

Fiscal Year 2023-2024

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: CHESTER

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
B. The County assures, in compliance with Act 153 of 2016, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
C. The County assures that it and its providers will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.
D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (relating to contract compliance):
1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment; or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Table with 3 columns: Signature(s), Please Print Name(s), and Date. It contains three rows of handwritten signatures and printed names: Marian Moskowitz, Josh Maxwell, and Michelle Kichline, all dated 9/14/23.

CHESTER COUNTY
HUMAN SERVICES BLOCK GRANT
PLAN
FISCAL YEAR 2023-2024



September 2023

Chester County Human Services Block Grant

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Part I: County Planning Process

Critical Stakeholder Groups:

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

Involvement of stakeholder participation in the planning process:

The FY 2023-24 HSBG planning process for Chester County was built on our prior success involving multiple internal and external stakeholders. The Department of Human Services has mechanisms in place that lay a foundation for involving these stakeholders. We continue to integrate our System of Care and Recovery Oriented System of Care (ROSC) approach into our planning effort, which is built on engagement with families, youth, and adult consumers in all categorical areas, inclusive of all ages, all human services, as well as juvenile delinquency.

The Policy Leadership Team and the Planning Team continue to provide leadership and- guidance in our planning for the FY 2023-24 HSBG. The HSBG Policy Leadership Team is comprised of the Directors of all the categorical human services departments, along with the Deputy Human Services Director of Managed Behavioral Health Care, the Human Services Fiscal Operations Director and Planner. This group meets routinely to review programming needs, expenditures, re-allocate funding, review outcomes, and identify any potential needs or gaps for future planning.

The ongoing meetings of several cross-systems stakeholder groups have been additional opportunities for regular input for our planning, including the Recovery Action Committee. Both of these groups are composed of consumers, families, youth, providers, and County staff.

Advisory boards participation in the planning process:

As part of our FY 2023-24 HSBG planning process, each of the categorical departments engaged department-specific stakeholder groups to gather input for our Plan. In addition, we solicited input from other ongoing cross-systems stakeholder groups. These groups included advisory boards and community committees, including, but not limited to: Department of Drug and Alcohol Services (D&A) Advisory Board; Mental Health Adult Subcommittee of the Mental Health/Intellectual and Developmental Disability (MH/IDD) Advisory Board; Intellectual Disability Committee of the

MH/IDD Advisory Board; Chester County Partnership to End Homelessness' Governing Board and Committees, and ongoing mental health, drug and alcohol and in-home provider meetings.

How the County intends to use funds to meet the needs of the community and county:

The HSBG process in Chester County supports comprehensive financial planning across the human services, as well as helps us to be able to look beyond single year planning. The HSBG funds are utilized to provide the most appropriate services for the individual in the least restrictive setting appropriate to their needs. In FY 2023-24, we will continue to focus on maintaining a strong, high quality core service system. Concern about the long-term stability of funding, coupled with increasing needs and administrative requirements, influences our ability to enhance current programs or design new ones as we work to ensure that we have sufficient funds to support these programs on an ongoing basis. This is further exacerbated by the challenge of the longtime financial and programmatic impact and unknowns that have occurred due to COVID- 19.

Programmatic and/or Funding Changes:

Below is a summary of the programmatic changes and funding enhancement, regardless of funding source, which were made during FY 2022-23. Some of these changes did not involve funds being spent but were resource intensive and are noteworthy because they reflect our comprehensive planning and collaborative efforts across all systems.

- Finalized a Department of Community Transit within the County in cooperation with the Department of Human Services, Departments of Aging, Community Development and Mental Health / Intellectual and Developmental Disabilities to better serve our current paratransit needs and services for our community members.
- Conducted a Request for Proposals for the Department of Drug and Alcohol's contracted outpatient providers and is currently working to bring two new outpatient programs in network.
- New for FY 2023-24- Supplemental Security Income (SSI) /SSDI Outreach, Access, and Recovery (SOAR Program). This program assists adults who are experiencing homelessness and have a documented disability in applying for Social Security disability benefits, including those returning to their communities from jails and hospitals.
- Working with a consultant to design an updated County Behavioral Health Crisis Response System.

Part II: Public Hearing Notice

Prior to the Chester County Human Services Block Grant public hearings, a public notice was posted in the Daily Local which is the primary local newspaper as required by the Sunshine Act. The notice announced that Chester County was holding two public hearings. The first being held both in person and virtual through Zoom on May 15th at 3:00PM. The second hearing being held in person only on May 22nd at 5:30PM at a location in the community. The times for the meetings varied in hopes of increasing community participation.

In addition, stakeholders were notified of these public hearings through a variety of additional means, including e-mails, website postings to all the human services departments', committees, newsletters, and social media. Flyers advertising the public hearings were distributed to the various service providers in the community to share with consumers. The public notice included an invitation to provide comments by phone or in writing via email to the Department of Human Services for anyone who preferred to communicate using this method or was unable to participate in the public hearings. Chester County provided several avenues for making the public aware of the opportunity to provide input into 2023-24 Block Grant planning. Notice of the public hearings was also posted on the official County website.

Summary of Public Hearings:

Both Public Hearings were facilitated by the Director of the Chester County Department of Human Services (DHS). The Human Services Block Grant and the areas these funds support was briefly described. The Directors of the Departments of Mental Health/Intellectual and Developmental Disabilities (MH/IDD), Drug and Alcohol Services (D&A), and Community Development presented a summary of relevant information regarding this past year's accomplishments and proposed plans for 2023-24. Attendees were given the opportunity to ask questions and were encouraged to provide comment at these hearings to obtain feedback on the Draft Plan, which outlined the planning process over the past fiscal year, planning themes and funding plan highlights. Input from the Public Hearings, all the stakeholder meetings that were held as part of our FY 2022-23 planning, and any written comments received are utilized in the development of the initial FY 2023-24 plan and budget, as well as mid-year reallocations.

This was the third year conducting the Public Hearings in a hybrid format. Along with sign in sheets from the in-person meetings, a digital attendance sheet of who attended via Zoom was also captured. At the first meeting, twenty-six people participated virtually and fourteen were in person at the Chester County Government Services Center in West Chester. If anyone had issues accessing the virtual meeting, they were instructed to call into the Chester County DHS department for technical assistance. Public comments came from the Executive Director from Friends Association and the Director of Programs from Good Samaritan Services, both local social service providers who expressed appreciation for the support and partnership to the people of Chester County

through the HSBG funds advocating for additional funding to provide quality services to the community members in Chester County. The remainder of input was from a consumer's mother who had a number of questions and comments about a variety of issues related to Mental Health/Intellectual Disabilities Services.

The second Public Hearing was held in person only at the Brandywine Center in Coatesville. Ten people participated at the second Public Hearing, of which two were from the public sector and the rest were County staff. A sign in sheet captured all who participated. We had one public comment, which was provided by the President and CEO of Phoenixville Community Health Foundation (PCHF) and was directed to the Department of Drug and Alcohol. She began her comments by thanking everyone for the opportunity to provide public comment followed by a brief explanation of the services the PCHF provides. She had a question regarding how much Chester County will receive for the Opioid Settlement. We also received a written comment from the Executive Director of The ARC of Chester County, which is included.

Proof of publication of the advertisements and sign-in sheets for each public hearing are included in this submission.

SKILLED TRADES

CONSTRUCTION CRAFT LABORER APPRENTICE Notice of Apprenticeship & Training Opportunity Philadelphia Metropolitan Area and Vicinity

Apprenticeship applications for Laborers' District Council's Joint Apprenticeship Program will be made available to interested applicants. To enroll, an applicant must meet the following minimum requirements: Be at least 18 years of age; Physically able to perform the work of the trade; Have dependable transportation; Be drug free and pass a drug screening; Have High School Diploma or Transcript or GED Certificate, and Valid Driver's License. There is a \$10 application fee. The application must be completed in-person. You can obtain an application on the following dates and locations:

Laborers' Training School, 500 East Lincoln Highway, Exton, PA 19341 -- May 8, 2023 and May 9, 2023 - 10:00am-2:00pm; March 15, 2023, and March 16, 2023 - 10:00am-2:00pm.

Laborers' Training School, 1333 North Broad Street, Philadelphia Pa 19123-- May 10, 2023 and March 11, 2023 -- 10:00am-2:00pm and May 17, 2023, May 18, 2023, and May 19, 2023 - 10:00am-2:00pm.

For more information about the apprenticeship program, please go to our website at www.mvlcdctraining.com. click Apprenticeship Info. You may also call (610) 524-0404, ext. 1208 for additional information.

The Laborers' District Council of the Metropolitan Area of Philadelphia and Vicinity Joint Apprenticeship and Training Committee operates without discrimination regarding race, color, religion, national origin, sex, sexual orientation, age, genetic information, or disability.

TECHNOLOGY

Sr. Clinical Data Manager, MS. Deg. in Biomed. Engg., Bio Inform. w/ 2 yrs. of exp.; Perf. Data mngt. act. from study start-up to Lock act. in Phases(I-IV) & thera. areas of clin. trials; Create & Dev. Data mngt. Plan, DTSS, eCRF Comp. Guid., SAE recon.plan, Qual. rev. plan, eCRF spec., Edit check, & data hand. plans; Use Livelink, sharepoint & Safety gate.; Util. SAS prog., skills to prov. infor. as req. by study team mem.; Wrk. w/ Stat.& Biostats team rev. SDTMs & Pinnacle 21 rep. for sub.; Perf. func. like V-lookups in MS Ex.sheets & gen. ad hoc repo.using J-review, & BOXI; Test & val. ERT's EDC, IRT/IWRS & centerwatch appl.; Lead team for major deli. of studies Prim., Int. Anal., data snapshots, DSURs & posters to check acc. & rel. of study; set. up global stan. Lib. / req. for stand. (in compl. w/ CDASH/SDTM guidel. Must be willing to travel and/or relocate to work in unanticipated locations throughout the US. Send Resume to PVR Technologies, Inc, 501 Allendale RD, Ste 201, King of Prussia, PA 19406.

Sr. Clinical Data Manager, MS. deg. in Infor. Qual., CS. w/ 1 yr. of exp.; Dev., des., doc., test, & impl. study (eCRF/CRFs) in EDC) sys. w/ stu. Prot., clin. Req., GCP & (FDA) stan.; Dev., gen. & analy. Proj. prog. &/ or metric rep. / pres., using RAVE Rep.Module, MS Excel Pivot tables, rep. sum. of find. & rem. Act.; Exp. in data clean. Proc., qual. Cont. for oper. study data in Medidata RAVE & EDC databases; Ens. acc. of colle. data by check. Cons. using cross-CRF rev. or SAS checks, list. or rep. at stag. of init. build, change cont., database lock & audits; Use Clin. Data. such as Medidata Rave, Oracle Clinical, Veeva CDMS, & Inform; Wrk. w/ Medidata modu. (RTSM, ePRO, MEDS rep.). Must be willing to travel and/or relocate to work in unanticipated locations throughout the US. Send Resume to Statminds, LLC, 501 Allendale Rd, Suite 202, King of Prussia, PA, 19406.

TECHNOLOGY

Sr. Clinical Sas Programmer, MS. Deg. in any rel. field of stu. w/ 2 yrs. of exp.; Pro. Guid. in proj.-spe. Prog.; Impl. Risk Indi. Metr., data deri. & map. Exp. w/ Jreview, Proc Xcopy, report, Anova, Gln, Logistic & Lifetest; Coor. Clin. studies, man./prov. Train. to jr. per. using Enter. guide 7.1, SAS Studio & 9.4, & con. to prog. team to ens. comp. of proj.; Man. stat.prog. act.tools like JIRA, LSAF & handle proj. teams for data visu. of rep. using R, Tableau & Tibco Spotfire; Enf. app. Std. for NDA subm. Rel. to ISS/ISE, POP PK analy., & prov. Trai. on Define xml, XPT files, Pinnacle 21 Comm. Val.; Mon. Jr. Clin.Sas Prog. on clin. Stud. in UNIX envir. & prov. Guid. & train. to jr. pers. on tools; (web report studio, OLAP w/ VDI, Citrix, MVS, VSE environ.); Guid. & supp. data std., comp. infr., tool using soft; (Spotfire, R Shiny, CPRD appl. Must be willing to travel and/or relocate to work in unanticipated locations throughout the US. Send Resume to PVR Technologies, Inc, 501 Allendale RD, Ste 201, King of Prussia, PA 19406.

RESIDENTIAL SALES



All Real Estate advertising in this newspaper is subject to the Federal Fair Housing Act of 1968 which makes it illegal to advertise "any preference, limitation or discrimination, based on race, color, religion, age or familial status, sex or national origin or an intention to make any such preference limitation or discrimination".

This newspaper will not knowingly accept any advertising for real estate which is in violation of the law. Our readers are hereby informed that all dwellings advertised in this newspaper are available on an equal opportunity basis. Phrases like; family room, walk-in closet, private, etc. are meant as descriptive copy only and are not intended to show preference for or exclusion of anyone. To complain of discrimination, call FHCSF at 610-604-4411.

APARTMENTS FOR RENT (UNFURNISHED)

ALL REAL ESTATE advertising in this newspaper is subject to the Federal Fair Housing Act of 1968, which makes it illegal to advertise "any preference, limitation or discrimination based on race, color, religion, age or familial status, sex or national origin, or an intention to make any such preference, limitation or discrimination."

LINDEN/NORCO APARTMENTS (Pottstown, PA)- 1 BR- \$1,100/m & 2 BR- \$1,200/mo., No Pets. Ht/HW Incl. (610) 458-5012

WEST CHESTER 2BR, 2nd floor one month rent + security **Call Angel 484-378-5872**

HOUSES FOR RENT (FURNISHED)

ALL REAL ESTATE advertising in this newspaper is subject to the Federal Fair Housing Act of 1968, which makes it illegal to advertise "any preference, limitation or discrimination based on race, color, religion, age or familial status, sex or national origin, or an intention to make any such preference, limitation or discrimination."

ROOMS FOR RENT

NEWTOWN SQUARE furnished RM in nice condo off West Chester Pike AC, \$640/ mo. **Call Kathy 610-353-7310**

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Professional working in Morgantown sporadically seeks room, on short notice preferably w/private bath, within 10 miles of Morgantown. Hotels are too expensive and often full on short notice. **Please email information to Steve SAFSBAY@ yahoo.com**

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- **1984 Yamaha Virago motorcycle anniversary addition**, Vintage, 1000V twin engine 3,176 miles, excellent condition, runs great \$4200
- **1996 Honda GoldWing Aspencade GL1500** 17,230 miles, excellent condition, many extras like air horn and sound system, inspected, super touring bike \$6200
- **1972 BSA 650 cc Lightening**, all original, motor and parts for restoration \$4,000
- **1995 Kendon stand up Motorcycle Trailer 1400 GVW**, single bike excellent condition, garage kept \$600 **Call 610 427 1199**

MOTORCYCLE FOR SALE : 2006 Honda VTX 1800CC. only 6200 miles, showroom condition, not a scratch anywhere, West Chester \$6000 **610-696-1808**

LEGAL NOTICES

PUBLIC HEARINGS

County of Chester Board of Commissioners Department of Human Services

Monday May 15, 2023 at 3:00PM Government Services Center 601 Westtown Rd. West Chester, PA 19380 Room 351 This meeting will also have a virtual attendance option. Link below to register: <https://chesco-org.zoom.us/j/9182818388>

AND

Monday May 22, 2023 at 5:30 PM Brandywine Center 744 E. Lincoln Highway, Coatesville, PA 19320

Purpose: To receive Public Comments on the FY 2023-24 Human Services Block Grant Plan for the Chester County Department of Human Services. A draft plan will be posted on the Department of Human Services website at: <https://www.chesco.org/226/Human-Services> or is available by calling 610-344-5458.

If you are a person with a disability and wish to attend this meeting, and require an auxiliary aid, service or other accommodation to observe or participate in the proceedings, please call the Department of Human Services at 610-344-5458 to discuss how we may best accommodate your needs. DLN 5/7; 1a

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 WEST CHESTER, PA 19380
 Telephone: (610) 344-4684
 Fax:
 Description: PUBLIC HEARINGS County of Chester Bo

Date: 05/02/23
 Start Date: 05/07/23 Stop Date: 05/07/23
 Class: 1201 - Legal Notices
 Ad ID: 2466992
 Ad Taker: CRRDEAN
 Sales Person: Ryan Dean (018303)
 Words: 155
 Lines: 53
 Agate Lines: 53
 Depth: 5.889
 Inserts: 2
 Blind Box:
 PO Number:

Ad sample

PUBLIC HEARINGS

County of Chester Board of Commissioners
 Department of Human Services

Monday May 15, 2023 at 3:00PM
 Government Services Center
 601 Westtown Rd. West Chester, PA 19380
 Room 351

This meeting will also have a virtual attendance option. Link below to register:
<https://chesco-org.zoom.us/j/91234567890>

AND

Monday May 22, 2023 at 5:30 PM
 Brandywine Center 744 E. Lincoln Highway, Coatesville, PA 19320

Purpose: To receive Public Comments on the FY 2023-24 Human Services Block Grant Plan for the Chester County Department of Human Services. A draft plan will be posted on the Department of Human Services website at: <https://www.chesco.org/226/Human-Services> or is available by calling 610-344-5458.

If you are a person with a disability and wish to attend this meeting, and require an

auxiliary aid, service or other accommodation to observe or participate in the proceedings, please call the Department of Human Services at 610-344-5458 to discuss how we may best accommodate your needs.
 DLN 5/7; 1a

Publication
Daily Local News, Daily Local News Digital



HUMAN SERVICES BLOCK GRANT PLAN PUBLIC HEARING NOTICE FISCAL YEAR 2023-2024

Chester County is one of the counties in Pennsylvania to implement the Human Services Block Grant. The final 2023-2024 Human Services Block Grant Plan will be submitted to the Pennsylvania Department of Human Services during the summer of 2023. Two Public Hearings will be held to solicit public comment on the Fiscal Year 2023-2024 Human Services Block Grant Plan.

Monday May 15, 2023, at 3:00 P.M.

Government Service Center

601 Westtown Rd, West Chester PA, 19380

Room 351E

To attend this meeting virtually please register

at: [HSBG Public Hearing Registration](#)

A Zoom link will be provided on the morning of Monday May 15, 2023.

OR

Monday May 22, 2023, at 5:30 P.M.

Brandywine Center, 744 East Lincoln Highway, Coatesville, PA 19320

Public comment is encouraged! Please e-mail any comments to the Chester County Department of Human Services at chumanservices@chesco.org by **June 5, 2023**. A draft plan will be available by calling 610-344-5458.

If you are a person with a disability and wish to attend this meeting, and require an auxiliary aid, service, or other accommodation to observe or participate in the proceedings, please call the Department of Human Services at 610-344-5458 to discuss how we may best accommodate your needs.

Chester County Human Services Block Grant Public Hearing

Government Services Center -601 Westtown Road West Chester, PA 19380

Room 351/ Zoom

Monday May 15, 2023, 3:00PM

- Welcome, housekeeping (Emily Amicone/ Pat Bokovitz)
- Department Reports
 - Human Services and Supports (Pat Bokovitz)
 - Mental Health (Linda Cox)
 - Intellectual Disabilities (Linda Cox)
 - Drug and Alcohol (Jamie Johnson)
 - Homeless Assistance (Dolores Colligan)
- Questions/comments from attendees
- Wrap up (Pat Bokovitz)

Chester County Human Services Block Grant Public Hearing

Brandywine Center- 744 E. Lincoln Hwy. Coatesville, PA 19320

Monday May 22, 2023, 5:30PM

- Welcome, housekeeping (Pat Bokovitz)

- Department Reports
 - Human Services and Supports (Pat Bokovitz)
 - Mental Health (Linda Cox)
 - Intellectual Disabilities (Linda Cox)
 - Drug and Alcohol (Kate Kinsley)
 - Homeless Assistance (Dolores Colligan)

- Questions/comments from attendees

- Wrap up (Pat Bokovitz)

MEETING SIGN-IN SHEET

MEETING INFORMATION

MEETING TITLE	Human Service Public Hearing (1 of 2)
ORGANIZER	Chester County Department of Human Services
LOCATION	Government Service Building- Room 351
DATE	Monday May 15, 2023
TIME	3:00 PM

ATTENDEE NAME	ORGANIZATION	PHONE NUMBER	E-MAIL ADDRESS
Emily Amicone	DHS	610-344-5458	eamicone@chesco.org
Pat Bohart	DHS	610-344-6959	pbohart@chesco.org
Linda Cox	MHIDD	X 5664	lcox@chesco.org
Ray ^{Truman} Young	D&A	—	Ray@chesco.org
Nichelle Young	D&A	610-344-4244	meyoung@chesco.org
Kate Kinsley	D&A	610-344-5636	KKINSLEY@chesco.org
C. Lauren Let	D&A	610-344-5063	llet@chesco.org
Melissa Horst	Good Sam Services	484-269-2835	melissah@goodsamservices.org
Sara Wein	NAMI ChesCo PA	610-871-1405	swein@namichesco.org
Candy Craig	MHIDD	610-344-4590	ccraig@chesco.org
Jamie Johnson	D&A	610-344-4670	jajohnson@chesco.org
Stephanie Kilcoyne	MHIDD	610-344-6030	SKilcoyne@chesco.org

Dolores Colligan	DCD	610-344-6772	dcolligan@chesco.org
Jennifer Lopez	Friend Association	610-431-3598	J.Lopez@friendsassoc.org

THIS SECTION TO BE FILLED OUT BY ORGANIZER

List any observations and/or comments below.

