that function under the new HEARTH Act. A Governance Charter has been created, and a new 18 member Governing Board has been established to oversee all aspects of COC operation. The new planning grant will enable OBH to hire staff to manage COC program performance monitoring.</p>
<p><b>Enhanced Mobile Crisis Services</b></p>	<p>OBH and Magellan collaborated to develop and to expand and enhance Mobile Crisis Services. A contract was awarded to Elwyn, the new DelCo Crisis Connections Team (DCCCT) and a Peer Warm Line service also started-up FY 14-15.</p>	<p>Thus far in FY 14-15, DCCCT has provided more than 1,000 outreach contacts. The mobile service is the centerpiece of the county's effort to continue reduction of involuntary commitments to hospital treatment. DCCCT is also being marketed to colleges and universities and to police departments through CIT training.</p>
<p><b>Expanded Assertive Community Treatment (ACT) Team</b></p>	<p>OBH and Magellan develop an ACT expansion. Horizon House was selected to add a new 100 person team, some 30% of which will be targeted to a TAY caseload.</p>	<p>The new ACT team is undergoing gradual caseload building per evidence-based start-up protocols. Commitment to serving TAY is demonstrated by enrollment of 30 TAY members on the team's caseload.</p>
<p><b>Forensic Assertive Community Treatment (FACT) Team</b></p>	<p>In FY 14-15 URMC consultants continued to work on the conversion of the R-FACT team. The R-FACT model is an evidence-based model that has collaborated closely with the MHTC Court and CTT provider. URMC has completed its third site visits, and OMHSAS fully licensed the newly designed Forensic Assertive Community Team (FACT).</p>	<p>The FY 15-16 plan is to implement a fidelity measurement process for the TFACT and the R-FACT tools, and to turn the on-going fidelity measurement over to OBH and Magellan QI personnel.</p>
<p><b>Supported Employment (SE)</b></p>	<p>Under contract with Temple University FY 13-14 SE fidelity assessment was done at 2 Community Employment and 2 Clubhouse sites, and several stakeholder trainings were completed.</p>	<p>Stakeholder trainings will continue in FY 15-16 as will preparation for OBH QI staff to assume responsibility for continued fidelity reviews of the 4 primary employment program sites.</p>

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## **B. Strengths and Unmet Needs: for identified target populations served by the behavioral health system**

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

The FY 14-15 CHS Plan Data Profile indicated a population of 80,492 over age 65 representing 14.4% of the total county population. Increasing numbers of elderly residents present challenges to the County Office of Services for the Aging (COSA) and for OBH as well. The GATEWAY program, operated by COSA with joint AAA/MH funding, continues to be the primary resource for outreach and referral to older SMI adults. OBH maintains 30 SPCH beds for the elderly/medically fragile population. As residents age and decline physically, greater challenges are imposed on all CRS programs to help residents “age in place”. For those who require Nursing Facility placement, finding facilities to accept MA SMI referrals remains a significant challenge. PCH licensing regulations also restrict serving people who are eligible for Nursing Facilities, making “aging in place” particularly challenging for those CRS programs.

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

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

<b>Strengths</b>	
<b>Supported Living Service (SLS)</b>	OBH has emphasized development of SLS apartment-based housing subsidies for some time. FY 13-14 CHIPP funding added an additional 25 Bridge and Master Lease subsidies some of which will be step-downs from CRS placements.
<b>Psychiatric Rehabilitation</b>	OBH and Magellan continue to fund a comprehensive network of PRS services. In addition to 5 site-based PRS programs, there are 2 mobile (MPR) programs, and 2 PRS Assessors, one at each BSU to provide PRS assessment and referral.
<b>Certified Peer Specialist (CPS) Initiative</b>	OBH and Magellan continue to develop CPS resources throughout the county. In addition to specialized CPS services (forensic and CRIF SDC) there are a number of other resources available. The recent CPS class awarded 30 new certificates.
<b>CRIF SelfDirected Care (SDC)</b>	The CRIF SDC program completed its 2-year study and is in the process of writing it up for journal publication. A CRIF II project has been launched, and a SAMHSA TTI grant was received to document, replicate and sustain the CRIF SDC model.
<b>Illness Management &amp; Recovery (IMR)</b>	The SAMHSA Toolkit evidence-based model has been introduced into several programs in the county over the past several years. It has produced very good results for MH and COD programs and is well-reviewed by staff and consumers.
<b>Integrated HealthCare</b>	The county continues to work with the National Council (NC) on this evidence-based approach to improving healthcare outcomes for persons with SMI. All BCM and ACT staff participate monthly in NC-sponsored learning communities.
<b>Supported Employment (SE)</b>	OBH has contracted with Temple University to implement the SAMHSA toolkit SE model in 4 programs. Temple is also providing basic training in SE operation and philosophy for the county's various consumer, family and provider stakeholders.
<b>Unmet Needs</b>	
<b>Housing</b>	Housing that enables individuals to age-in-place is very limited. Even targeted SPCH resources are challenged as regulations prohibit them from keeping individuals assessed to need Nursing Facility placement.
<b>Nursing Facility Access</b>	Nursing Facilities (NF) continue to resist accepting older adult SMI referrals. The process of linking with COSA for assessments and OMHSAS for OBRA approval are relatively smooth, however it often takes months to obtain any NF placement.
<b>Long-term Care Access</b>	Access for long-term SMH inpatient care is problematic for the adult population. There is a lengthy waiting list of over 50 persons, the majority of whom are referred by the court, with a waiting time of over one year for individuals at the top of the list.
<b>Funding</b>	MH base funds are limited which affects the available of housing, community employment and other services. Even when Extended Acute Care is implemented, it will only be available to persons on MA, and will be a gap for county-funded cases.

**Transition-Age Youth (TAY): (Persons 18-26 aging out of children's services)** OBH, Magellan, providers and other stakeholders in both the children's' and adult behavioral health systems are working on multifaceted approaches to meet the needs and help the TAY target population transition successfully between the two systems. Increasing

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resources for TAY continues to be a major focus in both the child and adult systems. The Human Services website is being enhanced to include a specific page for TAY services so that those services and community based supports are easily identified.

<b>Strengths</b>	
<b>ACT Team Expansion</b>	OBH and Magellan are expanding ACT services to include a new 100 member team for MA eligible persons. 25-30% of the new caseload will be targeted to the TAY population. As of 4/30/15, 53% of the caseload or nine of the 17 were TAY.
<b>CRIF SDC Expansion</b>	The county is increasing the CRIF SDC II census by 20%, adding 10 new TAY consumers to the program caseload. Making this experimental recovery-oriented service available to TAY will be an important part of overall SDC research and study.
<b>Transition-Age CRR</b>	The county has operated a dedicated six-bed TAY CRR and a five-bed TAY SLS subsidy program for about 10 years. There is also a four-bed component of an adult CRR targeted to the TAY population.
<b>MY LIFE and MY Fest</b>	The Magellan Youth Leaders Inspiring Future Empowerment program has grown significantly since its inception. MY Fest events are also held in Magellan counties to build youth leadership capacity. <b>The 2015 event will be held in XXX again.</b>
<b>Hi-Fidelity Wrap Around</b>	Team-based collaboration serving children and TAY population up to 21 years of age.
<b>Unmet Needs</b>	
<b>TAY w/ASD Disorders</b>	There is a need to develop housing and community based programs and treatment for Transition-Age Youth with an Autism Spectrum Disorder (ASD) diagnosis.
<b>LGBTQI</b>	DelCo SOC will be providing a training on LGBTQI: Understanding Diverse Youth in System of Care. Overview of issues faced by LGBTQI youth & importance of creating a welcoming environment as well as risk factors that exist for LGBTQI youth.
<b>Trauma Informed Initiatives</b>	The DelCo SOC is planning to incorporate the principles and theory of Trauma Informed Care into the job descriptions of staff employed by Human Services as well as developing a training curriculum for employees and service providers.
<b>BCM Hi-Fidelity Wraparound</b>	The PA SOC Partnership will be offering a training curriculum on how BCM Units can incorporate the principles of High Fidelity Wraparound into their services. DelCo SOC will be requesting that we be offered this training content in Fall 2014.

### **Children: (Persons under 18)**

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

<b>Strengths</b>	
<b>MY LIFE and MY Fest</b>	The Magellan Youth Leaders Inspiring Future Empowerment program has grown significantly since its inception. MY Fest events are also held in Magellan counties to build youth leadership capacity. <b>The 2014 event will be held in DelCo again.</b>
<b>Hi-Fidelity Wrap Around</b>	Team-based collaboration serving children and TAY population up to 21 years of age.
<b>Bully Free Friends (BFF)</b>	BFF provides a safe, bully-free zone where middle/high school age youth who have been bullied find support and socialize. Parents are welcomed to stay and interact with health educators and other parents while the youth meet in another room.

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<b>Youth Mental Health First Aid</b>	This training model will be offered to our stakeholders, Human Services Support Staff and CYS staff.
<b>PEAK Training</b>	Parent Empowerment Through Advocacy and Knowledge (PEAK) trained 25 parents and caretakers over an 8 week period in youth serving systems and natural supports available to youth and families in DelCo. A second PEAK class is scheduled for Fall.
<b>Unmet Needs</b>	
<b>LGBTQI</b>	DelCo SOC continues to sponsor the annual LGBTQIAA training called over the Rainbow and Trans 101 with our LGBTQIAA Youth Group PRYSM.
<b>Trauma Informed Initiatives</b>	The DelCo SOC has incorporated Trauma Informed Principles into the Strategic Plan. A current group of leaders are developing an organizations assessment to determine next steps.
<b>BCM and Hi-Fidelity Wraparound</b>	The PA SOC Partnership has developed a pilot curriculum on how to integrate the philosophies of High Fidelity Wraparound into all LOC especially BCM. Once the Youth & Family Institute roll out the trainings, DelCo will be offering this to the providers.

## Special/Underserved Populations

### Individuals Transitioning Out of State Hospitals:

Since the closure of Haverford State Hospital (HSH) in 1998, OBH has overseen the transfer of 205 CHIPP discharges from the state hospital to the community. The current NSH bed cap is 15, a 93% reduction from the 220 beds at HSH at the time of the closure. The corresponding shift in state hospital funding to the county program has resulted in a proliferation of recovery-oriented, community-based MH services. As of 6/30/15, the county civil census is projected to be 20, seven over the FY 14-15 bed cap. FY 14-15 OBH successfully discharged three individuals which resulted in reduction of Delco's NSH bed cap to 13. As a result, Delco remains seven over-capped and will continue to pursue diversionary options in lieu of access to including the Regional Forensic Psychiatric Center (RFPC) in Building #51. FY 15-16, will continue to access the resources available within the infrastructure by successfully diverting individuals from accessing NSH, step-downs within structured CRS placements which in turn opens up appropriate discharge options for current state hospital residents.

