

**Montgomery County's
Human Services Block Grant Plan**

Fiscal Year 2014 - 2015



**Montgomery County Board of Commissioners
Josh Shapiro, Chair
Leslie S. Richards, Vice-Chair
Bruce L. Castor, Jr., Commissioner**

Revised 08/08/2014

TABLE OF CONTENTS

PREFACE	1
PART I: COUNTY PLANNING PROCESS	3
PART II: PUBLIC HEARING NOTICE	13
PART III: WAIVER REQUEST	16
PART IV: HUMAN SERVICES NARRATIVE	
A. Mental Health Services	17
B. Intellectual Disabilities Services	25
C. Homeless Assistance	31
D. Children and Youth	34
E. Drug and Alcohol Services	47
F. Human Services and Supports/Human Services Development Fund	51
APPENDICIES	
A. County Assurance of Compliance	58

PREFACE

Montgomery County's Board of Commissioners has a clear and progressive vision to effectively address public needs and increase capacity to meet the expectations of county residents. Strategies to achieve this vision are being implemented at multiple levels through the efforts of the County Commissioners, with Chairman Josh Shapiro spearheading the initiatives underway to improve outcomes within the human services.

Chairman Shapiro continues to encourage transformative changes to the delivery of health and human services in Montgomery County. With his encouragement, regional community connections offices have opened in Norristown, Pottstown, Willow Grove and Lansdale. Our Community Connections Navigators are working with thousands of constituents to identify needs, connect to appropriate local supports and ensure those connections are made so clients receive the benefits and services that will enable them to be productive, well and independent residents. The Community Connections program has also allowed us to collect data on the various needs in our communities and this data analysis reinforces our three primary objectives of Employment, Housing, and Wellness. This serves as justification for the utilization of block grant funds for projects in this year's plans. He has encouraged the Cabinet to evaluate services from all perspectives – from policy, practice and organizational processes to people, technology, financing and resource development. Chairman Shapiro has brought about a more collaborative approach to maximize the health and well-being of residents of all ages and together with the Human Services Cabinet, Chairman Shapiro and his fellow Commissioners have successfully launched the Community Connections initiative to increase access and improve outcomes for those residents most in need.

Planning for holistic delivery of local government human services began in 2011 when human service departments initiated strategic planning to integrate the administration of services and programs delivered to county residents. Department heads from eight (8) county departments comprise the Human Services Cabinet and include: Aging and Adult Services, Behavioral Health/ Developmental Disabilities/Drug and Alcohol, Children and Youth, Child Care Information Services, Economic and Workforce Development, Health Department, Housing and Community Development, and Veterans Affairs. Together with consumers, providers, and community partnerships across Montgomery County, the Human Services Cabinet continues to plan to provide effective and appropriate services to meet a continuum of needs for county residents. With the flexibility offered through the Human Services Block Grant, the cabinet is supporting creative initiatives to meet needs identified through the cabinet that represents constituents from all 8 cabinet departments.

Our strategic planning process continues to evolve as we consider new ways our county department can increase collaboration and serve our constituents in even more effective and efficient ways. Our goal is to create and sustain a unified health and human services organization that promotes inter-agency operability to serve the multi-system needs of our residents in a way that is seamless for the constituent.

Montgomery County is working hard to operationalize its unique service system structure which provides a more coordinated approach to meeting needs of our residents. We believe that our evolving systemic transformations will be accomplished, but they are dependent upon the public's investment and support. Government must partner with others to provide all support that these families need to direct their children toward a productive future. To improve access to services and more adequately address

the diverse needs of vulnerable families, a comprehensive and coordinated approach to delivery of services is emerging. Partnerships are being forged with other human services, as well as with community organizations, service providers, concerned neighborhood members, consumers and families. These conversations continue to help our residents access services in their own communities and to provide individuals and families at risk or in crisis with immediate access to services and supports. If our identified goals are achieved and sustained, our residents will have improved paths to success in accessing services that address their needs. This plan for Fiscal Year 2014/15 demonstrates our progress toward establishing true cross-systems integration across all the human services.

PART I: COUNTY PLANNING PROCESS

Montgomery County's leadership team for the Human Services Block Grant Plan is comprised of the Human Services Cabinet representing eight (8) county departments that provide human services. The Human Services Cabinet is comprised of the Department Heads from the following departments:

- Aging and Adult Services
- Behavioral Health/Developmental Disabilities/Drug and Alcohol
- Office of Children and Youth
- Child Care Information Services
- Health Department
- Housing and Community Development
- Veterans Affairs
- Economic & Workforce Development

The county also worked closely with the County Executive Staff:

- Chief Operating Officer
- Chief Financial Officer
- Solicitor's Office
- Communications Director

The Cabinet's focus is directed by their Mission Statement and six (6) Guiding Principles.

Mission Statement:

"The Montgomery County Human Services Cabinet is committed to enhancing the health, security and financial stability of all residents in Montgomery County, Pennsylvania by providing community-based access to consumer-driven, coordinated and exceptional quality human services."

Guiding Principles:

- We help people realize their full potential and achieve the highest quality of life
- We enable self-empowerment and self-sufficiency.
- We respond to the changing needs of the community, our consumers and the public.
- We collaborate with other County agencies, municipalities and community partners to deliver human services efficiently and effectively.
- We promote equity, fairness, choice and cultural competency.
- We hold ourselves and our partners to the highest standards of professionalism, ethics and public accountability.

The Cabinet has worked alongside the County Commissioners and executive leadership to streamline programs and services, improve access, and to enhance financial and operational efficiencies within County government. The Cabinet now meets weekly to enhance health, housing, and financial stability for individuals and families, and to plan strategically to deliver an integrated system of human services for county residents. Since 2011, the Cabinet has been the responsible party to plan for the delivery of human services. Cabinet members also work closely with community collaborative groups, providers, consumer networks, and other funders to establish a responsive system of services and programs to meet needs of our residents.

Community stakeholder input is invaluable as we plan improvements to our service delivery system, identify local needs of our most vulnerable, and implement strategies to serve our consumers. The cabinet has met with community stakeholders, hospital executive leadership, and consumers both collectively and independently over the course of the past year. These groups have identified and assessed needs with the information being brought back to the cabinet for consideration and possible implementation. The flexibility of the Human Services Block Grant allows us address these needs in a manner not previously possible.

Commissioner Shapiro met with hospital leadership representing hospitals throughout the county to discuss their needs and concerns. The hospital leadership expressed interest in the Community Connections model and how the human services cabinet was working together to address consumer needs. The Human Services Cabinet presented a second informational session to this group providing information about the human services we offer. The cabinet conducted a survey of attendees and identified their interests in more information regarding Community Connections, Veterans Affairs, and Housing issues. We will be following up with the hospital leadership team to provide continuing information regarding our services and our next session will focus on our Your Way Home initiative to dramatically reduce homelessness in Montgomery County with a Housing First model.

Additionally, the Human Services Cabinet meetings provide a format for information collection and needs assessment. We have hosted a variety of community groups and constituents during our meetings to learn about needs, programs, resources and creative strategies. We have had presentations regarding the Dual Eligible Elderly in Montgomery County, Collective Impact Strategies, Siemer Institute for Family Stability, and others.

With encouragement from County leadership, the Montgomery County Health Department is embarking on a strategic planning process in partnership with the Human Services Cabinet. The strategic plan will take a broad view of health and wellness and will inform on the needs of the community as well as propose strategies for improved health and wellness in the community. The Your Way Home initiative takes the Population Health approach to homelessness, defined as “the health outcomes of a group of individuals, including the distribution of such outcomes within the group” and recognizes homelessness as a public health issue that requires a multi-system approach, so many of our human services within the county are impacted through homelessness.

Through Community Connections data, we have been able to confirm that the priorities identified in our block grant plan for the prior year, were indeed the needs seen in the community. Housing, employment services/training, and basic needs were our most referred services. Over 20% of all referrals for Community Connections were for housing/homeless issues and nearly 25% were for basic needs such as heat, electricity, food, and clothing. Although readjustment of priorities and strategies is anticipated, Montgomery County will continue to collaborate whenever and wherever possible to enhance efficiency in use of resources, reduce duplication of effort within the network of services and create an even more responsive system of human services throughout Montgomery County. Needs assessments have identified many human service needs, but four (4) emerged as priorities. As such they are central to this block grant plan:

- Addressing the needs of individual and families for safe, stable and affordable housing;
- Maximizing potential of individuals to be self-sufficient through provision of training and employment and related supportive services;
- Improving the physical and behavioral health of children, youth and adults of all ages by making information and referral available that assures access to needed services.
- Assuring the successful transition of older youth, aged 18 to 24 years, from our child and adolescent serving programs;

Montgomery County's overarching goals for constituents prioritize increasing capacity to meet the needs of all residents in our diversifying communities. County level measures that will be monitored by the Board of Commissioners and the Human Services Cabinet specific to this Human Services Block Grant Plan are inclusive of those identified in the strategic plan across our human services organization.

Mental Health:

1. Increase access within the transition age youth population to behavioral health supports;
2. Increase the availability of mobile behavioral health services to support individuals and families in maintaining safe, stable and affordable housing;
3. Increase employment and education outcomes through the Evidenced Based Practices of Supported Employment and Supported Education;
4. Improve availability of information and resources to the community by enhancing the Department's outreach strategies.

Additional measures around these goals are highlighted in the FY 2012-2017 Mental Health Plan Update, and can be viewed via the following

link: <http://www.montcopa.org/DocumentCenter/View/3583>

Intellectual Disability:

1. Increase involvement in outreach events to support individuals transitioning from the education system;
2. Continue to promote the least restrictive work and living environments, by educating and supporting individuals in Lifesharing and Employment services;
3. Promote innovative programs to meet the needs of individuals with complex medical and/or behavioral needs that go beyond the traditional Developmental Disabilities service system;
4. Increase provision of information and training sessions to community partners to promote choice, partnership, and community understanding of the services provided by the Office of Developmental Disabilities.

The Supports Coordination Organization Choices plan can be reviewed on the County's website at <http://www.montcopa.org/DocumentCenter/View/3560>

Drug and Alcohol Services:

1. Maintain BHSI and ACT 152 funds to support timely access to treatment for persons who would otherwise be denied Drug and Alcohol services while waiting for eligibility to occur under other funding options.
2. Provide timely Drug and Alcohol inpatient detox, rehab and halfway house services to person who are uninsured and MA ineligible at the time of their admission to treatment-BHSI Funds.

3. Provide timely Drug and Alcohol inpatient non hospital detox, rehab and halfway house services to MA eligibles not yet covered by HealthChoices.- ACT 152 funds.

Homeless Assistance:

1. Reduce the number of families and individuals experiencing homelessness
2. Increase the number of residents achieving permanent housing stability quickly & efficiently
3. Maintain needed interventions for residents with severe barriers to housing

Your Way Home, the 2013 - 2015 strategic plan to end homelessness, can be accessed on the County's website through the Your Way Home website at www.yourwayhome.org/montgomerycounty.

Children and Youth:

1. Safety: Children are protected from abuse and neglect.
2. Safety: Children are safely maintained in their own home whenever possible.
3. Child and Family Well-being: Families have enhanced capacity to provide for their children's needs.

Human Services and Supports:

1. Provide disabled individuals with basic home care services, which are not able to be billed elsewhere, to maintain a level of independence in the home
2. Provide transportation services to low-income adults for medical trips and emergencies
3. Support the shelter community as homeless individuals transition into the Your Way Home housing initiative
4. Provide transitional housing services and related case management support to assure successful transition to self-sufficiency for at-risk young adults ages 18 through 24 years.
5. Provide information and referral services to constituents to connect them with local public, private and grassroots resources to obtain and sustain a productive, particularly for low-income, rural and culturally diverse populations
6. Create a multi-disciplinary stakeholder and consumer advisory group to identify needs and provide input to the Human Services Cabinet.

As part of the planning process for this year's Human Services Block Grant, the Cabinet has deployed resources toward delivery of a more accessible and streamlined system of care. With the input from numerous and varied stakeholders across Montgomery County, the Cabinet has collected information, identified needs and evaluated data to coordinate planning in targeted areas where service gaps have been evident. This places the County in the position to immediately begin moving forward with opportunities afforded by the Block Grant.

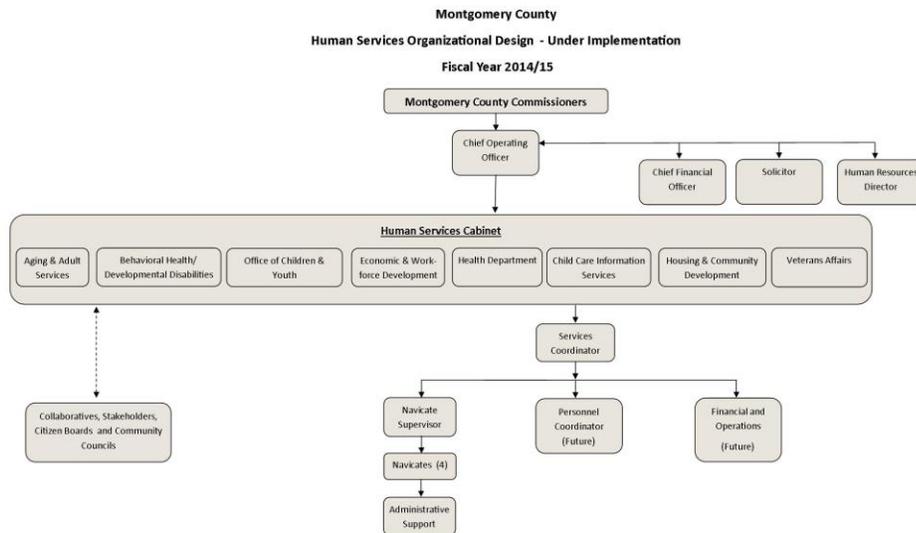
Montgomery County is home to a unique system of community services organized within six (6) diverse regions of the County, called collaborative consortiums. Historically, the County's human service departments played a leading role in the development of these collaborative consortiums in each region, therefore guaranteeing the participation of all those necessary providers, consumer groups, advocates and individuals. Participants include:

- community non-profit and grassroots assistance organizations
- advocacy organizations
- local foundations and the United Way
- medical and behavioral health hospitals

- local County Assistance Offices
- public safety and emergency services organizations
- public libraries
- school districts
- faith-based organizations
- local district offices representing State and Federal level governmental officials

These stakeholders, along with the general public and any other interested parties, were provided with various opportunities to share their feedback and ideas for the Human Services Block Grant Plan. Forums for involvement were encouraged through outreach by the Human Services Cabinet to their respective community organizations and service providers. Additional input was received via the public hearings which allowed all other individuals who are not represented through the collaborative consortiums to provide their own feedback.

Our goals for human services necessitate intensive and continual cross-system systemic transformation with the community. Working together with the existing regional collaborative consortiums, provider networks and local funders, the Cabinet has been a major force in moving cross-sector initiatives forward. Please see the Human Services Cabinet organizational chart which demonstrates how the Cabinet is strategically placed within our local government structure to solidify the connections necessary to accomplish our shared vision and the value of constant communication with community providers and organizations.



Systems re-design involves meaningful and continual input in planning from key stakeholders that extends beyond the required Human Services Block Grant requirements. Often multiple challenges impact individuals and families at the same time and intervention from multiple service organizations is needed to stabilize circumstances that threaten their safety, health and well-being. Unless the individual's or family's full situation is addressed, even the best interventions are unlikely to be successful in assuring safety and stability. The County's human services structure and operational

model, via Community Connections, prioritizes shared responsibility and collaboration among human services, which in turn, benefits our resident families.

The Board of Commissioners and the Human Services Cabinet review and evaluate progress on an ongoing basis, both individually and collectively. The Cabinet attends periodic briefings with the County's executive leadership to assure a shared vision and to coordinate strategies to achieve it. Information that Cabinet members bring to the table is generated through formal and informal data collections and, as noted above, through communication with a wide variety of sources. Available information is assessed to replicate successes as well as to isolate duplication and gaps in services. Both countywide and regionally specific information is evaluated to assure that we have both a holistic understanding of resident needs and locally targeted intervention strategies. Data, mandates, organizational structures, programs, policies and practices are scrutinized to determine appropriateness of interventions, now and into the future.