Blank area for observations and/or comments.

Participants for first Public Hearing who joined via Zoom: May 15, 2023, 3:00PM

Name	E-mail Address	Agency
1. Michelle Venema	mvenema@homeofthesparrow.org	Home of the Sparrow
2. Susanne Fink	sfink@chesco.org	MH/IDD
3. Rita McGuane	rmcguane@chesco.org	D&A
4. Elizabeth Higgins	ehiggins@humanservicesinc.org	Human Services Inc.
5. Jason Gallagher	jgallagher@chesco.org	DHS - OMBH
6. Angela Biesecker	biesecker@aol.com	
7. Rebecca McKeown	rmckeown@carelinkservices.org	CareLink Community Support Services
8. Jeani Purcell	meals@mowcc.org	Meals on Wheels Chester County
9. Betty Wade	bwade@chesco.org	D&A
10. William (Bill) Pierce	bill@bvactiveaging.org	Brandywine Valley Active Aging
11. Shaun Bollig	sbollig@chesco.org	DCD
12. Gene Suski	gsuski@chesco.org	DCD
13. Jill Whitcomb	jwhitcomb@surreyservices.org	Surrey Services for Seniors
14. Katelyn Pattison	kmalis@openhearthinc.org	Open Hearth Inc.
15. Amber Major	amajor@chesco.org	DHS
16. Dianna Sands	dianna.sands@merakey.org	Merakey
17. Kelly Cook	kcook@humanservicesinc.org	Human Services Inc.
18. Eric Bigelow	eric.bigelow@rhanet.org	RHA Health Services dba Salisbury Behavioral Health
19. Michaela Smith	msmith@accessservices.org	Access Services-Chesco Life
20. John Madera	jomadera@sam-inc.org	SAM, Inc.
21. Hallie Romanowski	hallieromanowski@me.com	ACT in Faith of Greater West Chester
22. Madison Chambers	mchambers@oxfordnsc.org	Oxford Area Neighborhood Services
23. Timothy Dunsmore	tdunsmore@childandfamilyfocus.org	Child and Family Focus Inc.
24. Terri Salata	tsalata@sam-inc.org	Sam, Inc.
25. Michelle McIver	michelle.mciver@bowlinggreenbrandywine.com	Bowling Green Brandywine
26. Thomas Siolek	Tsiolek@chesco.org	D&A Department

MEETING SIGN-IN SHEET

MEETING INFORMATION

MEETING TITLE	Human Service Public Hearing (2 of 2)
ORGANIZER	Chester County Department of Human Services
LOCATION	Brandywine Center- 744 E. Lincoln Hwy. Coatesville, PA 19320
DATE	Monday May 22, 2023
TIME	5:30 PM

ATTENDEE NAME	ORGANIZATION	PHONE NUMBER	E-MAIL ADDRESS
Emily Amicone	DHS	610-344-5458	eamicone@chesco.org
Kate Kinsley	D/A	610-344-5636	KKINSLEY@CHESCO.ORG
Linda Cox	MHIDD	610 344 5664	LCOX@CHESCO.ORG
Cordy Craig	MHIDD	610 344 4590	CCRAIG@CHESCO.ORG
Ray Cravotta	MHIDD		RCRAVOTTA@CHESCO.ORG
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Public Hearing Comments Received

From: Jeanne Meikrantz <JMeikrantz@arcofchestercounty.org>
Sent: Monday, June 5, 2023 9:13 PM
To: CC Human Services <cchumanservices@chesco.org>
Cc: Jeanne Meikrantz <JMeikrantz@arcofchestercounty.org>
Subject: [EXTERNAL] - The Arc of Chester County Comments

EXTERNAL: Do not click links or open attachments unless you recognize the sender and know the content is safe.

June 5, 2023

Patrick Bokovitz, Director
Chester County Department of Human Services
Government Services Center
601 Westtown Road
Suite 330
West Chester, PA 19380

Dear Pat:

Thank you for the opportunity to provide comments on the 2023-2024 Human Services Block Grant Plan/Presentation. The Arc of Chester County appreciates the opportunity to provide comments and although unable to attend the public hearings we greatly appreciate the opportunity to review the presentation and provide written comments.

We continue to be grateful for the work that your office and the Department of MH/IDD and the other human services departments do every day to meet the needs of those we mutually serve. Despite the many challenges that we have faced together, particularly related to the lack of state funding and the staffing crisis, Chester County and The Arc of Chester County has remained dedicated to finding solutions. As a provider of service/advocacy organization that provides a lifetime of services, advocacy, education, and outreach for individuals with MH/IDD and their families we are thankful for the efforts being made by the county to meet the growing and changing needs of the citizens of Chester County many reflected in the presentation and draft block grant plan for 2023-2024.

Chester County continues to be in the forefront of quality, innovation, and leadership by maximizing resources for those seeking services and information. Thank you for your ongoing partnership, leadership, advocacy, education, and outreach efforts.

With Gratitude,

Jeanne

Jeanne Meikrantz | Chief Executive Officer
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Part III: Cross-Collaboration of Services

Employment

The Chester County Department of Human Services partners closely with the PA CareerLink-Chester County, our publicly funded workforce development center. The CareerLink staff works collaboratively with the Human Services Departments and other specialized providers to ensure employment resources are coordinated to meet the needs of all residents. The PA CareerLink-Chester County is a one-stop shop for job seekers and employers, providing a wide array of job training, education, and employment services. Numerous providers and programs are housed in the CareerLink to leverage funds and provide comprehensive employment services to Chester County residents. During this past program year, we have partnered with the CareerLink staff in having Human Services job fairs for County and non-profit positions.

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

Other services or providers located at the PA CareerLink-Chester County are the County Assistance Office, Chester County OIC's GED program, the EARN program, Open Hearth, and the Office of Vocational Rehabilitation.

Working collaboratively across departments and with community organizations, we continue our Peer Support Expansion Initiative. In addition to expanded training and support, this collaboration allows for Certified Peer Specialists to gain skills through on-the-job training, which allows the graduates of the program to be prepared for employment across the system.

Housing

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

811 Project Rental Assistance Program (PRA)

The 811 Project Rental Assistance program is a collaboration between the Pennsylvania Housing Finance Administration (PHFA), Department of Community Development and the

Chester County Department of Human Services. It is a program aimed at keeping people with disabilities out of institutional housing through supportive independent living. The target population for the 811 Program includes persons with extremely low income at or below 30% average median income (AMI). The Local Lead Agency (LLA) identifies and screens individuals within their service area who are currently residing in institutional settings, as well as those in home and community-based residential settings, for interest to relocate into community-based housing units that receive assistance through the 811 Program. Specifically, the 811 Program targets persons with disabilities, ages 18-61 at move in:

- Who are institutionalized, but able to live in the community with permanent supportive housing.
- At risk of institutionalization, without permanent supportive housing.
- Living in congregate settings, who desire to move to the community.

The multi-family properties chosen to participate receive guaranteed rental allocations for tenants who are part of the program. The Department of Community Development and Department of Human Services are working together to find individuals with any qualifying disability to join the program waitlist. Currently, one person is housed through this program in a brick-and-mortar unit and eight people have received Housing Choice Vouchers from the Housing Authority of Chester County through the 811 Program.

Mental Health Set-Asides

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

CURES/SOR Recovery Rapid Re-Housing Program for Individuals with an Opiate Substance Use Disorder

The Department of Drug and Alcohol, through collaboration with the Department of Community Development, has provided funding for the Recovery Rapid Re-Housing intervention designed to help individuals and families to quickly exit homelessness/near homelessness and return to permanent housing. Recovery Rapid Re-Housing assistance is offered without the following preconditions (employment, income, absence of criminal record) and the resources, which include rental assistance and case management services, are typically tailored to the unique needs of the household. Connection to recovery efforts is required (Treatment, Certified Peer Support, 12- Step Fellowship, Celebrate Recovery, SMART recovery, etc.). Individuals who are accepted into this program must show initiative to be self-supporting within a six-month timeframe.

Continuum of Care (CoC) and the Chester County Department of Community Development (DCD) Rapid Re-Housing Programs

The Housing Authority of Chester County and Human Services, Inc. provide Rapid Re-Housing programs as an intervention designed to help individuals and families to quickly exit homelessness and return to permanent housing. Rapid Re-Housing assistance is a temporary rental and utility subsidy that is offered without pre-conditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household.

Continuum of Care (CoC) Permanent Supportive Housing Programs

Open Hearth, Inc. Housing Options program provides permanent supportive housing of choice to homeless disabled individuals and families in scattered site rental units throughout Chester County. Human Services, Inc.'s Forensic House program provides site-based housing for single men exiting the criminal justice system who are experiencing homelessness and have a mental health diagnosis. Human Services, Inc.'s Safe Haven program provides site-based permanent housing for single women experiencing homelessness and diagnosed with a severe and persistent mental health illness (SPMI).

Family Unification Program (FUP)

Through partnership with the Housing Authority of Chester County (HACC), a grant was developed to participate in the FUP program. Through this grant, HACC was awarded 46 vouchers that can be used by families and youths involved in the child welfare system for rental assistance. This program has staff from the Chester County Department Children Youth and Families / Human Services working closely with the HACC staff.

Part IV: Mental Health Services

a) Program Highlights:

Recovery Oriented System of Care (ROSC)

Since 2015, Chester County has embraced the foundational philosophy of a Recovery Oriented System of Care (ROSC), with the vision for a system designed to support the long-term recovery of people receiving services, through the delivery of exceptional treatment paired with an intentional focus on the multiple life domains of those served, their hopes, dreams, and their achievement of a fulfilling life in the community.

With a whole health focus, recovery from mental disorders and/or substance use disorders: a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Through the following four major dimensions that support a life in recovery:

1. *Health*: overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing
2. *Home*: a stable and safe place to live
3. *Purpose*: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society: and
4. *Community*: relationships and social networks that provide support, friendship, love, and hope

Through our ROSC Initiative – a process by which our partnership with Drug & Alcohol has strengthened to support the growing number of individuals with co-occurring needs – the identified priorities have created a roadmap for the work of the Human Services departments over the years.

Mental Health First Aid

Mental Health First Aid is a public education program that teaches skills to help someone who is developing a mental health problem or experiencing a mental health crisis. It began in Australia in 2001, was introduced to the United States in 2008, and began in Chester County in 2014. To date, more than 2.5 million people have completed the program and received certification in the United States, and more than 4,000 have been certified locally.

In 2020, the National Council for Mental Wellbeing, the governing body for the program, updated and revised the courses with new content, updated statistics, and improved exercises and videos. In order to continue teaching the courses, all MHFA instructors were required to take additional training and become re-certified in the new curriculum. Participants now learn the didactic material through a two-hour self-paced, online program prior to attending the instructor led portion. This reduces the classroom time to six hours for the Adult program and four hours for the Youth. Instructors were also required to train in virtual instruction, as the classroom portion may now be taught in person, or virtually. During the pandemic shutdown, all classes were offered virtually. Since that time, the demand for this program has increased significantly. With a team of sixteen active instructors in the county, it is a challenge to meet the need for classes.

Chester County MH/IDD has continued to support this program through the many recent changes, and currently works with PMHCC, Inc. and the Chester County Suicide Prevention Taskforce (CCSPTF) to deliver MHFA classes. CCSPTF is pursuing partnerships and permanent homes to host trainings in the community so residents can easily locate and access the opportunity.

Community Training Series

In collaboration with the Department of Human Services, Chester County has developed a training series to focus on both non-clinical and clinical opportunities for staff growth and enhancement. Training needs were identified through a number of projects: to enhance the competencies of residential staff to support individuals within the community and working toward independence, to expand training for clinicians around evidence-based practices, to support case managers in fostering independence and empowerment, and to build competencies within the community social service agencies.

The following Trainings will be offered throughout FY 2023/24:

1. Multi-Tiered Trauma-Informed Practices
2. Understanding Problem Behaviors
3. Ethics, Suicide, and Coercive Practices: Are We Doing More Harm Than Good?
4. Ethics and Addiction: The Impact of Stigma and Discrimination
5. Suicide: A Primer for Behavioral Health Practitioners
6. Be Well: Self-Care for Practitioners
7. Beyond Psychosis: Emerging Priorities in Serious Mental Illness
8. Engagement: The Biggest Predictor of Success
9. Therapeutic Dynamics: Becoming a More Effective Helper
10. Borderline Personality Disorder: Issues and Intervention
11. The Art of De-Escalation: Working with Agitated and Aggressive Behaviors

12. Working with Youth in a Digital World: Youth, Technology, Social Media, and Mental Health
13. LGBTQIA+ Care
14. Post-Traumatic Stress Disorder
15. Vicarious Trauma and Secondary Traumatic Stress and Self-care
16. Cultural and Racial Awareness, Diversity
17. Working with Immigrant Communities
18. The Fundamentals: Trauma Definitions and Diagnoses
19. The Fundamentals: Trauma-Informed Care
20. Trauma and Children
21. Current Approaches to Working with Trauma in Families
22. Trauma-Focused Acceptance and Commitment Therapy: An Introduction
23. Healing the Whole: Culturally Responsive Care and Racial Trauma
24. Specific Practices for the Art of Helping People with Histories of Trauma
25. Vicarious Trauma: When Helping Hurts
26. Becoming Better: Vicarious Resilience and Vicarious Post-Traumatic Growth

Training Providers:

1. Devereux Advanced Behavioral Health
2. Drexel University Division of Behavioral Healthcare Education
3. Phoenix Center for Experiential Trauma Therapy
4. Shape the Sky, LLC

*All trainings offer Continuing Education Credits and will be delivered through In-Person, Virtual-Live, & Virtual-Recorded Platforms

Critical Time Intervention

Critical Time Intervention (CTI) is an evidence-based practice that focuses on the needs of individuals with serious mental illness who are at risk of homelessness or are experiencing homelessness. This program was developed through recognition of the needs of individuals entering the shelter system and identified as a vulnerable homeless population. This program takes an assertive approach to developing a plan for housing retention, while connecting individuals to services and supports to maintain stability upon transition to community-based living. The program is staffed with two specialized Housing Acute Case Managers supported in partnership with the Departments of Drug & Alcohol Services and Human Services, with a goal of assertive engagement, determination of need, and linkage to resources for individuals both within the shelter system and those experiencing street homelessness. This program works collaboratively with the Department of Community Development's Street Outreach Team to build

a trusting and supportive relationship with law enforcement and business owners fostering a sense of community support.

State Hospital

Chester County has six (6) civil state hospital beds at Wernersville State Hospital for individuals identified as needing this level of care. These beds are utilized upon determination that all community support efforts have been explored and an admission is supported through the individual's System of Care team as the least restrictive treatment alternative. Over the past year Chester County has successfully transitioned individuals both into and from Wernersville State Hospital. Program development/enhancement/expansion had been supported through CHIPPS funding allotted through the closure of civil beds within Norristown State Hospital, which concluded in 2019.

Workforce Recruitment & Retention

Through programmatic monitoring and oversight of service delivery over the past year we identified a need to expand the Recruitment and Retention Initiative to cover the complement of the workforce shortage across the behavioral health continuum. A workgroup consisting of adult and children's service providers, the managed care organization, and County staff developed a plan to increase access through employing a multitude of approaches. Reinvestment funds have been provided to support recruiting new psychiatrists, prescribers, and licensed and un-licensed staff, as well as to purchase equipment to expand tele-psychiatry to better meet service demands. With a shortage of nursing staff remaining a consistent need, and in alignment with the recent shift in the Outpatient regulations, the Office of Managed Behavioral Health expanded the Reinvestment Plans targeting recruitment and retention [Psychiatry/Licensed Clinicians (core providers)/non-licensed staff-PPE-technology (all providers) to assist behavioral health providers across the community in building the workforce to meet the growing demands on the mental health system. Over the past year, there have been numerous contracts that directly impacted the enhancement of the workforce, improving system capacity (see below):

1. 8 contracts completed.
2. 4 contracts address non-licensed employees.
3. 6 contracts address Licensed Clinicians

This Reinvestment Plan ended in December 2022.

Dual Diagnosis Treatment Team

The Dual Diagnosis Treatment Team (DDTT) is a recovery-oriented approach to supporting youth and adults who are diagnosed with both a mental illness and an intellectual disability. This program offers a comprehensive team approach to mental health treatment and service coordination for

individuals with behavioral health challenges who have not progressed in their recovery after receiving more traditional behavioral health services.

The DDTT, the individual, his/ her family and other supports work together using person centered, recovery-oriented approaches to develop a support plan which helps the individual progress in their recovery journey. The DDTT promotes the principles of everyday lives for individuals and families. DDTT services are provided to individuals in the community in all settings which may include: an individual's private home, licensed or unlicensed residential settings, day programs, and other community settings. This specialized team includes a Psychiatric Consultant, Licensed Mental Health Professional, Behavioral Specialist, Registered Nurse, and a Mental Health Recovery Coordinator.

Supported Adult Living Teams Program

Chester County has established programming to meet the individualized supportive service needs of identified individuals in need of high level clinical, medical, and supervision/supportive programming that is offered within a community-based setting through the Supported Adult Living Team (SALT) program. SALT are specialized programs designed to promote individual wellness and recovery through support and skill-building focused on the individual's needs living in a community setting. Mobile supportive services are tailored to the needs of each individual to create opportunities and build skills necessary toward to progress to a greater level of independence to identify processes to build greater natural and institutional supports in their communities of choice. The program is designed to meet the clinical support needs of the individual, to include specially trained Direct Service Professionals (DSP's) to support activities of daily living, psychological wellness, and insight into decision making and lifestyle and relationship choices. This program has been successful as a comprehensive community-based transition program for individuals upon discharge from state hospital or being diverted from a state hospital level of care.

Opioid Overdose Prevention

Opioid use and related deaths have reached epidemic levels in the state of Pennsylvania, hence more families are reaching out for support and assistance for their loved ones. Holcomb's Valley Creek Crisis Center (VCCC) has seen the effects of the increase in needed supports and services. As a result, through our partnership with Drug & Alcohol Services, VCCC developed a specialized staff position with expertise in substance use disorders as part of their staff complement. The role of this individual spans the scope of mobile, telephonic, walk-in intervention, and residential services within the program as well as training colleagues to build programmatic competencies. Additionally, Holcomb manages the Community Outreach Prevention and Education (COPE) program, an engagement team of Certified Recovery Specialists that provide one-to-one support and assistance for individuals who have survived an opioid overdose. This program works in collaboration with the individual and hospital Emergency Departments (ED) to offer outreach and engagement in hopes of connecting individuals to recovery supports. Chester County MH/IDD, as

a member of the Overdose Prevention Leadership, meets with the team to strategize development, training, and awareness across the community, by facilitating community trainings, hosting quarterly Taskforce forums, establishing prescription drug drop-off events and community collection sites, and distributing Naloxone and administration training across the community and the continuum of Chester County service providers.

Chester County Partnership to End Homelessness

Staff from the Departments of Human Services, Mental Health and Drug & Alcohol are active participants in the Department of Community Development's 10-year plan to end homelessness, Chester County Partnership to End Homelessness. Mental Health Representatives participate on several of the committees including the **Homeless Crisis Response Systems group and additional sub-committees**: The purpose of these meetings is to share updates on housing and service programs that serve those involved with our Coordinated Entry System with providers across various service systems, as well as to collect updates from other service systems and provide an opportunity to brainstorm on challenging housing and service scenarios that create barriers to housing and stability for those we serve.

And the **Shelter Provider Case Conferencing group**: The purpose of this case conferencing meeting is for the remaining clients who are in emergency shelter/homelessness service programs who are not yet connected to a housing resource to brainstorm appropriate subsidy programs to refer each household to along with barriers they may face with a referral to subsidy programs.

These efforts have been furthered to include resources to support individuals experiencing chronic homelessness. Specifically, a coordinator position was established to track those individuals identified as chronically homeless to monitor housing progress through various subsidy programs. Additional support has been offered by the Housing Authority of Chester County and Human Services Inc through expanding subsidy resources to target the chronically homeless population. Additional housing opportunities have been made available through the Continuum of Care program to provide individuals who are currently or previously involved in the forensic system access to subsidized housing.

2021 Community Mental Health Survey Outcomes & Development

The Chester County Department of Mental Health/Intellectual and Developmental Disabilities kicked off 2021 with issuance of community wide survey in partnership with stakeholders regarding mental health services and supports offered to the residents of our County. As we strive to provide recovery oriented, community-based services centered on the specific needs of our community, we employed an effort to gain a better understanding of the strengths and needs of the current system, and plan for the future.