<b>Strengths</b>	
<b>Continuity of Care Meetings</b>	OBH and NSH have a strong collaborative working relationship that effectively addresses issues related to: waiting lists, admissions, discharge planning, CHIPP Plans, Community Support Plans, bed caps and census.
<b>CHIPP Planning</b>	OBH works closely with NSH treatment teams and OMHSAS administrative personnel in planning for discharge of persons with 2+ year length of stay under the state's CHIPP Plan Guidelines.
<b>Community Support Plans (CSP)</b>	CSP's are completed for all individuals in the Civil and Forensic Units at NSH. OBH participates with NSH treatment teams and community providers in development of CSP's and tracks them post-discharge at 1, 3, 6, 9, and 12 month intervals.
<b>NSH Diversion Planning</b>	The OBH CRS Team continues to meet bi-weekly to plan for CRS target population referral and admission, as well as addressing NSH diversion and waiting list issues for both the Civil and Forensic Units.

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<b>Treatment Team Meetings</b>	OBH Community Liaison and Forensic Specialist staff participate in ongoing Civil and Forensic Unit treatment team meetings and plan discharges as applicable.
<b>Regional EAC Facility</b>	The four SE suburban counties and their MCO's have opened a 15-bed Regional Extended Acute Care (EAC) facility in FY 14-15. This inpatient facility serves the MA population.
<b>Unmet Needs</b>	
<b>Long-term Care Access</b>	As CHIPP plans have been implemented and bed caps have decreased over time, waiting lists have grown for state mental hospital access, particularly for court ordered cases of the justice-involved population.
<b>Housing</b>	With the discharge of more high-need CHIPP individuals, housing providers are challenged to successfully serve these individuals as they also must meet the high needs of the diversion, justice-involved, homeless, COD, and TAY populations.
<b>Regional EAC Facility</b>	While development of this resource will be a great help for long-term care access, it will only serve people in the community eligible for MA, and will not be available for the poor and uninsured who only have access to MH Base county-funding.
<b>Funding</b>	CRS providers, facing year after year of static MH Base funding, are experiencing significant challenges to successfully serve various high-need target populations. Periodic increased MH Base funding is needed to shore up these critical resources.

### Co-Occurring Disorders:

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

<b>Strengths</b>	
<b>Illness Management &amp; Recovery (IMR)</b>	The county has contracted with Dartmouth Psychiatric Center for several years to implement the SAMHSA evidence-based IMR approach in several provider programs including Dual Dx. IOP, CRS, ACT, CRP and Halfway House serving the COD population. IMR also has the new COD enhanced tool kit which is being implemented in Delaware County.
<b>Integrated Dual Diagnosis (IDD) Treatment</b>	Magellan and OBH continue efforts to increase provider competency in integrated screening, assessment and intervention for individuals with COD. Five provider sites are using the DDCAT (Dual Diagnosis Capability in Addiction Treatment) and DDCMHT (Dual Diagnosis in MH Treatment) tools developed by Dartmouth's Dr. Mark McGovern.
<b>COD Collaborative</b>	Magellan, OBH, and providers have resumed meetings of the COD collaborative to provide support, as providers implement changes based on the above audit results. Providers will continue to consult with Dr. McGovern through this process as well.
<b>Dual Diagnosis Treatment</b>	There are three providers with multiple IOPs, Three- 24 hour Inpatient units, and one Halfway House in the county serving the COD population. Magellan is working with several providers to develop Smoking Cessation programs, and one provider is developing a Health Home to include four nurses to conduct smoking cessation groups that will target this population.
<b>CIT Training</b>	There is a strong COD component presented by both MH and D&A faculty in the semi-annual CIT certification classes for law enforcement personnel.
<b>System Training</b>	In 2012, Magellan trained three providers in Dialectical Behavioral Therapy (DBT), an evidenced-based program proven extremely effective with individuals diagnosed with Borderline Personality, Eating Disorders, and Substance Abuse many of whom have COD.

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<b>CRS COD Housing</b>	OBH maintains a 10-bed CRR and a three-bed TPR targeted to the COD population. The CRR program has linkages to Dual Diagnosis IOP treatment programs.
<b>Inpatient DBT program</b>	The county's inpatient provider has implemented a Dialectical Behavioral Therapy (DBT) program that has reduced persons leaving treatment AMA by 30%.
<b>Specialty Courts</b>	There is a D&A Treatment Court with a largely COD population and a new MH Court that similarly has a high level of COD clients in its initial caseload.
<b>Unmet Needs</b>	
<b>Program Licensing/Staff Certification</b>	Providers have done some preparatory work for potential Dual Licensing to serve the COD population, but the regulatory requirements and approval process for this initiative still appears to be stalled at the state level. One provider does have COD competency credential.
<b>D&amp;A Peer Support</b>	Availability of billable Peer Support for persons in the D&A system, including the COD population, remains a gap when contrasted to available MH Peer Support. 1 D&A Halfway provider has a D&A Peer Specialist on staff and is included in Magellan's bundled rate.
<b>TraumaCompetent Providers</b>	Magellan/OBH used Andrea Meier of Dartmouth to train three providers in Traumaformed treatment to improve clinical outcomes and avert the revolving door in and out of higher levels of care. Fidelity reviews will be conducted assuring ongoing model adherence.
<b>Housing</b>	There are still gaps in housing for the COD population that continues to experience periodic relapse and abuse of substances that allows them to retain their housing.
<b>Funding</b>	County MH Base and D&A funding is very limited, and Block Grant reallocation has been needed to assure 12 month access to county funded D&A treatment services.

### Justice-Involved Individuals:

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

<b>Strengths</b>	
<b>Inter-System Administrative Forums</b>	The Criminal Justice Advisory Committee (CJAC), Cross-System Strategic Planning Committee (CSSPC), and DelCo Cares are the primary administrative forums for inter-system forensic planning and service development.
<b>Cross-System Mapping</b>	In 2010, OBH and criminal justice partners participated in a MH Justice COE led Cross-System Mapping to identify strengths and gaps and create a prioritized strategic action plan to develop and enhance forensic services in the county.
<b>Crisis Intervention Team (CIT)</b>	The CIT program has trained and certified 182 officers from 32 municipal police departments, two county park police, one university security officer, one state police officer, and one SEPTA security officer. CIT certification classes are held semi-

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	annually and faculty is comprised of consumers, families, providers and county personnel.
<b>Transitional Housing Program (THP)</b>	The new forensic THP, operated by the provider of the county's prison and Community Corrections Center facilities, opened in March 2014. This none-bed program is targeted exclusively to the forensic population.
<b>Forensic ACT (FACT) Team</b>	The county is converting a CTT program to a FACT model with technical assistance from the University of Rochester Medical Center. The Rochester R-FACT model is an evidence-based forensic intervention model that collaborates with the MH Court.
<b>MH Court</b>	The county implemented a new specialty MH Court in FY 13-14 to address the needs of the SMI/justice-involved population. There is a strong working relationship between the criminal justice and behavioral health systems in this new venture.
<b>Forensic Peer Support</b>	The county developed a contract with Peerstar, LLC, to implement a forensic CPS program. This model is both a jail in-reach and community-based peer mentoring model that uses an evidence-based Yale Citizenship approach.
<b>OBH Forensic Specialist</b>	In FY 13-14, OBH hired a dedicated Forensic Specialist to help oversee the myriad of forensic initiatives targeted to the justice-involved population.
<b>Behavioral Health Liaisons</b>	OBH and Adult Probation/Parole jointly fund 4 behavioral health liaisons at the GW Hill prison to coordinate treatment in the prison and in the community at release.
<b>DOC Max-out Tracking</b>	OBH staff, in conjunction with the Regional Forensic Liaison, track and develop release plans for the C and D roster priority max-out cases returning to DelCo.
<b>Unmet Needs</b>	
<b>Housing</b>	The CRS and mainstream housing systems are impacted by those owners/property managers who mandate criminal background checks as part of their screening process and exclude the majority of individuals with any level of justice-involvement.
<b>Funding</b>	Because the Housing Authority implements a criminal background check, the CRS system must provide Master Lease subsidies for persons with justice-involvement who otherwise would receive mainstream federal housing subsidy.
<b>RFPC Access</b>	Waiting lists continue to expand for access to the Regional Forensic Psychiatric Center (RFPC) at NSH. As of 6/20/14, there were 20 men and 8 women on the waiting list, with a wait time of about 9 months for the inmate at the top of the list.
<b>SMH Civil Section Access</b>	As the regional numbers of justice-involved individuals court-ordered to the NSH Civil Section has increased to more than 50, there is now a minimum wait time of roughly one year for those at the top of the list, making diversion a high priority.

## Veterans:

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

<b>Strengths</b>	
<b>Fairweather Lodge</b>	The Fairweather Lodge program has been serving Veterans for several years. The capacity of this evidence-based housing program is four-beds.
<b>Veterans' Court</b>	This is a relatively new specialty court in DelCo with a small caseload of 24. There are relationships with behavioral health providers and the Coatesville VAMC.
<b>VAMC Forensic Linkages</b>	The Coatesville VAMC Justice Outreach worker is involved with the new Veterans' Court Program and is a member of the CIT faculty training DelCo police officers.

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<b>VAMC Homeless Linkages</b>	The VAMC Homeless Outreach worker participates in the Homeless services coalition meetings and a Social Work Department staffer is a member of the new DelCo COC Governing Board.
<b>.100 Day Vet Housing goal</b>	DelCo participated in the Coatesville VAMC project to End Veteran Homelessness in 100 Days. DelCo housed 18 homeless Veterans, including 10 Chronic Homeless.
<b>SSVF Program</b>	DelCo received grant funding to provide outreach and case management to 35 Veterans and their families and 35 single Veterans living in permanent housing.
<b>VASH Vouchers</b>	The Housing Authority received an allotment of VASH Vouchers from HUD and adopted a Housing First approach to rapidly house eligible Veterans.
<b>Hero's Path Program</b>	DelCo received state funding to provide linkages and information about employment services to Veterans, including connecting them to prospective employers.
<b>Unmet Needs</b>	
<b>VA Treatment Access</b>	Some Veterans report not wanting to access treatment services through the VA system which places additional demand for service on the MH Base-funded system.
<b>Housing</b>	Veteran-specific housing tends to be utilized as soon as it becomes available. More VASH vouchers and access to more structured housing would be beneficial.
<b>Funding</b>	Funding for treatment is available through the VA, but many Veterans still choose not to access the VA, placing an additional burden on the MH Base-funded system.

