Montgomery County's
Human Services Block Grant Plan

Fiscal Year 2016 - 2017

Montgomery County Board of Commissioners
Josh Shapiro, Chair
Valerie A. Arkoosh, MD, MPH, Vice-Chair
Joseph C. Gale, Commissioner

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PREFACE

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

Chairman Josh Shapiro continues to encourage transformative changes to the delivery of health and human services in Montgomery County. Chairman Shapiro has brought about a more collaborative approach to maximize the health and well-being of residents of all ages. In the past year, Montgomery County has been developing a structure for Health and Human Services, along with input from employees, providers, consumers, and funders, that will facilitate and support the work of improving access to services and improving outcomes for those residents most in need.

Montgomery County has been working toward a more integrated, person-centered vision of Health and Human Services for the past several years. We have:
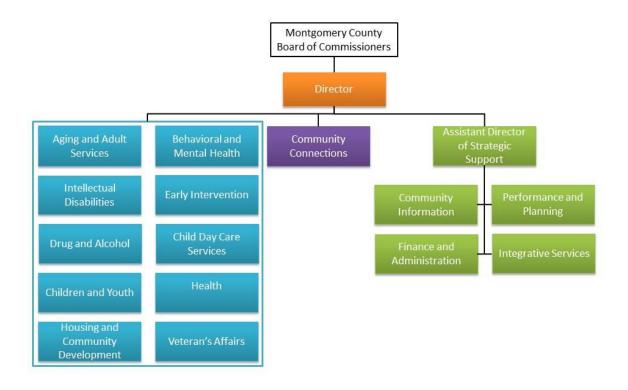
Ø Established a **health and human services cabinet** which meets weekly to discuss improvements to service delivery

Ø Became a **block grant county** to gain the funding flexibility that allows us to better meet our consumers' needs

Ø Created a **Community Advisory Board** consisting of consumers of each our Health and Human Services departments to improve customer service, gain consumer insight into our practices and plans, and make continual quality improvement

Ø Partnered with the state to develop our **Community Connections program**. Community Connections is a service delivery model that is local, comprehensive and coordinated. Our county staff engages consumers in their local communities to discuss their needs, refer them to the appropriate county or community resource, and provide follow-up to ensure services are delivered.

Ø Engaged in a planning process to **create a Health and Human Services structure** that would allow us to best continue and support this work. This new structure will increase access to services, improve the quality of services, provide more support and training for employees, and will result in better use and coordination of state and other funds and resources.

Montgomery County is working hard to operationalize its unique service system structure which provides a more coordinated approach to meeting the needs of our residents. We have met with state officials and appreciate the opportunity to share our vision for an improved system of Health and Human Services in Montgomery County that will increase access to services, improve the effectiveness and efficiency of those services and ensure quality.

As we progress in the development of this structure, we will seek your input and assistance as we have specific questions or requests.

This plan for Fiscal Year 2016/17 demonstrates our progress toward establishing true cross-systems integration across all the human services.

Montgomery County Department of Health and Human Services

PART I: COUNTY PLANNING PROCESS

1. IDENTIFY CRITICAL STAKEHOLDER GROUPS INCLUDING INDIVIDUALS AND THEIR FAMILIES, CONSUMER GROUPS, PROVIDERS OF HUMAN SERVICES AND PARTNERS FROM OTHER SYSTEMS

Montgomery County's leadership team for the Human Services Block Grant Plan is comprised of the Human Services Cabinet representing eight (8) county departments that provide human services. The Human Services Cabinet is comprised of the Department Heads from the following departments:
- Aging and Adult Services
- Behavioral Health/Developmental Disabilities/Drug and Alcohol
- Office of Children and Youth
- Child Care Information Services
- Health Department
- Housing and Community Development
- Veterans Affairs
- Economic &Workforce Development

The Cabinet also worked closely with the County Executive Staff:
- Chief Operating Officer
- Chief Financial Officer
- Solicitor's Office
- Communications Director

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

With funding from the Human Services Block Grant, we established a Community Advisory Council. This council is made up of consumers of services from all 8 human services cabinet departments. We believe this consumer model, sharing information and working together just as our departments work together, gives us feedback and guidance that is useful in our planning process. The council has already begun their work and their concerns are included in an attachment to this proposal. The council meets monthly and we are providing them with information on our services and planning as they provide us with information on gaps in services, barriers, and ideas for improved effectiveness.