The Chester County Department of Mental Health/Intellectual and Developmental Disabilities, through the utilization of both written and electronic tools, surveyed 431 residents. The data encompasses services that are already being utilized as well as services that residents would like to access in the county. The analysis of this data collection demonstrated a clear need for Community & Family Education and Advocacy Services, and so in the Spring of 2022 Chester County MH/IDD issued a Request For Proposals (RFP) for a local chapter of the National Alliance on Mental Illness (NAMI). The RFP was awarded to NAMI Keystone Pennsylvania, who took the necessary steps for establishment in Fall 2022. The new NAMI Chester County PA is located in Exton, PA, and is now under the leadership of Executive Director, Sara Wein. NAMI Keystone Pennsylvania has established a social media and physical presence, by attending stakeholder plan sessions, community meetings, and resource fairs, and connecting with partners across the county. NAMI Chester County PA will continue to develop programming based on community needs identified through “Community Listening Sessions” that will be held throughout the county, beginning in June 2023.

Teen Talk & Text Line

Chester County Teen Talk and Text Line (TT&TL) is provided by Access Services to be available 3:00 PM to 7:00 PM 7 days/week. The line operates during these after school and early evening hours, which are the peak hours for family and other conflicts. This program offers a safe space for kids to reach out and connect with others in a supportive, confidential way; to share their concerns and receive peer and professional support. As we expand resources for early intervention, this program fosters an opportunity for positive experiences, promotes growth, self-awareness, and reduces stigma.

Connecting with teens around concerns and stressors while they are still manageable can support skill building, resilience, and an understanding of community resources. Supervised peer call takers are trained to apply active listening skills via phone and text, to recognize risks, coping strategies and problem solving, among other engagement techniques and competencies. In an effort to expand awareness of career paths and opportunities for personal growth, Access Services has begun to offer host school programs where students can be trained to handle incoming calls and texts to become volunteers on the Teen Talk & Text Line.

Co-occurring Recovery House

Over the course of 2022 a Request for Proposal was issued to select a new Recovery House provider. MVP Recovery has been awarded a contract to develop and implement a Recovery House that will provide temporary housing for Chester County residents who may have co-occurring mental health and substance use disorders in order to continue formalized treatment in a non-residential setting, to further develop their long-term recovery management skills and to build their natural support network.

The targeted population of the Recovery House Program located in Phoenixville, include Chester County residents, 18 years and older, who are uninsured or Medical Assistance eligible and may have co-occurring mental health and substance use disorders and are in need of a Recovery House program to support their long-term recovery management goals. MVP's primary focus will initially be male residents.

988 Implementation & Comprehensive Crisis System Planning Project

Chester County MH/IDD, in partnership with the Chester County Department of Human Services and Drug and Alcohol Services, with consulting support from Capacity for Change LLC and along with a Planning Committee composed of various professionals extensively covering stakeholders in every field of mental health and crisis services, began planning a more comprehensive, effective, and accessible mental and behavioral health crisis response system with recommendations for each component: Call Center, Mobile Response Teams, and Crisis Stabilization Beds.

Establish a New Behavioral Health Crisis Contact Center:

- The Center will provide 24/7/365 real-time access to a live Crisis Counselor every moment of every day via phone, SMS, or live chat for anyone experiencing a mental or behavioral health crisis in Chester County, Pennsylvania.
- Licensed clinicians working in the Center will also be responsible for dispatching new Behavioral Health Mobile Crisis Response Teams for residents.
- The Center will provide real-time access to a live Service Navigator for anyone seeking information or referral to services that support behavioral health and wellness via phone and email during regular business hours, and mobile Service Navigators available to meet face to face with community members in various locations throughout Chester County.
- The Center will host a searchable online Resource Directory of behavioral health and wellness services.
- Invest in technology infrastructure to facilitate Best Practice Care across the Contact Center and Crisis continuum.

Establish New Behavioral Health Mobile Crisis Response Teams:

- Provide clinically skilled and empathic assistance to individuals and families in crisis to assist with crisis de-escalation/management/plan development when possible.
- Provide crisis response where the individual in crisis is (home, work, park, etc.) with no restriction of services to select locations within the region or particular days/times.

- Conduct necessary levels of assessment including (crisis assessment, risk assessment, and triage/screening [including comprehensive screening for suicidality]) of the individual in crisis with a multidisciplinary approach to determine an appropriate management plan.
- Provide individuals in crisis the skilled help they need to keep both themselves and others safe during the crisis and to manage the situation as calmly and safely as possible.
- Provide crisis support services that divert people from inpatient psychiatric hospitalization and ERs whenever possible, to more recovery-oriented and less restrictive service alternatives.
- Co-respond with law enforcement and first responders as needed and when safe to do so.
- Coordinate and facilitate the involuntary commitment process including facilitation of transportation for individuals in need of involuntary treatment.

Develop a Plan for and Promote Crisis Stabilization Services Countywide:

- Establish a workgroup to collaborate with consultant, Capacity for Change, to research, analyze current resources/needs, develop planning recommendations for crisis stabilization services across the community.
- Maintain or expand walk-in crisis stabilization centers, possibly to include a new Mental Health Urgent Care Center(s).
- Advocate for, partner with, and support private and nonprofit healthcare systems and providers to increase crisis stabilization services countywide.

Build Capacity and Infrastructure for Ongoing System Improvement

- Establish a Community Advisory Board.
- Invest in technology infrastructure.
- Generate and share detailed data and information on system outputs and outcomes.
- Provide ongoing professional development and training opportunities.

Behavioral Health Inpatient Closure & Impact

With the closure of Brandywine Hospital in January 2022 our community lost a valuable treatment component to the overall behavioral health system, as well as a valuable community partner. Brandywine Hospital (BWH) offered the following for our community:

- BWH offered treatment beds for Geriatric (16), Adult (32), and Eating Disorder (16+) specialty inpatient care, which puts us at a loss of 64 beds and access to no Eating Disorder specialty.

- BWH had specialized behavioral health services in the Emergency Room to support the needs of the individuals awaiting inpatient care.
- Residency program that offers training for psychiatrists, bringing new physicians into county services at a time where we are all struggling with the workforce shortage. This program continues to operate within the Tower Health system including Phoenixville Hospital, providing psychiatric consultation and support services.
- BWH accepted and supported individuals coming from Chester County Prison and partnered with the MH/IDD Department to be a resource for law enforcement to drop individuals off in need of assessment and care within an Emergency Room equipped with clinically trained behavioral health staff to meet their needs.
- Collaborative partnerships with Brandywine allowed for seamless transition for individuals discharging from inpatient care to outpatient, and supporting individuals through our Involuntary Commitment program
- 85% of those served at Brandywine's Behavioral Health Pavilion were Chester County residents.

Therefore, the impact has been significant:

- Having access to a facility that has physical health and behavioral health services is imperative to meet the needs of our most vulnerable population (funding constraints related to freestanding psychiatric units-IMD)
- All freestanding psychiatric hospitals require medical clearance prior to admission, which can only be accessed at local emergency rooms, creating long waits in emergency rooms.
- With limited access to hospital care on the western side of Chester County ambulance transports could take additional time to move individuals from their homes to Emergency care facilities and wait times for care are growing.
- Prior to closure there had been a lack of inpatient psychiatric beds
- As individuals reach out for psychiatric care, they will begin to reach across state lines, making it complicated to connect families, coordinate aftercare, and distance individuals from their home county supports. Each county and state service array looks very different.
- With more people reaching out for mental health services related to the longstanding pandemic and isolation and the workforce shortage across Pennsylvania, access to care is more challenging than ever.

What is happening across the county now:

- County Emergency Rooms (ER) are seeing an increased volume of individuals with behavioral health inpatient needs. On any given day there have been up to 17 individuals in the

Emergency Department awaiting inpatient behavioral health placement. **Due to the extended wait times, there are individuals being recommended for inpatient level of care, waiting for days for placement with no bed availability, who are then discharged from the ER, some of whom never receive inpatient care.** The County Department of Mental Health along with Community Care Behavioral Health (Medicaid/HealthChoices) have been meeting with the local ERs to review census, concerns, discuss strategies for improvement, and make connections to supports and services.

- Chester County MH/IDD has reached out to inpatient behavioral health hospitals to make connections, offer support, and community transition planning for individuals.
- Bryn Mawr Hospital has expanded their inpatient behavioral health unit by 20 beds.
- Chester County MH/IDD has worked closely with Haven Behavioral Health to develop inpatient behavioral health services, as well as expanding the continuum of outpatient behavioral health services, which is currently in the planning and development phases in collaboration with Chester County Hospital.
- As the mental health needs of the county has increased the County Department of MH/IDD jointly with Community Care Behavioral Health expanded the Assertive Community Treatment team to serve an additional up to 100 members.
- Chester County Departments of MH/IDD, Drug & Alcohol Services, and Human Services have met with Christiana Care who is in the development phase of implementing emergency physical healthcare services in southern Chester County to review and consider the behavioral health needs.
- Community Care Behavioral Health in collaboration with the Departments of MH/IDD, Human Services, and Office of Managed Behavioral Health continually review the Medicaid network providers, outreach to community providers, and expand the service providers across the county to open up access opportunities for those seeking services.
- Chester County Department of MH/IDD reviewed the Mental Health Procedures Act Policy and adjusted align with surrounding counties to address concerns related to accessing inpatient services outside of Chester County. This process has assisted with more streamlined facilitation of inpatient hospitalization placement.

First Episode Psychosis Program

The First Episode Psychosis program (FEP), **“On My Way” (OMW)** is a Coordinated Specialty Care (CSC) approach to treating young people who have recently experienced their first episode of psychosis. The FEP Team offers young people an array of services, including low-dose medication management through a psychiatrist, Recovery Oriented Cognitive Therapy, Family Psychoeducation, Case Management, and Certified Peer Support services. Service coordination is guided by the young person’s voice and choice. FEP seeks to improve the quality of life of young people by instilling hope

through empowerment to guide their own treatment, educating them about their psychosis, re-establishing relationships, and re-integrating back into the community whether it's attending school or working.

As participants complete the two- year course of treatment with OMW, they will transition to the Stepped Care Model, Moderate Intensity program, **“My Way Forward” (MWF)**, a Coordinated Specialty Care (CSC) approach to treating young people who have completed 24 months of the First Episode Psychosis program, maintaining the continuity of care with the team to continue to support the young person in their recovery process.

5. Strengths and Needs by Populations:

1. Older Adults (ages 60 and above)

Strengths:

- Continued collaboration with the Department of Aging and Drug & Alcohol Services around identification of case specific coordination of care and systems gaps.
- Mobile Mental Health Services has enhanced engagement of older adults in treatment.
- Implementation of Community HealthChoices Program provides services for those in need of behavioral health care within nursing home placement.
- Inclusion of an Aging representative on the CJAB Stepping Up Committee.
- Partnership with the Cross Systems Coordinator at Chester County Prison to support the position and have a direct link to the Departments of Aging, Drug & Alcohol, and Community Development, to connect to the various system level needs for a holistic plan and service connection process for re-entering inmates.
- Mental Health representative on the Department of Human Services Risk Management Team.
- Collaboration with the Department of Aging and the Crisis Intervention Team (CIT) Training. Department of Aging presents at the week-long CIT training for local Law Enforcement Officers regarding the Aging population.
- Mental Health representative on the PA Link Aging and Disability Resources Steering Committee for the ACL grant in collaboration with the other State stakeholders.

Needs:

- Expansion of specialized services and supports for a growing older adult population, to include peer support specialists.
- Development of partnerships with nursing home facilities for those individuals with complex medical needs and serious mental illness determined to be Nursing Facility Care Eligible (NFCE).
- Development of partnerships with nursing home facilities for inmates with a Serious Mental Illness at Chester County Prison in need of nursing home placement due to complex medical needs.
- Development of partnerships with practitioners who have experience in treating individuals that are displaying hoarding behaviors as well as companies that can assist in removing and cleaning properties.

2. Adults (ages 18 to 59)

Strengths:

- Comprehensive array of services with an increasing number of evidence-based practices in all areas (clinical, housing, and employment support).
- Developed strong working partnerships with various Departments and organizations: Veteran's Administration at Coatesville, Chester County Departments of Aging Services, Community Development, Drug and Alcohol Services, Emergency Services, and Health, as well as the Phoenixville Community Health Foundation and the Alliance for Health Equity.
- Continual focus around expanding the County's Recovery Oriented System of Care (ROSC) by implementing more co-occurring services and supports.
- Expansion of telehealth services to meet the needs of individuals during pandemic-related shutdowns, that resulted in a 90%+ show rate for appointments.
- Long-standing Involuntary Outpatient Commitment Program to support individuals and maintain treatment engagement and stability within the community.
- Offer Supported Education programming in partnership with Delaware County Community College, to prepare individuals for engaging in the workforce and/or higher educational opportunities.
- Implementation of local chapter of the National Alliance on Mental Illness (NAMI) to provide peer/family support, education, and advocacy for community members.

- Expanded Peer workforce within the County as the need and value of the program has grown across mental health and drug and alcohol services.

Needs:

- Services at all levels for individuals with complex needs and behaviors that present as a community risk.
- Specialized programming for individuals with a Serious Mental Illness & Autism Spectrum Disorders.
- Core Mental Health Outpatient Providers continuous struggle to employ sufficient workforce to meet the diverse clinical and supportive service needs of a growing community and increase in demand.
- Development of additional forensic housing support programs due to criminal record barriers for inmates re-entering the community from both county and state prison systems.
- Expansion of the Peer Workforce within the County as the need and value of the program has grown across mental health and drug and alcohol services. Prepare Certified Peer Specialists for community employment through the Peer Support Expansion Initiative.
- Behavioral health inpatient programming within the Chester County community to support the needs given the closure of Brandywine Hospital and the loss of 64 beds.
- Expansion of Extended Acute Care Programming to meet the increasing need of the longer-term inpatient care across the Southeast Region.
- Development of additional Long-term Structured Residential (LTSR) beds due to the demand for this level of supportive housing increasing over the past year.
- Expansion of Wernersville state hospital beds due to increase in need and long-term waitlists for a bed opening. Currently, Chester County has 6 beds at Wernersville State Hospital and 4 individuals on the waitlist for 9 months.
- Development of a new Residential Treatment Facility for Adults, as we lost this program due to Norristown land re-distribution.
- Continued development and expansion of house based residential programs due to a growing need within Chester County and current significant waitlist.

- 3. Transition age Youth (ages 18-26)-** Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.

Strengths:

- Successful implementation of a First Episode Psychosis (FEP) Program, “On My Way,” & the step-care program “My Way Forward” for FEP graduates.
- Expansion of individualized residential and treatment program(s) for young men with sexually problematic behaviors which has demonstrated good outcomes.
- Implementation of a TAY supported living program for youth aging out of child-serving systems and services to promote skill-building toward independent living.
- Implementation of youth peer services across the Children’s Core Mental Health Provider network as part of the continuum of services.

Needs:

- Development of co-occurring programs to meet the dual needs of youth.
- Services for TAY youth with complex needs who present as a community risk.
- Increased opportunities for Supported Employment for young people.
- Specialized case management for the TAY population.
- Increased expansion of residential skill building programs for TAY population due to an increased need within Chester County and county residents aging out of programming outside of Chester County needing to return.

- 4. Children (under age 18)-** Counties are encouraged to include services like Student Assistance Program (SAP), respite services, and Child and Adolescent Service System Program (CASSP) coordinator services and supports, System of Care (SOC) as well as the development of community alternatives and diversion efforts to residential treatment facility placements.

Strengths:

- Development of a Children’s Mental Health Leadership Group as well as sub-committees aimed to target Workforce Development, Trauma Informed Treatment, and Information and Referrals.
- Implementation of telehealth services to meet the needs of youth and their families.
- Teen Talk Line for youth aged 12-18 to speak with or text with a trained peer or professional.

- Student Assistance Program services offered within schools, to assist with connecting children and families to services and eligible benefits.
- Comprehensive array of evidence-based practices offered at Core Mental Health Providers. (Trauma-focused CBT, Parent Child Interactive Therapy, DBT, & MST)
- Strong collaborative partnerships with the Chester County Youth Center; Department of Children, Youth, and Families, and Juvenile Probation Office with bi-monthly Cross Collaboration Systems meetings.
- The Children’s Respite program is working creatively and efficiently to meet the needs of families in need of respite services and has expanded to offer overnight respite support.
- Children’s Review Team works collaboratively with Community Care Behavioral Health (CCBH) in order to monitor children and youth in residential settings and assist with family/community transition.
- Monthly review of Intensive Behavioral Health Services (IBHS) share/transfer waitlist to help facilitate connection to services across the network upon availability.
- Avidum Clubs have been implemented across several Chester County Schools to bring suicide prevention and mental health awareness and offer peer support.
- The Suicide Prevention Taskforce has partnered with the Chester County Intermediate Unit to coordinate and facilitate Question, Persuade, Refer, a suicide prevention training tool to 9th graders across a variety of districts annually.
- Mental Health Consortium across Chester County School Districts hosted by the Chester County Intermediate Unit and facilitated by University of Penn to assist the districts with developing their behavioral health strategic plan.
- Partnership with the CCIU, School Superintendents, and the local Delegation to form the Chester County Youth Mental Health & Suicide prevention Initiative under the Chair of Representative Sappey, including workgroups focused on meeting the following needs:
 - *Work group #1:* Mental Health Professional Shortage: Filling the Gaps
 - *Work group #2:* Embedding Crisis Counselors in Schools
 - *Work group #3:* Establishing In-County Inpatient Care Center(s)
 - *Work group #4:* Creating Family and Community Partnerships

Needs:

- Expand opportunities for building more school-based supports for children/youth in need of building resiliency.
- Expand community education and outreach efforts across the County by utilizing Community Conversations for families to engage in dialogue and gain knowledge of resources.
- Recruitment and retention of staff to meet the increased community needs of children/youth in need of services.
- Establishing additional in-county Behavioral health inpatient programming for children and adolescents.

Please identify the strengths and needs of the county/joiner service system (including any health disparities) specific to each of the following special or underserved populations. If the county does not currently serve a particular population, please indicate, and note any plans for developing services for that population.

5. Individuals transitioning from state hospitals

Strengths:

- All individuals under a civil commitment at Norristown State Hospital (NSH) have been discharged through the support of Community Hospital Integration Projects Program (CHIPPS) funds to expand and/or enhance programming within the community to support each individual's needs. All civilly committed individuals were discharged in 2019, concluding access to any additional CHIPPS funds.
- Regional support for access to comprehensive specialist assessments for (e.g.) risk of sexual violence, and complex needs to assist with community placement.
- Access to Wernersville State Hospital (6) beds for Chester County individuals with complex, high level clinical needs. Wernersville provides a comprehensive support system and clinical services directed toward each individual's needs (including DBT, vocational training, co-occurring services, and more)

Needs:

- As individuals prepare for discharge from the State Hospital, resources adequate for post-discharge community support and treatment need to be developed. Most of the Chester County individuals within Norristown State Hospital--Forensic have extremely acute and complex needs with criminal justice oversight, requiring resources that stretch our system beyond capacity.

Assuring the safety of these individuals as well as that of the community is likely to require intensive, 24-hour one-to-one staffing support and supervision.

- As individuals prepare for discharge from Wernersville State Hospital, with extremely acute and complex needs, resources adequate for post-discharge community support and treatment, needs to be developed and requires funding to support the development, as new individuals present within the county for services and supports.
- More readily available housing for individuals with higher needs leaving a highly structured environment. Without adequate housing options to support these individuals, it lengthens the individuals stay in the hospital, creating a service system flow issue for those in need of that particular level of care and support.

6. Individuals with co-occurring mental health/substance use disorder

Strengths:

- Co-occurring competence and/or licensure in Core Mental Health Providers allows integration up to a point in the evaluation/assessment of individuals with co-occurring disorders. There are currently two dually licensed providers in the county, in the northern and southern regions.
- County has access to inpatient/residential co-occurring treatment facilities.
- Through our partnership with the Department of Drug & Alcohol Services:
 - Crisis Intervention has expanded staffing to include a D&A Specialist.
 - ROSC Initiative to build a Peer & Certified Recovery Specialist Workforce across the systems.
 - Overdose and Suicide Prevention Taskforce partnerships.
 - Crisis Intervention Team training.
 - Expansion of the Critical Time Intervention team to include a D&A and Mental Health Outreach Specialist.
 - Critical Time Intervention program with Housing Acute Case Management supported through Mental Health & Drug & Alcohol Departments to do assertive community outreach.
 - Partnership in Planning for a Comprehensive Crisis Response System.
 - Through the District Attorney's office and the State Attorney General's Office a new program was implemented Law Enforcement Treatment Initiative (LETI). This program allows individuals with minor crimes and substance use to take advantage of treatment with the possibility of not facing charges.

Needs:

- Changes in regulations to allow for seamless integration of services and creation of a “no wrong door” model.
- As numbers of individuals with co-occurring needs increases, integration of services and supports to meet the needs of individuals wholistically becomes necessary.