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

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

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

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## Racial, Ethnic, Linguistic Minorities:

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

<b>Strengths</b>	
<b>Homeless PATH Services</b>	FY 14-15 PATH IUP data indicates 48% of the homeless clients and 64% of PATH staff are Black, while 48% of homeless clients and 36% of PATH staff are white.
<b>Deaf Services</b>	Contracts for Wrap-Around, Case Management, and BHRS in the childrens' system, and socialization and sign language interpreters in the adult system.
<b>CIT Training</b>	Cultural Competency is one of the 21 core curriculum content areas of each semiannual CIT certification training that has currently been provided to 182 DelCo police officers.
<b>In-Network Deaf Providers</b>	Magellan has several in-network providers to serve the deaf and hard of hearing population giving participants a measure of choice.
<b>In-Network Linguistic Providers</b>	Magellan has in-network provider linguistic competencies reflecting the county's minority populations. Intercultural Family Services staff speak over 20 languages. Some providers offer Spanish speaking telephone options and staff interventions.
<b>System Trainings</b>	Cultural competency trainings have been provided to contracted agency staff for several years. Magellan has online training content available to provider staff online.
<b>Documents and Interpreter Services</b>	Magellan is able to provide interpreters for members who call our Member Services Line; Magellan has translated letters based on a member's primary language; Member handbook and Newsletters are printed in Spanish.
<b>Unmet Needs</b>	
<b>In-Network Providers</b>	Adding new in-network providers will enhance service effectiveness, better meet participant demand (Spanish speaking staff), and, increase participant choice.
<b>System Training</b>	Need for ongoing trainings to increase stakeholder awareness and build staff competencies and diversity to better serve these under-served populations.
<b>Assess Staff Diversity</b>	Need to assess diversity of staff with respect to the racial, ethnic and linguistic composition of the populations served by various county programs (like PATH).

## Other: Homeless

OBH continues to have the lead coordination role for the DelCo COC through its Adult and Family Services Division. The local Homeless Services Coalition has been operating for 23 years, and recently adopted a Governance Charter and Governing Board to comply with new HUD HEARTH Act legislation. Successful compliance with federal COC requirements results in over \$4 million annually in homeless assistance funding, much of which supports the MH and COD homeless population. Additionally, OBH maintains substantial county MH Base funding to support the PATH outreach and Housing First programs, in addition to providing federally required match funding through MH Base and Reinvestment funds.

<b>Strengths</b>
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<b>Continuum Of Care (COC) Planning</b>	OBH has several staff who maintain leadership roles in the COC planning process and Homeless Services Coalition that has operated successfully for 23 years.
<b>HEARTH Act Governance</b>	In FY 13-14 a Governance Charter was drafted and a Governing Board constituted to comply with Federal HEARTH Act requirements.
<b>COC Services</b>	The county's COC has services for homeless SMI that include: Outreach, Emergency Shelter, Supportive Services, and Transitional and Permanent Housing.
<b>Local Match Commitment</b>	DelCo has long provided required federal match funding for homeless initiatives. Reinvestment funds have also been used when other match sources have ended.
<b>PATH</b>	OBH has maintained federal PATH grants through OMHSAS for many years to provide homeless street outreach and a Chronic Homeless Housing First program.
<b>Shelter Plus Care (S+C)</b>	OBH has also maintained two S+C grants for years that provide housing for the Chronic Homeless population. HUD recently consolidated these into one S+C grant.
<b>SOAR</b>	OBH worked with OMHSAS SOAR trainers to train 30 homeless case managers in the SOAR homeless model of expedited SSI/SSDI benefit application and awards.
<b>Unmet Needs</b>	
<b>Permanent Housing</b>	Access to permanent housing placements is particularly difficult for persons with SMI as their needs often exceed the availability of residential staff supports.
<b>Supportive Services</b>	HUD's funding formulas significantly reduced the availability of supportive services funding which in turn has made serving special needs populations very challenging.
<b>Mainstream Housing</b>	Housing Authority limited Section 8 voucher access impedes mobility of persons to exit the homeless system and enter mainstream housing, and clogs shelter beds.
<b>Funding</b>	Local MH Base match funds are potentially at-risk, and Reinvestment match funds must be replaced with a sustainable funding stream at some point.

### Other: MH/ID

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

<b>Strengths</b>	
<b>Administrative Forums</b>	OBH and OID both participate on the DelCo Block Grant Advisory Committee and in the Human Services Administrators meetings for joint planning/information sharing.
<b>MH/ID Case Review</b>	OBH and OID participate in ongoing case review forums for children and adults to identify needed services and plan joint service delivery for Dual Diagnosis clients.
<b>Inter-system Training</b>	OBH, OID and Magellan are developing a series of best practice Dual Diagnosis trainings for inter-system personnel. The first training will target Psychiatrists.
<b>CIT Training</b>	A consultant from PCHC provides instruction in MH/ID Dual Diagnosis curriculum content area to police officers attending the semi-annual certification program.
<b>Joint programming</b>	OBH, OID and their respective state offices have met to plan potential jointly funded RTF-A services using Reinvestment funds for start-up.
<b>Dually Diagnosed Treatment Team (DDTT)</b>	The county and Magellan issued a RFP to select a provider to develop a DDTT. Reinvestment funds are being used for the start-up of this team. The team is expected to come on line in FY 15-16.
<b>Unmet Needs</b>	

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<b>ID Staff Training</b>	Particularly on the residential side, due to impact of low salaries, there is a high need for better staff training to meet the MH needs of those in ID placements.
<b>Crisis/Inpatient Access</b>	Access and competent assessment/treatment is a problem in MH crisis services and inpatient units when the MH/ID population seeks services.
<b>Housing</b>	There is a lack of housing resources available to meet the primary residential and step-down needs of the MH/ID population.

**C. Recovery-Oriented Systems Transformation: efforts the county plans to initiate in the current year to address concerns and unmet needs.**

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

**Table C.1** (inserted) is the list of Transformation Priorities from the FY 14-15 CHS Plan. Most, if not all of these initiatives will continue to be implemented, tracked, and monitored in FY 15-16, and are updated accordingly, along with the addition of a couple of new initiatives that will be started in FY 15-16, in shaded area.

## DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

### C.1. Recovery-Oriented Systems Transformation Priorities:

Initiative	Brief Narrative	Time Line	Funding	Monitoring
<p><b>Justice-Involved:</b></p> <p>Rochester Forensic Assertive Community Treatment (R-FACT)</p>	<p>The R-FACT model will help the Mobile Assessment Stabilization &amp; Treatment (MAST) team develop a forensic ACT model serving a 100% forensic population. University of Rochester Medical Center (URMC) training enables the MAST team to enhance skills and criminal justice expertise.</p>	<p>URMC on-site training conducted 12/13 and 6/14. Telephone consultation and a 3<sup>rd</sup> on-site training to be conducted FY 14-15. Primary objective is to establish a baseline measure of R-FACT fidelity and train OBH and Magellan QI staff to conduct future remeasurements by 12/31/14.</p>	<p>Reinvestment</p>	<p>The RFACT model is being implemented over 18 months by URMC. Baseline, annual remeasurement, and outcome data will be set-up by URMC initially, and tracked ongoing by OBH, Magellan, and provider QI staff.</p>
<p><b>Justice-Involved:</b></p> <p>Forensic Peer Support Program (FPSP)</p>	<p>The FPSP model is being used to develop Peer Support services for the forensic population. Peerstar is providing FPSP services using the Yale citizenship model with Peers with lived forensic experience.</p>	<p>Peerstar initiated community-based FPSP services in FY 13-14 to complement the jail in-reach at the G.W. Hill prison. A full team of FPSP community CPS staff will be hired and trained in FY 14-15.</p>	<p>Reinvestment HealthChoices County Base</p>	<p>OBH/Magellan will oversee development of the FPSP community team and delivery of billable CPS services. OBH will continue to track the caseload as it builds toward full capacity.</p>
<p><b>Justice-Involved:</b></p> <p>Transitional Housing Program (THP)</p>	<p>THP is a forensic housing model implemented by CEC, Intl. THP is sited in a Community Corrections Center (CCC) facility. Target populations include discharges from NSH, diversions from NSH RFPC, DOC/SCI max-outs and county prison releases.</p>	<p>The Reinvestment-funded program admitted first resident April 2014. Four residents are anticipated to occupy the 9-bed resource by 6/30/14, including one FY 13-14 CHIPP individual discharged from NSH Civil Section. Full occupancy is anticipated to occur by 12/31/14.</p>	<p>Reinvestment</p>	<p>CEC, Intl. THP operation will be tracked by OBH CRS staff to assure attainment of full occupancy and monitored to determine actual length of stay versus the projected 6-9 month LOS, with emphasis on use of CRS step-down resources.</p>
<p><b>Adults:</b></p> <p>SSI/SSDI Outreach, Access, Recovery (SOAR)</p>	<p>SOAR is a nationally recognized SAMHSA model for assisting homeless individuals to apply for and rapidly acquire SSI/SSDI benefits.</p>	<p>OMHSAS trained 30 homeless case managers in FY 13-14, and first SOAR applications were filed. Significantly more applications FY 14-15 will be filed as SOAR case managers gain needed experience.</p>	<p>Reinvestment</p>	<p>The SOAR model, implemented by homeless system case managers, will have the number of applications and average time of benefit award tracked by OBH.</p>