Additionally, the Human Services Cabinet meetings provide a format for information collection and needs assessment. We have hosted a variety of community groups and constituents during our meetings to learn about needs, programs, resources and creative strategies.

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

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

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

- community non-profit and grassroots assistance organizations
- advocacy organizations
- local foundations and the United Way
- medical and behavioral health hospitals
- local County Assistance Offices
- public safety and emergency services organizations
- public libraries
- school districts
- faith-based organizations
- local district offices representing State and Federal level governmental officials

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

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

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

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

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

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

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

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

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

Behavioral Health/Developmental Disabilities

- Behavioral Health, in partnership with Community Support Program (CSP), previously conducted an Assessment of Needs Survey to plan for a five year timeframe. The priorities listed in this Mental Health section of the plan were based on CSP's recommendations. The valuable information gathered from these various events is considered in the planning process and is used to define the goals for the office in the upcoming year. The Community Support Program (CSP) Committee is made up of individuals that receive services, family members, providers and interested citizens. A county liaison attends these monthly meetings and solicits input regarding service development, implementation and quality monitoring. In addition, county representatives provide feedback to CSP on how the group's input was utilized to improve the mental health system.
- The County has multiple provider specific committees to solicit feedback, work through system level challenges, and provide technical assistance to ensure that the system priorities are being addressed by providers.
- The County develops other ad hoc stakeholder groups and focus groups based on specific projects or concerns. Information from these groups is then looped back to CSP and the Joint Providers groups.
- In addition to stakeholder groups, the County utilizes surveys to solicit feedback from stakeholders. This includes satisfaction surveys conducted by the Consumer Satisfaction Team as well as county developed surveys around specific topics (i.e. Residential Transformation). These surveys are targeted to individuals that receive service, family members as well as provider staff. Magellan Health Services also conducts Provider Network Surveys to identify gaps in services or specialties.

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

- The Citizen Advisory Committee, comprised of professionals, parents and community members, provides recommendations for Children and Youth programs to the department and to the County Commissioners. The Committee meets monthly to review critical aspects of programming and operations and the input is utilized in development of all departmental planning.

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

Housing Assistance
- Housing Assistance in Montgomery County is coordinated through the Your Way Home Montgomery County Program (YWH). YWH is a public-private partnership of local government agencies, non-profit agencies who serve the homeless and private philanthropic organizations that provide flexible funding to supplement HAP dollars and other HUD homeless funding. YWH targets homeless and at-risk of homeless households within Montgomery County. HAP funds within YWH are used for emergency shelter operations, case management, as well as Rapid Rehousing rental subsidies. The public-private partnership of YWH is comprised of 10 core service non-profit providers, 8 County agencies and 8 philanthropic funders.
- YWH has a toll-free Centralized Intake and Assessment Call Center for all homeless and at-risk of homeless households. The Call Center assesses all clients for services they may be eligible through the HAP program and other federal and local funding sources available for either homeless households or at-risk of homelessness households.
- YWH has a comprehensive HMIS data system to capture client beneficiary information.
- Your Way Home (YWH) has established a Learning Collaborative in order to strengthen provider learning and best practice among agencies as they serve vulnerable populations in Montgomery County.
- Several Action Teams have also been formed within YWH to address specific needs and gaps within the housing and homeless crisis response system and to make recommendations for improvements. These action teams are solution-focused and time-limited, with the purpose of introducing change and improvement to the system on a particular facet of the initiative. These Action Teams enable participants to be connected to the system and provide input that results in systems change and improvement in a timely manner.