Montgomery County is fortunate to have strong technology infrastructure supports; a wealth of accurate and reliable data is collected and shared across human services. As a result, our assessment of needs is also data informed. Data used in determining strengths and gaps in our service array is collected from multiple sources that includes but is not limited to the following:

- State data collection and case management systems – HCSIS, ACYS, SAMS, Clarity, Pelican
- State approved and supported data collection and case management systems
- County approved data collection and case management systems
- County Planning Commission data
- State supplied data kits from DPW, DOH, DOA, CWIA
- County Hyperion Budget and Lawson Financial Systems
- U.S. Census data

Our county participates in the Commonwealth's Systems of Care (SOC) initiative which incorporates youth and family voice (recipients and consumers) into service design, delivery and assessment for children with multi-system needs. As such, a group of 5 youth and 5 family representatives (all with lived experience in the system/s) meet on a monthly basis with system leaders from OCY, JPO, BH/DD/D&A, Magellan, Education and Dept. of Health to discuss ways of increasing system collaboration, creating a system of services that are easy to access and navigate including both professional and community (natural) supports, and are best practice oriented. This block grant plan reflects the SOC Leadership Team's locally identified needs for service delivery as well as recommendations for expansion of successful programs and services. The SOC youth and family representatives sit on various county committees and collaboratives with the goal of bringing youth and family voice to the table.

Following are other specific examples of ways in which the Human Services Cabinet obtains critical input to assure that we continually improve the collective response to the multiple and often complex needs of our residents:

Behavioral Health/Developmental Disabilities

- Behavioral Health, in partnership with Community Support Program (CSP), previously conducted an Assessment of Needs Survey to plan for a five year timeframe. The priorities listed in this

Mental Health section of the plan were based on CSP's recommendations. The valuable information gathered from these various events is considered in the planning process and is used to define the goals for the office in the upcoming year. The Community Support Program (CSP) Committee is made up of individuals that receive service, family members, providers and interested citizens. A county liaison attends these monthly meetings and solicits input regarding service development, implementation and quality monitoring. In addition, county representatives provide feedback to CSP on how the group's input was utilized to improve the mental health system.

- The County has multiple provider specific committees to solicit feedback, work through system level challenges, and provide technical assistance to ensure that the system priorities are being addressed by providers.
- The County develops other ad hoc stakeholder groups and focus groups based on specific projects or concerns. Information from these groups are then looped back to CSP and the Joint Providers groups.
- In addition to stakeholder groups, the County utilizes surveys to solicit feedback from stakeholders. This includes satisfaction surveys conducted by the Consumer Satisfaction Team as well as county developed surveys around specific topics (i.e. Residential Transformation). These surveys are targeted to individuals that receive service, family members as well as provider staff. Magellan Health Services also conducts Provider Network Surveys to identify gaps in services or specialties.

Children and Youth Services

- Family Engagement Steering Committees function in three regions of the county. They are convened by OCY to assure that client, family and community priorities and input is included in planning to meet the needs of vulnerable children and their families, whether or not they are known to the department. Membership representing the community, service consumers, foster parents and clients, provide input with regard to programs, services and resources at quarterly meetings. Their critical input has been utilized in this plan.
- The County's Foster Parent Association officers meet with OCY representatives quarterly to inform the county of needs of foster parents and the children in their care.
- The Children's Roundtable is a vehicle through which the Courts, County and community collaborate in addressing needs. Monthly meetings are co-chaired by the Administrative Juvenile Court Judge and OCY Director. There are over 150 registered members representing local and municipal government, public and private human services, community, schools, parents and youth and advocates. Roundtable members have collectively addressed complex issues that impact children, youth and families. Input specific to human services is continual throughout the year. The Children's Roundtable is also a means for judicial and legal input, with meetings specific to development of common goals.
- The Multi-Disciplinary Child Protection Team functions in concert with Mission Kids Child Advocacy Center's Governance Board and Management Team. Representation from prosecution, law enforcement, mental health, child welfare, child advocates, academia, schools, health care, victims and family members provides ongoing input throughout the year which is critical to development of this plan.

Aging and Adult Services

- Through the leadership of Judge Lois Murphy, Orphans Court, an Elder Access to Justice Roundtable has been developed. Aging and Adult Services has been a part of this interdisciplinary team from its inception. Participants include hospitals, district attorney's office, physicians, consumer advocacy groups, elder law attorneys, police, Recorder of Deeds, Veterans Affairs, Housing Department and others. This group addresses the various concerns of seniors and how to protect their interests while maintaining and respecting their independence.
- Aging and Adult Services conducts annual public hearings which are well-attended by providers, consumers and consumer advocacy groups. The purpose of these hearings is to provide a yearly review of activities, provide an update on current trends in the aging community, and to allow for input from the participants on Aging and Adult Services. This information is incorporated into the four-year plan that is conducted within the county.

Housing Assistance

- The Your Way Home initiative has also provided an opportunity for provider and consumer input. With its successful implementation and comprehensive data collection program, we have collected data regarding the profile of our homeless, needs and strengths those individuals bring to the system and their situation. The Your Way Home initiative has established Learning Collaboratives in order to strengthen their programs and services, educate providers and the community on the initiative. These Learning Collaboratives are topic specific and bring tremendous value with regard to data, information and idea exchange.
- Action Teams are developed through the Your Way Home Initiative to address a need within the system and make recommendations for improvements. These action teams are solution-focused and time-limited, with the purpose of introducing change and improvement to the system on a particular facet of the initiative. These Action Teams enable participants to be connected to the system and provide input that results in systems change and improvement in a timely manner.

Drug & Alcohol System

- A formal needs assessment process, as required by our State Department of Drug & Alcohol, is completed every two years to guide us in planning for service provision.
- The County Office of Drug & Alcohol meets with our contracted D&A Providers quarterly to solicit input on service provision and trends occurring with regards to substance abuse in the communities which they serve. Providers are also required to submit various data reports so that the County Office can track services provided, consumer demographics, successful outcomes, costs, etc. thereby allowing the Office to notice any trends which may be occurring in the system.
- All contracted providers are required by the Office of Drug & Alcohol to have a consumer satisfaction survey process in place to gauge satisfaction with the services they provide to their specific service populations.
- The BH/DD Department also contracts annually with Pro-Act, a consumer based organization, to conduct consumer satisfaction surveys at D&A Treatment Provider locations.

Developmental Disabilities

- Throughout the year, the Office of Developmental Disabilities meets with various parent groups, school districts, medical professionals and participates in community outreach events to discuss services and service needs.
- The Developmental Disabilities Committee, a sub-committee of the Behavioral Health/Developmental Disability Board, meets on a monthly basis. This Committee is comprised of Individuals who receive service, family members, advocates, representatives from the educational system and providers.
- Throughout the year the Developmental Disability Committee reviews service offering as well as service gaps.

Montgomery County endeavors to achieve success in meeting the needs of our residents in the least restrictive manner appropriate to their need. Our Community Connections vision is firmly in place and we have maintained momentum to create an organizational culture that prioritizes inclusive, strengths-based and family-focused practice, grounded in three (3) core values:

- The best place for residents to receive services is in their own community, whenever possible in their own home.
- Providing services that engage, involve, strengthen and support our residents is the most effective approach to ensuring that our communities are healthy and productive.
- The best outcomes can be achieved through a strong collaboration; information sharing, better cross-system assessment, shared case management, and inter-agency planning and supervision practices are now in place to assure that public funds address local need in the least intrusive manner.

These themes are evident throughout this planning document and connect programs and services to our universal shared goals stated above.

Although there are minor differences in ranking, several clear needs continue to rise to the top of residents' priorities, regardless of which department collects data or how data is reported. The need to implement strategies that will increase safe and affordable housing has yet again risen to the top of identified needs in Montgomery County. Employment and education, opportunities for community connections, which include meaningful social activities, peer support, advocacy, crisis intervention, and treatment, are all among the top listed areas that stakeholders have identified as need for growth. These needs are reflected in the following narrative and in the accompanying budget documents. Funds are transitioned from Children and Youth Services Special Grant Initiatives to both Housing Assistance and Human Services Development Fund cost centers to assure greatest impact in addressing local need in the current year. There are additional changes made to programs and services funded through the Human Services Development Fund cost center to expand our Community Connections model for human services, a need vocalized by residents at the public meetings to outline this HSBG plan. Programmatic changes as a result of outcomes evaluation in Fiscal Year 2012/13 are minimal.

Funds allocated to address needs of our Behavioral Health, Developmental Disabilities and Drug and Alcohol Programs remain at the levels established for the past year. Funding changes should be noted in the Children and Youth Services Special Grant Initiatives (SGIs), Housing Assistance and Human Services Development Fund cost centers. These changes have been made as a result of reallocation of funds within other cost centers. Funds previously allocated for SGIs are reduced as a result of expansion of HealthChoices services (i.e. Multi-Systemic Treatment and High Fidelity Wraparound Services) for

children and youth. The Children and Youth Services SGI, Safe Families for Children program, has been eliminated. Funds are transitioned to Housing Assistance Programs and Human Services Development Fund cost centers and will be used to address needs through the County's Your Way Home housing initiative as well as the expansion of our Community Connections human services delivery model.

PART II: PUBLIC HEARING NOTICE

As required by the Commonwealth, Montgomery County conducted two public meetings in the County to better afford an opportunity for the public, contracted service providers, consumer groups, advocacy groups and the community to ask questions and discuss the concept behind the Human Services Block Grant Plan and Budget for Fiscal Year 2014/15. The schedule of hearings is listed and the proof of publishing is below.

Meeting dates were announced at bi-weekly County Commissioners' meetings, as well as advertised on the County website and in local newspapers. The announcement was circulated widely via human services provider and stakeholder email distribution lists. Please note that the meetings were held in two different locations and at different times to facilitate and encourage attendance in the two most populated regions of the county.

At each meeting, the Montgomery County Human Services Cabinet led discussions. Those discussions allowed ample time for the public to ask questions or make comments in person or submitting them on paper at the meeting or via telephone or email after the meeting to the Commissioners and Cabinet members.

Meeting Dates/ Times for Human Service Block Grant 2014 - 2015

Monday, June 23

11:00am-12:30pm

Montgomery County Human Services Center

Board Room

1430 DeKalb Street

Norristown, PA 19401

Wednesday, June 25

6:00pm-7:30pm

Montgomery County Community College

101 College Drive

South Hall

Community Room 126

Pottstown, PA 19464

Summary of Meetings

Montgomery County Commissioners and the Human Services Cabinet hosted two public meetings, listed above, to make these meetings accessible to the public and service providers ensuring everyone has an ability to provide feedback. A draft of the Human Services Block Grant plan was made available to the public. The meetings were led by the Human Services Cabinet. An overview of the purpose and benefits of the HSBG along with county specific plans for the upcoming year was presented at the opening of each meeting. The majority of time was reserved for comments, questions, suggestions and for general discussion. Over 50 individuals attended the meetings, including service providers, recipients of services, families of recipients, County employees and other interested residents.

The meetings provided the Human Services Cabinet an opportunity to provide an update on the operation of the Human Services Cabinet, successes achieved during the initial year of Community Connections operations, and our first year as a Human Service Block Grant county, the reasons Montgomery County joined the Block Grant and how this has added flexibility and will assist the County to provide services efficiently and effectively to more citizens.

Questions and comments from the first public hearing in Norristown included concerns regarding budget cuts to mental health services and the importance and impact of those services on the lives of our consumers, housing needs and employment opportunities for those consumers with behavioral health and/or developmental disabilities, and the importance of consumer input. There were questions regarding the implementation and expansion of Community Connections and a comment about its value and how it should be even more visible within the county and serve more people.

Regarding seniors, there were concerns about those seniors with dementia who do not meet eligibility criteria for mental health services, housing needs for seniors, and issues around costs for guardianships. There was also information provided about the growing Latino community in Norristown and across the county and the impact this has on the delivery of services. Data were provided indicate the increase of this population in recent years and discussed the need to consider this population and how they are served as we transform our human services delivery system.

There were additional comments about the need to partner and leverage resources. As providers and the County seek to establish priorities and deliver services, we can work together to bring additional resources to the community that may not be offered if we work individually. We have been partnering for years, but must do so in a strategic manner that allows us to highlight the benefits of our partnership and garner attention and resources for our work. Written testimony was submitted regarding the value of Mental Health Services, ensuring access to human services for Spanish-speaking children and families, and coordination and enrollment in benefit programs.

The Public Hearing in the Pottstown drew similar comments to the Norristown meeting. There was discussion of how this Block Grant operated in practice and how the county can achieve flexibility in funding. Leveraging resources was again discussed with more specific examples of how this can be achieved. Providers addressed the issue of bringing more behavioral health services to the county, what gaps were identified and how providers can partner with the county to bring those services to clients in need. No written testimony was submitted during this hearing.

Overall, attendees were appreciative of the opportunity to listen to the County's plan and to be able to provide feedback and ask questions in person to the Human Services Cabinet. Attendees were encouraged to submit written testimony if they had additional comments they would like included and considered for the plan. After hearing the plan, all attendees were supportive and very interested about the County's goal for a holistic approach to the delivery of human services which will be assisted by entering the Block Grant. The County has an area on its website for the Human Services Cabinet where the Human Service Block Grant Plan is shared with information on how to provide feedback throughout the year. The Human Services Cabinet emphasized the importance of continual communication noting the plan is a fluid document meant for review and adjustments not just once a year, thereby always adapting to the needs of Montgomery County residents.

Bucks County, SS.

MONTGOMERY COUNTY
P.O. BOX 311
NORRISTOWN, PA 194040311

Ad Content Proof

**NOTICE OF MEETINGS
TO RESIDENTS OF
MONTGOMERY COUNTY, PA**

The County of Montgomery's Human Services Block Grant Plan will be posted on the County's website the week of June 16. The County Commissioners and Montgomery County's Human Services Cabinet invite all residents, organizations, service providers or anyone else who may have questions or would like to provide input to attend any of the two public hearings hosted in the County listed below. At that time the public may provide written and oral comments.

The County Commissioners will submit the final Human Services Block Grant Plan to the Commonwealth on or before July 4, 2014.

Monday, June 23
11:00am-12:30pm
Montgomery County
Human Services Center
Board Room
1430 DeKalb Street
Norristown, PA 19401

Wednesday, June 25
6:00pm-7:30pm
Montgomery County
Community College
101 College Drive
South Hall
Community Room 126
Pottstown, PA 19464

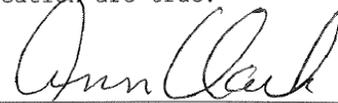
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Ann Clark being duly affirmed according to law, deposes and says that he/she is the Legal Billing Co-ordinator of the CALKINS NEWSPAPER INCORPORATED, Publisher of The Intelligencer, a newspaper of general circulation, published and having its place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

June 18, 2014

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



LEGAL BILLING CO-ORDINATOR

COMMONWEALTH OF PENNSYLVANIA

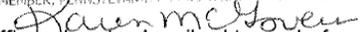
Notarial Seal

Karen McGovern, Notary Public

Tullytown Boro, Bucks County

My Commission Expires Feb. 19, 2017

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES



Affirmed and subscribed to me before me this 18th day of June 2014 A.D.

PART III: WAIVER REQUEST

Montgomery County is not requesting an allocation waiver for Fiscal Year 2014/15 Human Services Plan.

PART IV: HUMAN SERVICES NARRATIVE

A. Mental Health Services

Program Highlights: Montgomery County Office of Mental Health (OMH) is committed to the continued development of a comprehensive, integrated system of care that supports individual recovery and the opportunity for a full and meaningful life for Montgomery County residents with mental illness. The mental health system in Montgomery County can be characterized by consistent improvement to ensure the implementation of evidenced based interventions. The vision of supporting the person as a whole drives OMH/BH's transformational efforts and promotes intense collaboration with other systems. The connection to other human services systems is a fundamental aspect of the success of OMH accomplishments.

Promoting this vision includes working on multiple initiatives to incorporate evidenced based practices to best respond to needs and stakeholder identified gaps in the systems. For the purpose of this section of the block grant plan, the focus will be on accomplishments for the Office's priorities over the last year. These priorities were identified by stakeholders through a partnership with Montgomery County's CSP. For a more detailed description of this partnership and prior accomplishments, please see the [Montgomery County Mental Health Plan FY 2012-17](#).

Crisis Intervention: OMH has worked to transform the County's crisis services to address the acute needs of residents of Montgomery County experiencing a mental health crisis in the least restrictive setting. In pursuit of this system transformation in Fiscal Year (FY) 2013/14:

- A new Adult Mobile Crisis team is fully operational and serving the entire county. The service has 24/7 mobile capacity and in the calendar year of 2013 had 1,320 mobile interventions with a 97% hospital diversion rate.
- A regional Extended Acute Care was awarded and will be fully operational in 2014.