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Initiative	Brief Narrative	Time Line	Funding	Monitoring
<b>Adults:</b> Supported Employment (SE)	SE is being implemented by Temple University using the SAMHSA toolkit with Clubhouse and Community Employment providers. System-wide training is being conducted for MH providers.	Temple finished SE fidelity training in FY 13-14 for 4 providers and conducted a conference and several trainings. Temple will conclude stakeholder training in FY 14-15.	Reinvestment	The SE model is being implemented over 18 months. Baseline, annual remeasurement, and outcome data will be set-up by Temple for OBH tracking/monitoring.
<b>Adults:</b> Local Lead Agency (LLA)	OBH has agreed to serve as the LLA to identify candidates, process referrals, and trouble-shoot landlord/tenant issues for Low Income Housing Tax Credit (LIHTC) and 811 Pennsylvania Housing Finance Agency (PHFA) funded projects.	OBH has identified a primary contact person for the LLA initiative, and will utilize the Local Housing Options Team (LHOT) for identification and referral of disabled tenants to LIHTC projects. There are no qualified projects as of June 2014.	MH Base and other agency in-kind service	OBH will implement and oversee the LLA functions for LIHTC/811 projects as needed with involvement of other Human Service agencies serving disabled populations through convening of the LHOT.
<b>Transition-Age:</b> Assertive Community Treatment (ACT)	A new DelCo/ACT team is being developed with capacity for 30% Transition-Age Youth (TAY). Clinical, rehabilitative, employment and peer support services will be tailored to TAY population needs.	Horizon House began operation of DelCo ACT in FY 13-14 with 9/17 or 53% of initial caseload as TAY. The agency will continue to track and report TAY admissions as they build caseload to 100 member capacity.	Reinvestment HealthChoices	OBH and Magellan oversee referrals, admissions, utilization, outcomes and ACT fidelity. The percent admissions and retention rate for TAY cases will be tracked ongoing.
<b>Children:</b> Pivotal Response Treatment (PRT)	Clinicians trained/credentialed 5/13	Referrals will begin Fall 2013	HealthChoices - Still being determined	Magellan will provide the oversight to the model. The Developers Robert & Lynn Koegel will also be involved in the training of new clinicians.
<b>Children:</b> <b>Youth MHFA</b>	Under MH Matters Grant funding, DelCo was able to have four YMHFA instructors trained and certified in FY 13-14, and initial trainings were provided for 119 system staff.	Under new SOC initiative, YMHFA training will continue as priority for stakeholder education. CYS, JPO and VFMA will next entities to undergo training in FY 14-15	MH Matters County Grant	OBH Childrens' Coordinator is taking the lead in planning and documenting YMHFA training and staff certification per National Council requirements.

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Initiative	Brief Narrative	Time Line	Funding	Monitoring
<b>Adults: MHFA</b>	Under MH Matters Grant funding, DelCo was able to have nine MHFA instructors trained and certified in FY 13-14, although no trainings have been done as of June 2014.	Under the DelCo Cares initiative, MHFA training will be provided in FY 14-15 to all colleges/universities interested. Penn St, DCCC, and VFMA are the first to book trainings.	MH Matters Regional Grant	3 OBH Instructors will take the lead in planning and documenting MHFA training and staff certification per National Council requirements.
<b>Adults: SAMHSA TTI Grant</b>	Working with OMHSAS, the CRIF Operations Team was successful in obtaining a SAMHSA TTI grant to document the CRIF SDC model in DelCo and replicate it in other PA counties and nationally.	Temple and the MHASP received contracts for TTI funds to develop a CRIF manual, create a fidelity tool, document CRIF II outcomes, and create a financial sustainability plan in FY 14-15.	Reinvestment SAMHSA TTI Grant	OBH and Magellan will work with OMHSAS to track and report outcomes on the various TTI deliverables to NASMHPD and SAMHSA as defined in state/county/federal contracts.

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# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

## INTELLECTUAL DISABILITIES

The Delaware County Office of Intellectual Disabilities (OID) remains committed to flexibility in funding services from various financial sources. Services can be funded through the use of Base funding, Waiver capacity or Medical Assistance. The primary goals in the use of Base funding are to promote individual independence, support life in the community in the least restrictive setting to meet individual needs, and reduce the cost of services including residential placement.

**Needs Assessment** – OID will monitor the number of individuals served in each goal category, as well as the funds expended, utilizing data in HCSIS and the County and State databases. Strategies will be re-examined and revised as necessary.

### OID BASE GOALS AND OUTCOMES

BASE GOALS	TARGET NUMBER/PERCENT	HOW TO TRACK
Fund temporary or permanent services (“bridge funding”) to individuals in emergency situations until Waiver conversion or to prevent placement	N = 25	Require special Base funding request process; Base Authorization Report
Supplement P/FDS Funds with Base	N = 20	Require Special Base Funding Request Process; Base Authorization Report
Increase Supported and Competitive Employment	N = 24	Base Authorization Report and Individual Tracking
Increase Number of Individuals in Lifesharing	N = 4	Base Authorization Report
Continue Base Funding for Individuals in Residential Placement as Appropriate	N = 55	Base Authorization Report (number will decrease through attrition)

**Monitoring of Goals** – The number of individuals served in each category will be tracked, as well as the amount of funds expended. These figures will be examined monthly and strategies will be revised as necessary to achieve the desired outcomes.

**Continuum of Services** – OID provides a wide array of services ranging from those provided in the community to those provided out-of-home. Services include Supports Coordination, Family Support Services (includes camps, respite, in-home staffing, transportation, and home adaptations), Supported Employment, day services, community and large congregate residential care, Lifesharing, Participant Driven Services, and Behavior Support, among other specialized services. Supports Coordinators work with individuals to maximize familial support and community resources. Families are also linked to advocates, and other service systems.

# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

**Strategies** – Many individuals have no immediate need for services and receive only Supports Coordination services. Others require minimal supports and may receive services through FSS or other Base funding; while others may need more intensive levels of service and may be waiting for Waiver capacity. For those with immediate needs for whom there is no Waiver capacity, the individual may be supported through cross system services and/or community supports; the family may be offered Base funded Family Support Services; or in emergency situations, the individual may receive more extensive services and supports utilizing Base funding up to and including residential care. Strategies to serve the maximum number of individuals and stretch base dollars include:

- Providing Base “bridge” funding to pay for emergency residential placements or extensive in-home services until Waiver capacity is available.
- Using Base funds to supplement services for individuals in the P/FDS Waiver program that have reached the financial cap, but who do not require significant funding to warrant conversion to Consolidated Waiver.
- Increasing promotional and educational strategies, and collaborating with providers and advocates to increase the number of individuals in Lifesharing.
- Supporting individuals who are no longer eligible for OVR services but require continued Supported Employment, and excessive waiver funds are not needed.
- Collaborating across service systems and accessing natural community supports to ensure maximum use of resources and to reduce use of Base funds.
- Reducing ongoing use of Base funding for permanent Base residential placements through attrition and through conversion of some individuals to Waiver funding, if possible; with savings applied to serve additional individuals in need.
- Increase the number of individuals served under the FSS program that warrant services, but do not need significant funding that would require P/FDS or Consolidated Waiver funding.

	<b>Estimated/Actual Individuals Served in FY 14-15</b>	<b>Projected Individuals to be served in FY 15-16</b>
<b>Supported Employment</b>	23	24
<b>Sheltered Workshop</b>	24	24
<b>Adult Training Facility</b>	17	18
<b>Base Funded Supports Coordination</b>	410	420
<b>Residential (6400)</b>	58 (does not include temporary emergency placements)	55
<b>Lifesharing (6500)</b>	2	3
<b>PDS/AWC</b>	0	0
<b>PDS/VF</b>	2	3
<b>Family Driven Family Support Services</b>	174	180

# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

**Supported Employment** – Supported Employment services include job finding, job placement, and ongoing support at the work site as needed, and are provided by several agencies operating in the County. If the team determines that the individual is able to work or be trained to do so, individuals are always referred to OVR initially for assessment and services. As OVR services phase out or if OVR does not pick up the individual for services, Waiver or Base funding will be awarded to pay for services and supports by Providers. In FY 14-15, two new individuals were added using Base funds to prevent them from losing jobs they had held for a number of years. In FY 15-16 OVR expects to increase the number of new individuals in Supported Employment utilizing Base funding (if Waiver funding is not available) and Waiver capacity. The Employment Forum created in February, 2012 stepped up its efforts in FY 14-15, offering three training sessions. Two of the sessions were for families and system stakeholders. The third session to be held in June, 2015, is specifically targeted toward local businesses to encourage them to hire individuals with Intellectual Disabilities. The funding to support these trainings has come from the Block Grant. Significant portions of the Employment Forum’s strategic plan have been implemented and will continue into FY 15-16. The four primary areas identified for work include Information, Outreach, Training, and Obtaining and Retaining Employment. The group continues to reach out to additional stakeholder members, especially school districts and businesses. Through various strategies, the goal is to increase the number of individuals in supported or competitive employment by at least 5% regardless of funding source. These strategies include:

- Collaborate with stakeholders
- Encourage customized employment
- Create skill development activities in day programs
- Develop and host informational events
- Develop and maintain relationships with local businesses

In FY 14-15, approximately 168 Individuals were employed either part or full time, with some individuals working at provider agencies. The vast majority were working in community settings. These figures are likely an underestimate of the number of individuals working in the community, as those that do not require supports may be working but this data has not historically been recorded.

**Reduction in Long Term Base Funding for Residential Settings** - In FY 15-16, all nine Delaware County Base funded individuals living at Rosehill, a private licensed facility, will be relocated to other placements. Base funds for four of the individuals will be returned to state as match for federal funds to create three Waiver placements. The remaining six individuals will move into ICF/ID placements which are completely federally funded. This will enable the County to return Base funds to the Block Grant. However, due to temporary placement for emergencies and need for placement for those that cannot be converted to Waiver funding, some additional Base funding will be needed.

# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

**Base Funded Supports Coordination** – OID currently provides Supports Coordination (SC) as part of the county office and also subcontracts with other SCOs to provide SC services to approximately 402 Base funded individuals. Base funds are used to provide SC services for individuals that do not have MA (or are in an MA category that does not cover case management), as well as those individuals living in private and state ICF/ID programs. Supports Coordinators will continue to support the transition of individuals from State centers and ICF/ID programs to the community. At this time, no individuals residing in state centers have requested to move into the community. However, several individuals have moved out of ICF placements or residents of those facilities have passed away, resulting in a decrease of nine individuals living in ICF/ID placements. However, it is anticipated that approximately six individuals will move from a Base funded Private Licensed Facility into ICF/ID placements due to the facility closure. This requires Supports Coordination to facilitate these movements.