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

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

Montgomery County endeavors to achieve success in meeting the needs of our residents in the least restrictive manner appropriate to their need. Our Community Connections vision is firmly in place and we have maintained momentum to create an organizational culture that prioritizes inclusive, strengths-based and family-focused practice, grounded in three (3) core values:
- The best place for residents to receive services is in their own community, whenever possible in their own home.
- Providing services that engage, involve, strengthen and support our residents is the most effective approach to ensuring that our communities are healthy and productive.
- The best outcomes can be achieved through a strong collaboration; information sharing, better cross-system assessment, shared case management, and inter-agency planning and supervision practices are now in place to assure that public funds address local need in the least intrusive manner.
These themes are evident throughout this planning document and connect programs and services to our universal shared goals stated above.

The new Montgomery County Health and Human Services structure allows for increased awareness of services, a customer-service oriented approach to services, empowerment of the workforce and strategic

planning and outcome measurement. Our specific activities are stated in the narrative section of the plan; our priorities are to provide community treatment in all areas to minimize the trauma to children, individuals and families.

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

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

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

Funds allocated to address needs of our Behavioral Health and Developmental Disabilities remain at the levels established for the past year. Funding changes should be noted in the Children and Youth Services Special Grant Initiatives (SGIs), Drug and Alcohol, Housing Assistance and Human Services Development Fund cost centers. These changes have been made as a result of reallocation of funds within other cost centers. Funds previously allocated for SGIs are reduced as a result of expansion of HealthChoices services (i.e. Multi-Systemic Treatment and High Fidelity Wraparound Services) for children and youth. The Children and Youth Services SGI, Safe Families for Children program, has been eliminated. Drug and Alcohol funds have been shifted out of that cost center due to Medicaid expansion which is now funding the majority of Drug and Alcohol treatment services under the M.A. HealthChoices funding stream. Funds are transitioned to Housing Assistance Programs and Human

Services Development Fund cost centers and will be used to address needs through the County's Your Way Home housing initiative as well as the expansion of our Community Connections human services delivery model.

PART II: PUBLIC HEARING NOTICE

As required by the Commonwealth, Montgomery County conducted two public meetings in the County to better afford an opportunity for the public, contracted service providers, consumer groups, advocacy groups and the community to ask questions and discuss the concept behind the Human Services Block Grant Plan and Budget for Fiscal Year 2016/2017. The schedule of hearings is listed and the proof of publishing is below.

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

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

Meeting Dates/ Times for Human Service Block Grant 2016-2017

Tuesday, May 17	**Thursday, June 16**
9:00am-11:00am	**9:30am-11:00am**
Montgomery County Community College	Montgomery County Human Services Center
101 College Drive	Conference Room A/B
South Hall	1430 DeKalb Street
Pottstown, PA 19464	Norristown, PA 19401

Summary of Meetings

Montgomery County hosted two public meetings, listed above, to make these meetings accessible to the public and service providers ensuring everyone has an ability to provide feedback. An overview of the purpose and benefits of the HSBG along with county specific plans for the upcoming year was presented at the opening of each meeting. The majority of time was reserved for comments, questions, suggestions and for general discussion. Over 60 individuals attended the meetings, including service providers, recipients of services, families of recipients, County employees, funders and other interested residents. This year, to increase attendance and make it more manageable for our providers, we

partnered with local collaborative efforts to host our meetings. In Pottstown, our public hearing was held after the Tri-County Community Network meeting, giving providers an opportunity to stay for our hearing. In Norristown, our public hearing was held after the Children's Roundtable meeting, again, which made it easier for our providers to stay for comment and allow other members to join us at the hearings.

The meetings provided the Human Services Cabinet an opportunity to provide an update on the operation of the Cabinet, the expansion of the Community Connections operations, and the status of the Human Service Block Grant within the state, the reasons Montgomery County joined the Block Grant and specific examples of how we were able to flexibly shift funding throughout the year to meet the needs of the community.