Treatment: Over the 2013-2014 fiscal year, OMH worked to improve access to care for adults as well as children and adolescents. Additionally, the County focused on the growing need for co-occurring (mental health and drug and alcohol) services and trauma informed services. To that end:

- Outpatient, case management and family based services to children were expanded.
- There was an increase in the number of services that respond to specific needs, such as Dialectic Behavioral Therapy, Trauma Specific Practice and other targeted treatment services.
- Montgomery County also worked in partnership with several school districts to implement school based outpatient services.
- A specialized case management service for individuals involved in the justice system was developed.
- OMH in collaboration with Magellan Services developed an RFP for a community based co-occurring treatment service to provide both a diversion and a step down from a higher level of care.
- OMH hosted a Trauma conference with over 200 registrants.
- Developed an agency self-assessment that will evaluate providers capability of providing trauma informed supports and trauma-specific interventions.
- OMH training institute continues to lay out a curriculum that responds to changing learning needs of the system and county priorities.

Housing and Residential: It is essential that housing concerns are addressed in order for individuals to feel safe and to have the ability to focus on their recovery journey. OMH has developed several strategies to tackle the issue of housing for individuals that have a mental illness. This includes actively pursue options to increase access to and amount of affordable housing stock while strengthening mobile mental health supports. This approach clearly aligns with the County's Department of Housing and Community Development's "Your Way Home" initiative. The second strategy is a transformation of the current mental health residential system to support the clinical and rehabilitative needs of individuals. Below is a brief highlight of accomplishments this fiscal year:

- Converted two moderate care Community Rehabilitative Residences (CRRs) to rental subsidies. Most of the 24 individuals that were in these facilities are now in their own apartments and are supported by mobile supports that fluctuate in intensity, based on the person's needs. The majority of funds from this closure will be used for 45 future temporary rental stipends to respond to the desire of the majority of stakeholders, and the county's housing first philosophy.
- Committed over \$1,000,000 in reinvestment funds that will be used for rental subsidies and specifically targeted to individuals that are in congregate mental health facilities.
- As a result of the efforts of both OMH's Residential Transformation and the County's "Your Way Home" initiative, more individuals are attaining their goal of living in an apartment of their own. This creates an increased need for intensive mobile mental health supports. In response to this need, OMH contracted for Mobile Psychiatric Rehabilitation. This service will provide intense, evidenced based support throughout Montgomery County to residents that have a mental illness.
- OMH Housing Reinvestment funds continued to provide direct rental assistance to approximately 55 households per year, as well as leveraging for an additional 27 homeless households.
- OMH supported another 15 individuals through its PCCD grant. The individuals are involved with the criminal justice system and would otherwise be "stuck" in jail serving a maximum sentence due to lack of housing resources. Data analysis for CY 2013 showed that people served by the program had a 38% reduction in jail days, and 30% reduction in BH Inpatient days.
- OMH continued to utilize Capital Funds through Reinvestment funds including:
 - Continued commitment of \$375,000 for 3 units in a LIHTC Project in Souderton.
 - Partnered with the Department of Housing and Community Development on an RFP for Capital and PBOA dollars.
 - Committed \$375,000 in reinvestment capital funds for a project in Lansdale that will target three elderly units for the mental health population.
 - OMH/BH has committed \$750,000 in Capital funds to target for the mental health population six units for a general use project in Pottstown.
- OMH continued its commitment as the Lead Local Agency for housing persons with disabilities for the County. When the initiative is off the ground it can be incorporated into Your Way Home.

Employment/Education: Change has been occurring in multiple ways including the addition of Career Centers to the continuum of services. The unique model of the Career Centers augments the SAMHSA evidence-based practice of supported employment with an emphasis on supported education. In addition, the majority of the Career Specialists at these centers have the expertise of CPS certification to support an individual's recovery goals of employment and education. Agencies that are accurately implementing this approach are obtaining better outcomes than the national best practice. Specifically between 64-73% of the individuals receiving this service are obtaining employment. As a result OMHSAS requested Montgomery County's assistance with the application to a multi-year SAMHSA grant to spread this type of model throughout the state.

Peer Support: A significant component of Montgomery County’s recovery transformation has been the infusion of peer support into the mental health system recognizing that having a shared lived experience can improve outcomes for individuals and the system. Since Montgomery County held the first training session, 252 peer specialists (CPS) have earned certifications. There are 211 CPS who have been or are currently employed in the mental health system in Montgomery County. There are 10 CPS’s who are in supervisory roles. The ten year implementation of Peer Support in Montgomery County was celebrated at an awards event this year.

In addition to the consistent expansion of the formal CPS service, Montgomery County has developed a Hearing Voices Network to expand the international model of Hearing Voices support groups. OMH continues to support the Evidences Based Practice of WRAP and has supported the expansion of WRAP Groups through the county. This will continue to expand throughout the next fiscal year.

a) Strengths and Unmet Needs:

In alignment with OMHSAS vision, the overarching services for each adult target population (adults, older adults and transition age youth) provided by Montgomery County’s Mental Health system are illustrated below using the Recovery Model Crosswalk. For a more complete list, please reference the Budget Attachment.

Table A – Services by Priority Population					
Service Category	Category Description	Outcome	Services Available in MH System	Funding Sources* (County, HC, or Reinvestment)	Target Population (Adults, Older Adults, or Transition Age Youth)
Treatment	Alleviating symptoms and distress	Symptom Relief	X	County, HC and Reinvestment	All priority populations
Crisis Intervention	Controlling and resolving critical or dangerous problems	Personal Safety Assured	X	County, HC and Reinvestment	All priority populations
Case Management	Obtaining the services consumer needs and wants	Services Accessed	X	County, HC	All priority populations
Rehabilitation	Developing skills and supports related to consumer’s goals	Role Functioning	X	County, HC and Reinvestment	All priority populations

Table A – Services by Priority Population					
Service Category	Category Description	Outcome	Services Available in MH System	Funding Sources* (County, HC, or Reinvestment)	Target Population (Adults, Older Adults, or Transition Age Youth)
Enrichment	Engaging consumers in fulfilling and satisfying activities	Self-Development	X	County, HC	All priority populations
Rights Protection	Advocating to uphold one's rights	Equal Opportunity	X	County, HC	All priority populations
Basic Support	Providing the people, places, and things consumers need to survive (e.g., shelter, meals, healthcare)	Personal Survival Assured	X	County, HC, Reinvestment, Grants	All priority populations
Self Help	Exercising a voice and a choice in one's life	Empowerment	X	*	All priority populations
Wellness/Prevention	Promoting healthy life styles	Health Status Improved	X	County, HC	All priority populations

*Self Help does not have a cost center associated with it. However, Montgomery County OMH and OBH funds many services that could be deemed as self help. This would be reflected in the Wellness/Prevention category.

Older Adults (ages 60 and above) Montgomery County OMH and the Office of Aging and Adult Services have continued to partner to determine how best to serve the older adult population in Montgomery County. A major need that has been identified is engaging older adults. To this end, OMH funds outreach services to engage the older adult population. However, this outreach service does not adequately meet the need of the entire county.

Adults (ages 18 and above) Stakeholders have supported OMH in its attempt to balance flexibility and creativity with the strength of research based knowledge. Stakeholder feedback helped to propel OMH to create a spectrum of services. In alignment with OMHSAS vision, a wide variety of services are available for each adult target population (adults, older adults and transition age youth). Adults identified 5 areas to target growth and improvement which are now listed as OMH's priorities below.

Transition-age Youth (ages 18-26) Montgomery County has developed many unique services that are specifically targeted to the transition age population. Research has shown that the transitional years are a critical time to provide intervention, but a time when many young adults turn from treatment services. In order to capture the interest and address the needs of the young adult population, Montgomery

County has created a wide variety of supports specifically targeted to young adults. This includes Peer Mentoring support for the transitional age; Transitional Intensive Case Management for young people spanning both the children and adult systems; an intensive residential service for transition age only; Supported Education at the local community college; and the Intensive Psychiatric Rehabilitation model modified to target young adults.

Furthermore, Magellan, the behavioral health managed care organization that Montgomery County contracts with, remains committed to supporting Transition Age Youth through the ongoing work of the MY LIFE (Magellan Youth Leaders Inspiring Future Empowerment) group. MY LIFE helps youth that have been connected with the mental health, substance abuse, juvenile justice or foster care systems use their experiences to help others. It gives these youth the chance to use their voice to improve the programs and systems that serve young people through events such as a regional “MY FEST” event, as well Youth Day on the Capital event that the youth helped to organize.

In addition, Montgomery County is in the development of mobile psychiatric rehabilitation teams that can support individuals in the community. Although these teams will work with every adult priority population, they will have additional training and expertise for the young adult population. The goal of all of the above interventions is to ensure that supports are available to allow young adults to develop the tools necessary to support their wellness and achieve their life outside of the mental health system.

Although more young adults are accessing these unique and successful services, there are still multiple unmet needs, including the need for safe and affordable housing for young adults. In addition, there is a need to educate the adult serving system to ensure they are providing developmentally appropriate interventions and assisting young adults in obtaining the natural supports necessary to move beyond the mental health system. An important component of this is ensuring providers are supporting Transition Age Youth to obtain their education and employment.

Children (under 18): Montgomery County is committed to the continued development of a comprehensive system of care for children and adolescents that includes quality treatment and supportive services. The collective vision and mission was developed by the System of Care Leadership team that includes membership from County partners, including the Offices of Behavioral Health, Drug and Alcohol Services Developmental Disabilities, Children and Youth, Juvenile Probation, Magellan Health Services, Montgomery Schools, Family Partners and Youth Partners. The Leadership Team is tasked with the responsibility of strengthening the voice of youth and family throughout the system.

Some examples of success in this increased voice includes High Fidelity Wrap Around; MY LIFE; MY FEST; Youth Leadership Day; Mental Health Awareness Activities; System of Care Leadership Team and Workgroups; Teen Talk Line; Family Mentor; Family and Youth Satisfaction (FEST); as well as trainings focused on family engagement, strengths and resiliency.

Based on the feedback from stakeholders, BH/DD has infused the system with evidence-based practices as well as promising practices for both the general population of children, adolescents and families served as well as targeted interventions and services for children and families served through other County System Partners. Below are examples of some of the efforts:

- Multi-systemic Therapy (MST)

- High Fidelity Wrap Around
- School-Wide Positive Behavioral Support
- Pivotal Response Treatment
- Parent-Child Interaction Therapy
- Children’s Crisis Support Program
- Family Focused Solution Based Services
- Increased emphasis on trauma-informed system of care and competency in treatment
- Trauma-Focused Cognitive Behavioral Treatment
- Formation of Family Mentor and Advocacy Network
- Family and Youth Satisfaction

Montgomery County BH/DD, alongside the System of Care Leadership team, has continually strived to meet the needs of constituents. The availability of HealthChoices funds as well as State Allocations and County dollars and the interconnection of BH/DD with the child serving County Offices and Systems has enabled BH/DD to plan, implement and operationalized the above listed treatment modalities in a manner consistent with serving needs of the broad spectrum of children, adolescents and caregivers that cross child serving offices.

These effort to support children are enhanced by Montgomery County’s many examples of cross-system partnership, including:

- Engagement around integrated care for physical and behavioral health in meeting with local pediatricians to build partnership and share resources/ information in first phase.
- Complex case review processes that include systems partners, managed care to examine barriers and develop creative solutions to better meet the needs of youth and families.
- Partnership with school districts to deliver EBP with fidelity while collaborating on projects, programs and resources focusing on the wellness and health of all students, K - 12 and their families.
- Utilizing the Pennsylvania Youth Survey (PAYS) to measure risk and protective factors for each school community and with this data, determining the appropriate curriculum that will address the issues identified as at-risk behavior. Building a customized Prevention/Intervention Drug and Alcohol Service Plan based on student needs for the academic year.
- Providing consistent support to school administrators, teachers, and community leaders to address and identify the changing trends in addiction and substance abuse among adolescents and young adults, throughout the school year.

In addition to the treatment services that are available to children, there has been a strong effort to mobilize the community at large to support children that may be experiencing symptoms through the Youth Mental Health First Aid Initiative Project. This national approach has been embraced within Montgomery County.

Although there are many strengths for the children’s system, there are still needs and opportunities for improvement. Some of these include:

- Need for increased collaboration with local schools, systems partners, and community.

- Greater access to child and adolescent psychiatry and creative service/support models for youth and families.
- Flexibility to fund/ support respite and peer support services for under 18 and family members.
- Consistency among school district SAP teams with a stronger commitment to the SAP guidelines and protocol.
- Schools and Communities working together to address the rapidly growing numbers of student depression, suicidal behaviors and issues.
- An increased balance of academic requirements and mental health wellness. Although schools have greatly improved their approach and made accommodations for Prevention curriculum, state regulations and rules surrounding education continue to challenge the limitations due to mandatory classroom instructional time. The class periods restrict outside wellness instruction and therefore, it is not always easy to deliver the required lessons necessary for evidence based programs.

Individuals Transitioning Out of the State Hospital: OMH has a long history of working to enhance the community mental health system to provide supports and treatment services for individuals who can be discharged from Norristown State Hospital (NSH) and reside in the community. As a result of the enhanced community services, Montgomery County makes minimal use of state hospitals to support individuals with serious mental illness, and now has a bed capacity at the NSH civil section of 22 beds.

In spite of the gains made, there continues to be a need for long term inpatient care for a small group of individuals. To address this need Montgomery County is collaborating with Magellan Behavioral Health, Inc. and other southeast counties, to develop a Regional Extended Acute Care (EAC) community hospital unit. Although this service will meet the need for long-term care for some individuals, others will continue to need the longer term care of NSH. This could partially be addressed by improved access to the designated state hospital beds allocated for Montgomery County in the civil section at NSH.

Another rapidly increasing need is for individuals who have been assessed and approved for Skilled Nursing Home level of care not having access to nursing homes facilities. Frequently individuals who are unable to care for themselves for a variety of medical reasons are placed in psychiatric hospitals and denied the level of care they require in nursing homes.

Co-occurring Mental Health/Substance Abuse: Magellan recognizes the extent to which Co-Occurring Disorders (COD) are identified in those individuals referred to either psychiatric (mental health) or substance abuse treatment programs. Studies have consistently shown that 50 to 75% of clients in substance abuse programs had some type of co-occurring mental health condition. Studies in acute care psychiatric settings reveal similar patterns in regard to co-morbid substance abuse conditions. Multiple studies reflect the extent to which CODs constitute an initial and ongoing clinical concern and potential unmet need. Intervention approaches which prioritize comprehensive, *integrated* treatment have demonstrated effectiveness.

In 2013, Montgomery County and Magellan continued efforts to increase provider competency in integrated screening, assessment and intervention for individuals with COD. Throughout 2013, Dr. Jim Bechtel, Magellan COD Care Management Advisor, continued to facilitate bi-monthly Montgomery

County COD Collaborative Meetings with providers and key County staff. The goals of this workgroup were to support clinical leadership in the provision of COD competent programming and to offer assistance to move providers toward the provision of true integrated services. Dr. Bechtel distributed Minkoff and Cline's COMPASS-EZ for provider self-audit.

Also in 2013, Montgomery County and Magellan worked closely to monitor the unique services provided by Eagleville Hospital's acute inpatient COD unit. The County and Magellan held review meetings with Eagleville, to assess its program outcomes. The program demonstrated strengths in its focus on both substance abuse and mental health conditions as primary treatment areas, its emphasis on significant psychiatric assessment/treatment for stabilization, and its use of Peer Support services within its treatment interventions.

In looking ahead to 2014, there will be efforts to develop a dually-licensed COD Outpatient Center of Excellence. The identified provider for this pilot will need to offer services that would be considered to meet "enhanced" COD guidelines. The Montgomery County and Magellan review team will utilize Dr. Mark McGovern's Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) tool, along with SAMHSA - endorsed Enhanced COD guidelines, to assess each applicant program's capabilities.

Justice-involved individuals: OMH has a longstanding partnership with the criminal justice system to reach the unified goal of assuring community safety by appropriately diverting individuals with serious mental illness from correctional institutions into community based treatment and, where diversion is not possible, providing treatment within the correctional facility while working to develop treatment support plan for community re-entry. There are many benefits to individuals and the community as a result of the extensive efforts of these systems. One clear successful outcome is that only 5% of the population in Montgomery County's correctional facilities has a serious mental illness as compare to the national average of 12% of the population.

The needs which continue to be unmet, even though they are being addressed, are competency restoration and psychiatric symptom stabilization for incarcerated individuals who are diagnosed with a serious mental illness. Access to the Regional State Hospital Forensic Unit is very limited and creates lengthy waiting periods. Additionally delays in getting people connected with community services and coordinating with the courts for placement approval often impacts individuals in maintaining symptom stabilization once that has been achieved. OMH will be connecting with Your Way Home to connect homeless individuals at MCCF who experience serious mental illness to the Your Way Home initiative.