7. Criminal justice-involved individuals- Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards (CJABs) to implement enhanced services for individuals involved with the criminal justice system including diversionary services that prevent further involvement with the criminal justice system as well as reentry services to support successful community reintegration.

Strengths:

- Mental Health Recovery Court has existed for several years with good outcomes. With the addition of a designated Court of Common Pleas Judge and an additional Specialized Probation Officer, Mental Health Court has been able to grow in numbers. Due to the growth of Mental Health Court participants, an additional provider was brought on board to work specifically with participants to address Forensic Case Management. This additional resource has been beneficial, and we have seen a quicker turn around in engaging with Mental Health Court Participants and Forensic Case Management needs.
- Mental Health Protocol program exists for individuals discharged from Chester County Prison who are still on Probation/Parole, staffed by trained probation officers who can support individuals in engagement with services and monitor progress.
- The county’s Forensic supportive living program supports up to seven individuals who are on probation or parole, have a serious mental illness, and are experiencing homelessness (per Housing and Urban Development guidelines) This program is a result of program and fiscal collaboration between the Departments of MH/IDD and Community Development.
- Ongoing collaboration with the Departments of Adult Probation and Pre-Trial Services, Chester County Prison, District Attorney, Public Defender, Drug & Alcohol, Aging, and Community Development as our Criminal Justice Advisory Board Stepping Up Committee.
- Implemented Integrated Data Site, sharing data across systems (Drug & Alcohol, Mental Health, HealthChoices, Prison, Adult Probation & Pre-Trial

Services) to begin to analyze trends to inform system enhancement and development.

- Crisis Intervention Team (CIT) training for Chester County law enforcement. To date we have trained approximately 280 law enforcement, correctional, sheriff, and probation officers.
- Chester County was able to do a CIT Training Specific for State Police across the Commonwealth. We had 29 State Police Troopers attend. With this Collaboration the Mental Health Diversion Specialist was able to work further with the State Police on their trainings and offer insight.
- Through partnership with the Chester County Prison and Youth Center, MHFA has been added to the on-boarding of all new and existing Correctional Officers.
- Utilization of the State Competency Assessment team in order to determine the need for treatment and determination of an individual's ability to assist in defense/proceed with trial.
- Mental Health Diversion Specialist continues to serve as the CIT Coordinator & Stepping Up lead to focus work across the Sequential Intercept Model to improve system collaboration, support, and improvement.
- Collaboration with the Department of Emergency Services to implement mental health/crisis response 911 Dispatcher training. To date, all 911 Dispatchers have been trained and an ongoing plan to train new staff as part of onboarding has been established.
- Expansion of Forensic Case Management services to provide in-reach at the prison to connect individuals to services and supports upon release.

Needs:

- Specialized programs for criminal justice involved individuals with serious mental illness who are no longer incarcerated but who pose a community risk.
- Resources to expand CIT Training to include Youth CIT, through offering opportunities for local partners to become trainers to implement a one day continuing education program for Law Enforcement/Criminal justice partners.
- Resources specific to our aging inmates who need nursing home placement coming out of our County Prison with complex medical needs.

8. Veterans

Strengths:

- Longstanding collaboration with the Veteran’s Administration Medical Center (VAMC) located in Coatesville.
- Psychiatrist from the VAMC attends the Chester County Psychiatric Advisory Panel.
- Willingness to collaborate on how services can be more integrated and development of agreements with community mental health providers for veterans to access services outside of the network.
- County has an established diversionary Veterans Court program.
- Department of Veterans Services is supported by the county Department of Human Services, which enhances the collaborative nature across the Departments.
- VA representative a member of the CIT Planning Committee and deliver a VA specific module during the CIT Training week.
- Collaboration meetings regarding jurisdiction for involuntary commitment hearings for veterans scheduled to receive treatment services at the Coatesville Veterans Administration in Chester County, who are from other counties across Pennsylvania.

Needs:

- Changes in regulations to allow a broader integration of services for veterans who need mental health services.
- Specialized Veterans Response Team to respond alongside Law Enforcement for Veteran-specific mental health crisis calls.

9. Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI)

Strengths:

- Mental Health professionals working in Chester County participate in trainings and conferences on key issues targeted to this population.
- Student Assistance Program Team has instituted an electronic screening tool, with expanded items including LGBTQI.
- County participates in community programs in support of LGBTQI.
- Establishment of a provider level support group for adolescents.
- Specialty individualized and group clinical care offered within the Core Mental Health Provider network for adolescents.

Needs:

- Increase in professional development and support for clinicians working with individuals identifying as LGBTQI.
- Training on trauma informed care specific to LGBTQI.
- Broader access to training on gender identity, including gender non-conforming individuals.
- Support for LGBTQI youth as identity intersects with clinical support.

10. Racial/Ethnic/Linguistic Minorities (RELM) including individuals with Limited English Proficiency (LEP)

Strengths:

- In collaboration with Community Care Behavioral Health a Webinar Series for providers included:
 - Overcoming Stereotypes and Improving Mental Health Literacy.
 - Utilizing the Multicultural and Social Justice Counseling Competencies as a Guide for Working with Black and African American Clients.
 - Staff and Member Retention.
 - Collaborating with Communities.
- Under the auspices of the Children’s Mental Health Leadership Group, the Workforce Development subcommittee is actively collaborating with local colleges/universities and mental health providers to enhance internship opportunities for BIPOC clinicians and mental health professionals.

Needs:

- Expansion of staff to support Spanish speaking families on waitlists for children’s services.
- Increased training opportunities for cultural competency.

11. Other populations, not identified in #1-10 above (if any, specify) (including tribal groups, people living with HIV/AIDS or other chronic diseases or impairments, acquired brain injury (ABI), fetal alcohol spectrum disorders (FASD), or any other groups not listed)

Strengths: N/A

Needs: N/A

c) Recovery-Oriented Systems Transformation (ROST):

- i. *Previous Year List:*

- Provide a brief summary of the progress made on your FY 22-23 plan ROST priorities:
 - i. Priority 1 - Maintain, Enhance, and Develop Core Mental Health Recovery Services and Supports for Chester County residents, who are diagnosed with a serious mental illness.
 - ii. Priority 2 - Expanding and Enhancing Peer Culture
 - iii. Priority 3 - Recovery Focused Clinical Supervision
 - iv. Priority 4 - Children’s Mental Health Service System Asset Mapping
 - v. Priority 5 - Stepping Up Initiative

ii. *Coming Year List:*

- Based on Section b Strengths and Needs by Populations, please identify the top three (3) to five (5) ROST priorities the county plans to address in FY 23-24 at current funding levels.
- For each coming year (FY 23-24) ROST priority, please provide:
 - a. A brief narrative description of the priority including action steps for the current fiscal year.
 - b. A timeline to accomplish the ROST priority including approximate dates for progress steps and priority completion in the upcoming fiscal year.
 - Timelines which list only a fiscal or calendar year for completion are not acceptable and will be returned for revision.
 - c. Information on the fiscal and other resources needed to implement the priority. How much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding, and any non-financial resources.
 - d. A plan mechanism for tracking implementation of the priorities.
 - Example: spreadsheet/table listing who, when and outputs/outcomes

1. Maintain, Enhance, and Develop Core Mental Health Recovery Services and Supports for Chester County residents, who are diagnosed with a serious mental illness.

Continuing from prior year New Priority

- a. Narrative including action steps:
 - i. The Core Mental Health Provider network includes an array of services and supports for individuals, including:
 - Outpatient (DBT, Trauma-focused CBT, TREM and M-TREM, EMDR)
 - Mobile Mental Health Services
 - Telehealth Services
 - Psychiatric Rehabilitation, site-based & mobile models

- Certified Peer Specialist Services
- Administrative and Blended Case Management Services
- ii. Additional Services and Supports within the network.
 - Supported Employment & Education
 - Community Residential Rehabilitation
 - Supported Living Arrangement
 - Crisis Services
 - Mobile Crisis Intervention
 - Warmline Services
 - Telephone Crisis Services
 - Walk-in Crisis Services
 - Crisis Residential Program
 - Mental Health Clubhouse Programs
 - Extended Acute Care Inpatient Program
 - Assertive Community Treatment (ACT)
 - First Episode Psychosis (FEP)
 - Teen Talk & Text Line
 - Compeer
 - ChescoLife-Family Mentor/Support
 - Children’s Review Team
 - Stages—Art & Music Program
 - Representative Payee Services
 - Residential Treatment Facility for Adults

b. Timeline: July 1, 2023- June 30, 2024 (provide a quarterly breakdown of priority; activities, goals, and deliverables) *see below

c. Fiscal and Other Resources: HSBG, HealthChoices, Reinvestment/DHS Admin

d. Tracking Mechanism: Annual Contract Oversight Data Inventory (contract expectations and deliverables are reviewed along with record reviews are conducted between Sept-Dec 2023), Quarterly Provider Meetings (*with each provider regarding program status, waitlists, staffing, strengths/opportunities, financial status, and quality)

2. Expanding and Enhancing Peer Culture

Continuing from prior year New Priority

a. Narrative including action steps:

Certified Peer Support (CPS) services have existed throughout Chester County since 2008 in specialized areas such as the Crisis Warm Line, Crisis Mobile Team, residential programs, Mental Health Recovery Court Program, Core Mental Health Providers (within the case management structure and Decision Support Centers), and Assertive Community Treatment teams. HSBG funds have been utilized to allow CPS's the flexibility of delivering services beyond the scope of the core functions within the Medical Assistance regulations to allow connection with and engagement to services for individuals who have a probable mental illness and co-occurring substance use disorder, and/or who may be experiencing homeless. Building a "peer culture" was identified as a priority, as our system is strengthened by not only training CPS's but by including Certified Recovery Specialists (CRS) and encouraging cross training to equip them with the tools necessary to work with any individual's needs, meeting them where they are. As our pool of specialists expands, we must consider the need for fellowship and support amongst those providing services. To offer workforce training, continuing education, and support the County developed a continuum of training opportunities for those gaining certification. By developing an interim phase to employment through field placements, this provides on-the-job skill building and preparation for successful future employment. The Council of Southeastern PA is contracted to provide this educational supportive program to enhance peer culture across the network of mental health and substance use service continuum.

Over the course of the last several years, the first cohort to go through core training, enhanced trainings, mentor groups, and field placements were the CPS's. A total of 13 CPS's graduated from the program. Of the 13, 5 CPSs were cross trained as Certified Recovery Specialists during the second cohort.

The second cohort followed the same training, mentoring, and field placement program. Due to COVID-19, the second cohort had one additional new peer that was trained as a CRS.

The third cohort resulted in 21 graduates from the program. Of the 21, 14 gained employment in various mental health and drug & alcohol settings. These work settings included Mobile Certified Peer Specialist Services, Inpatient Units, Forensic Peer Services, Residential Units, the Cope Program and Decision Support Centers.

The fourth cohort had 14 total graduates. Of the 14, 7 were Certified Peer Specialists and 7 Certified Recovery Specialists, 1 of which was cross trained.

The next cohort is scheduled for June 19th – June 23rd, 2023, and June 26th – June 30th. There is a total of 14 Certified Peer Specialist applicants and 16 Certified Recovery Specialist applicants to be a part of the training series.

The Council of Southeastern PA has been working with providers of both mental health and drug and alcohol's change management teams to support providers success when onboarding new peers. The change management teams are crucial for the success of incorporating a better peer culture within providers and within the community.

- b. Timeline: July 1, 2023 – June 30, 2024 (provide a quarterly breakdown of priority; activities, goals, and deliverables) * see below

For the Fiscal Year of 23/24 there will be a total of 4 CPS/CRS training classes. The CPS/ CRS training series runs bi-annually, Spring and Fall. The classes can train up to 20 participants for each session. There are 12 field placement sites that include Chester County's Core Providers for Mental Health Services and Drug & Alcohol Services. These field placement positions include but not limited to: Mobile Peer Support (CPS/CRS), Decision Support Centers, COPE, LTSR, Crisis Center (Warm Line/ Crisis Line), and ACT teams.

- c. Fiscal and Other Resources: HSBG, HealthChoices, Reinvestment

- d. Tracking Mechanism: Annual Contract Oversight Data Inventory (contract expectations and deliverables are reviewed along with record reviews are conducted between Sept-Dec 2023), Bi-monthly Program Meetings, Bi-monthly Peer Supervision meetings.

*At these meetings programming, classes, educational opportunities, field placements, and is reviewed, establishing next steps for each workgroup.

3. Provider Network Workforce Development

- Continuing from prior year New Priority

- a. Narrative including action steps:

Establishment of the Workforce Development Subcommittee, with the purpose of supporting the System of Care through enhancement of workforce development and diversity within Chester County, specifically working with high school, college, and university students to increase their awareness and enhance their knowledge of careers in the behavioral health profession.

Over the course of the last year, Workforce Development/Recruitment/Retention has become a priority across the Chester County provider network. With a three-pronged approach to building the workforce capacity:

- Development of Internship Affiliation Agreements Across the Provider Network
- Establish Internship Placements Across the Provider Network
- Establish a High School Pipeline through Career Education

Since the formation of this subcommittee:

- Connections have been made with our Core Mental Health Providers and numerous colleges/universities such as: West Chester University, Rosemont College, St. Joseph's, Temple, LaSalle University, Delaware Valley University, Chestnut Hill College, University of Pennsylvania, & Lincoln University.
- Through these partnerships 11 Mental Health Provider internships have been established. These efforts are now being explored for expansion to Chester County Drug & Alcohol providers.
- Two Chester County Behavioral Health Job Fairs were held, in the Spring and Fall of 2023.
 - Job Fair
 - Spring & Fall 2023 Job Fairs at Government Services Center, with 25 employers registered, with 600+ open positions.
- High School Subcommittee was established with the focus of offering guidance and education to graduating High School students around the various behavioral health career paths. This is being done through a panel discussion, known as "Everyone Has a Story."
 - High School Pipeline
 - Avon Grove Charter School Career Fair – 2/17/2023
 - Presenters: Nicholas Kendus, Jamayra Vega, and Lindsay Walton
 - 55 students in 6 sessions
 - West Chester Area School District – Rustin High School – 3/7/2023
 - Presenters: Jamayra Vega and Lindsay Walton
 - 62 students
 - West Chester Area School District – East High School – 4/27/2023
 - Presenters: Kathy Collier and Jason Haller from Kidspeace
 - 25 – 30 students.

b. Timeline: July 1, 2023 – June 30, 2024 (provide a quarterly breakdown of priority; activities, goals, and deliverables) *

- c. Fiscal and Other Resources: TBD
- d. Tracking Mechanism: *Bi-monthly Workforce Development Committee meetings determine future goals and plans to enhance the career paths.

4. Children’s Mental Health Service System Asset Mapping

Continuing from prior year New Priority

- a. Narrative including action steps:

In 2019, the Chester County Department of MH/IDD with guidance and assistance of an independent consultant embarked on an important assessment and planning process to guide and focus our ongoing efforts to improve the systems, services/supports, and access to resources for children and adolescents in Chester County experiencing mental health concerns.

This assessment process was conducted in partnership with other County departments and an Advisory Committee of community leaders to assist with the development of an action plan to strengthen services and supports available to children and their families. While the County finances and oversees services for 23% of the children in Chester County (based on eligibility for HealthChoices), all parties agreed that this plan should have an “all kids” agenda, regardless of insurance coverage.

Our focus on children’s mental health has, by necessity, required us to engage and rely on several community partners. Because children’s lives are touched and influenced by so many -- schools, families, recreation, pediatricians, community activities, etc., -- this plan reflects a collaborative approach in its development and the need for collective effort across these and many other systems for its successful implementation. In particular, the plan recognizes the critical role that schools play in supporting children’s mental health and well-being and the need for close partnership and support of schools and school districts.

An exhaustive review of existing community data, coupled with key stakeholder interviews, surveys, and focus groups, surfaced several key findings:

- The County’s Investments to Increase Service Access, System Capacity, and Workforce Have Been Challenged by Growing Need.
- There is Opportunity to Build on the County’s Investments to Increase Community and Clinical Training and Education.

- Mental Health System Level Data Exists but is Siloed, Preventing Stakeholders from Having Common Information and Shared Understanding.
- Establishing Mechanisms to Share Client Level Data, While Respecting and Protecting Individual's Privacy Rights, Would Benefit Service Access and Quality.
- Coordination Works Best When Relationships Already Exist.
- Families are Often Overwhelmed and Under-resourced in Supporting their Children with Mental Health Concerns.
- Youth are Seeking Greater Voice and More Peer Support as Part of Their Mental Health Journey.

Based on these findings, the Advisory Committee and County established five goals to guide collective efforts through 2025:

- Invest in Innovative Practices and Approaches that Improve Service Access and System Capacity.

Actions: Continuation of the Workforce Development Subcommittee, with the purpose of supporting the system of care through enhancement of workforce development and diversity within Chester County, specifically working with high school, college, and university students to increase their awareness and enhance their knowledge of careers in the mental health profession.

In addition, DHS created the Community Training Series. These 26 trainings have been designed to further enhance the behavioral health workforce for County and provider staff to support their continued growth in the profession. Specifically, the series aims to serve as a valuable resource to:

- Enhance the competencies of residential staff to support individuals within the community working towards independence
- Expand training for clinicians around evidence-based practices
- Support case managers in fostering independence and empowerment
- Build competencies within the community social service agencies.

- Establish a Data and Information Sharing Initiative that Consolidates, Coordinates, and Integrates Individual and Population Data to Drive System Planning.

Actions: The County underwent an extensive assessment process surrounding the needs of the community in terms of Information & Referral access and

resources, conducted by Capacity for Change, a consulting firm. The recommendations were made to establish a comprehensive Contact Center that encompasses Information & Referral line, community navigators, and co-located with Behavioral Health Crisis Line services, creating a no wrong door approach for community members.

- Implement a County Strategy for Mental Health Prevention that Includes Evidence-Based and Evidence-Informed Programs, Public Awareness and Education, and Professional Development.

Actions: Throughout 2022 the formation of a Chester County Youth Mental Health & Suicide Prevention Initiative, chaired by Rep. Christina Sappey in collaboration with Chester County officials/ departmental representatives, the Chester County Intermediate Unit, School District Superintendents, and the local delegation, the collaborative had taken on the role of ensuring continued momentum toward identification and action on short- and longer-term solutions. The following workgroups were convened to develop action steps and strategies:

Work group: Mental Health Professional Shortage: Filling the Gaps

Work group: Embedding Crisis Counselors in Schools

Work group: Establishing In-County Inpatient Care Center(s)

Work group: Creating Family and Community Partnerships

Final Report published in January 2023 with recommendations of need.

- Further Engage, Empower, and Support School Districts to Serve as Key Partners in the Identification, Assessment, Treatment, and Support of Children and Adolescents with Mental Health Concerns.

Actions: Throughout 2022-2023 participated in the UPenn Mental Health and Optimal Development Consortium with participating school districts to establish strategic plans to support the mental health needs of students within their district. See link for more information:

<https://cciu.instructure.com/courses/609/pages/consortium-newsletter>

Launched school-based initiatives as pilot programs with receptive districts and scale based on demonstrated success while also promoting a community school model that integrates social and support services in school settings. Education on how to access community-based services, parent education, engagement,

crisis intervention and support come through discussion and plan development through partnerships with the school districts, Question, Persuade, and Refer (QPR) and the Student Assistance Program (SAP) & District Council Trainings.

- Strengthen Workforce Development Efforts to Ensure Consistent Application of Evidence-Based/Evidence-Informed Practices and High-Quality Services, Continuity of the Professional Workforce, and Support for Allied Professionals Acting in Child Serving Roles Across the County.

Actions: Establishment of workgroup focused on evidence-based practices and increasing training opportunities to enhance clinical competencies across the provider network. Through collaboration with the Adverse Childhood Experiences (ACEs) Coalition, the community and provider network has been offered trainings related to the lasting impact of Covid-19 and racial/social injustices, healing workshops, and a number of trainings related to compassion fatigue, and an Intro to Trauma and Trauma-Informed Care. The Department of Human Services Training Series with the support of Drexel University and the Chester County Suicide Prevention Task Force offers training focused on the connections between suicide and trauma, specifically, how trauma is a risk factor of suicide, how to prevent suicide and trauma, as well as discussing the trauma of losing someone to suicide.

Key results that the County strives to achieve as a result of this plan include:

- Increased awareness of and access to services
- Increased quality of services and utilization of evidence-based interventions
- Improved coordination between and across levels of care
- Expanded supports for children, parents, and providers.
- Improved clinical outcomes and child well-being.
- Increased satisfaction among families and providers

- b. Timeline: July 1, 2023 – June 30, 2024 (provide a quarterly breakdown of priority; activities, goals, and deliverables) see above
- c. Fiscal and Other Resources: HSBG, Reinvestment, others as identified
- d. Tracking Mechanism: Children’s Mental Health Leadership Group bi-monthly meetings, Workforce Workgroup meetings with local higher education institutions and high schools.