Questions and comments from the first public hearing in Pottstown included suggestions of utilizing local community resources more effectively to connect to residents. Specific mention was made of public libraries and the faith-based community as partners that could help provide access to county services. Many community members are familiar with and trusting of both of these entities and we need to expand our reach into these groups.

The Public Hearing in Norristown had many representatives from the Children and Youth area. The discussion focused primarily on how to better meet the behavioral health and drug and alcohol treatment needs of families. Model programs in other counties were discussed as were potential changes to service delivery models that could allow mobile treatment for consumers. Transportation barriers are a significant impediment for consumers of all groups to receive services. Montgomery County is a geographically large county with a large population, over 810,000 individuals. Improving awareness and access to services is a primary goal for Montgomery County.

Overall, attendees were appreciative of the opportunity to listen to the County's plan and to be able to provide feedback and ask questions in person to the Human Services Cabinet. Attendees were encouraged to submit written testimony if they had additional comments they would like included and considered for the plan. County has an area on its website for the Human Services Cabinet where the Human Service Block Grant Plan is shared with information on how to provide feedback throughout the year. Attached are notes from both meetings as well as the Consumer Advisory Board feedback information.

Bucks County,   SS.

MONTGOMERY COUNTY
ATTN: NICOLE MARTIN
NORRISTOWN, PA 194040311

3-027612001
0006962382-01
Ann Clark being duly affirmed according to
law, deposes and says that he/she is the
Legal Billing Co-ordinator of the CALKINS
NEWSPAPER INCORPORATED, Publisher of The
Intelligencer, a newspaper of general
circulation, published and having its place
of business at Doylestown, Bucks County, Pa.
and Horsham, Montgomery County, Pa.; that
said newspaper was established in 1886; that
securely attached hereto is a facsimile of
the printed notice which is exactly as
printed and published in said newspaper on

....

May 13, 2016

....

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

LEGAL BILLING CO-ORDINATOR

Affirmed and subscribed to me before me this
13th day of May 2016 A.D.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Patricia Vigneau, Notary Public
Tullytown Boro, Bucks County
My Commission Expires April 30, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

NOTICE OF MEETING
to Residents of
Montgomery County, PA

The County Commissioners and
Montgomery County's Human Serv-
ices Cabinet invite all residents, or-
ganizations, services providers or
anyone else who may have ques-
tions or would like to provide input
into the Human Services Block
Grant Plan to attend any of the pub-
lic hearings hosted in the County
listed below. At that time, the public
may provide written and oral com-
ments. Information about the Hu-
man Services Block Grant Plan can
be found on the county website at
www.montcopa.org   under   'Stay
Informed.'
Tuesday, May 17
8:00am-10:30am
Montgomery County
Community College
TCN Meeting
101 College Drive
South Hall
Community Room 126
Pottstown PA 19464
Tuesday, May 24
9:30am-11:30am
Montgomery County
Human Services Center
Montgomery County Health
Alliance Meeting
Conference Room A/B
1430 DeKalb Street
Norristown, PA 19401
Thursday, June 16
9:30am-11:00am
Montgomery County
Human Services Center
Conference Room A/B
1430 DeKalb Street
Norristown PA 19401
1t M 13

PART III: WAIVER REQUEST

Montgomery County is not requesting an allocation waiver for Fiscal Year 2016/17 Human Services Plan.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

The discussions in this section should take into account supports and services funded (or to be funded) with all available funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

a) Program Highlights:

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 2015-2016.

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

Over the course of the 2015-2016 fiscal year, OMH implemented several initiatives to pursue its vision, including: improved coordination of its internal operations, a redesign of its "Core Clinical Provider" model into Community Behavioral Health Centers, and various achievements in its stakeholder-identified priorities (discussed later in the plan).

The Montgomery County Department of Behavioral Health & Developmental Disabilities (BH/DD, which includes OMH as well as the Offices of Behavioral Health, Drug & Alcohol Services, and Developmental Disabilities) implemented a more formal schedule of operations meetings, which have facilitated increased communication, integrated planning, and coordinated approaches to challenges faced by the department. This allowed for a more structured process to analyze the needs and gaps in the system, as well as intervention strategies to address those issues.