Veterans: Montgomery County OMH has worked to strengthen collaboration with agencies and departments that serve veterans. The Director of Veteran Affairs is an active member of the Human Services Cabinet which includes the Department of BH/DD. Individuals who have served in United States Military, but do not have access to veterans' benefits. These individuals and their families can access traditional mental health services that should increasing focus on treatments specific to their needs.

Montgomery County has a Veterans Court which provide treatment and support services for veterans who are involved in the Criminal Justice system. Many of those veterans have co-occurring mental health disorders. In the fall of 2014 Sequential Intercept mapping will begin for the Veterans Court.

Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI): The Keystone Pride Recovery Initiative (KPRI) is a project to develop and put in place actions to help *Lesbian, Gay, Bi-Sexual, Transgender, Questioning and Intersex (LGBTQI)* individuals seeking or being referred to behavioral health services in Pennsylvania. The goals of KPRI are to make sure that differences of sexual orientation, gender identity and gender expression do not keep someone from receiving behavioral health services and to ensure that clinically appropriate services are provided to LGBTQI individuals. KPRI made recommendations to OMHSAS which resulted in the development of two bulletins (OMHSAS-11-01 and OMHSAS-11-02) outlining the need to provide affirming environments and competent care to the LGBTQI population.

Magellan Behavioral Health of Pennsylvania, Inc. is committed to advancing the goals of KPRI. To respond to the unmet need of culturally informed and welcoming clinicians, a Magellan Care Manager continues to be an active member of the KRPI Advisory Committee. Two Care Managers have completed a training program which qualifies them to facilitate both the One Day and Three Day LGBTQI trainings as developed by Drexel University. In addition, Magellan has co-sponsored a One Day Training in Montgomery County and plans to sponsor two Three Day Clinical Classroom trainings.

The one-day training “Creating Welcoming and Affirming Services for Persons Who are LGBTQ or I” was conducted in Montgomery County. This along with ongoing web-based trainings serve as the prerequisite to the advance clinical training “Principles and Practices for Clinicians Working with Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex Individuals” was also implemented in 2014. Magellan in partnership with Montgomery County will ensure clinicians continue to have access to these trainings.

Racial/Ethnic/Linguistic minorities: Cultural norms around obtaining mental health support can impact the rate at which individuals receive support. Multiple efforts have been implemented in Montgomery County to address these cultural factors. Most recently, Magellan Health Services and Montgomery County commissioned a Latino Behavioral Health Needs Assessment. The purpose of this project was to assist the County, Magellan, as well as community agencies in increasing their understanding of the unmet behavioral health needs of the Montgomery County Latino population, to suggest approaches to address identified gaps in services and to ultimately create a culturally competent system that is responsive to the behavioral health needs of Latinos.

As expected, the penetration rate of Latinos for behavioral health services was low. In order to address this unmet need, the completed need assessment concluded with specific recommendations. Montgomery County and Magellan developed interventions to follow up on these recommendations and included these efforts as part of Magellan’s performance incentive for 2013. This included:

- Identify or develop a set of culturally informed clinical guidelines for the Latino population. Magellan responded to this goal by engaging trainer Henry Acosta, MA, MSW, LSW in the development of culturally informed clinical guidelines specifically for the Latino population. Guidelines were identified and developed in consultation with Montgomery County. Informed guidelines included culturally specific content inclusive of adult, child and family target populations within the mental health and addictions treatment continuums.

- Conduct at least one provider training on the clinical guidelines selected/developed. Through the establishment of mutually informed clinical guidelines training material was revised to include all relevant feedback and target populations. Montgomery County providers were invited to half-day training presented by Henry Acosta, MA, MSW, LSW.
- Complete an initiative to expand efforts to translate written materials to Spanish. Magellan provided a wealth of translation materials inclusive of but not limited to: marketing materials, newsletters, member communications and training materials.

Montgomery County will continue to work to create a culturally competent system. Providers have worked to hire bilingual or multilingual staff within key outreach positions, including some case management offices and within the local NAMI offices. In addition crisis services have access to bilingual staff.

In addition, a previously identified need was providing service to individuals who are deaf or hard of hearing and have a mental illness. This need may be low in volume but it is a high intensity of need. To respond to this need, Montgomery County funded the development of the Deaf Services Center, now called PAHrtners. PAHrtners hires only individuals who are fluent in American Sign Language, experienced in working within the Deaf cultural community, and have knowledge of and sensitivity to the needs of persons with hearing loss who do not sign. PAHrtners provides a full array of clinical and support services.

b) Recovery-Oriented Systems Transformation:

Montgomery County has been a leader in promoting system transformation to ensure that recovery philosophy is at the foundation of everything, from system assessment to service development and delivery. Based on the OMH needs assessment and other feedback from adult and family stakeholders, Montgomery County determined that the following five (5) Transformation Priorities should be targeted in the current planning cycle: Crisis Intervention; Treatment; Residential and Housing Supports; Employment/Education; and Community Connections/Peer Support. The intent of this section of the Human Services plan is to briefly capture the plans for the current fiscal year. For more detailed description of past efforts, please reference the [Montgomery County Mental Health Plan FY 2012-17](#)

1. **Crisis Intervention:** As described previously, Montgomery County has worked to transform the County's crisis services to address the acute needs of residents of Montgomery County experiencing a mental health crisis. Over the course of the current fiscal year Montgomery County will:
 - Develop Crisis Intervention trainings that further knowledge across the system;
 - Continue to monitor the data regarding the Adult Mobile Crisis Team to ensure effectiveness;
 - Continue to promote the use of both the Mobile Crisis and Peer Support Talk Line
 - Include county staff from multiple human service systems to work with the Mobile Crisis Team to identify systems issues to identify gaps in order to improve the crisis response of the system.
 - Develop strategies and best practices for individuals with high readmission rates and collaborate with stakeholders across systems to implement these protocols.

Funding Strategy/Tracking Implementation: Crisis services are made possible through a braided funding stream which includes Reinvestment funds; HealthChoices, State allocations. OMH continues

to meet monthly with staff from the Adult Mobile Crisis Team around hospital diversion and other outcome measures. The County collects significant data from the provider. During 2013 and continuing into 2014, the County and provider will look to determine outcomes relative to inpatient utilization and the direct cost offset of the implementation of this service.

2. **Treatment:** As described previously, there are multiple initiatives that fall under the category of treatment. The focus of this section will expand upon the continued implementation of the Trauma-Informed System Initiative. The Montgomery County first began to address the issue of the development of a trauma informed system in 2006. Since that time, the County has continued to introduce the system to the concepts of a trauma informed culture and trauma specific practice. The goals for 2014 include:

- The completion of the Modified Trauma-Informed Organizational Toolkit by all providers;
- The redesigned Champions Group to include “change teams” from each agency to implement needed changes based on agency self-assessments.
- The ongoing review of staff development and training initiatives for the system,
- The development of a systems map that identifies the available location of trauma specific services in the HealthChoices and County network of providers.

Funding Strategy/Tracking Implementation: The funding makes use of the integrated approach used in the work of the Montgomery County Offices of Mental Health and Behavioral Health. The leadership work comes through the administrative categorical funds of the various offices in the Department. Funds for trauma specific practices are available in the HealthChoices network. Start-up for specific practice development has come through HealthChoices Reinvestment. The County BH/DD Department will continue to monitor the implementation of this initiative through the Trauma Champions Workgroup.

3. **Housing and Residential Supports:** In FY 2014/15, OMH will work to complete the following plans to attain the vision previously described:

- Continue Partnering with the Your Way Home initiative. This will include the following goals:
- Identify and address gaps in MH Services for persons experiencing homelessness.
- Use CTI as the front door to the Mental Health System for persons with mental health challenges who are homeless and not already engaged with the Mental Health system. (October)
- Continue to petition the local Housing Authority for Preferences in the Housing Choice Voucher program for persons who are homeless and/or disabled. (Ongoing)
- Create a presentation to inform Mental Health Providers about the Your Way Home initiative as well as the Residential Transformation Initiative, with a primary focus on what key roles the providers play in these initiatives. (September) Begin presentations. (October and ongoing)
- Work to move people off of the Rental Assistance line of the Housing Reinvestment Plan as reinvestment dollars decrease.
- Progress with Lead Local Agency (LLA) project. Sign MOUs with support providers in those areas as well as with the developers themselves.
- Continue to work with Housing Developers regarding Reinvestment Capital and PBOA Funds.
- Use CRR Conversion funds to continue rental assistance for 17 households previously funded through temporary PCCD and ESG grants.
- Within the Residential Transformation Initiative, OMH will:
- Provide Psychiatric Rehabilitation training for staff at all congregate residential settings.

- Implement newly developed data monitoring tool. This tool will help to guide future actions.
- Finalize strategy for enhancement of clinical connection to residential services.
- Continue consultation through both the Learning Collaborative and on-site supports for residential services.

Tracking Implementation: Montgomery County tracks a great deal of information in regard to its existing housing subsidy programs. The County office is currently developing tracking tools for the residential transformation in programs. Tracking systems are also being developed for the new psych rehab teams.

4. **Employment and Education:** As discussed above, there is a need to support employment and education goals and an effective model to fill this need. For the current fiscal year, the following goals have been set:
- Establish a Career Center in the Lower Merion area.
 - Continue to increase the number of individuals being successfully employed or enrolled in educational programs;
 - Continue to provide education to the entire mental health system around the importance of employment and education in facilitating recovery and community integration;
 - Collaborate with system partners such as OVR and Economic & Workforce Development to ensure the best outcome for shared stakeholders;
 - Ensure that all career providers are implementing the evidenced base practices of supported employment and education.

Funding Strategy/Tracking Implementation: The main source of funding for career providers is County Base funds. However, when appropriate, these services utilize a blended funding stream which includes HealthChoices and OVR funding. Montgomery County OMH staff has responsibility for overarching implementation and follow up for this priority. This is accomplished through a variety of mechanisms, including: monthly meetings with providers, outcome measures analysis, as well onsite monitoring.

5. **Peer Support and Community Connections:** The County has made a very strong commitment to the provision of ongoing training, technical assistance and support for the CPS initiative here as well as across the state and nation. Montgomery County remains committed to the ongoing growth of CPS services in FY 2014/2015. Please see below the plans for this year:
- Hold 1 CPS training and 1 CPS Supervisor Training in 2015.
 - OMH will continue expanding the CPS service to work with the MH/DD population.
 - OMH will expand the CPS's at core providers to meet the needs of the community.
 - OMH will develop "CPS Practice Guidelines" for Peer Support Services.
 - OMH will continue to support the ongoing development of mutual support groups around the County as well as to promote them as critical tools to support an individual's recovery.
 - OMH will participate in the OMHSAS COAPS (Certified Older Adult Peer Specialist) Project.
 - OMH will participate in the OMHSAS Collaborative Documentation Workgroup.

Funding Strategy/Tracking Implementation: The fiscal and other resources needed to implement these priorities will come from County based dollars, HealthChoices, and Reinvestment. Please see

attached budget table. Montgomery County funds a CPS Coordinator position to ensure that movement occurs to realize the vision. In addition, in FY 14/15, OMH will work on the development of outcome measures to assess the effectiveness of peer support services.

Needs Assessment Survey of Mental Health Stakeholders for Highest Listed Top 5 Priorities						
Table A						
Respondents	Number of Respondents	Priority #1	Priority #2	Priority #3	Priority #4	Priority #5
Adults (18 and above)	458 (100%)	Residential/ Housing Supports	Employment/ Education	Social/ Community	Crisis Intervention	Treatment
Older Adults (55 and above)	116 (25.33%)	Residential/ Housing Supports	Employment/ Education	Older Adult Supports	Crisis Intervention	Advocacy
Transition Age Youth (18 through 26)	65 (14.19%)	Employment/ Education	Social/ Community	Residential/ Housing Supports	Peer Supports	Crisis Intervention

B. Intellectual Disability Services

The Montgomery County Office of Developmental Disabilities (DD) provides quality supports to 2674 individuals to ensure their health and safety; to promote choice; and to enable them to live, work and participate in their community with dignity and respect.

The services provided by the Office start with supports coordination, and include in home supports such as respite, home adaptation, behavior supports and habilitation; community supports, including Supported Employment, prevocational, adult training facilities, transportation, residential services that provide 24 hour supervision, supportive living and Life sharing.

Funding for services is made available through two Medicaid waivers, Person/Family Directed Supports Waiver (P/FDS) and the Consolidated Waiver (CW); and State base funding. As of June 1, 2014, 663 individuals are served through P/FDS and 894 individuals are served through the CW. The base allocation serves 263 individuals, plus an additional 50 through Family –Driven Family Support Services funds.

Allocation of funding is determined through continued assessment of needs of the individual and their family. The assessment begins at the time of registration for the Intellectual Disability system; Montgomery County Office of Developmental Disabilities completes an average of 100 registrations per year. Upon assignment to the Supports Coordination Organization of the individual/family's choice, further assessment occurs through the process of developing an Individual Support Plan (ISP) and the completion of the Prioritization of Urgency of Need for Services (PUNS). The Individual Support Plan is the document used to identify the individual's preferences, strengths and needs and to summarize results of formal and informal assessments. Participants in the development of the ISP include the individual, the individual's family, guardian, surrogate and/or advocate, the supports coordinator, providers serving the individual, and any other person the individual may choose to invite. The ISP is monitored throughout the year by the supports coordinator and is updated when there is a change in need, or at least once a year at an annual review.

Individual needs are formally communicated to the Office of Developmental Disabilities by the Supports Coordination Organization through the PUNS. The PUNS is the tool used to identify requested services and to categorize the urgency of the need. The three categories of urgency of need are Emergency (need within six months), Critical (need within two years) and Planning (need within five years). The PUNS is completed by the supports coordinator with the individual/family at the annual ISP meeting, or when the individual and family have a change in need.

The Office of DD conducts weekly management meetings to review individuals identified in Emergency Category of the PUNS. We work closely with the Supports Coordination Organizations through on-going communication and monthly meetings to confirm that our office has the most up to date information regarding individual/family circumstances to assure that individual's health and safety is secure. We verify that appropriate alternative services and funds have been pursued prior to authorizing the use of Intellectual Disability funds. When other resources are unavailable, the DD office prioritizes individuals to receive waiver or base funds as waiver capacity and base funding are available.

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Supported Employment	114	120
Sheltered Workshop	66	66
Adult Training Facility	15	15
Base Funded Supports Coordination	389	389
Residential (6400)	63	63
Life sharing (6500)	2	4
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Services	50	75

Supported Employment:

Supported employment provides individuals the supports and services to acquire and maintain competitive employment in the business community. This service is the most inclusive and least restrictive service provided by the Office of Developmental Programs; individuals must receive minimum wage or more and carry out their work responsibilities with other non-disabled employees.

The fundamental goals of this service are:

- Job finding and support
- Resume preparation
- Interview coaching
- Supervision and training at the job
- Periodic follow-up and ongoing supports
- Maintenance of work and interpersonal skills
- Travel training

Supported employment services are provided by a job coach who works with the individual face-to-face. The long-term goal of this service is to assist the individual to successfully sustain employment.

For the fiscal year 2013/2014, 219 individuals are authorized to receive supported employment. 114 received funding through the base allocation.

The Office of Developmental Disabilities promoted competitive employment for individuals by the following activities:

- Organized and managed professional presentations by benefit expert
- Presented outreach to school district educators, families and students; and transition events hosted by the Montgomery County Intermediate Unit (MCIU)
- Designated the supported employment lead to participate in a state-wide supported employment committee
- Designated the supported employment lead to be a member of the Association for People Supporting Employment First (APSE)

- Sponsored a camp program for transition age students to explore the work world and are developing an internship program
- Organized families and providers to participate in blackboard employment events

To promote competitive employment for individuals and their families, the Office of Developmental Disabilities facilitated two seminars conducted by Michael Walling. Mr. Walling is an expert on maximizing an individual's income by managing social security benefits and earnings through competitive employment. The seminars were attended by 45-50 individuals, families, educators and other professionals.

As part of our quality management outreach initiative our office contacted all school districts and the intermediate unit in the county and were invited to participate in 13 outreach events to schools, parent groups, a hospital and transition fairs. At these outreach events we addressed the benefit of individuals choosing supported employment as their first choice and provided an Employment Guide listing the essential steps to job finding including providers' contact information.

The employment lead participates in a state-wide stakeholder organization to expand supported employment in the county. She acts as co-chairperson to develop, write and implement a strategic plan that will address *how* to make employment a first option. Strategies for families/individuals, providers, support coordination organizations and educators will be included in this plan.

The employment lead is a member of APSE, the only national organization that focuses exclusively on integrated employment for individuals with disabilities. APSE provides the employment lead with current practices and policies in the field to disseminate to families and job coaching providers.