**Family Support Services** – Family Support Services have long been a source for supports for individuals that do not have Waiver or other sources of funding and live at home with their families. FSS funding keeps families together in their own homes and communities. Through intelligent use of these funds, this program has been able to serve increasing numbers of individuals each year. Services such as home adaptations, vehicle adaptations, respite, summer camps, transportation reimbursement and in-home support staff, among others, enable individuals to remain in the community and avoid higher levels of service or funding. In particular, the program provided increased reimbursement for transportation services in 14-15. In addition, camp and respite care have been increasingly needed services. Not only do they provide a valuable service for the individual, but they give the family a much needed break from the constant care for their loved one. It is anticipated that all services, including reimbursement for transportation and respite/camp services, will continue in FY 15-16. We find that families are grateful for any funding any assistance they receive. According to the Deputy Administrator for the Administrative Entity in OID, “A little money goes a long way and reaps many benefits for individuals and families”. The funding amount of \$150,000 will remain the same in 15-16 and we anticipate that a slightly increased number of individuals will be served. As individuals convert to Waiver funding, new individuals can be added for supports.

**Lifesharing Options** – Thirty-three individuals have been served in Lifesharing in FY 14-15; two of these individuals were Base funded. Plans for FY 15-16 include serving one additional individual from the community in Base funded Lifesharing. This service continues to be discussed as an option at all ISP meetings for individuals in residential care. In addition, Lifesharing informational events will be held throughout the year to hopefully increase family and individual interest in this option.

**Cross Systems Communications and Training** – OID coordinates with a variety of entities in the service system including OVR, the County Assistance Office, local school districts, the Intermediate Unit, the Transition Council, the justice system, EPSDT, insurance company Special Needs Units, Local Housing Options Team (LHOT), SEPTA,

# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

Community integration Network (health), the Children's Cabinet, the Right to Education Task Force, Magellan Behavioral Health, and many other private and public agencies. These efforts decrease the likelihood that individuals will require more costly services and/or placement in the OID system. OID also meets regularly with other Delaware County Human Services Departments. For example, Dual Diagnosis Adult Collaboration Meetings between OID and OBH each occur every few months. Use of mental health resources in combination with OID Base funding have enabled the system to thus far avoid any State Center/State Hospital admissions. OID and OBH are also planning for Residential Treatment Facility for Adults (RTF-A) temporary residential care, and a Dual Diagnosis Treatment Team (DDTT) to support individuals with dual diagnoses in the community. Both initiatives will be in place by FY 15-16. COSA was awarded a grant on behalf of elderly individuals with ID and their elderly parents. Training for COSA and OID staff will take place in FY 15-16. OID also offers trainings about its services in various forums and invites outside groups to present their services to OID staff. The goals of these efforts are to ensure that staff appropriately support individuals, and to avoid institutional placement.

**Emergency Supports** – Despite the scarcity of Waiver capacity to meet the need, OID is able to manage Base funding and other available resources to assist individuals in emergency circumstances. Whenever possible, supports are provided to maintain individuals in their community homes and to avoid residential placement. If an individual is in emergency need of supports, a special Base funding request process must be followed and approval obtained before Base funding can be used. Base funds can be used for in-home or other community supports, or for temporary residential placement. The ultimate goal is to convert funding to P/FDS or Consolidated Waiver as soon as possible. In FY 14-15, OID spent over \$720,000 in Base funds for emergency support services and temporary placements. These efforts will continue in FY 15-16. If the emergency need occurs outside of normal work hours, OID has an on-call system in which an OID professional works with the family, individual and/or provider to secure needed supports.

**Administrative Funding** – OID complies with all of the requirements of the AE Operating Agreement. All required functions have been maintained despite the addition of multiple ODP directives. These directives have required the implementation of new and complex processes; resulting in increased need for training and a strain on all OID staff. Given rising requirements for new processes and procedures and rising operating costs, the Administrative Entity is unable to withstand any budget cuts without significant consequences to its ability to comply with all of the ODP requirements.

## HOMELESS ASSISTANCE SERVICES

# **DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16**

Describe the continuum of services to homeless and near homeless individuals and families within the county. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

## **Continuum of Care for Homeless and near Homeless Individuals and Families**

**Homeless Services Coalition** In 1991, representatives from three county offices along with several homeless service providers spearheaded the creation of the Homeless Services Coalition (HSC). Over the past two years, the HSC has been in transition as we are implementing the requirements of the HEARTH Act.

The CoC has an 18 member Governing Board (GB) with 5 standing committees, a governance charter, a CoC Advisory Team and the full membership of the HSC with recently restructured committees. This structure allows us to stay informed and on line with the needs of the homeless population in Delaware County.

The HSC is the center our CoC structure. With over 100 members and a shared mission, public and private organizations have invested their time and efforts in the HSC for the very purpose of collaboration, identifying, and addressing gaps. Dedication and volunteerism are the driving forces in our collaboration. Meeting attendance, sub-committee participation and partnerships in new programs are vital to our 23 year success. These activities ensure information sharing, discussion of gaps, CoC outcomes evaluation, and developing gap implementation plans. Consumer participation brings their voice to the table. County Offices comprise the CoCAT and functions as an advisory to the HSCGB. The CoCAT meets 15-20 times/year to further address the ever changing CoC housing gaps, funding, HMIS, and performance issues. Annual Countywide meetings allow all stakeholders the opportunity to discuss CoC priorities, plan for meeting identified needs and gaps and discuss our progress on reducing the number of people who become homeless.

When systemic CoC needs are identified, they are brought to the GB and CoCAT for discussion, planning, and decision making purposes. Responsibilities under the HSCGB and CoCAT include management of the CoC via a governance charter, implementing the CoC, developing, 10 Year Plan and implementing coordinated intake and assessment countywide.

Our CoC System has six components: Outreach, Prevention, Emergency Shelter, Transitional Housing, Permanent Supportive Housing, and Supportive Social Services. Each component has many services available to meet the varying needs of the homeless population.

## **CoC System Priorities & Funding Sources**

Delaware County CoC has the following five Priorities, which mirror the Federal Plan priorities.

# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

As the HSC Governing Board begins their oversight of our CoC, they will be closely monitoring program performance, cost effectiveness and developing outcomes and measures so that our CoC continually improves.

**CoC System Priorities & Funding Sources-** Delaware County CoC has the following four Priorities, which mirror the Federal Plan priorities.

	<b>Priority Area</b>	<b>CoC Service Action Plan</b>	<b>Achievements</b>	
1	Reduce the number of people who become homeless	Prevent homelessness via intake, assessment, housing counseling services and emergency financial assistance	<b>2014</b>	<b>2015</b>
			Singles 253	276
			Families 257	160
			Total 510	436
	Reduce the length of stay for those who become homeless	Decrease shelter length of stays by moving homeless people into an array of transitional housing and rapid-rehousing programs	To be determined	
3	Reduce Homeless Recidivism	Provide Permanent Housing solutions to at risk populations; and provide support, tracking and follow-up services to those who become stability housed.	Baseline is 9% of families served have been homeless more than once in the past 3 years.	
4	Promote financial security	Provide opportunities for income growth and ensure all access to mainstream resources.	Income task force	
5	HMIS/Program Outcomes	Maintain an operable HMIS system capable of drawing data for the purpose of program evaluation to determine CoC performance and use for system wide planning	CoC system performance data is currently being analyzed.	

As the HEARTH ACT implementation continues, many changes are foreseeable in our CoC, particularly with ensuring the HSC operates as a governing charter, formalizing centralized intake services, reducing the length of shelter stay and ensuring more permanent housing beds are available to meet the needs of our priority populations.

### **CoC Gaps Analysis, Unmet Needs and Priority Populations**

Each year, the CoC is required to update our unmet needs for Emergency Shelter, Transitional Housing and Permanent Housing Beds. Based on data collected in our HMIS, Point-in-Time (PIT) counts of sheltered and unsheltered people and our current bed capacity and utilization rate from the Housing Inventory Chart (HIC), the following PIT gaps are identified for FY 15-16. The HIC also provides data on bed utilization.

	<b>Need For Beds *</b>	<b>Available Beds</b>	<b>Gap in Bed #</b>
<b>Emergency Shelter</b>	341	341	0
<b>Transitional Housing</b>	303	278	25
<b>Permanent Housing</b>	451	386	65
<b>Total</b>	<b>1095</b>	<b>1005</b>	<b>90</b>
<b>Chronically Homeless</b>	60	49	11

# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

\* Need for beds is determined by the waiting lists and an estimate of persons who need that program as the next step from shelter or transitional housing.

The following PIT counts were conducted on January 28, 2015.

	Emergency Shelter	Transitional Housing	Unsheltered	Total
<b>Persons in Families with Children</b>	<b>118</b>	<b>42</b>	<b>0</b>	<b>160</b>
<b>Persons in Households without Children</b>	<b>167</b>	<b>49</b>	<b>60</b>	<b>276</b>
<b>Total Persons Counted</b>	<b>285</b>	<b>91</b>	<b>60</b>	<b>436</b>

**Priority Sub-Populations** - Based on data from the PIT count on 1/28/15, it is estimated that 42% of homeless persons counted have a severe mental illness; 22% have chronic substance issues; 1% fall within the Intellectual Disability guidelines, 10% are aging, and 12% are transition-age youth. In addition, we had 30 chronically homeless individuals and homeless families identified. There were 10 veteran households also identified (Federal priority).

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

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

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

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

The HAP service priorities are:

1. Maintain the operations of seven shelter programs and two day center programs
2. Fund intake services for homeless families and adult only households
3. Fund Homeless Prevention Assistance

# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

4. Fund Transitional housing or rapid re-housing programs that leads to stable housing

## HAP Components

The 20215-16 HSBG Homeless Assistance allocation plan is based on level funding and continuing the priorities established in the 2014-15 Plan. There are no major changes to the plan for FY 2015-16. The funding priorities for the HSBG HA dollars are to support the shelter programs, as this is one of the three major funding sources for shelter; intake and coordinated assessment services for homeless and near-homeless persons and transitional and rapid-rehousing related programs.