A major undertaking of Montgomery County's OMH, which impacts all the office's priorities in various ways, was the procurement and implementation of seven Community Behavioral Health Centers (CBHCs). The CBHC design enhanced and standardized some of the components seen in the county's previous "Core Clinical Provider" design. Particularly, CBHCs address the unique needs of children, transition age youth, and adults through a continuum of supports tailored to the specific characteristics of these groups. CBHC supports include Administrative Case Management (for adults and children), Blended Case Management (for children), Recovery Coaching (for adults), Outpatient Services (for adults and children), and Career Centers (for adults).

It is the expectation that each CBHC partner address the county's priorities. Specifically, CHBCs will work to offer rapid access to services, provide effective services that show positive outcomes for the individuals who they support; develop strategies that demonstrate success in assisting individuals in crisis; effectively support employment and education goals, and provide services which aid individuals with mental illness to obtain and maintain safe, affordable housing.

To ensure that CBHCs achieve these requirements, the county initiated performance based contracting (PBC), with metrics falling into three categories for each service: Access to Care, Standards of Care, and Quality of Care. The metrics are being implemented through a phase-based approach, with all metrics being measured by 2017. Performance on the outlined measures will inform future county decisions to re-contract, provide rate increases, and/or provide eligibility to bid on future requests for proposals.

Finally, OMH understands that in order to effectively implement transformational change that is meaningful to the individuals who receive care, it is essential to obtain the feedback of stakeholders. So while OMH works on multiple initiatives simultaneously to address system gaps, the overarching efforts of OMH are targeted to stakeholder-identified priorities. Based on the input from stakeholders, Montgomery County determined that the following five (5) Transformation Priorities should be targeted in the current planning cycle:

- Crisis Intervention;
- Treatment;
- Residential and Housing Supports;
- Employment/Education; and
- Peer Support.

The intent of this section of the Human Services plan is to provide a snapshot of the accomplishments that support these priorities. For more detailed description of past efforts, please reference the Montgomery County Mental Health Plan FY 2012-17. There are many activities performed by OMH and its contracted organizations that do not fall under one of these specific priorities, and so are not discussed in the plan. An example is the efforts of the Suicide Prevention Taskforce to increase awareness and suicide prevention activities within Montgomery County. While this continues to be a key initiative, it does not fall under one of the priority categories and therefore will not be elaborated on in the mental health section of the human services block grant plan.

To highlight Montgomery County's commitment to system improvement and address the needs of stakeholders, accomplishments in each of the priority categories are discussed in greater detail below.

Crisis Intervention: OMH has worked to transform the County's crisis services to address the acute needs of residents of Montgomery County experiencing a mental health crisis in the least restrictive setting. OMH also increased the crisis response to Montgomery County residents in the wake of tragic events and/or declared disasters.

In pursuit of this system transformation in Fiscal Year (FY) 2015/16:
- Through its 24/7 mobile capacity the Adult Mobile Crisis team provided an increase of 1000 interventions from the previous year while maintaining its successful hospital diversion rate at 99%. The Mobile Crisis service has continued to be responsive to local communities in times of tragic

events such as fatal fires, youth and family suicides, and other events that impact our communities. Mobile Crisis also played a major role in the department's response in preparing for the visit of Pope Francis in September 2015.