We have stakeholder meetings with job coaching agencies and educators to develop and implement innovative job programs. We are exploring an internship program and have sponsored the *Summer Compass Program*, a camp program that explores the work world for transition age students registered with our program.

Our office hosted a blackboard collaborative session on June 13, 2014 for families, job coaching and day services providers. The agenda for this collaborative included the report on the National Disability Employment Policy by Cheryl Bates-Harris from the National Disability Rights Network.

Base Funded Supports Coordination:

The Supports Coordinator has a critical role on an individual's team. The primary responsibilities of the Supports Coordinator are to locate services utilizing resources within the community and the ID system and assist the individual to connect with these resources; coordinate supports and services through the development of the Individual Support Plan with input from the individual, family, friends, and providers; monitor that the supports and services are provided as outlined in the Individual Support Plan; and to assure the health and welfare of the individuals.

Montgomery County contracts with 12 Supports Coordination Organizations (SCO) to provide Supports Coordination. Base funding was used to provide supports coordination to 389 individuals in fiscal year 13/14. The base allocation is used to fund support coordination services for individuals who do not have Medical Assistance; live in State Centers; Private ICF/ID; nursing homes; or during hospitalization in

a medical or behavioral health facility. Montgomery County is committed to having individuals live in the least restrictive environment and will support SCO efforts in assisting individuals to obtain this outcome.

Montgomery County Office of Developmental Disabilities has two Program Specialists that perform as SCO Liaisons. They are designated to work directly with the SCOs to ensure that they are meeting the requirements and responsibilities according to the policies issued by ODP. The SCO Liaisons provide direction and support to assure the needs of individuals are met and to assure the health and welfare of the individual, regardless of the type of funding they receive.

Life sharing Options:

Life sharing, also known as Family Living, is a unique residential option for individuals to continue to reside in a community setting. It provides individuals the opportunity to live with unrelated adults who support them in their home. Life sharing can provide the most inclusive and natural living situation for individuals with intellectual disabilities. It differs from a standard Community Living Arrangement in that it provides a consistent and often times more stable living environment. It is a great option for individuals to participate in a natural, community life.

The Montgomery County Office of Developmental Disabilities (DD) continues to support statewide Life sharing initiative practices. These practices are intended to promote Life sharing for people who are: considering a move to live away from their family where the person will need ongoing support in daily living, people who are considering a move from one residential program to another, people returning to the community from a State Center, and young people who are aging out of Foster Care placements.

The Office of DD works actively with the provider community in supporting and promoting the Life sharing program in Montgomery County. At present, there are 64 individuals living in the community, supported through Life sharing (this number includes Waiver and Base-funded). Currently, Montgomery County Base Funds 6 individuals in a Life sharing home for a total of \$241,531.45. Two individuals reside in a Licensed 6500 home while the other 4 individuals reside in an Unlicensed home.

<u>Licensed 6500</u>	<u>Consolidated</u>	<u>Base</u>	<u>Avg. Budget</u>
40	39	2	\$52,000
<u>Unlicensed</u>			
24	19	4	\$35,000

Over the past five years, Montgomery County DD has developed the following strategies and action steps as part the ongoing support for the Life sharing program:

- Information and education sessions about Life sharing are presented to families and individuals at DD community outreach events.
- Information and/or articles are published in the DD newsletter (Partners for Success) promoting Life sharing as a residential option.
- Assurances have been put into place so that individuals and families are given information about Life sharing at their annual Planning meeting.

- Training and information sessions with Supports Coordination offices have been conducted in conjunction with provider agencies.
- DD Life sharing point attends bi-monthly SE Regional Life sharing Coalition meetings.
- Quality Management Subcommittee was formed in 2014; Life sharing outreach event in planning stages to be held September 25, 2014.

Cross Systems Communications and Training:

Montgomery County Office of Developmental Disabilities partners with other systems including Behavioral Health, Aging and Adult, and the Office of Children and Youth. The DD office frequently collaborates with other county offices on case specific situations, including psychiatric hospitalizations, RTF transitions, OBRA assessments and young adults aging out of the Children and Youth system. The DD office meets with representatives from the Mental Health office, Magellan Behavioral Health, and Montgomery County Emergency Services to plan for continuity of care post-psychiatric hospitalization. The goal of those meetings are to address case specific issues for individuals admitted to MCES who do not have a clear discharge plan, and to find ways of averting unnecessary psychiatric hospitalizations in the future by connecting individuals and their teams with appropriate community based behavioral health supports. In addition, the DD office participates in meetings with the Montgomery County Adult Mobile Crisis Support team and has promoted the use of the Mobile Crisis team to help individuals and their teams avoid hospitalizations if a behavioral health crisis can be managed in the community. By assisting individuals and teams to access community based supports, we have diverted several crisis situations from admission to a State Center or State Hospital.

An ongoing challenge has been finding qualified and willing providers who can support individuals with complex needs related to intellectual disability with mental illness; the DD office has been actively engaged with the provider network to promote provider training and capacity. Part of that process has been seeking technical support from the regional Health Care Quality Unit, Philadelphia Coordinated Health Care, for medical and behavioral reviews for individuals to assure that potential medical causes for behavioral changes are addressed.

The DD office educates individuals, families and other stakeholders with outreach events located throughout the county. In fiscal year 13/14, the DD office participated in 13 outreach events that included several sessions at the Montgomery County Intermediate Unit, six different school districts, and Abington Memorial Hospital.

Emergency Supports:

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

The Montgomery County Department of Behavioral Health/Developmental Disabilities has an on-call system through Montgomery County Emergency Services (MCES). MCES has a schedule of our assigned on call staff who will respond to the emergency. The Supports Coordination Organizations have provided us with their on-call system and work with the administrative staff in resolving

emergency situations. Behavioral Health/Developmental Disabilities also contracts with ACCESS Mobile Crisis Support who responds to crisis situations.

Administrative Funding:

The Office of Developmental Disabilities is committed to maintaining the current level of service for individuals who receive base funding. Utilization is reviewed quarterly to address unmet need for individuals who are un-served or underserved. The activities associated with assuring compliance with the requirements of the Administrative Entity Operating Agreement will continue to be upheld by the Montgomery County Developmental Disabilities office.

C. Homeless Assistance (HAP)

The comprehensive planning process for housing services in Montgomery County utilizes input from the previously mentioned Human Services Cabinet, as well as providers, consumers, philanthropy, and community groups to ensure that a comprehensive system of housing options exist across Montgomery County. Through use of the Homeless Assistance Program (HAP) funding, the Montgomery County Affordable Housing Trust Fund, HUD funding, and the Human Services Development funding, all areas within the continuum of housing services for the Human Services Block Grant will be covered to provide a comprehensive and accessible array of services to those with significant housing needs. This includes, but is not limited to Housing I&R (Information and Referral), Case Management, Emergency Shelter Assistance, Rental Assistance, and Transitional Housing. Traditional HAP and HSDF priorities have been aligned to blend with other public and private funding streams to ensure coverage along a continuum of care, as designed through the strategy to end homelessness, entitled "Your Way Home Montgomery County Strategic Plan".

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

The new system to address homeless and housing needs in Montgomery County utilizes a toll-free Call Center to access immediate information and connections to basic needs (food, shelter, clothing, etc.). Housing Resource Centers (HRCs) have been established in three regions of the County of Montgomery, Norristown, Pottstown, and the North Penn. These HRCs are local focal points which provide households that are experiencing a housing crisis in Montgomery County with the appropriate resources, support and community connections to find and maintain permanent housing, and remain stably housed. HRCs employ Progressive Engagement, a nationally recognized best practice in addressing homelessness, which provides customized levels of assistance to families and preserves the most expensive interventions for households with the most severe barriers to housing success. HRCs also utilize prevention, diversion, and rapid re-housing resources or provide referrals for intensive interventions to help as many people avoid entering the homeless system as possible, but connect them with temporary shelter when and if appropriate.

This new plan for Housing Stability was first presented in November 2012 at "The New Normal: A Community Conversation" hosted by the North Penn Community Health Foundation and attended by nearly 200 public, philanthropic and nonprofit leaders. The culmination of three-years of community-driven, data-fueled planning and design facilitated by Capacity For Change, LLC, the Roadmap identified four measurable goals for ending homelessness through innovative housing and homeless systems change agreed upon by local government, philanthropic, nonprofit and community leaders. Simultaneously, Josh Shapiro, Chairman, Montgomery County Board of Commissioners, shared his vision for the transformation of the county's health and human services delivery system through Community Connections. Annual summits are held with the Your Way Home leadership, Housing Resource Center staff, funders, community partners, providers, and consumers. The most recent summit

was held in May 2014 with inspiring speakers including Commissioner Josh Shapiro and a consumer that benefited from the services provided through Your Way Home. Workshops were conducted to provide input from the participants in order for the Your Way Home program initiative to continue to improve and serve the vast needs of the homeless community.

Together, these two plans led directly to the launch of "Your Way Home Montgomery County" as it exists today. Discussions continue at the Human Service Cabinet meetings to plan additional ways to share planning and funding related to housing in order to prevent duplication of effort and to ensure a coordinated effort. Through these discussions, there has been a shift in the ways HAP and HSDF will address housing needs for low-income adults and families in the future, since these allocations must be part of the larger county-wide plan to eliminate homelessness and support the goals for "Your Way Home Montgomery County".

"Your Way Home Montgomery County" is also coordinating data along the continuum of housing needs through its new HMIS tracking database, called "Clarity". All housing providers report through this common system, and HAP / HSDF funded providers are included as part of this HMIS tracking as well. Additionally, many of the human service department consumers are included in the Clarity system, since housing is a common thread weaving the human service departments together in mission and reporting.

As mentioned previously, HAP and HSDF funding is now focused on filling gaps according to the funding priorities of this county-wide coordinated planning initiative. Because of this change, there has been a shift in the specific program areas funded through HAP and HSDF.

Individuals Served Through Base Funds

	Estimated/Actual Individuals Served in FY 13-14	Projected Individuals to be Served in FY 14-15
Bridge Housing	4 families	34 families
Case Management	50 families	50 families
Rental Assistance	N/A	N/A
Emergency Shelter	420	440
Other Housing Supports	N/A	N/A

Bridge Housing: HAP will continue to support only a very small number of Transitional / Bridge housing consumers at Laurel House and Salvation Army during this year, since additional Bridge / Transitional resources exist through four other providers across Montgomery County. These other Bridge / Transitional programs are funded through other funding streams and are being examined as part of the overall funding priorities under Your Way Home Montgomery County. HAP funds will support a transitional housing and supports program for youth who have aged-out of foster care, the behavioral healthcare or developmental disabilities systems. The Department of Housing and Community Development’s Homeless Prevention Center hotline provides screening and referral. Housing Resource Centers will function as central locations for the programs and coordinated housing resources and case management services to provide connections to needed resources and connections.

Case Management: As part of the planning for the Your Way Home initiative, HAP funding will continue to support the staffing within two Salvation Army family shelters for case management activities in moving families away from the shelter and into more stable housing, which is the shared goal for Your Way Home and the HAP.

Rental Assistance: Currently, rapid re-housing funds, FEMA, Housing Trust Funds, HUD, and other available resources are funding the rental assistance necessary to pay rental and security costs needed for homeless and near-homeless individuals and families. As part of our coordinated spending plan with Your Way Home Montgomery County, the Housing Department is focusing funding in this area during the past and current fiscal year, while HAP funds will be allocated more in the areas of housing and case management to support the continuum here in Montgomery County.

Emergency Shelter: Currently other public funding streams (HUD, Housing Trust Funds, FEMA, etc.) are concentrating on rapid re-housing, rental assistance, transitional housing, and other housing supports along the continuum of care. HAP and HSDF will continue to concentrate this funding on the emergency shelter programs for families and victims of domestic violence, in order to fill this need within the continuum of housing supports managed across Montgomery County as part of Your Way Home Montgomery County.

D. Children and Youth Services

Office of Children and Youth staff provided assistance to 9,340 families with over 26,152 children in Fiscal Year 2013/14. Families involved with the child welfare system, including youth and families who “cross-over” into the juvenile justice system, are among the neediest in our communities. The Human Services Block Grant provides opportunity to address specific needs of county residents that are not traditionally funded through the Child Welfare Needs Based Plan and Budget, a significant benefit to our vulnerable children and their families.

At the core of Children and Youth Services practice and program philosophy is a conviction to invest in prevention and early intervention, with the intent to identify and address family needs which have immediate or future potential to impact child safety or well-being. They are intended to reduce the need for more intrusive and costly public services. Our intervention programs must also be effective and so they have also evolved. There has been expansion of evidence-based and promising practice model programs. We have selected programs that provide concrete services that are delivered through an inclusive, strengths-based and family-focused approach. Youth and family voices are heard through practices that emphasize partnership and shared responsibility for outcomes. Service providers and representatives from other county human services are participating in teaming, shared case planning and service coordination to leverage available resources. Program performance standards are created to measure positive change and improve identified outcomes for families. Services address families across the continuum of their needs – from prevention, to diversion, to interventions designed to support safe home environments for children to grow and thrive.

- Special Grant Initiatives (SGIs) provide flexibility to address both immediate threats to child safety as well as underlying needs of families without necessity for an intrusive investigation. The availability of diversionary services has increased incrementally each year and the vast majority of families assisted through this alternative response are not referred for a more intensive level of intervention. Family Group Decision Making, Alternative Response Housing Initiative and Truancy Abatement programs were delivered in FY 2012/13. In FY 2013/14, approval of additional expanded existing diversionary programs by introducing High Fidelity Wraparound, Multi-Systemic Treatment and Safe Families for Children programs in the county. This year’s Human Services Block Grant application maintains all special grant funded programs, except Safe Families for Children. Emphasis is placed on focusing resources in ways that families identify with to help them achieve their own goals. Family needs are addressed in an immediate and responsive way which may encourage the disclosure of additional needs and more readily accept assistance. Services are intended to reduce the number of necessary child protective investigations, to safely reduce the increased number of cases opened for services and to reduce the number of families in which children must be placed out of home.
- Each one of the programs included in our SGI’s also focuses on preventing first time involvement with the child welfare system. They can also be initiated once a case has been opened for services, to resolve risk factors before they threatened a child’s safety. Availability of the practices and programs for which we have applied will address several of the most common needs of families receiving services – assisting with housing, addressing immediate concrete daily living needs, improving parenting capabilities, enhancing parent-child

relationships, reducing difficult child behaviors and providing safe informal arrangements for parents in crisis who have reduced capacity to meet their children’s needs.

Three outcomes have been established to provide benchmarks for evaluation of success in delivery of SGI services in the current year. The following table identifies those outcomes along with timeframes and measurements for evaluation.

Outcome	Measurement and Frequency	All Child Welfare Services in HSBG Contributing to Outcomes
<p><u>Safety:</u> Children are protected from abuse and neglect. Services are available to families through community based organizations with limited necessity for formal involvement in the public child welfare system. Services are also intended to reduce the length of time that families require services and support if a case must be formally opened.</p>	<p><u>Measurement:</u> Number of families whose children’s needs are met through alternative response and brief services delivery in comparison to CPS and GPS referrals accepted for investigation and assessment <u>Frequency:</u> annual – Quarterly administrative reports are submitted to the County for evaluation and review. Meetings with contracted providers are held at the same frequency, as well as on an as needed basis.</p>	<p>Housing MST HIFI FGDM</p>
<p><u>Safety:</u> Children are safely maintained in their own home whenever possible. Services are intended to make interventions available to address needs of families and their children in order to successfully remediate safety risks and threats, thereby reducing the necessity for out of home placement.</p>	<p><u>Measurement:</u> Number of child placements in proportion to total families receiving services <u>Frequency:</u> annual– Quarterly administrative reports are submitted to the County for evaluation and review. Meetings with contracted providers are held at the same frequency, as well as on an as needed basis.</p>	<p>Truancy Housing MST FGDM</p>
<p><u>Child and Family Well-being:</u> Families have enhanced capacity to provide for their children’s needs. SGI grants provide means through which families can be connected to needed interventions in a less intrusive manner and are intended to meet needs</p>	<p><u>Measurement:</u> Three measures are established. 1. Length of service for families with open cases; 2. Number of new family cases opened following delivery SGI</p>	<p>Housing Truancy MST HIFI FGDM</p>

<p>through a diversionary process. They are also designed to reduce the length of time that a family requires formal involvement with the public service system.</p>	<p>services during grant year; 3. Family self-report of improved capacity at 3 and 6 month follow-up. Frequency: Annual– Quarterly administrative reports are submitted to the County for evaluation and review. Meetings with contracted providers are held at the same frequency, as well as on an as needed basis.</p>	
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Although we do not expect to address all needs of every family referred for SGI services, we do expect that many children will be positively impacted as a result of the services made available by targeting grant funds to address our prioritized program improvements. By making human services available and accessible to families in their own communities we are hopeful that families will seek out help before they are in crisis. In the past year as many as 415 families with 962 children were referred to or independently sought out special grant funded services. Families who received services totaled 363. As a result, the recent growth in child protective investigations and general protective assessments has leveled off in the past two (2) years. Allocation of funds in FY 2014/15 will maintain the level of grant funded services utilized in the past year with the intention to maintain this success. Special grant services are intended to assist as many as 358 families with over 1,000 children in FY 2014/15. Of this total, the number of families referred to the child welfare system may be reduced by as many as 200. Additionally, data for the past two (2) years supports projections to prevent the need to open new cases for services by (fifty) 50 families with 140 children by year’s end.