Chester County MH/IDD maintains an ongoing spreadsheet with the various priorities and action steps (available upon request)

5. Stepping Up Initiative

Continuing from prior year New Priority

a. Narrative including action steps:

Chester County's participation in Stepping Up, a National Initiative to reduce the number of individuals with mental illness in jail, was a natural outgrowth of our diversion efforts and partnership with the criminal justice system. Over the course of the last year, Chester County was recognized as an Innovator County, meeting the three components: 1. Comprehensive definition of Serious Mental Illness that is used throughout the County, 2. Comprehensive mental health screening at the time of booking in our Prison, 3. Integrated data site that brings together multiple data from different Departments throughout the County for analysis of our Stepping Up Goals. As an Innovator County we have been asked to speak at several Statewide meetings to share insights on our Stepping Up Initiative.

Since the inception the Stepping Up Initiative has:

- Developed and implemented a Crisis Intervention Team (CIT) training that aligns with the National Model, offering additional modules specific to Chester County. These include Mental Health First Aid, Question, Persuade, Refer, Hearing Distressing Voices, and a Voices of the Community panel. The goal of CIT is to offer law enforcement officers the skills to de-escalate and protect the safety and dignity of the individual and officer. An additional benefit is diversion of individuals committing low-level offenses from incarceration into treatment as well as protecting the safety and dignity of the individual. Over the course of the program, we were able to train 250 local law enforcement and correctional officers in Chester County. CIT training will continue to be offered semi-annually and will offer continuing educational opportunities for CIT officers throughout the year.
- Been awarded a PCCD grant for a Mental Health Assessor position at the Magisterial District Justice level. This program is being piloted across 5 District Courts, where we will collect data related to referrals, assessment outcomes, and connection to services, to determine the program success and potential expansion. This program supports diversion at Intercept 2 of the criminal justice system, offering community tenure with appropriate resources and referrals in place. This is a 2-year grant and pilot project.

- Developed and implemented, as an adjunct to the CIT training, Mental Health/Crisis Response Training for 911 Dispatchers. We have currently trained all dispatchers to date and will plan another training in the Fall of 2023 capture new dispatchers/staff.
 - Developed and implemented a Mental Health Responder Training to support the needs of Emergency Medical Technicians (EMT), which was piloted with Good Fellowship Ambulance (EMS). As a result of continued community outreach the program has expanded the EMT training to other Emergency Response Companies throughout Chester County. Specific EMT training will be offered 2-3 times per year throughout the County in order to reach all EMT locations. These trainings are offered in coordination with Community Core Providers, Chester County Hospital, and Valley Creek Crisis Center throughout the year. We have completed 3 EMT specific Mental Health/Crisis Response Trainings to date. We will be offering 2 more EMT trainings in 2023.
 - Mental Health Diversion Specialist/CIT Coordinator continues to network throughout Chester County by providing presentations on CIT and the Stepping Up Initiative.
 - Been awarded a PCCD grant for a Cross Systems Coordinator to assist individuals with complex needs through a partnership with the Departments of Aging, Drug & Alcohol, Community Development, Human Services, Managed Behavioral Health, and Chester County Prison. This position is a re-entry coordination role to ensure that all individuals identified and referred are connected to the necessary services and supports for a successful community transition. This is a 2-year grant. We are currently in year two (2) of the grant and continue to work closely with County Stakeholders on implementation and data analysis of this role.
- b. Timeline: July 1, 2023 – June 30, 2024 (provide a quarterly breakdown of priority; activities, goals, and deliverables) see below
- c. Fiscal and Other Resources: HSBG, PCCD Grant, PRA Forensic Funds
- d. Tracking Mechanism: Annual Contract Oversight Data Inventory (contract expectations and deliverables are reviewed along with record reviews are conducted between Sept-Dec 2023), Criminal Justice Advisory Board Stepping Up Committee Meetings (bi-monthly), CIT Steering Committee Meetings (bi-monthly), Mental Health Court Meetings (bi-weekly), Stepping Up Technical Assistance Meetings (bi-monthly), PCCD Grant Reporting

*At these meetings program and development progress is reviewed, establishing next steps for each workgroup to cover needs along the continuum of the Sequential Intercept Model.

d) Strengths and Needs by Service Type:

1. Describe telehealth services in your county:

a. How is telehealth being used to increase access to services?

Chester County Providers have increased utilization of telehealth services across the spectrum, and in alignment with the OMHSAS Bulletins and waivers granted during the pandemic. Through utilization of telehealth services our Outpatient Providers experienced an 85-90% show rate as compared to 60-70% pre-pandemic show rate. These services range from therapies, groups, medication management, psychiatric evaluation, crisis intervention, and general support. Chester County covers a large geographic area with limited transportation options, which had been a barrier to accessing care, therefore the expansion of telehealth services has created a greater connection for those living in remote locations affording more readily accessible services.

b. Is the county implementing innovative practices to increase access to telehealth for individuals in the community? (For example, providing technology or designated spaces for telehealth appointments)

Not at this time

2. Is the county seeking to have service providers embed trauma informed care initiatives (TIC) into services provided?

Yes No

If yes, please describe how this is occurring. If no, indicate any plans to embed TIC in FY 23-24. (Limit of 1 page)

Chester County MH/IDD, as a member of the Chester County Criminal Justice Advisory Board, participated in a Trauma Responsive Assessment Project. This was a great opportunity for the department to not only become more trauma informed, but to assess our organizational responsiveness to trauma and build practices, policies, and approaches to better serve the members of our community. This was a time-limited project with 3 Phases:

PHASE 1: TRAUMA TRAINING (COMPLETE by 8/5/22): for agency staff to establish a foundational understanding of trauma and its impacts, the neurobiology of trauma and resilience, and the core principles of trauma informed/trauma responsive practices.

PHASE 2: OVERALL AGENCY ASSESSMENT (COMPLETE by 8/19/22): SurveyMonkey “Trauma Informed Organizational Assessment” (TIOA) to gather agency staff feedback on extent to which agency currently meets SAMHSA’s Guiding Principles of Trauma Informed Care.

PHASE 3: POLICY/PRACTICE REVIEW (COMPLETE by 9/23/22): Facilitated “Putting It Into Practice” (PIIP) sessions with agency staff to brainstorm about current agency policies, procedures, programs, and aspects of physical environment that may be re-traumatizing to staff and/or clients, and to identify things that the agency could start, stop, continue, or change to better align with trauma informed principles.

These trainings will be made available to the Mental Health Provider network at no cost.

As a Criminal Justice Advisory Board, we have established a Trauma Subcommittee to explore additional educational opportunities, practices, and policy to put into practice a trauma informed and responsive approach across the criminal justice system.

At the provider level we have engaged in training and supporting the following Evidence-Based Trauma Treatment Practices:

- Trauma Focused Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- TREM

Chester County MH/IDD, as a member of the Chester County ACEs Coalition Leadership Team, participated in monthly Team meetings to help plan activities, events, campaigns, and additional connections, and the development of a Strategic Plan for the Coalition. The community/provider trainings below were offered throughout the FY22/23.

- Trauma & Resilience 101
- Connections: Trauma & Suicide
- “Resilience” Film Screening & Panel Discussion
- Compassion Fatigue, Burnout, and Importance of Self-Care
- Building Resilience in the Classroom
- Screening for ACE’s

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

Yes No

If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of plans to implement CLC trainings in FY 23-24.

Community Care recently received a Health Equity Accreditation from NCQA for continued work on Social and Racial Justice. Community Care has an internal Provider Professional Development workgroup to plan and develop social and racial justice webinars presented to providers across all levels of care and all contracts. During 2022, the Provider Professional Development workgroup offered the following trainings:

- April 2022 Race, Incarceration, and Stigma Training
- June 2022 Making the Unconscious Conscious Through Cultural Humility
- July 2022 All These 'isms: Understanding Privilege, Power, & Oppression in Professional (and Personal) Relationships
- September 2022 Cultural Competence for Leadership in Healthcare
- October 2022 Intersectionality: Identity Matters

In 2023, the Provider Professional Development workgroup has identified the following training schedule for providers across all contracts:

- February 2023 Addressing Disparities in Diagnosis and Treatment in Child Psychiatry
- May 2023 Recruiting and Retaining a Diverse Workforce
- June 2023 Sexual Orientation, Gender Identity & Expression
- July 2023 Our HAIR Project Panel Presentations
- September 2023 Adolescents, Intergenerational Trauma & SUD
- October 2023 Creating Welcoming Services for LGBTQ Individuals and Families

Additionally, Chester County partners facilitated by Community Care Behavioral Health convened a Spanish Speaking Focus Group. The intention of the short-term focus group was to identify resources, trainings, and strategies to promote culturally and linguistically appropriate encounters. Two recommendations came out of the focus group discussions:

- Providers need cultural training to effectively engage with Hispanic and Latinx clients.
- Spanish speaking classes are not sufficient to overcome linguistic barriers. Clinicians must be fluent in Spanish, preferably Spanish as a first language, to provide linguistically appropriate encounters. If clinicians are not fluent in Spanish, the use of interpreter services is required.

An additional resource from Mental Health Technology Transfer Center Network [Products & Resources Catalog | Mental Health Technology Transfer Center \(MHTTC\) Network](#)

mhttcnetwork.org) has since become available. MHTTC recently offered the following webinar series (recordings are available on the MHTTC homepage):

1. Increasing Cultural Connection with Hispanic and Latinx Clients: Assessing the Cultural Adaptation Needs of the Organization and Clinician
2. Increasing Cultural Connection with Hispanic and Latinx Clients: Incorporating Strategies to Effectively Engage Hispanic and Latinx Clients
3. Enhancing Mental Health Services for the Hispanic and Latinx Community

4. Are there any Diversity, Equity, and Inclusion (DEI) efforts that the county has completed to address health inequities?

Yes No

If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY 23-24.

Please see the description above for Cultural and Linguistic Competence Training as it includes diversity, equity, and inclusion efforts.

5. Does the county currently have any suicide prevention initiatives which addresses all age groups?

Yes No

If yes, please describe the initiatives. If no, counties may describe plans to implement future initiatives in the coming fiscal year.

Chester County's Suicide Prevention Task Force (CCSPTF) has worked closely with Chester County MH/IDD to reduce suicide since 2005. This mostly volunteer organization has the mission to prevent suicide through education and increased awareness. The organization currently has a distribution list of 225 members and 13 members of the leadership team. In 2022, the organization applied for and was awarded \$240,000 in American Rescue Plan Act (ARPA) funding to be distributed over three years. This award will fund hiring a full-time Executive Director at \$70,000 annually, and \$10,000 annually for organization expenses. In addition, CCSPTF is in the process of obtaining a 501c3 designation as a non-profit organization.

The general membership meets quarterly, the leadership team meets monthly, and a Care Team meets as needed for outreach projects. These groups are comprised of representatives from various County Departments of Human Services and Valley Creek Crisis Intervention, Chester County Intermediate Unit, local hospitals, survivors of loss, and other community stakeholders.

The CCSPTF outreach efforts in 2022 included:

- Delivered 19 QPR (Question, Persuade, Refer) trainings in the community and in partnership with Chester County Hospital. With continued concerns from the COVID-19 pandemic, some classes were virtual.
- Collaborated with the Chester County Health Department on the Safe and Healthy Community Grant, which will earn CCSPTF up to \$6,000 for delivery of 1 QPR trainer class and 5 additional classes before July 1, 2023.
- Supported the delivery of QPR trainings in 8 area schools in partnership with the Chester County Intermediate Unit to train almost 2,000 students.

The CCSPTF Care Team continued providing outreach with about a dozen volunteers. The team, launched in February 2021, was created with the simple idea that even brief interventions and acts of kindness can be effective tools for suicide prevention. Research shows that a caring note or call can have significant impact on our wellbeing. The outreach projects included a postcard campaign in May and a “Carnation Day” event, where volunteers distributed hundreds of carnations and thank-you notes to Chester County Hospital employees and manned resource tables in June.

- Held a Liv-Live musical concert at Chaplin’s Music Café in April as an opportunity for youth to participate in an awareness event. More than 70 students attended and performed. The event raised more than \$400.
- Created a Youth Council for local students to be more involved in suicide prevention activities and to apply for a \$1,000 CCSPTF Scholarship. Applications were reviewed and the scholarship was awarded to a senior from Downingtown STEM High School in June.
- Held a Suicide Prevention Campaign during September, National Suicide Prevention Month. Activities included distribution lawn signs, window clings and information about supportive activities and other messages on social media and disseminated by members. A highlight for the observance was the screening of a Ken Burns documentary that explores America’s mental health crisis through the eyes of more than twenty young people and the providers, advocates, family, and friends who support them. The event, which included a panel discussion following the screening, was held in collaboration with the Chester County Intermediate Unit.
- Began having educational/informational speakers and activities during the quarterly meetings for the community. Collaborated with the Chester County ACEs Coalition to create and deliver an hour and a half presentation about

Trauma and Suicide. Among the audiences was the Chester County Probation Department.

6. Individuals with Serious Mental Illness (SMI): Employment Support Services

The Employment First Act (Act 36 of 2018) requires county agencies to provide services to support competitive integrated employment for individuals with disabilities who are eligible to work under federal or state law. For further information on the Employment First Act, see [Employment-First-Act-three-year-plan.pdf \(pa.gov\)](#)

a. Please provide the following information for your County MH Office Employment Specialist single point of contact (SPOC).

- Name: Julie Gentile
- Email address: jgentile@chesco.org
- Phone number: 610-344-4703

b. Please indicate if the county **Mental Health office** follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):

Yes No

Please complete the following table for all supported employment services provided to **only** individuals with a diagnosis of Serious Mental Illness.

Previous Year: FY 22-23 County Supported Employment Data for ONLY Individuals with Serious Mental Illness		
<ul style="list-style-type: none"> • Please complete all rows and columns below • If data is available, but no individuals were served in a category, list as zero (0) • Only if no data available for a category, list as N/A <p><i>Include additional information for each population served in the Notes section. (For example, 50% of the Asian population served speaks English as a Second Language, or number served for ages 14-21 includes juvenile justice population).</i></p>		
Data Categories	County MH Office Response	Notes
i. Total Number Served	10	
ii. # served ages 14 up to 21	1	
iii. # served ages 21 up to 65	7	2 older – 68 and 70
iv. # of male individuals served	9	
v. # of female individuals served	1	
vi. # of non-binary individuals served	0	
vii. # of Non-Hispanic White served	8	
viii. # of Hispanic and Latino served	0	
ix. # of Black or African American served	1	
x. # of Asian served	1	
xi. # of Native Americans and Alaska Natives served	0	
xii. # of Native Hawaiians and Pacific Islanders served	0	
xiii. # of multiracial (two or more races) individuals served	0	
xiv. # of individuals served who have more than one disability	0	

xv. # of individuals served working part-time (30 hrs. or less per wk.)	4	
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	1	
xvii. # of individuals served with lowest hourly wage (i.e.: minimum wage)	N/A	Lowest hourly earned wage was \$16
xviii. # of individuals served with highest hourly wage	N/A	Highest hourly earned wage was \$19
xix. # of individuals served who are receiving employer offered benefits (i.e., insurance, retirement, paid leave)	1	

7. Supportive Housing:

- a. Please provide the following information for the County MH Office Housing Specialist/point of contact (SPOC).

Name: Brandon Benn
Email address: bbenn@chesco.org
Phone number: 610-344-6071

DHS’ five-year housing strategy, [Supporting Pennsylvanians Through Housing](#) is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing. This comprehensive strategy aligns with the Office of Mental Health and Substance Abuse Services (OMHSAS) planning efforts, and OMHSAS is an integral partner in its implementation.

Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be, or at risk of, experiencing homelessness.

Supportive Housing Activity to include:

- *Community Hospital Integration Projects Program funding (CHIPP)*
- *Reinvestment*
- *County Base funded*
- *Other funded and unfunded, planned housing projects*

- i. Please identify the following for all housing projects operationalized in SFY 22-23 and 23-24 in each of the tables below:

- Project Name
- Year of Implementation
- Funding Source(s)

- ii. Next, enter amounts expended for the previous state fiscal year (SFY 22-23), as well as projected amounts for SFY 23-24. If this data isn't available because it's a new program implemented in SFY 23-24, do not enter any collected data.
- Please note: Data from projects initiated and reported in the chart for SFY 23-24 will be collected in next year's planning documents.

1. Capital Projects for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.				
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15–30-year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex).								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (Including grants, federal, state & local sources)	4. Total Amount for SFY 22-23 (only County MH/ID dedicated funds)	5. Projected Amount for SFY 23-24 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Targeted BH United	9. Term of Targeted BH Units (e.g., 30 years)
Delaware Valley Housing Corporation-Red Clay Manor	2014	HealthChoices Reinvestment Supportive Housing Plan	360,000	360,000	4	4	4	30 years
Willows at Valley Run Ingerman	2020	HealthChoices Reinvestment Supportive Housing Plan	600,000	600,000	0	6	8	40 years
PennRose Properties Fairview Village Liberty House	2019	HealthChoices Reinvestment Supportive Housing Plan	375,000	0	2 Liberty House	5 (2 Liberty House & 3 Fairview Village)	5	30 years
Totals			375,000	0	2	9	21	
Notes:								

2. Bridge Rental Subsidy Program for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.					
Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY 22-23	10. Number of Individuals Transitioned to another Subsidy in SFY 22-23
N/A									
Totals									
Notes:	This project is not currently being funded.								

3. Master Leasing (ML) Program for Behavioral Health	Check box <input type="checkbox"/> if available in the county and complete the section.
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Leasing units from private owners and then subleasing and subsidizing these units to consumers.

1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY 22-23	10. Average Subsidy Amount in SFY 22-23
Master Leasing Program	2013	HealthChoices Reinvestment Supportive Housing Plan	213,104.32	229,839.64	20	16+	2	13	300.00/month
Totals			213,104.32	229,839.64	20	16+	2	13	300.00/month

Notes:	
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4. Housing Clearinghouse for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.				
An agency that coordinates and manages permanent supportive housing opportunities.								
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23		7. Projected Number to be Served in SFY 23-24	8. Number of Staff FTEs in SFY 22-23
Housing Clearinghouse (Mental Health Housing Coordinator)	2009	HealthChoices Reinvestment Supportive Housing Plan	75,346.37	75,346.37	N/A		N/A	1 FTE
Totals			75,346.37	75,346.37	N/A		N/A	1 FTE
Notes:								

5. Housing Support Services (HSS) for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.				
HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23		7. Projected Number to be Served in SFY 23-24	8. Number of Staff FTEs in SFY 22-23
Housing Support Services	2009	HealthChoices Reinvestment Supportive Housing Plan	197,768	295,000.00	42		42	9
Housing Support Services	2006	County MH/IDD	163,913.00	173,760.00	47		47	9
Totals			361,681	468,760	89		89	18
Notes:								

6. Housing Contingency Funds for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.				
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23		7. Projected Number to be Served in SFY 23-24	8. Average Contingency Amount per person
Housing Contingency Funds (HCF)		HealthChoices Reinvestment Supportive Housing Plan	304,000	304,000	95		95	\$1,500, but some exceed due to hotel respite funds.
Totals			304,000	304,000	95		95	\$1,500, but some exceed due to hotel respite funds.
Notes:								

7. Other: Identify the Program for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.			
<p>Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; Fairweather Lodge (FWL) is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; CRR Conversion (as described in the CRR Conversion Protocol), other.</p>							
1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23		7. Projected Number to be Served in SFY 23-24
N/A							
Totals							
Notes:							

e) Certified Peer Specialist Employment Survey:

Certified Peer Specialist” (CPS) is defined as: A credential for individuals with personal, lived experience in their own mental health recovery. By offering insight into the recovery process based on their own experience, peer specialists are able to provide a unique perspective while providing peer support services. This credential is for persons with serious mental health or co-occurring (mental health & substance use disorder) lived experience.

This formal certification will be necessary to provide Medicaid billable peer support services.

In the table below, please include CPSs employed in any mental health service in the county/joinder including, but not limited to:

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- HealthChoices peer support programs
- consumer-run organizations
- residential settings
- ACT or Forensic ACT teams

County MH Office CPS Single Point of Contact (SPOC)	Name: Julie Gentile Email: jgentile@chesco.org Phone number: 610-344-4703
Total Number of CPSs Employed	58
Average number of individuals served (ex: 15 persons per peer, per week)	8
Number of CPS working full-time (30 hours or more)	33
Number of CPS working part-time (under 30 hours)	25
Hourly Wage (low and high), seek data from providers as needed	\$16.00- low \$19.00 high
Benefits, such as health insurance, leave days, etc. (Yes or No), seek data from providers as needed	Full time - Yes
Number of New Peers Trained in CY 2022	8 CPS and 7 CRS

f) Existing County Mental Health Services

Please indicate all currently available services and the funding source(s) utilized.

Services by Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Adult	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Child/Youth	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Assertive Community Treatment (ACT) or Community Treatment Team (CTT)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Evidence-Based Practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Telephone Crisis Services		
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment-Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Children’s Psychosocial Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility-Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator’s Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Consumer-Driven Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Behavioral Health Rehabilitation Services for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient Drug & Alcohol (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient Drug & Alcohol Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

Note: HC= HealthChoices

g) Evidence-Based Practices (EBP) Survey

Please include both county and HealthChoices funded services.