- The Mobile Crisis Team raised awareness of the service it provides and established new working relationships by meeting with several police chiefs in Montgomery County throughout the year and by presenting directly at each MCES Crisis Intervention Specialist school that is held for police, probation, prison guards and 911 Operators.
- The Mobile Crisis Team maintained its focus on decreasing risk to communities by continuing to support the Hub Model, an evidenced-based collaborative solving approach that supports community solutions for complex individuals as a proactive measure prior to the individual becoming forensically involved.
- The Adult Mobile Crisis team increased diversion opportunities through meeting with Emergency Departments and inpatient psychiatric hospitals. At the point of discharge the team assists in warm hand offs for individuals with whom they had been involved prior to admission as they get connected to outpatient services.
- The County previously awarded an RFP for a Crisis Residential program to support individuals in crisis as an alternative to hospitalization. After multiple site procurements failed, a site for a second Crisis Residential Program for Montgomery County has been acquired. It is hoped that the doors will be open in fall of 2016.
- In April 2016 Montgomery County held its first Involuntary Commitment Forum in which staff from emergency departments, Mobile Crisis, Delegates, Civil Commitment Court, and Crisis Residential Programs met together to discuss the 302 process in Montgomery County as well as potential points of diversion from involuntary commitments.
- Montgomery County contracted with a consultant who will assist in further evaluating the county's existing crisis service system and envisioning the crisis system of the future.
- Montgomery County has initiated a process though which more than one inpatient psychiatric hospital has the ability to evaluate and treat individuals on a 302. Through working with the Civil Commitment Court team and other hospitals, Montgomery County was able to increase the options for individuals who are in need of an involuntary psychiatric hospitalization   This will include gathering input from persons in recovery, family members, providers and law enforcement in order to ensure that changes would not impact the strong diversion system that Montgomery County developed to support individuals accessing treatment rather than being taken by police to jail.

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

Below are some specific examples of accomplishments in 2015/2016:

- One of the most significant changes that occurred during FY 15/16 was that Montgomery County expanded the resources for individuals who are in need of involuntary hospitalization. The county has worked to provide the opportunity for involuntary admissions beyond the provider site that historically was the sole designated 302 evaluation facility

- The County worked on the implementation of services involved in the creation of the Community Behavioral Health Center (CBHC) model. Much of this work involved work with the CBHC's in preparation for the quality metrics for the CBHCs.
- Outpatient, case management and family based services to children, families and young adults were expanded. Three new children's case management programs launched in different regions of the county and Montgomery County Children's Blended Case Management Practice Guidelines were adopted.
- Montgomery County supported providers in continuing to increase in the number of services that respond to specific needs, such as Trauma Focused Cognitive Behavioral Therapy, Dialectic Behavioral Therapy, and other targeted treatment services. Specialized trauma treatment provider began offering outpatient, family-based and case management services to youth and families who have experienced complex trauma and/or identified through child advocacy center/child welfare system.

The county also converted traditional psychiatric residential beds to intensive residential programming with fidelity and outcomes' tracking that supports recovery and reunification through frequent and focused individual and family therapy, supported therapeutic leave, and specialized case management

- Developed a specialized case management service for individuals involved in the justice system.
- Implemented a new Care Management Protocol for individuals with high utilization of drug and alcohol service and/or readmission with a drug and alcohol diagnosis.
- The MCO conducted an analysis of the clinical profile of members most at risk for opiate abuse and/or overdose in order to identify need for increased engagement and care management services.
- BH/DD training institute continued to lay out a curriculum that responds to changing learning needs of the system and county priorities and has begun to offer technical assistance to clinical providers interested in building a developing a Hearing Voices approach.
- BH/DD staff and Magellan Behavioral Health, the county's MCO worked this year to develop a Network Strategy process for the county which evaluates not only provider requests to enroll or expand services in the network, but needs and gaps in the treatment system.
- Magellan initiated contracting with Pennsylvania Federally Qualified Health Centers (FQHCs), to provide behavioral health support within a physical health care setting.
- Magellan continued its work to enhance clinician's knowledge of medical conditions which commonly overlap with mental illnesses. Some of the physical/behavioral health integration trainings in 2015 included pharmacology, Hepatitis C, pharmacology for individuals with mental health diagnosis and intellectual disabilities and workflow processes of the integrated health initiatives. Each specific topic included discussion regarding the need for increased focus on physical health conditions within the clinical team's daily management of member's care.
- In 2015, Magellan developed a comprehensive spreadsheet of the best and evidence based practices offered by in-network providers. The overarching goal is to be able to track and monitor provider participation in best and evidence based practices including: identifying number of members served, frequency of reviews, fidelity tools utilized, and how findings are to be shared. Magellan's clinical and quality departments will continue to work together, to capture all needed information and to guide any additional oversight activities which may be needed.
- In addition, OMH has focused attention to support the continued implementation of the Trauma-Informed System Initiative. The vision for a trauma-informed system of services is that all programs and services provide safe and respectful environments that are guided by the knowledge and understanding of trauma and the potential for recovery. Being "trauma informed" means knowing

about the prevalence of trauma and understanding its impact on individuals, families and communities.