A total of \$1,064,573 is designated to support Children and Youth Services special grants. The remaining HSBG funds are being transitioned to Housing Assistance Programs and Human Services Development Fund cost centers for programs that meet priority needs of county residents, including vulnerable children and their families.

The following overview explains design of Special Grant Initiatives (SGIs) to address circumstances of families with various needs and in multiple ways. Funds have provided capacity for the county to demonstrate the service philosophy that we aspire to implement throughout our health and human services organization. Our approach puts families first, engages the community and makes every effort to keep families together whenever it is safe and appropriate.

<p>Program Name:</p>	<p>Alternatives to Truancy and Educational Success Services</p>
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<p>Status</p>	<p>Enter Y or N</p>			
<p>Continuation from 2013-2014</p>	<p>Y</p>			
<p>New implementation for 2014-2015</p>	<p>N</p>			

Funded and delivered services in 2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing	Expanding
			X	

	FY 13/14	FY 14/15
SGI Funds Allocated	\$325,000	\$325,115
SGI Funds Invested in HSBG	\$325,000	\$325,115
Target Population	Families and school age children, age 8-17 who are experiencing truancy	Families and school age children, age 8-17 who are experiencing truancy
Number of Family Referrals	75	75
Number of Families Successfully Completing Program	60	60
Cost Per Year	\$325,000	\$325,115
Per Diem Cost/ Program Funded Amount	\$4500/youth	\$4,500/youth
Name of Service Provider	Justice Works, Child Guidance Resource Center, Glen Mills CMS	Justice Works, Child Guidance Resource Center, Glen Mills CMS

Truancy abatement and educational success has been both a statewide and a countywide priority for several years. In 2011 a countywide truancy consortium was expanded through our local Children’s Roundtable. The Truancy Workgroup’s activities are currently coordinated by the Office of Children and Youth. Membership includes most of our twenty-two school districts, law enforcement, Magisterial District Judges, the District Attorney’s office, parents, youth and service providers. It meets regularly throughout the school year. Under leadership of the workgroup, our countywide response to truancy

continues to evolve. In 2013 a countywide protocol was collaboratively developed under leadership of the District Attorney and the County Commissioners. In FY 2013/14 the county was able to take preliminary steps to operationalize a county-specific intervention strategy. The plan emphasizes early intervention and truancy abatement through a shared response across systems and within the community. It is reliant upon collaboration among school districts, law enforcement, and the Court and community service providers. The three-tiered intervention strategy addresses truancy and fosters academic success: Tier 1: Prevention, Tier 2: Early Abatement, Tier 3: Intervention. In FY 2013/14, during the initial six months of the model intervention, 46 families were successfully engaged in services. The model protocol will continue to develop in FY 2014/15. It should be noted that the intervention framework is consistent with the Truancy Circular issued by the PA Department of Education. The Circular encourages routine use of Truancy Elimination Plans by schools, law enforcement participation in the intervention process, petitioning of Magisterial District Judges by school districts and involvement of the child welfare agency prior to filing a dependency petition in the Juvenile Court.

The Truancy Abatement and Educational Success Program makes early intervention services available to families whose students have been unlawfully absent for at least ten days in an academic year. It is intended to keep participating youth in school to prevent the truant behavior from reaching a critical level when students experience school failure or referral to OCY is the only option for intervention. The program provides ninety (90) day alternative response services that addresses the root causes of truancy and incorporates components of “Check and Connect” and “Why Try”, two (2) evidence-based services which have been used successfully with children and families to achieve school success.

Program Outcomes:

- Reduce the number of subsequent referrals to OCY at a 12 month follow-up; OCY’s ACYS case management system will be used to track families referred to determine if placement has been prevented and/or reunification achieved.
- Reduce the number of youth petitioned to Juvenile Court with chronic truancy using OCY FY 2012/13 and FY 2013/14 data as the foundation for measurement.
- Number of youth placed out of home using OCY FY 2012/13 and FY 2013/14 data as the foundation for measurement.
- Total dollars expended per family to address need.

Community Outcomes:

- Reduce number of young children reported as truant – 1st through 8th grade
 - Increased parental attention to attendance
 - Improved parental attention to education success
- Reduction/abatement of truant days from school for 9th through 12th grade students
 - Reduce number of youth with chronic truancy
 - Reduce dependency petitions filed in Juvenile Court for truancy
 - Reduce number of youth placed out of home
- Increased academic success for students referred for truancy
 - Increased attendance
 - Improved performance

Program Name:	Alternative Response Housing Initiative (ARHI)
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Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing	Expanding
			X	

	FY 12/13	FY 13/14	FY 14/15
Total SGI Funds Allocated	\$225,000	\$287,000	\$287,168
SGI Funds Invested in HSBG	\$225,000	\$287,000	\$287,168
Target Population	Families	Families and transition age youth	Families and transition age youth
Number of Family Referrals	150 families	200 families /youth	200 families /youth
Number of Families Successfully Completing	150	200	200
Cost Per Year	\$225,000	\$287,000	\$287,168
Per Diem Cost/ Program Funded Amount	\$1,000/family or youth-one time in fiscal year	\$1,000/family or youth-one time in fiscal year	\$1,000/family or youth-one time in fiscal year
Name of Service Provider	Family Centers	Family Centers	Family Centers

The Alternative Response Housing Initiative has achieved intended outcomes since its implementation in 2012. It stabilizes families whose children are at risk of out of home placement and supports successful transition for adult youth discharged from county custody. In FY 2013/14, the program was expanded to support youth transitioning from placement to independence. The service will continue at the funded level in FY 2014/15.

Housing services are historically among the most difficult to access given eligibility requirements and reduction of available resources. Many families known to OCY, and foster youth transitioning to independent living, often find themselves without housing because their needs are different from a chronically homeless population. They may not meet requirements of established housing programs;

often demand is greater than program capacity. In addition, when these same families and individuals are eligible for assistance, waiting lists are lengthy and crisis often erupts before services can be accessed. Almost 25% of families receiving general protective services had inadequate housing in FY 2014/15. Housing is also a historical factor which contributes to placement of children; it is consistently of the top five reasons in Montgomery County and was a contributing factor in 25% of new placements in the past year.

Special grant funds are directed toward reduction of the number of families who are homeless, who cannot find adequate shelter and/or who have children living without essential needs. The ARHI grant bridges the gap. Separating children from their families under these circumstances should never be the only option available to a family.

Family Outcomes:

- Increased number of families whose needs are successfully met by the program as a result of engagement and inclusion in case planning.
- Increased capacity to address underlying issues that result in families referred to the child welfare system.
- Increased engagement of family and natural supports in the intervention process.

Program Outcomes:

- Increased number of families diverted from formal involvement with OCY within twelve (12) months of receiving the service.
- Reduction in total dollars expended to address family need.

Program Name:	Promising Practice - SAFE Families for Children
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Status	Enter Y or N		
Continuation from 2013-2014	N		
New implementation for 2014-2015	N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	Y		
Requesting funds for 2014-2015 (new, continuing or expanding)	New	Continuing	Expanding

	FY 13/14	FY 14/15
Total SGI Funds Allocated	\$125,000	N/A
SGI Funds Invested in HSBG	\$125,000	N/A
Target Population	Families with children under 18 years	N/A

Number of Referrals	35	N/A
Number successfully completing program	35*	N/A
Cost per year	\$125,000	N/A
Per Diem Cost/ Program funded amount	\$10,416/month or \$3,571/family maximum	N/A
Name of provider	Bethany Christian Services	N/A

This was a new grant funded Promising Practice service for FY 2013/14. Several challenges arose in implementation. The most challenging was the fact that families become known to county human services and community service programs once all options had been ruled out. As a result, families are in crisis. Although 26 children were supported through the SAFE Families model in FY 2013/14, the program is not equipped to accept referrals on an emergency basis. As a result, the program could not be accessed when need was greatest. The county is examining alternative ways to address need of the population identified to benefit from this service through our Your Way Home housing initiative and through the Child Welfare Needs Based Budget. As a result, funds for this service are being redirected to Housing Assistance Programs and Human Services Develop Fund cost centers. Those costs centers provide necessary detail about how the funds will be used, target populations, costs of services and identified outcomes.

Program Name:	Evidence Based Program - Family Group Decision Making
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Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing	Expanding
			X	

	FY 13/14	FY 14/15
Total Funds Allocated for this SGI		
SGI Funds Invested in HSBG	\$209,000	\$112,816
Target Population	Any family referred for OCY services	Any family referred for OCY services
Number of Referrals	105	52
Number of Families	90 successful	45 successful

Successfully completing program	meetings/10 successful referrals/5 unsuccessful referrals*	meetings/5 successful referrals/5 unsuccessful referrals*
Cost per year	\$209,000	\$112,816
Per Diem Cost/Program funded amount	OCYF rate structure employed	OCYF rate structure employed
Name of Provider	Community Service Foundation	Community Service Foundation

There have been numerous targeted cultural and practice changes to child welfare casework in recent years. We see increased family inclusion, integration of concurrent planning, assessment of bonding and attachments for children, identification and inclusion of relatives in supportive roles for the family and child, increased kinship placements and increased involvement of fathers and paternal relatives in the planning and permanency process by supervisors and caseworkers. The family groups meet as often as necessary to ensure the plan is achieving the purpose of the initial meeting; follow-up meetings will increase in number. In FY 2013/14 there were 35 families who participated in the FGDM process. FGDM is being used with increased success in child welfare and easily be applied to our other human services. FGDM is not feasible in every case, and the county also applies other family teaming models to child welfare social services. The expanding number of referrals for the services is indicative of staff willingness to employ the practice during the investigation and assessment process. Continued use of FGDMs will hopefully result in development of family plans that effectively address safety, risk and well-being factors to allow children and youth of all ages to remain in their own homes. A tool to gather feedback from families was developed and is utilized to assess outcomes. It is anticipated that referrals will continue to increase as casework staff becomes increasingly aware of the benefits of empowering families and including families in planning for themselves.

Outcomes:

- Safely reduce the number of children for who out of home care is necessary.
- Safely reduce the number of family cases opened for services by resolution of family circumstances during the investigation and assessment process.
- Increase parent, family and community participation in development of their case plans.
- Increase utilization of kinship care for children and older youth.

The County’s Human Services Cabinet will make FGDM available to families across our human services in FY 2014/15 and therefore funds not designated for child welfare will be transferred to the Human Services Development Fund cost center. Additional detail about use of transitioned funds can be found in the HSDF section narrative.

Program Name:	Evidence Based Program - Multi-Systemic Therapy (MST)
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Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing	Expanding
			X	

	FY 13/14	FY 14/15
SGI Funds Invested in HSBG	\$367,220	\$159,994
Target Population	Youth age 10-21 who are ungovernable and/or truant	Youth age 10-21 exhibiting at risk behaviors at home or in school
Number of Families Referrals	30	14
Number of Families Successfully completing program	N/A	12
Cost per year	\$367,200	\$159,994
Per Diem Cost/Program funded amount	\$12,240/youth	\$12,240/youth
Name of provider	K/S MST, Inc. & Child Guidance Resource Center	K/S MST, Inc. & Child Guidance Resource Center

The Behavioral Health Department has prioritized making community-based intervention services available to families on an increased basis and local need is being met. Seventeen families were diverted from involvement with Children and Youth Services in the past year due to availability of these services. The number was not as high as projected however, and some funds for this special grant are being redirected in FY 2014/15 to address unmet needs in other cost centers including Housing Assistance Programs and Human Services Development Fund supported programs. The narrative in those costs centers provide necessary detail about how the funds will be used, target populations, costs of services and identified outcomes.

MST is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact adolescent youth-- their homes and families, schools and teachers, neighborhoods and friends. MST recognizes that each system plays a critical role in a youth's world and

each system requires attention when effective change is needed to improve the quality of life for youth and their families. The goal of MST is to empower families to build a natural support network through the mobilization of organic child, family, and community resources. For the truant and ungovernable population, this immediate access to intervention is critical to success in remediating problem behaviors and reducing the time that the family needs to be involved with the child welfare system.

Over the past several years an increased number of youth aged ten (10) through seventeen (17) became involved with OCY due to behaviors that impede upon their success at home, in school and in the community. Some parents/caretakers are unable to cope with their child's behavior and subsequently decline or refuse to provide daily caretaking for the youth. Despite provision of services, many parents/caretakers are not able to support the child's identified needs. Many live in homes where their primary parent or caretaker has abandoned authority and tolerated the child's negative behaviors for a sustained period. Parents have often given up on the youth by the time a referral is made to OCY. In the preceding situations, providing families with MST is intended to prevent deeper involvement in the child welfare system, improving family cohesion and increase the likelihood that youth are able to remain safely at home, and to make and sustain positive change. This, in turn, prevents the necessity of out-of-home placement for a number of youth.

MST has been available through the behavioral healthcare system to a limited number of families involved with OCY for several years. It has not been the treatment of choice for many evaluators who are responsible for determining the level of behavioral healthcare for youth in the child welfare system. The county's MCO, Magellan, has a contract with two agencies that deliver these services, K/S MST and Child Guidance Resource Center. Services delivered are high quality, and families as well as agency staff report satisfaction with the providers. We will employ services through the same agencies to support cohesion in our interdisciplinary service array. The provider agencies delivering MST have collectively delivered service to 253 youth in the behavioral healthcare system over the past two years. They report that 89.4% of youth complete MST successfully; only 11% of the youth discharged to a placement out of home.

For purposes of this SGI, the providers will transition any eligible youth to Medical Assistance funding following family assessment of needs and youth evaluation. This will allow an additional number of families to receive services, including youth referred as truant or ungovernable whose primary insurance coverage is maintained by parents' private coverage. Our Behavioral Healthcare Department is aware of this SGI application; they will participate in this initiative by providing services to youth determined to meet medical necessity requirements, for support and services, completed by the provider agencies, from the BH/DD system.

Family Outcomes:

- Improved caregiver discipline practices.
- Enhanced family affective relations.
- Decreased youth association with negative peers and increased positive peer associations.
- Improved youth school performance and pro-social recreational outlets.
- Developed an indigenous support network of extended family, neighbors, and friends to help caregivers achieve and maintain such changes

Program Outcomes:

- Reduction in out-of-home placements for adolescents.
- Improvements in family functioning.
- Develop an indigenous support network of extended family, neighbors, and friends to help caregivers achieve and maintain such changes to reduce subsequent referrals or re-entry to placement.

Program Name:	Evidence-Based Program: High Fidelity Wraparound (HIFI) Services
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Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing	Expanding
			X	

	FY 13/14	FY 14/15
Total SGI funds Invested in HSBG	\$295,331	\$179,480
Target Population	Families with children and youth ages 10-21	Families with children and youth ages 10-21
Number of Family Referrals	25*	17
Number of Families Successfully Completing Program	20**	13
Cost per year	\$295,331	\$179,480
Cost/Program funded amount	\$11,813 per family	\$11,813 per family
Name of provider	Child and Family Focus	Child and Family Focus

The Behavioral Health Department has made community-based intervention services available to families on an increased basis and local need is increasingly being met. Nineteen families benefitted from this SGI in 2013/14 and we will continue to make the service available at the same level in the coming year. As a result, remaining funds for this special grant are being redirected in FY 2014/15 to address unmet needs in other cost centers including Housing Assistance Programs and Human Services Development Fund supported programs. Those costs centers provide necessary detail about how the funds will be used, target populations, costs of services and identified outcomes.

HIFI is envisioned to add an additional layer of support and advocacy to the family engagement processes implemented in adolescent cases. The service can provide support to a family as an aftercare service to enhance natural supports when case closure is planned and once services formally end.

For youth living at home but at risk of being removed, HIFI will support both children and parents, so that placement out-of-home is not necessary. Parents are often unable to cope with difficult teenage behaviors. They may have personal challenges of their own that impact parenting capabilities (e.g. mental health needs, drug and alcohol dependency, criminal activity, domestic violence). These issues are also addressed in the HIFI process.