(Below: if answering Yes (Y) to **#1. Service available**, please answer questions #2-7)

Evidenced-Based Practice	1. Is the service available in the County/ Joinder? (Y/N)	2. Current number served in the County/ Joinder (Approx.)	3. What fidelity measure is used?	4. Who measures fidelity? (agency, county, MCO, or state)	5. How often is fidelity measured?	6. Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	7. Is staff specifically trained to implement the EBP? (Y/N)	8. Additional Information and Comments
Assertive Community Treatment	Y	70						
Supportive Housing	Y	225						
Supported Employment	Y	13						8 Currently Employed
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Y							
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	Y	5						
Multisystemic Therapy	Y	25						
Functional Family Therapy	N							
Family Psychoeducation	Y	121						

SAMHSA’s EBP toolkits: <https://store.samhsa.gov/product/Supported-Education-Evidence-Based-Practices-EBP-KIT/SMA11-4654>

h) Additional EBP, Recovery-Oriented and Promising Practices Survey:

- Please include both county and HealthChoices funded services.
- Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.

(Below: if answering yes to #1. **service provided**, please answer questions #2 and 3)

Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	451	
Compeer	Yes	47	
Fairweather Lodge	No	N/A	
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	92	CPS offered at 4 Adult Core Providers. Holcomb- Warm line calls 5,659 calls.
CPS Services for Transition Age Youth (TAY)	No		6 older OA / TAY
CPS Services for Older Adults (OAs)	Yes		
Other Funded CPS- Total**	Yes		CPS offered at 4 Adult Core Providers
CPS Services for TAY	No		
CPS Services for OAs	Yes		
Dialectical Behavioral Therapy	Yes	12	
Mobile Medication	Yes	61	
Wellness Recovery Action Plan (WRAP)	Yes		
High Fidelity Wrap Around	No		
Shared Decision Making	Yes	2745	Offered at 3 Adult Core Providers
Psychiatric Rehabilitation Services (including clubhouse)	Yes	73	
Self-Directed Care	No		
Supported Education	Yes		
Treatment of Depression in OAs	Yes	154	
Consumer-Operated Services	Yes		
Parent Child Interaction Therapy	Yes	1	Low Service provision Due to staffing
Sanctuary	No		
Trauma-Focused Cognitive Behavioral Therapy	Yes	5	Low Service provision Due to staffing
Eye Movement Desensitization and Reprocessing (EMDR)	Yes		
First Episode Psychosis Coordinated Specialty Care	Yes	23	
Other (Specify)			

Reference: Please see SAMHSA’s National Registry of Evidenced-Based Practices and Programs for more information on some of the practices: [Resource Center | SAMHSA](#)

i) Involuntary Mental Health Treatment

1. During CY 2022, did the County/Joinder offer *Assisted Outpatient Treatment (AOT) Services* under PA Act 106 of 2018?
 - No, chose to opt-out for all of CY 2022
 - Yes, AOT services were provided from: _____ to _____ after a request was made to rescind the opt-out statement
 - Yes, AOT services were available for all of CY 2022

2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY 2022 (check all that apply):
 - Community psychiatric supportive treatment
 - ACT
 - Medications
 - Individual or group therapy
 - Peer support services
 - Financial services
 - Housing or supervised living arrangements
 - Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
 - Other, please specify: _____

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY 2022:
 - a. Provide the number of written petitions for AOT services received during the opt-out period. 0
 - b. Provide the number of individuals the county identified who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c)). 0

4. Please complete the following chart as follows:
 - a. Rows I through IV fill in the number
 - i. **AOT services column:**
 - 1) Available in your county, BUT if no one has been served in the year, enter 0.
 - 2) Not available in your county, enter N/A.
 - ii. **Involuntary Outpatient Treatment (IOT) services column:** if no one has been served in the last year, enter 0.

b. Row V fill in the administrative costs of AOT and IOT

	AOT	IOT
I. Number of individuals subject to involuntary treatment in CY 2022	N/A	355
II. Number of involuntary inpatient hospitalizations following an IOT or AOT for CY 2022	N/A	54
III. Number of AOT modification hearings in CY 2022	N/A	
IV. Number of 180-day extended orders in CY 2022	N/A	200
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2022	N/A	\$1,351,917

j) Consolidated Community Reporting Initiative Data reporting

DHS requires the County/Joinder to submit a separate record, or "pseudo claim," each time an individual has an encounter with a provider. An encounter is a service provided to an individual. This would include, but not be limited to, a professional contact between an individual and a provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the DHS with accurate and complete encounter data. DHS' point of contact for encounter data will be the County/Joinder and no other subcontractors or providers. It is the responsibility of the County/Joinder to take appropriate action to provide DHS with accurate and complete data for payments made by County/Joinder to its subcontractors or providers. DHS will evaluate the validity through edits and audits in PROMISE, timeliness, and completeness through routine monitoring reports based on submitted encounter data.

File	Description	Data Format/Transfer Mode	Due Date	Reporting Document
837 Health Care Claim: Professional Encounters v5010	Data submitted for each time an individual has an encounter with a provider. Format/data based on HIPAA compliant 837P format	ASCII files via SFTP	Due within 90 days of the county/joinder accepting payment responsibility; or within 180 calendar days of the encounter	HIPAA implementation guide and addenda. PROMISE™ Companion Guides

❖ Have all available claims paid by the county/joinder during CY 2022 been reported to the state as an encounter? Yes No

k) Provide a brief narrative as to the services that would be expanded or new programs that would be implemented with increased base funding?

Chester County MH/IDD has identified several expansions and new programs that we need to establish:

- Expansion of the Assertive Community Treatment program has recently established to a full team model. Currently our County has dedicated funding to serve up to 14 individuals, however, with the expansion there is a need to expand the number of County funded individuals to up to 28 at an annualized cost of \$302,736.
- Based on a current waitlist (23) for Mental Health Housing Options in Chester County, there is an ongoing and growing need to establish additional programming for individuals in our community at an annualized cost of \$ 3,075,954.
- Crisis System Planning has led to an increasing cost to support the new model recommended. This model encompasses a Contact Center that incorporates 988/Telephone Crisis, Mobile Dispatch, and Information and Referral Navigators, and a new Technology/Software Platform & new programming of dedicated Mobile Crisis Response Teams. These new developments are currently being supported through current HSBG and County ARPA funding but will require sustainable funding to maintain the level of services at an approximate annual cost of approximately \$4,000,000.
- Mental Health Assessor Program is a forensic diversionary program that supports Magisterial District Courts by offering the opportunity to make a referral for a mental health assessment for any individual presenting with a mental health/substance needs. This program has been supported by a PCCD grant and currently operates in 8 of the 16 District Courts. Sustainable annualized funding of \$200,000 is needed to continue and expand the program across the County.

Part IV: Substance Use Disorder Services

Current Substance Use Service System

The following services comprise the substance use service system in the County. The Single County Authority (SCA) contracted services are noted in the descriptions. Asterisks (**) indicate services available for all residents regardless of funding source.

Prevention Services**

Prevention services (school and community based) are provided by contracted Prevention providers and four community coalitions. Services are provided at the community, school, family, or individual level and include technical assistance and resources to community groups and schools, information, and strategies for parents, as well as services which promote social emotional learning skills for youth, such as building self-esteem, developing strong decision-making skills, and learning how to use effective coping strategies.

Intervention Services**

- School-based Intervention services, utilizing Student Assistance Programs, are provided to schools/school districts in the County through a contracted provider.
- Community based Intervention services are available through five contracted outpatient providers.

Treatment Services

Outpatient/Intensive Outpatient**

Services are provided by five contracted providers located geographically throughout the County. These same providers are also the primary "points of entry" for the County funded treatment system. Besides conducting clinical assessments and admitting individuals into their own services, they help arrange funding and admission to other/higher levels of care. All providers are contracted to prescribe and administer Vivitrol with specific sites also able to prescribe and administer buprenorphine-based medications.

Specialty Outpatient**

Two contracted programs provide specialized services. One provides Medication Assisted Treatment, including Methadone Maintenance Treatment (MMT). The other provides treatment services for adolescents.

Partial Hospitalization**

Services are provided at two in-county contracted programs, one serving adults the other serving adolescents.

Inpatient Treatment Services**

The full continuum of residential services is provided for SCA funded clients through 60+ contracted programs. Services include hospital based and non-hospital detox, short- and long-term rehab, and halfway houses. Specialty programs include those for women only, pregnant women and/or women with children, adolescents, co-occurring (Mental Health/Drug and Alcohol), and Spanish speaking.

Six residential programs are in the County and serve Medicaid and/or insured/self-pay clients.

Family Counseling**

All County funded providers can provide family counseling services. Co-dependency Counseling services are available at all outpatient sites.

Case Management

The Department provides case management services which assists identified individuals, particularly those involved in residential treatment services, connect to needed ancillary services. Case management ensures continuity of care and assists with access to needed support resources.

Additionally, all five contacted Outpatient Providers have a cost reimbursed Administrative Case Manager to assist individuals connect with needed community resources.

Information and Referral Line**

Services are funded through a contracted provider and include drug and alcohol information and referral services for citizens of Chester County.

Recovery Support Services

Housing**

Recovery House services are provided by several contracted houses, located in and outside of the County.

Certified Recovery Specialists**

Services are currently provided through a contracted provider. Referrals are received from substance use disorder treatment providers as well as various other community organizations. CRS services are then provided in the community, based on client needs.

Please provide the following information:

Waiting List Information:

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	0	0
Medically-Managed Intensive Inpatient Services	0	0
Opioid Treatment Services (OTS)	0	0
Clinically-Managed, High-Intensity Residential Services	0	0
Partial Hospitalization Program (PHP) Services	0	0
Outpatient Services	0	0
Other (specify) Spanish Assessments	0	0

*Average weekly number of individuals

**Average weekly wait time per person

1. **Overdose Survivors’ Data:** Please describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in the county. Please indicate if a specific model is used and provide the following data for the State Fiscal Year 2022—2023.

The Chester County Department of Drug and Alcohol Services (CCDDAS) has contracted with a provider (Holcomb Behavioral Health) to work with substance use disorder overdose survivors receiving services at our three (3) local hospital emergency departments (ED). The provider is using an innovative community outreach approach utilizing an on-call Engagement Team comprised of a Project Coordinator/Navigator and Certified Recovery Specialists that provide one-on-one support for both overdose survivors and their accompanying family/friends to help the survivor enter treatment or move towards the decision to enter treatment.

The engagement team, which is available 24/7, responds to all inquiries/requests for assistance from the identified hospital sites via a dedicated phone line. Staff will arrange to meet the overdose survivor (client) at the ED within one hour of receiving the call and work to engage the client and family in accessing treatment and link the individual to needed ancillary services including Medical Assistance benefits. The team will work with relevant payors and facilitate a referral to treatment directly from the ED. They will also coach and mentor during the early phases of recovery and continue working with the client as they progress through their treatment episode and return to the community utilizing weekly and monthly Recovery Management Checkup calls. If a client refuses treatment or leaves the ED against medical advice, with the patient’s or family member’s consent, the hospital staff can contact the provider, and the on- call/engagement team member will reach out immediately, if possible, or within 24 hours of contact to try to engage the client. The provider will also train hospital staff on resources including community support systems to share with clients and their families/friends.

Additionally, the engagement team will obtain client permission and provide information and support to their family, as appropriate, even if the client refuses treatment. All family members and friends will be provided with an overdose fact card that contains information about opiates, overdose and Naloxone/Narcan. They will also be offered Narcan and relevant information on its use. Staff will provide supportive services for the family, provide basic substance use disorder education, and provide follow-up calls to family members/friends as appropriate.

# of Overdose Survivors	# Referred to Treatment	Referral Method(s)	# Refused Treatment
584	577	Warm Hand-Off	168

1. **Levels of Care (LOC):** Please provide the following information for the county’s contracted providers.

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In- County	# of Co- Occurring/Enhanced Programs
4 WM	1	0	0
4	1	0	0
3.7 WM	24	1	N/A
3.7	9	1	5
3.5	44	3	14
3.1	17	0	0
2.5	3	3	0
2.1	6	6	0
1	6	6	0

2. **Treatment Services Needed in County:** Please provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services. Include any expansion or enhancement plans for existing providers and any use of HealthChoices reinvestment funds to develop new services.

Medication Assisted Treatment (MAT)

The Department has one initiative planned or being considered related to MAT. One is Expanding MAT services for all outpatient providers to continue use of Vivitrol along with the addition of Sublocade and Suboxone.

Certified Recovery Specialist

We have identified additional Certified Recovery Specialist Services as a need in the county to provide peer support and access to treatment/recovery services and other

supports. The County works to promote a strong affiliation with the county HealthChoices program. The SCA and HealthChoices provider continue to support the ongoing development and expansion of the Peer Support Expansion Initiative (PSEI). An initiative that started several years ago, the PSEI team provides both a “core” and “enhanced” training for the Certified Peer Support (CPS) and Certified Recovery Specialists (CRS) students and can place them with mental health or substance use disorder providers as part of an extended learning/mentoring process. Furthermore, the PSEI team organized job fairs with providers to meet the students and determine which student and agency may work best together.

Affordable Housing

Currently there is a very limited affordable housing option in Chester County. This clearly impacts individuals in early recovery who do not have the financial means or ability to secure housing. Our plans to enhance housing options include continuing to collaborate with the Chester County Departments of Mental Health/Intellectual and Developmental Disabilities (MH/IDD), Community Development, Human Services, and Aging to explore permanent housing solutions for persons dealing with behavioral health issues (which includes recovery from substance abuse disorders). The SCA also participates in multiple housing efforts to advocate for individuals with substance use disorders in seeking safe and affordable housing using existing resources within the County network.

The County also has very little recovery-based housing available. We have been working with various partners, and through the use of some HealthChoices reinvestment funds have been able to assist in opening of a new recovery house (2-unit, housing 10-16 individuals) in Chester County.

Bilingual/Bicultural Clinicians

Chester County does not have enough bilingual staff to meet the demand for treatment services. The County has increased collaboration with community agencies through the Cross-Systems Partnership regional meetings, held across the County to create access and coordination with the community substance abuse service delivery partners. Given the inability of our contracted outpatient network to find/hire and maintain bilingual staff to provide treatment services to this population we have provided funding assistance for programs to hire bilingual counselors; currently there are bilingual counselors located at the Coatesville, Kennett Square, Phoenixville, and West Chester outpatient sites. Funding assistance for additional staff is also planned.

Funded Ride Share (Transportation)

The SCA in collaboration with our outpatient contracted providers began this project to

address the lack of accessible transportation in the County. All outpatient providers can utilize Uber/Lyft services for individuals with substance use disorders to get to and from necessary clinical services. The provider verifies the need and ensures the identified target populations (SCA funded/Medicare recipients/CCBH funded) are scheduled with a ride share to and from services. This was added to all outpatient provider contracts via a cost reimbursed payment process.

Access to and Use of Narcan in County

Please describe the entities that have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan.

Chester County D&A has been involved with the purchase and distribution of Narcan, training on the use of Narcan and ongoing public education and awareness events since August 2016. We have collaborated with various County Departments, community organizations and others in these efforts and co-chair the County's Overdose Prevention Task Force, which includes Narcan education and distribution as a priority focus. We also collaborate/coordinate with the County's "Centralized Coordinating Entity," (from the State Naloxone First Responder Program) Good Fellowship Ambulance Company, on the training and distribution of Narcan in the County.

Since August 2016, Chester County D&A, in conjunction with the County Health Department, has purchased and/or distributed over 7,500 doses of Narcan. We continue to work in conjunction with Good Fellowship Ambulance Company and in FY 22/23, we conducted nineteen (19) trainings to nearly 300 community members, non-profits, fire and EMS organizations, local government staff, and others.

Currently, Chester County D&A has signed Memorandum of Understanding (MOU) with 45 various organizations to which we provide Narcan. These include but are not limited to community-based organizations, County offices, other government agencies, treatment and other direct care providers, local libraries, first responders, homeless shelters, and case management agencies.

County Warm Handoff Process

Please provide a brief overview of the current warm handoff protocols established by the county including challenges with the warm handoff process implementation.

The Chester County Department of Drug and Alcohol Services (CCDDAS) initiated the Community Outreach Prevention and Education (COPE) program, subcontracted through Holcomb Behavioral Health, to work with opioid overdose survivors receiving services at

local hospital emergency departments (ED). Beginning on April 16, 2018, the provider implemented the program utilizing an on-call engagement team comprised of a Project Coordinator/Navigator and a Certified Recovery Specialist (CRS) available to all three (3) local hospitals in Chester County. In May 2019, COPE began accepting referrals for overdose survivors of any substance from two (2) hospitals, which was then expanded to include all five (5) County hospital Emergency Departments. The Engagement Team provides one-on-one support for both overdose survivors and their accompanying family/friends to help the survivor enter treatment or move towards the decision to enter treatment. Referrals to this program have steadily increased over the course of the last fiscal year. Two additional CRS staff have been added to the team to assist with the volume and 24-hour coverage.

The engagement team responds to all inquiries/requests for assistance from the identified hospital sites via a dedicated phone line. Staff will arrange to meet the overdose survivor (client) at the ED within one hour of receiving the call from the ED to engage the client and family in accessing treatment and link them to needed ancillary services, including Medical Assistance benefits. The team will work with all payors and facilitate a referral to treatment directly from the ED. They will also coach and mentor during the early phases of recovery and continue working with the client as they progress through their treatment episode and return to the community utilizing weekly and monthly Recovery Management Checkup calls for at least three months following the ED admission. If a client refuses treatment or leaves the ED against medical advice, with the patient's or family member's consent, the hospital staff can contact the provider and the on-call/engagement team member will reach out immediately, if possible, or within 24 hours of contact to try to engage the client. The provider will also train hospital staff on resources and community support systems to share with clients and their families/friends.

Additionally, the engagement team will obtain client permission and provide information and support to their family, as appropriate, even if the client refuses treatment. All family members and friends will be provided with an overdose fact card that contains information about opiates, overdose and Naloxone/Narcan. They will also be offered Narcan and relevant information on its use. Staff will provide supportive services for the family, provide basic substance use disorder education, and provide follow-up calls to family members/friends as appropriate.

Challenges in the Past Year:

- 1) The COVID-19 Pandemic impacted COPE service delivery to the three (3) participating Chester County hospital Emergency Departments. COPE staff were not permitted on site at the ED to engage in person. COPE team members assisted overdose survivors,

in person, telephonic and telehealth applications during this time frame. Only recently has the COPE team been allowed into the ER again.

Note: Between December 2021 and January 2022 two (2) of in-county hospitals closed, which has impacted services to our communities, including the availability of warm handoff of overdose survivors.

- 2) CRS staffing: Several CRS staff have left Chester County to pursue jobs in the surrounding Southeastern Pennsylvania counties. The pool of qualified CRS staff is small. Compensation for these staff members also needs to be assessed to ensure competitiveness.

Warm Handoff Data:

# Of Individuals Contacted	584
# Of Individuals who Entered Treatment	577
# Of individuals who have Completed Treatment	Unknown**

** This is not data we capture

Part IV: Intellectual Disabilities Services

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

This year, we are asking the county to focus more in depth on the areas of the Plan that will help us achieve the goal of an Everyday Life for all individuals. With that in mind, please describe the continuum of services to registered individuals with an intellectual disability and autism within the county. In a narrative format, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. In completing the chart below regarding estimated numbers of individuals, please include only individuals for whom Base or HSBG funds have been or will be expended. Appendix C should reflect only Base or HSBG funds except for the Administration category. Administrative expenditures should be included for both base and HSBG and waiver administrative funds.

**Please note that under Person-Directed Supports (PDS), individuals served means the individual used Vendor Fiscal/Employer Agent (VF/EA) or Agency with Choice (AWC) for at least one service during the fiscal year. The percentage of total individuals served represents all funding streams. The percentage might not add to 100 percent if individuals are receiving services in more than one category.*

Individuals Served

	<i>Estimated Number of Individuals served in FY 22-23</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 23-24</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	43	63%	45	68%
Pre-Vocational				0
Community Participation	10	15%	12	18%
Base-Funded Supports Coordination				
Residential - (6400)/unlicensed	2	3%	2	3%
Lifesharing - (6500)/unlicensed	6	9%	8	12%
PDS/AWC	0	0%	1	1%
PDS/VF	1	1%	0	0%
Respite	3	4%	3	4%

Supported Employment:

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

Chester County expects all Supports Coordination Organization (SCO) staff to utilize Employment First values and actions in planning for individual needs. Local school districts have access to Discovery as a transitional activity. These supports are defined by the individual's Individualized Education Plan (IEP). Individual Support Plans (ISP's) that include Community Participation Support and Employment Supports must identify measurable outcomes that lead toward employment. It is the expectation, and an ODP requirement, that Supports Coordinators (SC) monitor progress ongoing. When supports have not resulted in progress toward employment, ISP teams must justify the appropriateness of chosen providers and/or the continuation of these supports or make modifications to the outcomes. Chester County will continue its funding approach into FY 2022/23; however, due to drastic increases in the Community Participation rates (as well as other service rate increases), access may be more limited based on available resources.