	Estimated/Actual Individuals served in FY 14-15	Projected Individuals to be served in FY 15-16
Bridge Housing	None	None
Case Management	650	650
Rental Assistance	160	160
Emergency Shelter	540	540
Other Housing Supports	35	35

**For Each HAP Service Component, describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided).**

**Bridge Housing:** *NOT APPLICABLE – This service is not provided as we eliminated it over the last 2 years due to funding reductions and system changes.*

### Case Management: No Changes for FY 15-16

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

### Rental Assistance: No Changes for FY 15-16

Provider	Service Area	Description	Program Evaluation
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## DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

Community Action Agency	Rent Assistance	Homeless prevention financial assistance for rental arrears to prevent evictions and utility assistance.	Number of Households where homelessness was prevented or diverted.  Number of households re-housed.  Average payments per household.
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### Emergency Shelter: No Changes for FY 15-16

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

### Other Housing Supports: No Changes for FY 15-16

Provider	Service Area	Description	Program Evaluation
Community Action Agency	Specialized Transitional Housing	This transitional housing program supports families coming from shelter whose income is almost sufficient to support their monthly housing costs with a decreasing rental subsidy.	Shelter exits to permanent situations.  Increase in income.  Increase access to mainstream benefits
	This program may end in FY 15-16		

### County level measures monitored by the County Planning Team – Program

The County Planning Team will monitor the following measures to ensure programs operate efficiently and are cost effective.

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

### Describe the current status of the county's HMIS implementation

# **DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16**

Delaware County implemented the CARES Homeless Management Information System (HMIS) in 2007. Our system is web-based and has 59 programs and 125 users from 15 organizations. Our HMIS has the following functions: intake, case management, assessment, service planning, outreach module, online referral, daily bed register, and inter-agency data sharing. In 14-15, we conducted a major update to comply with the revised HUD Data standards and began our process to implement a Permanent Housing Clearinghouse. Our HSC HMIS/Performance Governing Board Committee has also been working on analyzing system wide data which will provide us with new baseline data to measure our progress in several CoC system performance standards. We also hope to implement scanning and electronic filing of homeless verification documents in 15-16.

## **CHILDREN AND YOUTH SERVICES (PREVIOUS PLAN - CHILD WELFARE)**

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

The CYs Housing Initiative, Family Group Decision Making and Multi-Systemic Therapy are integrated into the County Human Services Block Grant and all are key pieces of the continuum of services provided by the agency. The Housing Initiative has evolved over several years into a wide ranging program, providing temporary emergency shelter, transitional housing services, case management and emergency financial assistance to county families. CYs has worked collaboratively with the county's Adult and Family Services (AFS) and Homeless Assistance Services to insure a broad array of services are available to meet the needs of homeless individuals and families in the county. Children do not enter out of home care solely based on the family's lack of stable housing. CYs has requested adjustments through the Needs Based Plan and Budget process to support the housing initiative and insure funding is available to fully implement the program. The Housing Stability/Financial Assistance component of the Housing Initiative provides financial assistance to prevent evictions, help with utility shut-offs, provide initial move-in costs and shallow rent assistance in emergency situations. This flexible funding has prevented homelessness, supported self-reliance, and has insured shelter space is available for these families and individuals most in need.

Multi-Systemic Therapy (MST) has been utilized by the CYs and the Office of Juvenile Probation for several years to work with adolescents with chronic behavioral issues and parent child conflict, at imminent risk of out of home placement. In Delaware County,

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MST is provided by Child Guidance Resource Center. It focuses on placement prevention and stabilizing the youth and family situation. It is a MA funded service and funds from the block grant are used to fund salary and benefits for a case manager that assists with the MA application process. MST has been successful in preventing placement for over ninety percent of youth receiving the service.

Family Group Decision Making (FGDM) is funded partially through the Human Services Block Grant. The program has been expanded over the past three years with requests for additional funding made through the Needs Based Plan and Budget process. The number of referrals for Family Group Decision Making (FGDM) doubled over a one year period. FGDM has been successfully used to prevent out of home placement, identify kinship resources, build supportive family networks, and establish life connections for older youth. Act 91, which expands criteria for transitioning youth to remain in foster care beyond the age of 18, also re-focuses attention on the necessity of identifying and developing strong life connections for all youth and FGDM has been utilized to support these efforts. FGDM has also been successful for youth under the Shared Case Responsibility of CYS and Juvenile Probation, to negate the need for the youth to move from out of home placement in the delinquency system out of home care in the dependency system by fully engaging the family network to make a safe plan for the youth.

CYS has identified three service outcomes that the county hopes to achieve as a result of child welfare services funded through the block grant. Outcomes are congruent with outcomes and measures cited in the annual Needs Based Plan and Budget and support the tenets of safety, permanency and well-being.

<b>Outcomes</b>	
<b>Safety</b>	<ol style="list-style-type: none"> <li>1. Children are protected from abuse and neglect.</li> <li>2. Children are safely maintained in their own home whenever possible and appropriate.</li> </ol>
<b>Permanency</b>	<ol style="list-style-type: none"> <li>1. Children have permanency and stability in their living arrangement.</li> <li>2. Continuity of family relationships and connections if preserved for children.</li> </ol>
<b>Child &amp; Family Well-being</b>	<ol style="list-style-type: none"> <li>1. Families have enhanced capacity to provide for their children's needs.</li> <li>2. Children receive appropriate services to meet their educational needs.</li> <li>3. Children receive adequate services to meet their physical and behavioral health needs.</li> </ol>

<b>Outcome</b>	<b>Measurement and Frequency</b>	<b>All Child Welfare Services in HSBG Contributing to Outcome</b>
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## DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

Continuity of family relationships and connections is preserved for children	Thirty percent of all FGDM conferences will identify potential kinship caregivers for children who require out of home placement. This will be measured quarterly through tracking and follow-up for all FGDM conferences.	Family Group Decision Making
Children are safely maintained in their own home whenever possible.	Less than 10% of children and families accepted for service by CYS and receiving services through the CYS Housing Initiative will require out of home placement. This will be measured quarterly through tracking and follow-up for all CYS involved families receiving services through the Housing Initiative.	Housing Initiative
Children are safely maintained in their own home whenever possible.	Eighty percent of youth referred for MST services will successfully complete the program and will not require out of home placement. This will be measured quarterly through tracking and follow-up for all county involved families receiving services MST services.	Multi-Systemic Therapy

For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.

Program Name:	Family Group Decision Making
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2014-2015	Y			
New implementation for 2015-2016	N			

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Funded and delivered services in 2014-2015 but not renewing in 201-2016	<b>N</b>			
Requesting funds for 2015-2016(new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			<b>X</b>	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

Family Group Decision Making is a practice of empowering family members to create a plan to address concerns identified by child welfare agencies. During a FGDM conference, family members, friends, child welfare workers, and other professionals discuss the family's strengths, concerns, and resources in order to create a plan to promote safety, permanency, and well-being for the family. CYS FGDM in FY 12-13, with a focus on improving life connections for older youth, increasing kinship care for youth that require out of home placement and providing support and structure for families to prevent placement of children in out of home care. FGDM has continued to grow, with additional funding requested through the Needs Based Plan and Budget process.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.

**Complete the following chart for each applicable year.**

	<b>14-15</b>	<b>15-16</b>
<b>Target Population</b>	**See below	**See below
<b># of Referrals</b>	82	96
<b># Successfully completing program</b>	65	96
<b>Cost per year</b>	***\$40,500	***\$40,500
<b>Per Diem Cost/Program funded amount</b>	\$3000 / conference \$1000 / referral w/o conference \$250 / unsuccessful referral	\$3000 / conference \$1000 / referral w/o conference \$250 / unsuccessful referral
<b>Name of provider</b>	A Second Chance Community Service Foundation	A Second Chance

# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

\*\* FGDM has been offered to families receiving child welfare services, to create a family plan to address ongoing child welfare concerns. FGDM has been utilized for families with children in out of home care to explore kinship resources. It has also been used to build and sustain kinship support systems to prevent placement when families are struggling. FGDM has been successful in engaging life connections for transition age youth and has been used with Shared Case Responsibility youth to seek family alternatives so a youth does not move from a delinquency placement to a dependency placement.

\*\*\* Funding through the Human Services Block Grant provided funds for 13 FGDM conferences. Additional funding for FGDM was requested through the Needs Based Plan and Budget process. The referral numbers in the chart reflect all FGDM conferences completed by the agency in the fiscal year.

Program Name:	Multi-Systemic Therapy
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2014-2015	Y			
New implementation for 2015-2016	N			
Funded and delivered services in 2014-2015 but not renewing in 2015-2016	N			
Requesting funds for 2015-2016 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

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

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

## DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	14-15	15-16
<b>Target Population</b>	CYS and JPO involved youth with chronic delinquent behavior and serious emotional concerns. Priority is given to youth at imminent risk of out of home placement	CYS and JPO involved youth with chronic delinquent behavior and serious emotional concerns. Priority is given to youth at imminent risk of out of home placement
<b># of Referrals</b>	125	125
<b># Successfully completing program</b>	90	90
<b>Cost per year</b>	\$33,017	\$33,017
<b>Per Diem Cost/Program funded amount</b>	**see below	** see below
<b>Name of provider</b>	Child Guidance Resource Center	Child Guidance Resource Center

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

If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

All funds were fully utilized.

<b>Program Name:</b>	Housing Initiative
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2014-2015	Y			
New implementation for 2015-2016	N			
Funded and delivered services in 2014-2015 but not renewing in 2015-2016	N			
Requesting funds for 2015-2016 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			<b>X</b>	

# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

The CYS Housing Initiative has been in existence for several years and has been a primary component of the agency's placement prevention efforts. The Housing program consists of five components, funded through the Human Service Block Grant with some additional funding requested through the Needs Based Plan and Budget process.

The Temporary Emergency Shelter Program provides temporary hotel placement for families facing homelessness, but not necessarily experiencing child welfare concerns that would require CYS Intervention.

The Family Management Center is a homeless shelter working only with families accepted for services with CYS. Family Management Center provides three to nine months of emergency shelter, along with case management services, support groups and life skills education to promote self-sufficiency for families.

The Transitional Housing Program works with higher functioning families, accepted for service by CYS. Families are placed in housing units where they live independently and receive case management services, rental subsidies, counseling and other community based services. Under the auspices of the Transitional Housing program, the agency has also built in emergency financial assistance used to prevent evictions and emergency utility shut-offs as well as provide assistance for move-in costs and shallow rent assistance for temporary hardship.