The HIFI team works to ensure that the youth and family are heard and respected, and that the goals they have identified are built into the recovery process. The HIFI team can be comprised of those identified by and important to the family, as well as individuals involved in their lives from the various systems. Traditionally, this would include people like mental health professionals, juvenile justice workers, case workers from the child welfare system, and teachers among others. In HIFI, the team strives to include natural supports, such as family, friends and community members who will be there long after the paid professionals are gone. The goals are built on the strengths that each member brings to the team as well as the needs that are discussed and agreed upon. It is important for people to understand that needs are not services. The youth and family, along with the HIFI Facilitator and Support Partners regularly monitor the plan and bring the team together to review, celebrate successes and help identify new needs as they may arise. Families become empowered by having a plan they can manage in which progress is apparent and happens frequently.

Instead of addressing needs one meeting at a time and for a distinct purpose, HIFI is structured to provide ongoing support to youth and families over the course of several months, refining family plans to meet a youth's and family's needs when one strategy has not lead to expected results. This provides ample opportunity to ensure that a collaborative multi-system plan of supports is developed, implemented and sustained over time. The HIFI process consists of four phases, Engagement and Team Preparation, Initial Plan Development, Implementation and Transition to a mix of formal and natural supports in the community.

Family Outcomes:

- Increase in number of family and community supports for families.
- Improved family satisfaction in parent/child relationships.
- Reduction in youth behavior requiring external intervention (e.g. police, behavioral health, school discipline).

Program Outcomes:

- Reduction in cases opened for services following service provision.
- Reduce average length of child welfare involvement (i.e. open case).
- Reduction in dependency petitions filed in the Juvenile Court for governability.

E. Drug and Alcohol Services

Behavioral Health Services Initiative (BHSI)-Act 152: Drug and Alcohol services span a continuum from prevention, intervention, student assistance programming, outpatient, intensive outpatient, partial hospitalization as well as hospital and non-hospital service approaches. The SCA's network of Providers which numbers near 40 offers over 100 different options and levels of care to best meet the needs of those seeking services.

Waiting lists can and do develop at times for treatment services, however, with the exception of methadone maintenance services, typically do not last more than several days for inpatient treatment services to a few weeks for outpatient treatment services. Alternative/interim services are put in to place for those individuals on waiting lists.

Monitoring/Oversight: BHSI and ACT 152 services are subject to the same monitoring and oversight practices utilized by the SCA for Case Management functions related to Base and Federal dollars and includes at least two on site administrative reviews and quarterly chart reviews for clinical and fiscal documentation compliance. Pre authorization and required paperwork is reviewed for each placement prior to authorizing the use of these funds.

In addition to operational oversight all matters pertaining to any allocation made to the SCA are reviewed by the citizen advisory board the D&A Planning Council, a seven member board, appointed by the County Commissioners to serve as the vehicle by which citizen input is part of all planning, priority setting and evaluation of Drug and Alcohol services funded through the SCA. BHSI and ACT 152 funds are folded into this oversight and stakeholder input process.

Clinically and financially each person in need of D&A Treatment services is evaluated through one of three SCA Case Management sites located geographically throughout Montgomery County. The Case Managers at these sites utilize a DDAP approved Assessment tool and the PCPC instrument to certify clinical need for admission to a specific level of care and for each level of care continuing stay reviews. All services are authorized in writing by the SCA indicating the approved clients, funding source, level of care approved, the length of stay authorized and the per diem rate for payment.

BHSI funds are used to provide non hospital residential detox and rehabilitation services for individuals who are uninsured, who do not have private insurance that covers the service they need or cannot obtain Medical Assistance. Target populations for this funding stream are those individuals who without D&A treatment would likely become the responsibility of another system such as the County Jail, Probation, OCY, etc.

ACT 152 funds are used to provide non hospital residential detox and rehabilitation services for MA eligibles not yet enrolled or not eligible for enrollment in the Health Choices program. Utilization of this funding stream allows the SCA to authorize admission into a residential program where the MA application process can begin resulting in a subsequent enrollment into Health Choices. ACT 152 funds are used for the "gap" period from admission to the date of Health Choices enrollment and for periods when Health Choices eligibility is not available.

For both funding options, the SCA requires that the individual be clinically and financially eligible for the service. Each applicant is required to formally apply for MA to ensure eligibility for ACT 152 funding or to certify lack of MA eligibility for use of BHSI funds.

By statute the SCA is limited to using ACT 152 funds for non-hospital residential services. Given that the demand far outweighs the resources, the SCA also chooses to utilize BHSI funding for non-hospital residential services only. Persons needing ambulatory levels of care are funded through SCA Base and Federal dollars.

In FY 13-14 (as of **6/13/2014**) the following services were delivered with BHSI and Act 152 funds and supplemented with base funds as noted below:

Act 152	55 clients	834 days of residential care	\$195,893
BHSI	251 clients	3,734 days of residential care	\$897,297
TOTAL BHSI ACT 152	306 clients	4,568 days of residential care	\$1,093,190
<i>Base Allocation Supplement</i>	<i>134 clients</i>	<i>1,855 days of residential care</i>	<i>\$448,642(41% of total expense)</i>

Additionally in FY 13-14 (as of **6/13/14**) the SCA was able to utilize unexpended Block Grant dollars to supplement the overage in our BHSI/Act 152 and Base allocations as noted below:

Block Grant – BHSI	122 clients	2,099 days of residential care	\$565,972
Block Grant – Adult Probation	6 clients	95 days of residential care	\$21,640
<i>TOTAL Block Grant</i>	<i>128 clients</i>	<i>2,194 days of residential care</i>	<i>\$587,612</i>

Without the availability of additional Block Grant dollars in FY 13-14, the SCA would have had to suspend inpatient residential services around March/April of 2014, making available only emergency detox services.

- It should be noted that while client numbers *within* each funding category are unduplicated, it should not be assumed that *across* funding categories that client numbers are unduplicated.

The SCA has no reason to believe that there will be a decrease in the need for inpatient treatment services in FY 14-15; therefore, the SCA projects the following service levels with BHSI/ACT 152 funds:

ACT 152: 60 clients to be served
 900 Residential Non Hospital Detox and Rehab days purchased
 Average Cost per Client: \$3,265
 Total Expense: \$195,893

BHSI: 260 clients to be served
3870 Non Hospital Detox, Rehab and Halfway House days purchased
Average Cost per Client: \$3,451
Total Expense: \$897,297

It is further estimated that supplemental Base funds will be needed in FY 14-15 to address demand over resources and that the amount can be safely estimated in the \$500,000 range to serve 175 clients with 2000 residential days.

The unknown factor in FY 14-15 is the status of Medicaid expansion in the Commonwealth under the Affordable Care Act.

TARGET POPULATIONS

Older Adults (ages 60 and above)

Although the demand for those under the age 18 and over 60 make up only around 5% of all D&A admissions, when these populations present for care there are specialty programs available to meet the special needs of the older population abusing drugs and alcohol.

Adults (ages 18-60 including the Transition Age group (ages 18 through 26))

The SCA does not have FY13-14 year end reports completed as of this writing, however, we anticipate similar demographic results as in FY12 -13 as well as moving forward in to FY14-15. Montgomery County's D&A demographic data results have remained relatively consistent over the last 5 years, with the exception of "drug of abuse", which can trend.

Ages: 25-34 comprised 54% of all admissions followed by 17% in the 35-44 age range and 13% in 18-24 age grouping. (*FY 12-13 data results*)

Sex: 72% Male; 28% Female (*FY 12/13 data results*)

Race: 88% Caucasian; 8% African American; 4% all other (*FY 12-13 data results*)

The overwhelming drug of abuse was opiates with 35% for heroin, 21% for other opiates and 1% for OxyContin accounting collectively for 57% of all admissions. (*FY 12-13 data results*)

Transition Age Group (age 18- 26): Within this population we continue to observe an alarming increase of overdose deaths by the young adult 18-25 age group, many of whom started with abusing prescription pain medications and have then graduated to using heroin. Specialized programs with expanded outreach and support capacity are being developed and piloted in an attempt to better engage this population in community based care. This phenomenon has received attention at the National level as well as at the State level.

Adolescents (under 18)

Although the demand for those under the age 18 and over 55 make up only around 5% of all D&A admissions, when these populations present for care there are specialty programs available. Adolescent care is provided in specialty units that are uniquely prepared to deal with adolescent co-occurring problems. Additionally, the majority of adolescents are covered under MA (Health Choices) funding or private health insurance.

Individuals with CODs

Specialty programming is also in place for persons with co-occurring psychiatric and substance abuse disorders at eight different facilities under contract with the SCA and comprises approximately 30% of all persons served.

Criminal Justice Involved Individuals

Services to Criminal Justice involved individuals are incorporated into our current existing D&A system. Estimates of services provided to these individuals range anywhere from 30% to 35% in a given year utilizing existing financial resources. Additionally, Montgomery County is fortunate to have a dedicated Drug Treatment Court and a PCCD – Restorative Intermediate Punishment (RIP) grant to serve this population, both of which have dedicated funding.

Veterans

Services to veterans are incorporated into our current existing D&A system; however, in addition, Montgomery County is fortunate to have a dedicated Veteran's Treatment Court which handles veteran's facing criminal charges due to behavioral health issues. Individuals involved in the Veteran's Court program receive behavioral health treatment services through their veteran's benefits at veteran specific programs.

Racial/Ethnic/Linguistic Minorities

Services for pregnant women and women with children as well as specialty programs for injection drug users are priority populations for the SCA and are part of the SCA's network of Providers which number near 40 offering over 100 different options and levels of care to best meet the needs of those seeking service. Additionally, while there are programs to accommodate Spanish speaking individuals, the SCA does see this as a gap in treatment services.

Recovery Oriented Services: Recovery Oriented Services continues to be an area of development for the SCA and continues to be seriously hampered by the lack of Base funding to support this effort. At the current time all efforts have been focused on developing a capacity to support Certified Recovery Specialists at the inpatient and outpatient levels of care through reinvestment dollars of the Health Choices program.

Outcomes: Numerous studies have shown that when addictions are addressed and treated the results are a \$7.00 savings to the entire system for every \$1.00 invested in addictions treatment. Based on the 7 to 1 formula the BHSI/ACT 152/ D&A Base expenditures with supplemental Block Grant expenditures for FY 13-14 can be assumed to have resulted in over a *\$14,000,000 savings to other Montgomery County departments.*

F. Human Services and Supports / Human Services Development Fund

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

This year, in addition to planning to meet the basic needs for low-income adults and families, Montgomery County will continue to utilize a portion of the HS Block Grant funding traditionally allocated through the Human Services Development Fund (HSDF) to support the County’s new initiative to improve interagency coordination and service through “Community Connections”. Serving the low-income communities in our county as well as rural areas that do not have transportation or access to services and our increasing culturally diverse populations throughout the county are a priority. There is a reduction in the estimated number of persons served due to a shift in funding for Information and Referral services and an increase in services to homeless persons. We anticipate as Community Connections expands, our persons served will increase.

	Estimated/Actual Individuals Served in FY 13-14	Projected Individuals to be served in FY 14-15	Estimated Expenditures
Adult Services	240	262	\$68,400
Aging Services	10	10	\$10,000
Generic Services	2,900	6,330	\$448,296
Specialized Services	2,734	1,275	\$277,511
Children and Youth Services	N/A	80	\$40,736

Adult Services:

Adult Day Care=\$64,800-200 persons served-Payment to approved, contracted providers for in home care services to disabled, low-income adults. Basic home care services such as home delivered meals and personal care.

Transportation=\$4,000-62 persons served-Payment to TransNet-contracted transportation provider to provide rides to low-income adults, not otherwise eligible, for medical trips or emergency trips

Low-income adults (age 18-59), screened as financially eligible and having unmet needs, may receive services when other resources or programs are not available to meet their care needs. HSDF funded services for low income adults are contracted within the following areas, focused to support in-home care and prevent more costly institutional placements. Estimated expenditures for adult services is \$68,400.

- Disabled, low income adults (age 18-59) requiring basic home care, including home delivered meals, in-home personal care, adult day care and care management, will receive these contracted supportive services, if ineligible for other publicly-funded programs such as any of the aging and disability

Medicaid Waivers. Adults are screened through the Montgomery County Office of Aging and Adult Services and assessed for eligibility. Services are ordered to meet needs, and needs are reassessed semi-annually by Aging and Adult Services staff.

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

Aging Services:

HSDF funds have traditionally targeted adult and housing services within Montgomery County, and never allocated funding toward aging services until FY 2012-2013. Due to budget reductions in other areas, it was decided to allocate some HSDF funding to aging services for the first time, in the area of geriatric outreach plans through Behavioral Health and Aging supporting services for the special consumer group of older adults with behavioral health concerns. Covering the program staffing costs allowed the geriatric outreach program to serve 20 isolated older adults with behavioral health needs, previously unserved. Estimated expenditures for aging services is \$10,000.

Aging received additional funding to be able to fully support these geriatric outreach activities, and so priorities for Aging funding under HSDF have again changed and the Human Services Block Grant Plan will continue to support "Your Way Home Montgomery County" with \$10,000 to be applied toward a new tenant-based rental assistance (TBRA) program targeting older and disabled adults with housing needs. This special TBRA grant received through the County Housing Department will target 10 additional consumers annually to be served by Aging and Adult Services with in-home care, thus preventing institutionalization. The HSDF funding will provide care management staffing for this program, while Housing provides the TBRA (rental costs) and Aging provides the in-home services provided. Through this partnership, we will prevent institutionalization of the older adult, and maintain the individual at home at lower cost to the state, while also promoting independence and financial stability for the older adult as well.

Generic Services: Estimated expenditures for total generic services is \$448,296.

Information and Referral=\$112,000-2,200 persons served-Through subcontracted providers, we will provide information and referral services to the non-English speaking populations and rural populations with little or no access to transportation in our county.

Information and Referral=\$153,696 -3,715 persons served-to support the county 'Navigate' staff, that provide information and referral services to residents throughout the county. These 'navigates' offer referrals to county and non-county services and are targeted to low-income individuals who are not already connected to the social service system.

Employment=\$50,000-200 persons served- to support a county staff person to provide case management services to unemployed, low-income individuals who were formerly homeless and are now housed within the Your way Home initiative.

Housing=\$132,600-215 persons served-to contracted providers Salvation Army and Coordinated Homeless Outreach Center to provide shelter services to low-income individuals who are experiencing homelessness.

Information and referral (I&R) and case management support exists for low-income adults through programs designed to connect low-income individuals and families with necessary resources and work toward the goal of independence. These programs supplement existing services and programs and fill gaps that exist in the human services arena, primarily due to access issues and issues related to our culturally

diverse population. HSDF funding supports services to low-income, rural, and culturally diverse populations in our county. These services include basic information and referral, benefits application, assisting consumers with budget counseling, access to financial support, GED certification, employment counseling, and life skills education and training.

Montgomery County has a commitment to serving diverse populations in our community and providing access within our geographically and culturally diverse county. The social welfare and wellbeing of our low-income residents, those lacking transportation and ethnic and cultural populations are of importance. We recognize the challenges faced by our culturally diverse population and in particular, the increasing Hispanic community in Montgomery County. Through discussions with our hospital and educational partners, we recognize a need to prepare to deliver services to this population in a manner that is culturally sensitive and effective. Within Montgomery County, there is also a large and growing Asian population and again, the effective and culturally sensitive delivery of services will need to be planned for and addressed.

HSDF funding blends with funding from other county human service departments to support the staffing costs of the Navicates in the county's four regional Community Connections locations. Our goal is to meet our constituents where they live to provide local resources that address their needs. The Community Connections offices are located in the most high-risk, low-income areas of the county. To support the expansion and outreach plans, which includes satellite offices in geographically diverse areas of the county to provide even more local access to county and local provider services and outreach to target low-income individuals that are not already connected to the human service system, we will require additional staff and materials. Information identified through data collected for the Community Connections program indicate there are untapped areas of the county which require our services, however constituents are unable to access our offices. The expansion plan will provide that local access through partnership with local community agencies and providers, with an emphasis on decreasing cost, avoiding duplication and improving access. Our expansion plan also includes partnering with additional county departments and other state and local providers in the regional offices to provide even more direct service to consumers. This “one-stop shop” model for services will enable consumers to not only have needs identified locally, but also have service delivery and evaluation in their own community. We expect this enhanced access will allow for better and more sustainable outcomes.

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

Staffing these regional locations are Human Services “Navicates”, who work within Community Connections offices to support residents in the four (4) major regions of the county. Navicates are skilled human service professionals who can provide residents who need some type of human services with information and referral assistance in identifying services that will help them with needs such as health, housing, senior supports, child care, veterans affairs, supports for individuals with behavioral

health/developmental disabilities or child, family or elder services. Residents work with the same Navicate during their interaction with Community Connections allowing the Navicate to serve as both a navigator of the system and an advocate for the individual throughout the process of connecting the individual or family with the assistance needed.