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

ODP requires additional staff training and certifications to deliver services associated with employment and Community Participation. Trainings are directed toward expanding skills, interest mapping and customized employment. We will continue to work with the local schools to support increased participation in Discovery and transition to employment.

Supports Coordination:

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

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

Supports Coordinators will learn to talk more effectively with the families and. It is then that their visions can be further supported and enhanced by "goods and services." We will also be continuing to develop skills needed to look to information and knowledge for solutions as well as natural and community supports as opposed to steering strictly toward goods and services that are only available through eligibility and available capacity.

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

We will fully support the direction established through Employment First practices and appropriate use of Community Participation Services. With the current shortage of direct support professionals, we have embraced the use of self-direction. We will also adhere to ODP's requirements for accessing non-community-based supports. We will provide opportunities for

individuals and families to enhance understanding and skills as they relate to having access to knowledge and information, networking and goods and services as needed and available resources across the community and programs.

Lifesharing and Supported Living:

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

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

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

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

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

In June of 2022, ODP announced guidance around the availability of “transition to independent living payments.” These payments are directed towards providers of residential habilitation, life sharing and supported living programs to incentivize exploration and movement to Supported Living or Life Sharing living programs. Chester County has been a previous proponent of this action in previous years, and it aligns with ODP’s intention that all individuals receiving residential habilitation in licensed residential settings who are interested in exploring life sharing or supported living should have the opportunity to do so. The transition to independent living payments to providers are intended to promote the use of Life Sharing and/or Supported Living services for individual who would be well served in these programs.

Cross-Systems Communications and Training:

It is especially important for all systems to work collaboratively to assure access to and blending of appropriate and needed supports. There will be continued focus on communication and training for individuals, families, providers, and teams supporting individuals with complex needs, including medical needs. Additionally, administrative support for cross-systems discussions through “High Risk” meetings for both youth and adults will be maintained to support both individual and financial planning.

Chester County DHS collaborates on several trainings each year, entitled Accessing the Child-Serving and Adult-Serving Systems, to inform County staff, provider staff and the general public about the services and operations of each of the human services departments. These trainings provide an overview of all the human service departments, as well as the Department of Community Development and the Chester County Health Department. These cross-systems trainings will continue in FY 2023/2024.

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

approach has been successful in managing risks and avoiding institutional placements and will continue in FY 2023/2024.

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

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

We ask that schools encourage all families to explore service eligibility early. They are encouraged to have this dialogue as part of the Individualized Education Plan (IEP) process to assess if the individual is registered with Intellectual Disability (ID) services and if the family would like the Supports Coordinator to participate in the IEP process, especially for those individuals who are of transition age.

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

Advocacy support is provided through a contract with the Arc of Chester County for families to receive support regarding educational matters as well as adult services.

Work is being done to build partnerships that provide for expansion of knowledge, opportunities for exposure, and support at the individual and family level. These partnerships then become part of the fabric of our communities. Use of Life Course at all the aforementioned engagement opportunities, as well as at intake, registration, and annual individual planning meetings, is underway and will continue. Additionally, our Early Intervention unit has fully embraced this work and has already started including it into their daily practices.

The County will continue to use the service maps described above to help families and provider staff better understand how to access the various support systems that may be needed. The County supports a System of Care (SOC) model that includes a Single Plan of Care process that

brings the various systems together to plan on difficult cases. In addition, the DHS has various “At-Risk” administrative discussion opportunities to check in with the systems involved with challenging individuals. This includes, but is not limited to, staff from ID, schools, the Behavioral Health Managed Care Organization (MCO) Community Care Behavioral Health, CYF, MH and Aging, if appropriate. These meetings can lead to Single Plan of Care (SPOC) planning meetings. They also provide an opportunity to identify individuals who may not be known to use, but who are most likely eligible and connected to another service system.

Emergency Supports:

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

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

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

The County holds a contract for crisis services that may also be accessed for behavioral health emergencies. This includes both mobile crisis intervention and crisis residential supports. The County ID program holds a supplement to this crisis contract to assure that the provider is skilled in supporting individuals with Intellectual Disability and Autism. The Health Care Quality Unit trainings as well as other relevant trainings are used to assure that staff has sufficient knowledge

as well as the support of a specialty worker whose role is to offer additional technical assistance and support during and through a crisis situation. The telephone number to reach the ID Deputy Director and MH/IDD Administrator are available to the MH/IDD after hours delegate, as well as the Crisis Intervention and Residential Support provider.

24-Hour Emergency Crisis Plan

1. Agency Information	<p>Service: Valley Creek Crisis Center</p> <p>Provider: Holcomb Behavioral Health Systems (610) 280-3270 and (610) 918-2100 and Member of the National Suicide Prevention LifeLine 1-888-273-TALK</p> <p>Location: The primary location of the service will be in the community, meeting the person in crisis where they are, whenever possible. Telephone, Walk-in, Warmline, and Residential services will be provided at the office location of 469 Creamery Way, Exton, PA.</p> <p>Days and hours of service availability: 24 hours a day, 7 days a week, 365 days a year</p> <p>Holiday schedule (indicate when closed) and how emergency closing will be handled: This is an emergency service open 24 /7. All services will operate during holidays. Valley Creek is expected to maintain sufficient staffing across all shifts at all times. Protocol has been established to assure adequate coverage in the event of severe inclement weather or other emergency situation that would require the closing of the program’s physical space. If it were necessary for the site to close on an emergency basis, services would be provided through another Holcomb site.</p> <p>Availability of back-up (24-hour coverage access): (Is it available? If so, how do consumers or county or other parties reach agency staff? Are there limits or restrictions on access?): Holcomb has a COOP plan that has been approved by Chester County’s Disaster Coordinator. In the case of an emergency, phone service will be readily maintained through the transfer of phone lines to another Holcomb location.</p> <p>Specific service(s) to be provided: The crisis response system must:</p> <ul style="list-style-type: none"> • Provide clinically skilled and empathic assistance to individuals and families in crisis • Conduct assessments of individuals in crisis to determine an appropriate management plan including individualized interventions to meet their needs • Provide individuals who are in crisis the skilled help they need to keep both themselves and others safe during the crisis and to manage the situation as calmly and safely as possible • Provide a range of crisis services that <u>divert people from inpatient psychiatric hospitalization and emergency rooms whenever possible</u>, to more recovery-oriented and less restrictive service alternatives • Ensure that the physical setting is safe, secure, and conducive to best practice crisis management • Provide assistance with completion of involuntary commitment petitions and facilitation of access to involuntary evaluation and treatment pursuant to § 302 of Pennsylvania’s Mental Health Procedures Act, where this is unavoidable to assure the safety of the individual or the community • Provide appropriate linkages and arrangements that eliminate or decrease the use of law enforcement as the primary responder to individuals in crisis, thus minimizing the criminalization of persons with behavioral health crises • Provide recovery oriented services that are adequate for individuals with multiple service needs, including but not limited to individuals with co-occurring disorders (e.g., substance abuse, intellectual disabilities, traumatic
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	<p>brain injury, dementia,) and /or accompanying medical conditions as well as being sensitive to the special needs of older adults, children and adolescents</p> <ul style="list-style-type: none"> • Recruit and retain appropriately skilled and trained, linguistically, culturally- competent and recovery-oriented st • Coordinate with the individual’s primary behavioral health provider • Actively coordinate with staff from other service systems (Aging, D&A, CYF, JPO, APO,...) to ensure appropriate outcomes • Assist with transitioning the individual from one level of service to another utilizing the “warm transfer” concept <ul style="list-style-type: none"> • Assure follow-up and post-crisis care with individuals and significant others • Obtain appropriate licensing from OMHSAS for each service and operate in full compliance with applicable regulations governing the Mobile Crisis Service (Title 55 Public Welfare; Chapter 5240), Telephone Crisis Service (Title 55 Public Welfare; Chapter 5240.71), and Walk-in Crisis Service (Title 55 Public Welfare; Chapter 5240.91) Peer-run Warmline Service (...). • Develop service agreements with all appropriate behavioral health insurance companies • Provide community-based trainings upon request, including but not limited to <ul style="list-style-type: none"> ➢ MH First Aid Trainings ➢ QPR ➢ De-escalation ➢ Crisis Services and the Mental Health Procedures Act ➢ Crisis Intervention Team (CIT) Training <p>Supervision: The program will have a supervisory structure sufficient to assure program standards as well as providing support for continuous quality improvement.</p> <p>Record Keeping: Must comply with OMHSAS licensing and oversight regulations.</p>
2. Target Population	All Residents of Chester County, as well as people passing through the County, who are experiencing a mental health/emotional/behavioral health crisis or sudden onset of severe MH symptoms.
3. Services Description	<p>A. Consumer Driven Warm Line The Warm Line will provide social support to callers with emerging, but not necessarily urgent, crisis situations. Staff will provide post-crisis follow-up services to callers.</p> <p><u>Service Operations</u></p> <ul style="list-style-type: none"> • Help callers build peer support networks and establish relationships, • Active listening and respect for an individual’s boundaries, • Assure callers are safe for the night • Warm Line callers will receive follow-up services within 48 hours of the initial contact • Facilitate a warm transfer to appropriate crisis services in an emergency • Operates 7 days/week 10 AM-10 PM <p><u>Staffing</u></p> <p>Supervision: (Required Certification as Peer Support Supervisor)</p> <ul style="list-style-type: none"> • Master’s level mental health professional will provide weekly supervision. Group supervision will be provided to review calls and their outcomes, as well as to provide a forum to discuss general crisis principles and challenges. Warm Line staff will have access to the psychiatrist for consultation. <p>Staff: Appropriately experienced individuals who have passed the required training to operate a warm-line telephone support service. Appropriate experience and training include the following:</p> <ul style="list-style-type: none"> • At least two years of working as a mental health or other related human service professional • Certification as Peer Specialist • Community residents who pass the required training and who can demonstrate the required competencies.

B. Telephone Crisis Service.

The telephone crisis service is a 24-hour 7-day a week “hot-line” service that provides appropriate counseling, consultation information, and referral to community members who may be experiencing or are in need of assistance on someone’s behalf who may be exhibiting crisis symptoms and in need of help/support. The goal is to support the individual in such a way as to assure their safety and the safety of those around them, and to facilitate those actions that will best support their wellness and recovery.

Service Operations

- Provide recovery-oriented, person-centered services
- Coordinate crisis services across behavioral health service continuum including:
 - outpatient mental health and drug and alcohol providers,
 - inpatient providers,
 - case management services,
 - children and youth services,
 - aging services,
 - care managers from payers of service including the HealthChoices MCO
- Work effectively with 911 and other emergency services, including the police and Courts
- Provide phone follow-up on mobile crisis services and contact within at least 24 hours of the initial telephone contact and conduct an updated triage assessment
- Facilitate post crisis referrals and follow-up to ensure adherence to established services
- Arrange for the safe emergency/non-emergency transport of individuals in crisis for treatment
- Telephone crisis services are billable to HealthChoices and to the County and should also be billed to the individual’s commercial insurance carrier through network agreements where possible.

Staffing

Supervision:

- Supervisory staff must be at least licensed master’s level clinicians (LSW, LCSW, ACSW, LPC, or nurse with psychiatric experience)
- Staff will be supervised weekly and on an as-needed basis, by the Program Coordinator. Group supervision will be provided to review recent calls and their outcomes, as well as to provide the staff with a forum to discuss general crisis principles and challenges being experienced within the telephone service.
- Staff will have 24 hour access to the psychiatrist for clinical consultation as needed

Staff:

- Crisis response staff should be master’s level clinicians, (as above) if possible.
- Bachelor’s level clinicians are also acceptable with appropriate supervision and crisis training.
- Access to a psychiatrist for consultation and/or emergency evaluations when needed 24/7

C. Walk-In Crisis Services

Walk-in crisis service is provided at a designated site where staff has face-to-face contact with individuals in crisis or with individuals seeking help for individuals in crisis.

Service Operations

- Ensure that people are greeted immediately and served within 30 minutes of arrival
- Provide recovery-oriented, person-centered services in a welcoming, friendly and secure environment
- Service includes assessment, crisis management and de-escalation, recovery oriented, strengths-based crisis counseling, and connection to community resources as needed, as well as psychiatric consultation
- Use of an approved crisis evaluation tool(s) (should include evaluation of substance abuse issues and issues specific to older adults)

- Provide assistance with completion of involuntary commitment petitions and facilitation of access to involuntary evaluation and treatment pursuant to § 302 of Pennsylvania’s Mental Health Procedures Act, where this is unavoidable to assure the safety of the individual or the community
- Coordinate with the MH/IDD Administrator’s Delegate service around petitions and warrants.
- Offer up to three crisis counseling sessions to support an individual in crisis until transition into appropriate community services
- Arrange for the safe emergency/non-emergency transport of individuals in crisis for treatment
- Conduct follow-up within 24 hours with any individual who has been successfully diverted from hospitalization, and conduct an updated triage assessment

Staffing

Supervision:

- Supervisory staff must be at least licensed master’s level clinicians (LSW, LCSW, ACSW, LPC, or nurse with psychiatric experience)
- Individual & Group supervision will be provided weekly and as needed to review the recent outreaches and to develop intervention strategies for open cases within the program. The Crisis Manager will provide bi-weekly supervision to review program system issues, with emphasis on performance improvement goals.
- Staff will have 24 hour access to the psychiatrist for clinical consultation as needed.

Staff:

- Crisis response staff should be master’s level clinicians, (as above) if possible.
- Bachelor’s level clinicians are also acceptable with appropriate supervision and crisis training.
- Access to a psychiatrist for consultation and/or emergency evaluations when needed 24/7
- Access to psychiatrist for bridge medication prescriptions 24/7
- Certified Peer Specialist

- **Mobile Crisis Services**

Mobile crisis teams are the core function of the Crisis service system with the capacity to intervene quickly wherever the crisis is occurring (e.g., homes, emergency rooms, police stations, outpatient mental health settings, schools, community, etc.) Mobile teams will be dispatched for any crisis situation within the community in an attempt to de-escalate the crisis and develop alternatives to hospitalization whenever possible.

One of the goals of a mobile team is to provide recovery-oriented services that will link individuals to community support services.

Service Operations

- Emergency dispatch of mobile crisis teams to any location in Chester County
- Ensure program responsiveness (*Response time is defined from the point at which it is identified that a mobile visit is appropriate to the arrival at the place where the individual is*)
-- 60 minutes is the goal for 100% of dispatches
- Service includes assessment, crisis management and de-escalation, recovery oriented, strengths-based crisis counseling, and connection to community resources as needed, as well as psychiatric consultation.
- Ensure a warm transfer to appropriate follow-up community based services
- Provide assistance with completion of involuntary commitment petitions and facilitation of access to involuntary evaluation and treatment pursuant to § 302 of Pennsylvania’s Mental Health Procedures Act, where this is unavoidable to assure the safety of the individual or the community
- Coordinate with the MH/IDD Administrator’s Delegate service around petitions and warrants
- Directly transport and/or arrange for the emergency transport of individuals in crisis for treatment.
- Provide all individuals and/or family members with a copy of the collaboratively developed crisis action plan.
- Staff will provide, at minimum, telephone follow-up within 24 hours of any mobile outreach

- Provide transition support from inpatient care to community based services as follow up for those individuals they hospitalized through the crisis service.

Staffing

Supervision:

- Supervisory staff must be at least licensed master’s level clinicians (LSW, LCSW, ACSW, LPC, or nurse with psychiatric experience)
 - Group supervision will be provided weekly and as needed to review the recent outreaches and to develop intervention strategies for open cases within the program. On a bi-weekly basis, the Crisis Manager will review program system issues, with emphasis on performance improvement goals.
 - Staff will have 24-hour access to the psychiatrist for clinical consultation as needed

Staff:

- Mobile crisis should be organized as teams. Teams will include:
 - experienced Master level clinicians
 - access to a psychiatrist for consult and/or emergency evaluations 24/7 when needed
 - access to psychiatrist for bridge medication prescriptions 24/7 and can include:
 - Certified Peer Specialist
 - Bachelor’s level clinicians

Drug and Alcohol Liaison Telephone/Mobile/Walk-In Crisis Intervention

The role of the Valley Creek Drug and Alcohol Liaison will be to support and provide crisis services to those individuals with mental health and drug and alcohol issues, or who are dually diagnosed (COD) and are experiencing a mental health crisis. The goal of this service coincides with the goals of all of Valley Creek Crisis Center services; that being to support individuals’ wellness and recovery using sound behavioral principles and best practices of care and to facilitate access to appropriate services, whether standard or emergency based. If during a behavioral health assessment, the D/A specialist suspects current substance intoxication, VCCC staff have access and the ability to collect a UDS on site or in the field.

A. Training

The D/A Specialist will complete twenty-five training hours per year to include COD and D&A topics, including but not limited to: ASAM, Addictions 101, Screening and Assessment, Confidentiality, Practical Applications of Confidentiality, Practical Applications of Confidentiality and Medication Assisted Treatment

At present all VCCC staff receive training regarding Substance Abuse; Withdrawal Risk and Detoxification; and Chester County Office of Drug and Alcohol policies within 90 days of hire. All VCCC Intervention staff will receive additional training, whether by outside providers or the designated VCCC D/A Specialist, on topics specific to the COD and D/A population. New hires will receive these trainings within 90 Days of hire. Trainings may be didactic or consultative in nature. Additional trainings will be provided to staff on an annual basis.

B. Staffing

A master’s level or equivalent staff will serve as the MH/D/A Specialist. They will function as a liaison between VCCC and D/A providers. This individual will be well versed in Co-Co-occurring issues, resources, and systems. This individual will be responsible for providing Crisis Intervention staff with on-going training and consultation on MH/D/A cases.

This staff person would be the primary responder to calls and/or outreaches/walk-ins that involve identified or suspected COD consumers. The VCCC D/A Specialist will be a sanctioned County assessor and will conduct PCPCS and facilitate placement. Within the first year of operation, 75% of VCCC staff will become sufficiently trained and develop competencies to respond to COD consumers if the designated D/A Specialist is not on site.

Crisis Residential/ Stabilization Services**(10 beds for up to 10 days)****Focus of this service is to be a diversionary service to inpatient hospitalization.**

Crisis stabilization beds and crisis residential services are for adults aged 18 and over. Services are provided in a small residential facility that provides accommodation and continuous supervision for individuals in crisis who will agree to stay, and who will be safe, at this level of care in the community. The service provides a temporary place to stay for individuals who need to be removed from a stressful environment or who need a short time to re-stabilize. Access must be through approved referral sources. The facility must be licensed through the Office of Mental Health and Substance Abuse Services.

Approved Referral Sources:

- Walk-ins (with authorization by Community Care Behavioral Health)
- Invited in from phone call initiated from Crisis Residential Program
- Crisis Intervention Services
- Mental Health service provider
- Inpatient hospital as a step-down to community outpatient services
- Criminal justice system: probation officer, prison social worker, forensic case manager or medical social worker

Service Operations:

- Physical facility, housekeeping, maintenance, and food service shall comply with all appropriate regulations and provide a welcoming and nurturing ambience that supports the individual's recovery.
- Service includes assessment and evaluation of the crisis, crisis de-escalation and direct management, recovery, and strengths-based crisis counseling, accessing community resources as needed, and psychiatric and medical consultation.
- Offer a range of recovery-oriented groups and individual services daily to include: SAMHSA-oriented Illness Management (including health promotion activities); Wellness Recovery Action Plans (WRAP); personal responsibility and self-advocacy; and accessing community supports. At least two groups will be held daily covering a variety of topics.
- Individuals will be provided opportunity to engage in both structured and informal recreational and therapeutic activities. (exercise equipment, print/audio/visual library)
- Use of an approved crisis evaluation tool(s) (should include evaluation of substance abuse issues and issues specific to older adults)
- Medical Clearance: (def: - an evaluation by a licensed physician who affirms that no medical conditions are present which preclude involvement in the placement.)
 - Either: Provider must have procedures in place to ensure that all individuals have medical clearance before admission,
 - Or: Medical and nursing examination and diagnosis is available on site for all admissions who are housed over 24 hours. (consulting with current medication prescribers)
- Prescription and administration of medication
- Moderate to high medical need/intensive medication monitoring
- Referral to D&A Detoxification and/or Residential Rehabilitation when medically necessary
- Case Management, including assistance with benefits applications and referrals for housing and community treatment.
- Development of an aftercare plan with community mental health resources/natural supports
- Support and outreach to attend AA/NA meetings in the community)
- Promote family and social support involvement, including arrangement for transportation

Staffing

Supervision:

Supervision of the unit and individual supervision shall be provided by a physician, a registered nurse qualified as a Crisis Worker II, or a Licensed master's Level Mental Health Professional.