Wesley House is the lone homeless shelter in the city of Chester that provides emergency housing to families with children, without the requirement of CYS involvement. Due to increased need, Wesley House has also provided shelter to CYS involved families who could not be served through the Family Management Center. The continued funding of Wesley House is essential to child safety and prevention of placement.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	<b>14-15</b>	<b>15-16</b>
<b>Target Population</b>	Homeless families and individuals requiring emergency shelter and / or assistance.	Homeless families and individuals requiring emergency shelter and / or assistance.

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<b># of Referrals</b>	*see below	*see below
<b># Successfully completing program</b>	*see below	*see below
<b>Cost per year</b>	\$1,047,838	\$1,047,838
<b>Per Diem Cost/Program funded amount</b>	*see below	*see below
<b>Name of provider</b>	Community Action Agency of Delaware County	Community Action Agency of Delaware County

The Temporary Emergency Shelter Program provided shelter to 72 households in FY 14-15, serving 97 adults and 174 children. The Temporary Emergency Shelter program has capacity to serve the same number of households in FY 15-16. The program has unit costs ranging from \$69.00 to \$79.00 per day.

The Family Management Center provided shelter to 31 families in FY 14/15, consisting of 35 adults and 55 children. Twenty two families were discharged from the shelter in FY 14-15. The program has capacity to serve 40 families in FY 15/16, at a unit cost of \$97.93 per day.

The Transitional Housing Program provided case management and rental subsidies to twenty two households in FY 14-15, consisting of 29 adults and 45 children through the third quarter of the fiscal year with three additional households consisting of three adults and 10 children scheduled to enter transitional housing in the last quarter of the fiscal year. Five households were not able to successfully complete the program. All other families remain in the program. The program has unit costs ranging from \$41.00 to \$57.00 per day.

The Emergency Financial Assistance program provided financial assistance to twenty seven households, consisting of 51 adults and 109 children. Unit costs for the program ranged from \$100 to \$3700. The program will have capacity to serve the same number of households in FY 15/-6.

Wesley House provided shelter to 60 households in FY 14-15, consisting of 71 adults and 95 children. Twenty five households were successfully discharged from the program, moving into independent housing or another supportive housing program. The unit cost for the program is \$85.11 per day. The program will have the capacity to serve the same number of households in FY 15-16.

If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.

All funds were fully utilized.

# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

## DRUG AND ALCOHOL SERVICES

Delaware County provides drug and alcohol treatment services for adolescent and adults, primarily through contracts with six in-county provider agencies. Services include: screening and assessment; outpatient counseling for adolescents and adults; opioid treatment, including methadone maintenance; continuous treatment team programs for individuals with long-term disabling alcohol and drug dependence disorders; less intensive case management services offered through the outpatient counseling agencies; detoxification; and residential services.

The residential services include short-term/variable length-of-stay treatment (30 days or less), long-term treatment, and halfway houses. In addition to serving women in all of the residential treatment programs. Services are available to all who meet the necessary criteria based on a level of care assessment. Once individuals are assessed, they are referred to a Delaware County contracted agency that provides drug and alcohol treatment services. By accessing county-wide treatment, residents will receive the following services:

- Screening and Comprehensive Assessments
- Determination of appropriate treatment placement based on client needs
- Consultation and Education materials
- Referrals and linkages to other services within the treatment provider network

Delaware County also continues ongoing coordinated efforts with staff from the CAO offices to help facilitate appropriate funding for Delaware County residents while receiving Drug and Alcohol treatment.

Delaware County's three anchor providers have minimal waiting list issues for assessments and/or referrals to treatment. There are times that detox beds are not available the same day as the assessment has been completed. In those cases, the individual is asked to come back or call in the next day to see if a bed is available.

The county continues to have long lasting relationships with other human service systems; specifically, CYS. We have assisted CYS in facilitating treatment to address the needs of a family who has entered their system. Local community leaders and providers have joined with the county to seek improved ways to serve children and their families in our communities.

Coordinated efforts have been viewed as a way to improve results for children and their families. Our county has begun to form lasting, emerging partnerships among the county human service departments which have led to a significant amount of collaboration in the development of policies and adoption of principles for ongoing work in the field of treatment and recovery.

## **DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16**

As heroin and narcotic prescription drugs top the list of those drugs most popular and available in Delaware County, the drug problem continues to accelerate at a dangerous rate, and threatens to excessively burden our county finances and play havoc with families and businesses on many levels.

The increase of heroin/opiate users has created a rise in the need for detox beds, thus effecting the availability of that level of care. There has also been an increase in opiate users also using benzodiazepines, which also increases the need for detox level of care.

Delaware County continues to make available one residential treatment stay and a maximum of eight detox days per rolling calendar year for all Delaware County. These restrictions, due to inadequate base funding as well as an increase in need, can cause outpatient clinics to become flooded with individuals in need of treatment services.

Delaware County considers problem solving courts and the people they serve as priority populations (Drug Treatment and Veterans Courts). These specialty courts serve individuals with substance abuses and co-occurring issues that have landed them into the criminal justice system. This population is intensively supervised by adult probation while receiving treatment services in the community. Currently, there are 124 active participants in Drug Treatment Court and 24 in our Veterans Court.

Given the risks of overdose the SCA has developed and distributed to each emergency room in the county a current list of contact information for all local screening, assessment, and treatment providers, in order to facilitate a smooth transition from the emergency room to substance abuse treatment. Individuals who have suffered an overdose are considered a special population and shall be given priority access to assessment and referral. An overdose is defined as a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs and alcohol.

To date the number of people struggling with heroin and prescription drug addiction in Delaware County and across the country has increased. As more people become addicted to prescription painkillers, they turn to cheaper and readily available heroin. Last year there were 52 heroin related deaths in Delaware County. Since the start of 2015, there have been eight heroin-related deaths in Delaware County.

The heroin/opiates user continues to access the majority of treatment services and funding resources. Heroin and prescription drugs continue to be the overwhelmingly drugs of choice. Although, the SCA continues to contract with several providers for detox services, daily tracking shows that approximately 94% of available detox beds are occupied on a daily basis.

The Delaware County Adolescent Drug and Alcohol Partners for Success along and with the District Attorney's Heroin Task Force have partnered to utilize in and out of county

# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

prevention and treatment providers, community partners, and parents to address the most prevalent issues pertaining to youth and access to services, receiving support for access into the different behavioral health systems. These groups have representation from local county affiliates across systems.

Based on the 2013 The Pennsylvania Youth Survey (PAYS) data Delaware County students recorded the highest lifetime prevalence-of-use rates for alcohol (42.6%), cigarettes (6.0%) and marijuana (10.1%). Other lifetime prevalence rates of illicit drugs use excluding marijuana is summarized by the indicator “any illicit drugs,” (0.4%) for heroin to (4.9%) for prescription. The overall prevalence rate for past 30 days use ranges from 1.6% for prescription drugs to 0.1% for heroin.

According to the 2013 PAYS survey, 4.9% of students reported using narcotic prescription drugs and 2.6% of students reported using prescription stimulants in the past 30 days. Reportedly, the most frequently used substances were man-made synthetics such as bath salts, K2, spice, Mr. Smiley, and Blaze.

## **Target Populations**

Delaware County residents who are 60 years of age and older are eligible to receive D&A treatment if they complete an assessment and a LOC is determined. Case coordination services are provided at two of our outpatient providers who can help link and refer these individuals to any other needed services.

Individuals with co-occurring psychiatric and substance abuse disorders can access a co-occurring LOC for D&A treatment. Treatment services available to these individuals could include, IMR, Dialectical Behavioral Therapy, and other treatment modalities designed for this population in either outpatient or inpatient settings.

Individuals who are involved in the criminal justice system are eligible for a D&A assessment and treatment if a LOC is determined. If this individual is currently incarcerated, evaluations are completed and sent to the SCA for review and approval. If approved, this individual is then sent to a contracted treatment provider for treatment. Individuals involved in the treatment court program in Delaware County, also have a treatment court specific group that could be offered to them at one of our contracted outpatient providers where they can focus specifically on their criminal justice needs.

Adults ages 18 and above is a general population that has several services available to them within Delaware County. This population can be assessed and referred to drug and alcohol treatment at either an outpatient or inpatient level. Case Coordination services are also available to this target population.

Adolescents who are between the age of 12 and 18 are able to be assessed for inpatient or outpatient D&A LOC. We have two contracted outpatient services in the county who

# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

provide treatment for adolescents. This includes therapy in individual, family and group settings.

## **Recovery-Oriented Services**

Delaware County has executed letters of agreement with two Recovery House providers to meet the residential needs of the D&A population, including persons with co-occurring disorders and forensic involvement.

Currently, two recovery houses are dedicated to providing a safe place where women in recovery can live as well as a supportive environment where women can continue their recovery efforts and build life skills. Each resident is encouraged to create her own personal set of goals to achieve. These are transitional living facilities for women who are recovering from alcohol or substance abuse with a capacity for 28 female residents.

Two other recovery houses located in residential communities are for men and women who desire a sober living environment. These houses provides a safe, supportive, and structured environment and are designed for both men and women who have completed an inpatient alcohol and drug treatment program, or attended an outpatient treatment program, or those who are on probation or parole in need of transitional housing. Currently, there are two locations; six male beds occupied at one site and eight males occupying another house. We anticipate that two additional Recovery houses will open in July 2015.

The Contingency Fund continues to be a helpful recovery support to individuals who are engaged in the public behavioral health system and living in the community, through the purchase of items or services, or emergency payments to support their housing, when there is a critical need and no other means of support available.

With the influx of opiate related deaths, the local community leaders, grieving families, and the recovery community have had candlelight vigils for the past three years to remember those who have lost their lives and to encourage those in recovery to continue, one day at a time.

D&A providers have enhanced the 12 step principles of recovery by allowing alums of their programs to “give back.” On a monthly basis clients who have completed inpatient are invited back to share with other alum and current clients.