Since the inception of Community Connections in June of 2013, the number of unique residents assisted monthly across the four (4) offices averages 107. Over 3,000 service connections were made by staff Navicates during the initial year of operation. Referrals are primarily made to Community Based Providers (47%), demonstrating our partnership and understanding of our local provider community and the services and benefits they offer. Our three primary referral sources for clients are County Departments, Community Based Organizations and Public Relations, which is word of mouth and outreach. This indicates our need to do continued outreach to identify and connect with those consumers that have needs, but are not already connected to the human service system. Continued increase in the number of clients is expected with increased awareness of the service's benefits. Because consumers often need support in addressing multiple needs, Navicates may need to connect an individual with more than one supportive service. The primary connections being made by the Navicates continue to be in the basic areas of human service needs: housing, financial assistance, and employment. These areas of need were identified by the cabinet prior to the inception of Community Connections and the actual service data has reinforced that these indeed are our areas of need for consumers. Consumer feedback regarding localized access to human services is consistently positive.

In developing the Community Connections structure, the Human Services Cabinet has identified six (6) initial operational goals to guide development of Community Connections:

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

Planned expansion of Community Connections co-locates human service staff from the eight (8) human service departments at each regional location, ensuring a comprehensive and collaborative response to intervention for county residents. Additional satellite offices are planned to assure that all residents have localized access to services. An information management system was constructed to assure that strategies are data informed to assure that services are targeted to the identified needs of each of our diverse geographic regions. The data system will be integrated into a larger inter-operable Human Services data system.

The roadmap that directs our system transformation is firmly in place and we have created a service philosophy that prioritizes inclusive, strengths-based and individual/family-focused practice, grounded in several overarching goals:

1. Assuring an adequate array of high quality services to address our increasing population, the evolving diversity of our communities and the changing needs of our residents;
2. Strengthening the workforce by providing training in concrete, practical skills and implementing practices that engage families in evidence-based interventions that maximize intended outcomes;

3. Continually improving program quality through development of performance-based provider contracts that employ evidence-based services, to assure that resources are used in the most efficient and effective manner;
4. Operationalizing a holistic human service system that prioritizes collaboration among both public and private entities, to minimize hardship for families receiving support from multiple departments;
5. Regionalizing access and delivery of human services in order to assure that services are available and accessible to residents across all of our communities;
6. Continuously collecting input on quality of programs and services from professionals, stakeholders and consumers, and using feedback to inform planning, programs and practices;
7. Achieving technology goals for structural interoperability, focusing on improvements that create interoperable, real-time mobile technology solutions that enable caseworkers and supervisors immediate access to critical information in and from the field;
8. Creating an efficient fiscal framework that invests in diversion, prevention and early intervention services delivered in the community, in order to avert crises and to reduce reliance on government interventions.

Since the successful establishment a year ago of our four regional Community Connections offices, our data indicate there are other areas of the county in need of our services. Based on a data review of client and service data, we have plans to expand our outreach and services in the community. These satellite locations will be partnerships with local providers as we value the local community and believe in strengthening existing resources instead of providing duplication. The expansion plan provides additional geographic coverage of the county and seeks to provide services in additional low-income communities through partnerships with food pantries, rural social service providers and the faith-based community.

Through our data analysis, we also have developed an outreach plan to ensure that we are identifying the low-income residents throughout our county that may not be existing consumers of county or local providers but still have ongoing needs that prevent them from having the lifelong independence and well-being we seek to achieve for our consumers. Our outreach strategy includes plans to continue to address local providers, but to focus on creating awareness with residents not already connected to the county or local provider system. We will outreach to the faith-based community, business community, service groups, parent-teacher organizations and attend local community events to promote our initiative. Additional staff and materials will be required to achieve our expansion and outreach plans.

We anticipate by the end of the fiscal year, Community Connections offices will have the infrastructure to demonstrate a public/private partnership with co-location of county and non-governmental providers, utilizing an enhanced data collection system, which will result in quality services delivered locally to low-income and other consumers in a manner that is consistent with their needs.

The Montgomery County Commerce Department is partnering with the Your Way Home Program in delivering employment and training services to the homeless who are being placed into permanent housing. The primary purpose of the partnership is to assist the homeless in obtaining long-term job placement and to maintain retention in these positions. The Your Way Home Program offers the opportunity for an innovative approach to delivering employment services for the homeless. The ultimate goal is to facilitate these job seekers with the skills and tools to become financially independent.

Support Service Case Management: The Housing Coaches from the Housing Resource Centers will identify potential referrals for Support Service Case Management and Career Counseling. Case Managers will be assigned to work with the Housing Resource Centers to provide case management services from the time participants are placed in permanent housing through placement into employment and retention follow-up. They will work with participants in developing an action plan as a supplement to their housing plan to ensure success and the achievement of positive outcomes. This tool allows the participant to see an effective pathway to resolve barriers, including but not limited to transportation, chronic illness, and child care that may prevent the individual from realizing gainful employment. The plan also offers solutions to effectively deal with the barriers by establishing a time-line so that the participant knows when each step needs to be accomplished. Ongoing Case management will support the plan adopted by the participant and create an open dialogue with the Housing Coach.

Career Counselors from the PA CareerLink Montgomery County will assist in providing job readiness coaching and access to occupational skills training when appropriate. The goals established are ones that have been determined as attainable by the individual and within the reach of the individual's abilities as determined by assessment evaluations. Career Counselors will follow up with participants until achievement objectives and goals are reached. Sample tools being developed are resumes, interviewing skills, accomplishment stories, and introduction to job club.

PA CareerLink Montgomery County staffing is funded through Federal and State sources, including Career Counselors. Increasing the number of Support Service Case Managers to work with Your Way Home, however, is not included in the current budget for the Commerce Department. However, it is imperative that barriers to employment be addressed prior to starting the career management process with Career Counselors. Additional funding is necessary to add this critical component to the Your Way Home Program.

A continuum of housing services is provided through the "Your Way Home Montgomery County" initiative, with the goal to provide permanent housing and eliminate homelessness. (See HAP-Section D in Narrative) As part of the planning for that initiative, the County Housing Department funding, the Homeless Assistance Program (HAP), and HSDF, combine planning and funding available to support a continuum of care from shelter needs, through transitional to more permanent housing for low-income individuals and families. Services funded through HSDF have traditionally funded shelter assistance located in Pottstown and Norristown. HAP and Housing department funding partnered to fill in the continuum of care which exists and assists through rental assistance, case management, transitional/bridge housing, and shelter services. New shelter guidelines exist, as a result of the "Your Way Home Montgomery County" initiative, and funding through HSDF will continue to support the individual and family Shelters as part of this coordinated effort.

Specialized Services:

Day Care=\$50,000-30 children served-to support approved, contracted providers to supply day care services to low-income individuals who are experiencing homelessness and are currently in the Your Way Home program, exploring career training or employment counseling

Information and Referral-\$20,000-245 persons served- to support an approved, contracted provider to assist

low-income individuals in benefits acquisition and referral services to community agencies
Service Planning-\$207,511-1,000 persons served-to support county initiative to develop regional offices
integrating county human service departments in a shared space in remote locations throughout the county to
better serve the low-income communities and to better integrate county human services

Estimated expenditures for specialized services is \$277,511. A specialized service which HSDF will continue to support is a benefits acquisition program which regionally covers Montgomery County to provide support to low-income individuals and families in need of navigating the complex system of benefits, in addition to assisting with budget counseling and access to financial support. This specialized program helps adults to navigate the systems and receive the financial assistance / benefits available through assisting clients with applications and working with providers in the community for referrals, including the Community Connections initiative.

Services to over 1,500 individuals will be provided in the year ahead as the collaboration with Community Connections expands. The staff will work in conjunction with Navicates to assist families and individuals in accessing benefits and financial supports quickly. These individuals will be located in the same regions as the Navicates and are co-located in some areas of the County to provide a more seamless service for residents.

Supportive Child Care for Homeless Individuals would be used to procure short-term free child care services from community based Department of Public Welfare licensed child care providers for children of low to moderate income families residing in homeless shelters and domestic violence shelters in Montgomery County or individuals who are placed in rapid housing and may need temporary child care while they attempt to find employment and strive toward achieving the goals of independence and self-sufficiency. Provision of free child care services would enable clients to have the time and ability to address issues such as finding employment or housing for the family which could possibly lead the clients to the path of self-sufficiency and stability while their children are cared for in a safe, licensed child care facility. Applicants who are eligible for funding through the Emergency Shelter Child Care Program are those who are not eligible for childcare subsidy under any other funding program.

Children and Youth Services: The county's two Family Centers deliver Parents As Teachers (PAT) programs to an average of 80 families per year. HSDF will supplement existing funds to maintain the services in our high risk communities. PAT is a nationally recognized early childhood education and support program provided to parents and their young children, birth through age five. The PAT program is an evidence-based program through which parents of high risk families with preschool age children are able to improve stability and success related to child safety and well-being. PAT prescribes four components for optimal success, including monthly personal/home visits by a Family Development Specialist, child development screening/assessments, parental group meetings, and community information and referral. Estimated expenditures for children and youth services is \$40,736.

Interagency Coordination: Estimated expenditures for interagency coordination services is \$55,000. In an ongoing effort to improve our human services delivery system, we seek to emphasize the importance and value of consumer input. All of our human services departments allow for consumer input in a variety of methods, however the cabinet believes the value of the multi-system approach exists within the arena of consumer input. The cabinet seeks to create a multi-disciplinary consumer advisory group. This group will consist of consumers of services from each of the human services departments. There will be value-added

to having consumers of a variety of services consulting with one another and providing input to the Human Services Cabinet. As the cabinet has learned and been motivated by one another, it is anticipated that such a multi-disciplinary advisory group of consumers will generate ideas and feedback that would not be obtain through internal discussion. Support will be needed for the development, training, and on-going meeting of this advisory group.

Because continual needs assessment and evaluation is such a critical component to the successful implementation and development of any initiative, the county is embarking on a unique data project. Our County executive leadership has emphasized the use of technology, particularly in creative ways, as a method to improve the delivery of services, the identification of need and the evaluation of programs and services. The Community Connections initiative provided the framework and impetus to develop a multi-disciplinary data solution that will allow us to capture, share, update, refer and analyze data in a comprehensive way as never before. Our County Information Technology department leads the effort, in a partnership with Microsoft Systems and others, to develop not simply a data warehouse, but a true data sharing system that will allow us to identify consumers as they enter our system, determine whether the consumer is an existing part of the county human service system and share basic demographic and service data to better serve the client. As we know, many of our clients have multi-system needs and to continue to collect and analyze data on a program to program basis does not allow for the improvements necessary to create a transformative human services system that puts the consumer at the center of the service. The Human Services Cabinet has developed a multi-disciplinary team from all the human services departments to develop this system.

One of the Human Services Cabinet partners, the Montgomery County Health Department, is embarking on a strategic plan to address the health and wellness needs of the residents of the county. This strategic plan will take a broad-based approach to health and wellness and will include various aspects of human services. The Human Services Cabinet will be involved in the planning, development and implementation stages of this plan. It is expected this will provide a roadmap to outline strengths and challenges for our county and individual communities. This plan will assist the Cabinet in developing priorities and leveraging resources to make a healthy community. Hospital leadership has expressed interest and has met with the leadership team to assist in the development of the plan. We will utilize HSDF funds to support the completion of this strategic plan.

Appendix A

**Fiscal Year 2014-2015
COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE**

COUNTY OF MONTGOMERY

A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,

B. The County assures, in compliance with Act 80, that the Pre-Expenditure Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.

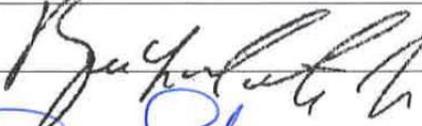
C. The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to the Department of Public Welfare.

D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):

1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.

2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>
	Date: <u>7/7/14</u>
	Date: <u>7/7/14</u>
	Date: <u>7/7/14</u>
	Date: <u>7/7/14</u>

Attest, Chief Operating Officer/Chief Clerk

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

Directions: *Using this format for Block Grant Counties, provide the county plan for allocated Human Services fund expenditures and proposed numbers of individuals to be served in each of the eligible categories:*

Estimated Clients – Please provide an estimate of the number of clients to be served in each cost center. Clients must be entered for each cost center with associated expenditures.

HSBG Allocation - Please enter the total of the counties state and federal HSBG allocation for each program area (MH, ID, HAP, C&Y, D&A, and HSDF).

HSBG Planned Expenditures – Please enter the planned expenditures for the Human Services Block Grant funds in the applicable cost centers. The HSBG Planned Expenditures **must equal** the HSBG Allocation.

Non-Block Grant Expenditures – Please enter the planned expenditures for the Non-Block Grant allocations in each of the cost centers. Only MH and ID non-block grant funded expenditures should be included. This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.

County Match - Please enter the planned county match expenditures in the applicable cost centers.

Other Planned Expenditures – Please enter planned expenditures from other sources not included in either the HSBG or Non-Block Grant allocations (such as grants, reinvestment, etc.) in the cost centers. *(Completion of this column is optional.)*

Block Grant Administration - Counties participating in the Human Services Block Grant will provide an estimate of administrative costs for services not included in Mental Health or Intellectual Disability Services.

Use the FY 13-14 Primary Allocations for completion of the Budget If your county received a supplemental CHIPP allocation in FY 13-14, include those funds in your FY 14-15 budget.

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

County: Montgomery	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	41		728,701		113,838	
Administrator's Office			1,024,538		0	
Administrative Management	869		900,237		39,520	
Adult Developmental Training			0		0	
Children's Evidence Based Practices			0		0	
Children's Psychosocial Rehab			0		0	
Community Employment	504		808,505		27,439	
Community Residential Services	215		5,152,527		98,929	
Community Services	3,968		3,105,722		75,032	
Consumer Driven Services			0		0	
Crisis Intervention	464		547,000		0	
Emergency Services	1,899		478,939		53,215	
Facility Based Vocational Rehab	39		54,323		0	
Family Based Services	12		15,857		0	
Family Support Services	42		99,334		6,917	
Housing Support	310		9,323,082		70,679	
Other			0		0	
Outpatient	1,992		1,523,528		100,022	
Partial Hospitalization	6		38,794		0	
Peer Support	45		326,946		0	
Psychiatric Inpatient Hospitalization	50		455,617		0	
Psychiatric Rehabilitation	100		889,683		17,688	
Social Rehab Services	336		1,027,410		95,587	
Targeted Case Management	1,296		1,010,761			
Transitional and Community Integration			0			
TOTAL MH SERVICES	12,188	27,511,504	27,511,504	0	698,866	0

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

County: Montgomery	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
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INTELLECTUAL DISABILITIES SERVICES

Admin Office			1,427,576		12,687	
Case Management	389		535,500		59,494	
Community Residential Services	86		6,529,128		0	
Community Based Services	313		2,362,862		236,286	
Other			0		0	
TOTAL ID SERVICES	788	10,855,066	10,855,066		308,467	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing	34		123,405		1,920	
Case Management	50		243,418			
Rental Assistance						
Emergency Shelter	420		151,666			
Other Housing Supports						
TOTAL HAP SERVICES	504	479,154	518,489		1,920	0

CHILDREN & YOUTH SERVICES

Evidence Based Services	83		441,000		11,290	
Promising Practice	0		0			
Alternatives to Truancy	75		317,000		8,115	
Housing	200		280,000		7,168	
TOTAL C & Y SERVICES	358	1,476,923	1,038,000		26,573	0

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

County: Montgomery	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Inpatient non hospital	491		1,020,841		22,398	
Inpatient Hospital	34		45,061		4,890	
Partial Hospitalization						
Outpatient/IOP						
Medication Assisted Therapy						
Recovery Support Services						
Case/Care Management						
Other Intervention						
Prevention						
TOTAL DRUG AND ALCOHOL SERVICES	525	1,065,902	1,065,902		27,288	0
HUMAN SERVICES AND SUPPORTS						
Adult Services	262		68,400			
Aging Services	10		10,000			
Generic Services	6,330		448,296		8,246	
Specialized Services	1,275		277,511			
Children and Youth Services	80		40,736		1,070	
Interagency Coordination			55,000			
TOTAL HUMAN SERVICES AND SUPPORTS	7,957	503,213	899,943		9,316	0
COUNTY BLOCK GRANT ADMINISTRATION			2858		0	
GRAND TOTAL	22,320	41,891,762	41,891,762	0	1,072,430	0