Staff:

- Service is provided by treatment teams composed of at least one medical professional qualified to prescribe and administer medication and another person who is a mental health professional or Crisis Worker II.
- Two awake staff shall be on duty at all times, one of whom meets the qualifications of a Crisis Worker II.
- RN/LPN on site every day during daytime hours and
- Psychiatrist (Board Certified) available 24/7, including scheduled appointments and on-call as needed for:
 - emergency consultation
 - face to face evaluations when necessary
 - scheduled appointments for prescription of medication including bridge medication
 - authorization for administration of medication
- Peer support (Certified Peer Specialist or similar)

Vacancy Billing

The vacancy calculation is calculated by dividing actual monthly average census days into available monthly census days.

Actual monthly average census days are computed by multiplying the actual bed census per day times the number of days in the month. The available bed days are computed by multiplying the eight beds per day times the number of days in the month. Average actual census days are then divided into available bed days to compute the average daily census number.

Example: If the average daily census number is equal to or exceeds 8.0, then there are zero billable units for the month. If the average daily census number is less than 8.0, the difference between the 8.0 and the average daily census number is multiplied by 3 (units per 24 hour period) and multiplied by the unit rate to calculate the billable amount due for the month.

Annual Cap: 1500 units

Fiscal/Programmatic Monthly Review

VCCC staff with MH program staff will convene a monthly meeting to review the following:

- Referrals
- Denial Report
- Other Revenue
- County Billing (FFS and Vacancy)
- Outreach

and develop strategies to increase/maintain admissions

Annual review of the Profit and Loss Statement for the Crisis Residential Program to determine financial status and identify any necessary supports.

Drug and Alcohol Liaison Crisis Residential

The VCCC D/A Specialist will provide additional support to the overall programming of the Crisis Residential service for consumers with Co-Occurring diagnoses or issues. At any point over the course of a consumer’s stay at Crisis Res, if VCCC staff suspect that a consumer is under the influence of substances, they have access and the ability to perform a UDS.

A. Training

At present, all VCCC staff receives training regarding Substance Abuse; Withdrawal Risk and Detoxification within 90 days of hire. All VCCC Residential staff will receive additional training, whether by outside providers or the designated VCCC D/A Specialist on topics specific to the COD and D/A population, specifically Motivational Interviewing. New hires will receive these trainings within 90 Days of hire. Trainings may be didactic or consultative in nature. Additional trainings will be provided to staff on an annual basis.

B. Staffing

One master’s level or equivalent staff person will serve as the designated VCCC D/A Specialist and function as a liaison between VCCC and D/A providers. This individual will be well versed in Co-Occurring issues, treatment, resources, and systems. This individual will be responsible for providing Crisis Residential staff with on-going training and consultation on Co-Occurring cases.

This staff person would be the primary staff designated to work with and assess those individuals with Drug and Alcohol issues that are admitted to the program. The VCCC D/A Specialist will conduct ASAM assessments on site and facilitate placements for all appropriate consumers. Within one year of operation, 75% of VCCC Residential staff would be trained and competent to manage a COD consumer if the designated VCCC D/A Specialist is not on site.

In addition, the VCCC Drug and Alcohol Liaison would develop and facilitate psychoeducational groups on the unit regarding Drug and Alcohol issues, including but not limited to: Addiction, Co-Occurring Disorders, and Accessing Drug and Alcohol Resources.

Valley Creek Crisis Intervention/Residential Services:

Admission/Readmission Protocol and Criteria:

All referrals to Valley Creek Crisis are considered an admission. Any resident of Chester County or anyone that is in Chester County during a state of crisis but who may not have residency is eligible for admission to the crisis services. Consumers may self-refer, or referrals may come from any source, including mental health and other service providers, schools, families, or the community at large. Calls are answered by a Crisis Worker or Specialist who triages the call using the Triage Rating scale and may provide telephone crisis counseling. Documentation is maintained for all contacts and an initial telephone assessment is conducted to obtain information concerning the identified individual and the nature and severity of the presenting problems. At any point after discharge, a consumer may be readmitted to Valley Creek.

Discharge Protocol and Criteria:

Valley Creek Crisis is responsible for providing intervention on a time-limited basis and collaborating with involved service providers and significant others. Discharge from Valley Creek Crisis services occurs when the consumer is successfully connected to community supports and recommended treatment services that meet the individual needs of the consumer at the point of contact. Follow-up contact may continue telephonically or face-to-face until the warm transfer has been successfully made.

Residential: Active discharge planning will begin at the time of admission and will involve collaboration with family/supports and treatment providers. Linkages will occur to allow the individual to leave the program with a smooth continuity of care upon return to the community.

Information Technology System:

- A data management system that allows for
 - Immediate access to client and resource data needed to provide clinically informed, efficient, safe, and coordinated crisis interventions and triage
 - Measurement of performance against expected standards, outcome measurement, and monitoring and evaluation of program and service quality, especially in relation to effectiveness in reaching underserved populations.
- Call center technology to document all calls providing sufficient call detail and transfer capabilities
- Internet access, resource database, electronic documentation and reporting system
- Capability to interface with the current County data collection system utilized to report to OMHSAS and invoice accordingly.

Collaboration:

The program will actively build collaborative operations with: Law Enforcement, Emergency Rooms, Inpatient Psychiatric facilities, school districts, prison/Youth Center, and community mental health providers. The program must have protocols to support warm transfers and post-crisis follow up to other services or levels of care.

Community Advisory Board:

The Program must have community oversight from a Community Advisory Board with input from the payers, and made up of stakeholders (Core Providers, other providers of mental health services, D&A, JPO, Police, Transportation, CYF, Education, Aging, APO, Prison, Youth Center, ID, NAMI, individuals representing as many different interest groups as possible,). The Advisory Board will meet at minimum of Quarterly.

Other:

Agreements with MCO's: Licenses have been awarded for Mobile, Telephone, and Walk-in Crisis Services; therefore, the expectation is that Valley Creek Crisis will have established agreements with the HealthChoices MCO for referrals, payment and procedures for the Telephone, Walk-in, and Mobile Crisis Services.

Agreements with commercial Behavioral Health Insurers. It is expected that Valley Creek Crisis will establish agreements with commercial Behavioral Health Insurers so that the program can be reimbursed for services delivered to individuals who are covered by those insurance plans.

Interpreter Services: The expectation is that Valley Creek Crisis will meet the linguistic needs of any individual accessing services through utilization of staff or Language Line services as needed.

Administrative Funding:

Chester County has been committed to adopting the PA Family Network and the LifeCourse resources as part of the cornerstone of our vision and values. Chester County has hosted a multitude of events on Charting the Lifecourse and has completed multiple one on one sessions with individuals and families. We have a point person within the office who serves as the LifeCourse Liaison and all administrative staff have been trained on the use of the tools and the philosophy behind the model.

Chester County has shared the LifeCourse tools available through the PA Family Network with school districts, ID/A provider agencies, mental health provider agencies and advocacy organizations.

Having much needed administrative funds to take on the workload of carrying out this vision would be of the utmost importance. Currently, this work is done by a staff who already has a full workload but has taken this work on out of a passion for the vision of the program.

PCHC continues to be Chester County's partner in helping individuals obtain and maintain a healthy life. PCHC conducts Community Health Reviews for Chester County with professionalism and proficiency to assess risk areas in an individual's life.

Presently, we have only been able to use data as it relates to individual activities and not Quality Management (QM) activities. The data at the provider level is challenging. We have found it difficult to assess participation of the local provider network from the data as many providers are

not geographically located in Chester County and therefore, may be captured under the data of other counties. Feedback has been given to the HCQU to strategize on ways to change sign in, etc. to reflect location of service provision and not administrative location.

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

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

The Dual Diagnosis Treatment Team, a CCBH funded mental health service, wraps around an individual with Intellectual Disabilities for those who have complex mental health needs. They have successfully treated multiple individuals and continue to be a vital part of our system.

The ODP needs to hold their contracted providers to the same or higher standard of partnership and training that they hold for Supports Coordination Organizations (SCO's) and County Administration. This has created a gap in knowledge and skills that have created barriers to team process. It does not support quality development that is equal across stakeholders and potentially limits opportunities for individuals to receive needed and appropriate supports. Some work has been done to fill the gaps in knowledge related to medically complex individuals which has been positive and appreciated by providers and other stakeholders. Webinars and outreach continue as the system begins to expand its services to support its newest addition to ID eligibility.

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

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

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

Chester County continues to participate in monthly Provider Risk Screening with its county partners within the Southeast Region of ODP. It began as a successful expansion of what Chester County was already independently doing for the last two fiscal years. It is a statewide process that assesses a provider's level of risk and helps prevent adverse incidents or actions before they occur. It provides an opportunity for County staff and providers to build a trusting relationship that promotes communication and allows thoughtful technical assistance to be provided by County staff when a provider has a question or concern.

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

Staff in the unit are trained to routinely look for risk issues and report them to the risk team as needed. Conversations are had as needed to support both expedited and longer-term corrections to improve a provider's services at both a focused as well as broad programmatic level. It is standard operating procedure during which the County requests that providers meet with the AE on a regular basis to review changes, expectations, and concerns. Resolution of issues and concerns is nonnegotiable. Providers have contributed positive feedback on the AE's collaborative efforts towards resolution and welcome the support.

The SCOs are invited to report provider concerns, both specific and general regarding the performance of any provider or concerns for an individual. They are included in any expectations of plans that may overlay with the individuals they support.

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

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

We work directly with the Housing Coordinator within MH/IDD. The Housing Coordinator has provided global training on an overly complicated, multifaceted system. The County uses Connect

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

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

Participant Directed Services (PDS):

The County will continue to support all PDS services and programming requirements for waiver participants. The County participates in regular meetings with the local AWC provider which includes supports brokers to try to address any barriers that exist in the system to individuals accessing needed services.

The County will continue to provide training and technical assistance as needed to support coordinators on the PDS model of service delivery.

Community for All: ODP has provided the County with the data regarding the number of individuals receiving services in congregate settings. Chester County is committed to supporting individuals who wish to move from their current congregate setting into the community. This can only be done when waiver capacity is available for those individuals. When individuals who live in congregate settings wish to move into a more independent life in the community, the County will support every effort for them to leave the congregate care facility with a thoughtful, seamless transition.

Part IV: Homeless Assistance Program Services

Bridge Housing Services:

Bridge Housing consists of two components, Site based and Transition In Place.

- ***Site Based Bridge Housing:***

- Domestic Violence Center of Chester County (specifically for individuals and families who are victims of Domestic Violence).
- PA Home of the Sparrow Pre-Senior Bridge Housing (specifically for single women 55-62 years old).

The site-based transitional housing programs will serve approximately 30 individuals and families with at least over 85% obtaining permanent housing upon discharge.

- ***Transition in Place Housing***

Provides temporary rental subsidies to low-income families so that they can obtain and maintain housing in the community.

- Friend's Association for the Care and Protection of Children (serves households with children)
- PA Home of the Sparrow (serves low-income women and single mothers)

The primary measure of success for Bridge Housing Programs is the number of households that are able to obtain and/or maintain permanent housing at discharge. Onsite program monitoring and record review is conducted by a Department of Community Development Program Coordinator during the Fiscal Year to ensure that all Bridge Housing Programs are in compliance with Homeless Assistance Program Requirements and meeting expected program outcomes/goals. All housing outcomes are also recorded in the Chester County Client Homeless Management Information System (HMIS).

Please describe any proposed changes to bridge housing services for FY 2023-24. – No significant changes for bridge housing for FY 2023-24.

If bridge housing services are not offered, please provide an explanation of why services are not offered. – Not applicable (see above).

Case Management:

In FY 23-24 the Chester County Department of Community Development will continue to provide funding for Case Management Services at the **Safe Haven Program administered by Human Services, Inc.** This program provides permanent supportive housing to eight single women experiencing homelessness who are severely mentally ill and routinely turned away from other housing programs. The program uses a harm reduction model and a strengths-based care model to engage the women by building relationships with them and meeting them at their point of need.

Safe Haven is a HUD Continuum of Care program. All client data and outcomes are mandated to be reported in the Chester County Homeless Management Information System (HMIS). Case Management services help ensure that the women in the program are connected with mental health treatment services, community resources, and maintain safe permanent housing.

Case Management Services will be offered and provided for the eight women in the residing at the **Safe Haven Program**. This is the third full fiscal year the Case Management services at the Safe Haven Program have been funded by HSBG-HAP.

Rental Assistance:

Due to the continued availability of Emergency Rental Assistance Program (ERAP) funding, the Department of Community Development will not fund a HSBG-HAP rental assistance program in FY 23-24. This will be re-evaluated for FY 24-25 if/when ERAP funds are fully expended. These funds were reallocated to Friend's Association for the Care and Protection of Children Family Shelter which will be operating at full capacity in FY 23-24.

Emergency Shelter:

HSBG-HAP will continue to fund two Emergency Shelters in Chester County during FY 23-24:

- *Good Samaritan Services, Inc. (specifically serves single men)*
- *Friend's Association for the Care and Protection of Children (specifically serves families)*

In FY 2022-23 these programs served 24 households (47 persons - 8 families and 16 individuals). These numbers are down from FY 21-22 due to Friend's Association shelter having 3 of their units unavailable due to repairs/renovations. In addition, the lack of affordable housing caused longer lengths of stay at both shelters.

The measures of success for HAP funded emergency shelters are providing safe, provisional shelter for individuals and families experiencing homelessness as defined by HUD. In addition, it is expected that at least 50% of households that enter an emergency shelter be discharged to permanent housing. Onsite program monitoring and record review is conducted by a Department

of Community Development Program Coordinator during the Fiscal Year to ensure that all Emergency Shelter Programs were in compliance with Homeless Assistance Program Requirements and meeting expected program outcomes/goals. All housing outcomes are also recorded in the Chester County Homeless Management Information System (HMIS).

All Emergency Shelters continue to be required to work with the 211 Coordinated Entry System and Street Outreach Teams in order to ensure that emergency shelter is offered to the most vulnerable individuals and families. The primary reason services would not be offered would be when no beds are available. In these cases, the Street Outreach Team or Friend's Association for the Care and Protection of Children has put families experiencing homelessness in hotel/motels (specifically those that include pregnant women or infants).

Innovative Supportive Housing Services:

During FY 2021-22 the Chester County Department of Community Development created a new Street Outreach Team that continues to work directly for the County of Chester and the Department of Community Development. The Homeless Street Outreach Coordinator(s) verify homelessness and provide services for individuals and families who call the 2-1-1 Coordinated Entry System. They are responsible for meeting homeless individuals and families in the community and conduct face-to-face intakes and assessments to ensure the most appropriate referral and placement into the emergency housing crisis response system. This team identifies and engages people living in unsheltered locations, such as in cars, parks, abandoned buildings, encampments, and on the streets. The Homeless Street Outreach Team members, individually and collectively, reach people who might not otherwise seek assistance from the homeless service system and ensure that people's basic needs are met while supporting them toward housing stability. The Homeless Street Outreach Coordinator(s) is responsible for conducting outreach, providing information and referrals, completing assessments, intakes, performing short-term case management and providing concrete services. The Homeless Street Outreach Coordinator(s) will be intimately familiar with the data required to be entered into the Chester County Client Information Management System (HMIS) to ensure successful coordinated entry workflow, program continuity and performance measures and outcomes to end homelessness are achieved. Street outreach utilizes a person-centered approach that inherently requires flexibility, patience, strong engagement techniques and empathy.

In addition, the Department of Community Development provides on call services 7 days a week until 9:00 pm to ensure vulnerable populations who are experiencing homelessness (pregnant women, households with infants/young children, and medical fragile persons) receive timely interventions.

The primary measure of success for the Street Outreach Team is the number of individuals and families that are able to be verified as experiencing homelessness and able to be referred to emergency housing. The Department of Community Development monitors the team to ensure that the program is in compliance with HUD requirements and meeting expected program outcomes/goals. All Street Outreach clients are also recorded in the Chester County Homeless Management Information System (HMIS)

The Street Outreach team recently received funding to add another Homeless Street Outreach Coordinator starting by Fall of 2023.

Homeless Management Information System (HMIS):

The Chester County Department of Community Development has maintained a HMIS system as per HUD requirements. Our current vendor is Eccovia Solutions- ClientTrack. All of our contracted providers, except the Chester County Domestic Violence Center, are required to enter all client data into HMIS. Our 2-1-1 Coordinated Entry and Street Outreach Programs also conduct detailed client assessments in HMIS for anyone needing to access Emergency Shelter to ensure that those with the greatest needs are given priority to available shelter beds. Our current HMIS system is fully compliant with all HUD guidelines.

Part IV: Services And Supports/ Human Services Development Fund (HSDF)

Adult Services:

No Adult Services will be funded through Human Services and Supports funding in FY 2023-24

Aging Services:

No Aging Services will be funded through Human Services and Supports funding in FY 2023-24

Children and Youth Services:

No Children and Youth Services will be funded through Human Services and Supports funding in FY 2023-24

Specialized Services:

No Specialized Services will be funded through Human Services and Supports funding in FY 2023-24

Generic Services: Information and Referral Services

Description of Services:

Information and Referral Services will continue to be provided through five contracted agencies and an online Community Resource Directory (ReferWeb) through the end of 2023. These services will then transition within the county's new Behavioral Health Crisis Contact Center to assist residents and consumers in locating and assessing services in person, by phone or online.

Service Category:

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

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

Adult Aging CYS SUD MH ID HAP

Generic Services: Case Management

Description of Services:

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

Service Category:

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

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

Adult Aging CYS SUD MH ID HAP

How Funds Will Be Spent

The Department of Human Services (DHS) coordinates across the categorical departments, (Aging, Children, Youth and Families (CYF), Drug and Alcohol Services (D&A), Mental Health/Intellectual and Developmental Disabilities (MH/IDD), Veterans Affairs and the Youth Center) ensuring the services are provided as an integrated system that is accessible to consumers and demonstrates positive outcomes. Human Services and Supports funds for Interagency Coordination are used for some of the staffing costs involved in this coordination, integration, and planning. Additionally, funding will be utilized for completion of the Information and Referral consulting project initiated in FY 2020/21 that will direct the future of our information and referral services.

How Activities Will Impact the System

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

The Information and Referral project will ensure that residents have access to accurate, easily accessible information and assistance to support their connecting with services to best meet their needs.

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

County:	1.	2.	3.	4.	5.	6.
Chester	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	14		\$ 300,000			
Administrative Management	299		\$ 166,349			
Administrator's Office			\$ 1,034,924			
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	20		\$ 10,000			
Community Residential Services	86		\$ 4,864,689			
Community Services	81		\$ 366,650			
Consumer-Driven Services	238		\$ 160,533			
Emergency Services	979		\$ 739,573			
Facility Based Vocational Rehabilitation	42		\$ 100,000			
Family Based Mental Health Services	3		\$ 3,200			
Family Support Services	118		\$ 168,000			
Housing Support Services	219		\$ 6,950,151		\$ 173,760	
Mental Health Crisis Intervention	1,162		\$ 1,194,034			
Other						
Outpatient	123		\$ 177,703			
Partial Hospitalization						
Peer Support Services	11		\$ 161,424			
Psychiatric Inpatient Hospitalization	10		\$ 20,000			
Psychiatric Rehabilitation	22		\$ 80,323			
Social Rehabilitation Services	87		\$ 195,773			
Targeted Case Management	84		\$ 117,250			
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	3,598		\$ 16,810,576	\$ -	\$ 173,760	\$ -

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			\$ 1,625,594			
Case Management	624		\$ 425,869			
Community-Based Services	341		\$ 561,057			
Community Residential Services	12		\$ 1,093,890		\$ 400,000	
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	977		\$ 3,706,410	\$ -	\$ 400,000	\$ -

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

County:	1.	2.	3.	4.	5.	6.
Chester	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES

HOMELESS ASSISTANCE SERVICES

Bridge Housing	215		\$ 88,079			
Case Management	8		\$ 35,000			
Rental Assistance	12		\$ 35,000			
Emergency Shelter	115		\$ 90,000			
Innovative Supportive Housing Services						
Administration			\$ 27,564			
TOTAL HOMELESS ASSISTANCE SERVICES	350		\$ 275,643		\$ -	\$ -

SUBSTANCE USE DISORDER SERVICES

Case/Care Management	1,253		\$ 567,524			
Inpatient Hospital	5		\$ 30,000			
Inpatient Non-Hospital	179		\$ 387,539		\$ 80,000	
Medication Assisted Therapy	12		\$ 20,000			
Other Intervention	1,672		\$ 158,903			
Outpatient/Intensive Outpatient	345		\$ 295,130			
Partial Hospitalization	-		\$ -			
Prevention	2,035		\$ 152,650			
Recovery Support Services	253		\$ 172,252			
Administration			\$ 198,222			
TOTAL SUBSTANCE USE DISORDER SERVICES	5,754		\$ 1,982,220	\$ -	\$ 80,000	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services						
Aging Services						
Children and Youth Services						
Generic Services	9,125		\$ 304,741			
Specialized Services						
Interagency Coordination			\$ 25,193			
Administration			\$ 36,659			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	9,125		\$ 366,593		\$ -	\$ -

GRAND TOTAL	19,804	\$ -	\$ 23,141,442	\$ -	\$ 653,760	\$ -
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