Pennsylvania Recovery Organization - Achieving Community Together (PRO-ACT) is a grassroots advocacy and recovery support initiative of The Council covering Southeastern Pennsylvania and is provided space at a local provider to be a resource to the community, offering family education and support on a monthly basis. This organization also works with local providers and grassroots recovery groups in organizing teams for the annual Recovery Walks. This event has been held in Philadelphia annually for the past 13 years. Providers and other group are encouraged to attend and/or give a financial sponsor to help those in recovery

# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

## Drug and Alcohol - Target Populations

Population	Available Services	Gaps/Unmet Needs
Older Adults (Ages 60 and above)	Case Coordination, Inpatient/Outpatient services,	Groups for older adults only
Adults (ages 18 and above)	Inpatient or outpatient group settings, CBT/PTSD curriculum, IMR/DBT-focused Family Support Group, Parenting Classes.	N/A
Transition Age Youth (ages 18 to 26)	Inpatient or outpatient group settings with others in their same age group, young adult track in an inpatient setting	N/A
Adolescents (under 18)	Individual, Family and Group therapy, Case Coordination Services	Limited in county treatment providers
Individuals with Co-Occurring Psychiatric and Substance use disorders	IMR, DBT, and other treatment modalities designed for this population at an outpatient or inpatient setting	N/A
Criminal Justice Involved Individuals	Outpatient groups specific for treatment court individuals where they can focus on their criminal justice needs, Drug Treatment Court, Prison Liaisons to help facilitate referrals to levels of care, Alumni Group, Monthly Family Group	N/A
Veterans	Veterans Treatment Court	N/A

In 2013, there were 63 heroin-related deaths in Delaware County according to the Medical Examiner's office and 13 fentanyl-related deaths according to the Pennsylvania Coroner's data for 2013 which was published in the DEA's April 2014 report.

As mentioned earlier, the heroin/opiates user continues to access the majority of treatment services and funding resources. Heroin and prescription drugs continues to be the overwhelmingly drug of choice. Although, the SCA continues to contract with several providers for detox services, daily tracking shows that approximately 94% of available detox beds are occupied on a daily basis.

Delaware County continues to see an emergent need of services for detox and the forensic population. Act 152 and BHSI funds are used to allow residential and outpatient services for uninsured residents who are in need of treatment. The request for treatment services continues to increase at levels that are greater than the funding levels.

The below charts show the number of clients served during FY 13-14 and projected numbers served in fiscal year 14-15.

<b>Drug and Alcohol Clients</b>		
<b>State Client Counts:</b>	<b>FY 13-14</b>	<b>Projected</b>

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	FY 14-15	
<b>Drug &amp; Alcohol Services</b>	<b>Clients Served:</b>	
Inpatient Non-Hospital		
Detoxification	627	627
Treatment and Rehabilitation	636	625
Halfway House	14	
Inpatient Hospital		
Detoxification	9	8
Treatment and Rehabilitation	0	0
Partial Hospitalization	2	0
Outpatient/IOP	145	154
Medication Assisted Therapy		
Methadone	0	0
Buprenorphine	0	0
Vivitrol	0	0
Other	0	0
Recovery Support Services		
Certified Recovery Specialist	0	0
Recovery Housing	0	0
Recovery Centers	0	0
Other	0	0
Case/Care Management	472	475
Other Intervention	0	0
Prevention	0	0
<b>Total D&amp;A Services</b>	<b>1905</b>	<b>1889</b>

**Total Block Grant Dollars Spent      \$ 2,502,464      \$ 2,500,600**

**HUMAN SERVICES and SUPPORTS/HUMAN SERVICES  
DEVELOPMENT FUND**

*Describe how allocated funding will be utilized by the County to support an array of services to meet the needs of county residents in the following areas:*

The 15-16 HSBG Human Services and Supports (HSS) allocation plan is based on level funding and continuing the priorities established in the 14-15 Plan. There are no major changes to the allocation plan.

Over the years, HSDF has funded a comprehensive array of services for county residents covering each of the allowable categorical services (Adult, Aging, CYs and, D&A,

# **DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16**

Homeless Assistance, Mental Health (MH), ID, and Specialized Services. Past State budget reductions have drastically reduced the array of services funded. In FY 12-13, as the Human Services Block Grant (HSBG) was piloted, the Homeless Assistance programs once categorized under HSDF were transferred to the HSBG Homeless Assistance Category. The programs and services that remained under the HSS portion of the HSBG, HSS remain priorities for the County in FY 14-15.

The Offices that fall under the Department of Human Services (DHS) routinely shares and receives information across systems, facilitates connections, and communication among providers, promotes and provides training, and follows-up on areas of concern. There is an active commitment within DHS to provide the community with access to seamless, quality services by continuously improving effectiveness and responsiveness to community needs, maximizing resources, enhancing collaboration and coordination, removing barriers to the extent possible and delivering services as efficiently and cost-effectively as possible.

Categorical needs, service coordination and integration are promoted through the monthly meetings of administrators and the consolidation of financial functions, contracting and management information systems. Administrators, managers and staff participate in a large variety of local, regional and statewide planning groups. Service coordination is encouraged by County Council and is an expectation for provider agencies.

AFS manages the HSS. AFS is responsible for convening the AIDS Consortium of Delaware County, ensuring the coordination of all AIDS service providers in the county and providing county leadership in the regional needs assessment. AS also participates in priority-setting and service planning conducted annually by the region's HIV/AIDS Planning Council for federal Ryan White Part A and B and State 106 funding. AS also coordinates with OBH, CYS, County Office of Housing and Community Development, Community Action Agency, and the Homeless Services Coalition to address the needs of the near/homeless population for prevention services, outreach, supportive services, emergency shelter, and transitional and permanent housing resources. Formal, comprehensive, countywide needs assessment and planning activities year-round include a point in time count of the homeless and a countywide consumer forum for homeless individuals. This process culminates in the annual submission of a consolidated application for funding new and renewal projects under the HUD Continuum of Care for the Homeless funding opportunity. AFS also administers the web-based Homeless Management Information System (HMIS), Medical Assistance Transportation Program (MATP), Family Center initiative, emergency food assistance, and various contracted adult services for the County.

Stakeholders include Delaware County Women's Commission, Local Housing Options Team, Homeless Services Coalition, AIDS Consortium of Delaware County, Delaware County Interfaith Food Assistance Network and DHS Administrators.

# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

## HSS Target Populations

1. **HIV/AIDS** - The direct service program will serve individuals and families infected or affected by HIV/AIDS regardless of age. Prevention education and outreach will be available to the entire community but targets schools, churches, and seniors. Some of the greatest growth in HIV/AIDS incidence is among seniors who are historically under-targeted for outreach and education. One provider has partnered with the County Office of Services for the Aging (COSA) to train all levels of their staff, have sexual activity incorporated into client assessments, and expand programming in the community for seniors.
2. **Homeless Adults** – The Life Skills programs offered at Catholic Social Services offers unique workshops to teach how to be successful in life with regards to housing and finances by looking at why they are not successful now. This program receives the highest of evaluations from attendees.
3. **Disabled Adults** – Homemaker Services assist people in living independently in their own homes. Many times people just need a little extra help to live successfully on their own and they do not quality (nor want) a higher level of assisted living or care.
4. **Parents & Caretakers** – The Family Center program targets Parents as teachers. HSDF funding is used as required match for this program.

	<b>Estimated / Actual Individuals served in FY 14-15</b>	<b>Projected Individuals to be served in FY 15-16</b>
Adult Services	87	80
Aging Services	0	0
Generic Services	0	0
Specialized Services	1,295	1,980

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

Provider	Program or Service	Description	Proposed Numbers	Proposed Expenditures
<b>Family &amp; Community Services</b>	<b>Counseling</b>	Sliding fee scale one-on-one counseling for adults who do not have resources to obtain this much needed service.	6	\$ 4,417
<b>Mercy Home Health</b>	<b>Homemaker</b>	Homemaker staff assists eligible clients with activities of daily living such as light cleaning, laundry and grocery shopping.	6	\$ 7,500

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Provider	Program or Service	Description	Proposed Numbers	Proposed Expenditures
Catholic Social Services	Life Skills Education	<b>Housing Resource Coordination</b> is a workshop on home maintenance, housing resources and other supports. <b>Alternative Solutions</b> is a workshop that explores and teaches clients decision making skills and money management techniques. Both target homeless persons.	70	\$ 47,790

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

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

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

Provider	Program or Service	Description	Proposed Numbers	Proposed Expenditures
Delaware County Intermediate Unit	Family Centers	Services include Parents As Teachers, parent education classes, teen support groups, preventive health services, crisis intervention, Project Elect, and information and referral. In addition, the Family Centers have formal Memoranda of Understanding with Chester Youth Build and Head Start to provide service components to benefit the common populations of each.	40	\$ 22,039
Community Health & Education Org. (CHEO)	HIV/AIDS Health Outreach & Education	Community Health and Education Outreach, Inc. (CHEO) is a community based, non-profit volunteer organization. In existence since April 2002, its mission is to provide the community with education information and resources on widely ranging health matters, with particular emphasis on HIV/AIDS.	40	\$ 7,350
Family & community Services	HIV/AIDS Programs	<b>Counseling and case management:</b> Non-medical HIV/AIDS related services, assessment, service plan development and accessing all services and resources appropriate to their needs, including HIV case management, medical care, services and entitlements. <b>Prevention education</b> and outreach particularly targeting schools, churches and community groups and a peer-led consumer group, where selected	1,100	\$ 49,821

# DELAWARE COUNTY COUNTY HUMAN SERVICES PLAN FY 2015-16

Provider	Program or Service	Description	Proposed Numbers	Proposed Expenditures
		consumers and the peer-facilitator are also participating in outreach and education activities.		

**Interagency Coordination:** Describe how the funding will be utilized by the County for planning and management activities designed to improve the effectiveness of county human services.

Provider	Program or Service	Description	Proposed Expenditures
<b>Division of Adult Services</b>	<b>County Service Coordination</b>	Coordination of local planning and coordinating bodies in multiple service fields. Coordinator for the Delaware County Women's Commission whose goal is to assist the County in: 1) assessing the needs of women and girls; 2) identifying existing resources to meet those needs; 3) promoting the utilization of identified resources; 4) identifying service gaps, and 5) making recommendations to the Department of Human Services and County Council for improvements to services	\$ 25,250

If you plan to utilize HSDf funding for other human services, please provide a brief description of the use and amount of the funding. **Not applicable**

## V. SUMMARY

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

During FY 14-15, we did not request a waiver and were able to move funds within the 20% allowable. The surplus we were able to retain from 13-14 was used during FY 14-15 to cover the deficit in D&A. This will allow the County to keep the D&A system opened through June 2015 and serve an additional 544 individuals in need of D&A residential treatment. We will not be requesting a waiver for FY 15-16 either. Our intent is to again apply each categorical allocation to the legacy department and work within that resource, as is depicted in the below charts.

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