- The county increased the number of providers participating in the Trauma Informed Care Initiative, led the providers in identifying year 2 goal plans and has continued to plan and facilitate energizing Trauma Informed Learning Collaboratives such as Trauma Informed Supervision and Moving from Theory to Practice.

Housing and Residential: It is essential that housing concerns are addressed in order for individuals to feel safe and to have the ability to focus on their recovery journey. OMH has developed several strategies to tackle the issue of housing for individuals that have a mental illness. This includes actively pursuing options to increase access to affordable housing while strengthening mobile mental health supports to assist participants to maintain housing. This approach clearly aligns with the County's "Your Way Home" initiative. The second strategy is a transformation of the current mental health residential system to support the clinical and rehabilitative needs of individuals. Below is a brief highlight of accomplishments this fiscal year (15/16):

OMH continued its commitment to provide rental subsidies to 53 households utilizing HSBG funds, as follows:

- In the mid-nineties, this practice began with ten households on the TBRA Program (through Hedwig House, Inc.). The TBRA Program is still in operation today and currently supports 41 households through HSBG funds. 5 of these 41 spots were created specifically for participants of Behavioral Health Court.
- Studies have shown that persons with mental health challenges tend to have significantly longer length of stays when involved with the criminal justice system, and that this is partly caused by a lack of affordable housing. In 2012, OMH was awarded a two-year PCCD (Pennsylvania Commission on Crime and Delinquency) grant to provide rental assistance to 16 households involved with both the mental health and criminal justice systems. This grant ended in June of 2014. OMH made the decision to use HSBG funds to help bridge the households until other solutions could be found by the households. To date, eight (8) households have transitioned from the program and another 8 remain. A data analysis of the original 16 households showed that people served by the program had a 38% reduction in jail days, and a 30% reduction in BH Inpatient days.
- In 2013, OMH participated with other members of the Your Way Home system to use ESG (Emergency Solutions Grant) funds to provide Rapid Re-Housing subsidies to persons experiencing homelessness. OMH received a two-year grant to serve five (5) households. Again, after the grant expired, OMH made the decision to use HSBG funds to help bridge the households until other solutions could be found by the households. Four (4) households remain on the program currently.

In May of 2015, OMH received approval from OMHSAS for a Second Revision to its HealthChoices Housing Reinvestment Plan. One of the changes involved moving $716,250 from the Project Based Operating Assistance (PBOA) line to the Capital / Gap Financing line. Developers of Low Income Housing Tax Credit (LIHTC) projects in Montgomery County have been more receptive to the use of Capital funds vs. PBOA funds. Progress with the Capital line is as follows:

o In return for gap financing of $375,000, OMH has control of 3 units at MBI Development Company's Reliance Crossings project in Souderton. This is a multi-family (no age restrictions) Low Income Housing Tax Credit (LIHTC) project. The project is mostly complete, and all three OMH

units are available for occupancy. OMH has referred to the developer a number of households meeting the Plan's eligibility criteria (persons who have HealthChoices and meet the state's definition of SMI and/or COD). Two households have moved in. The developer is finalizing processing for a third household who should move in before the end of June.

o In return for $375,000 in gap financing, OMH will have control of 3 units at Advanced Living's North Penn Commons project in Lansdale. This will be a senior housing LIHTC project. (In addition to providing affordable housing for seniors, the site is home to the North Penn YMCA, Mann on Main Street (food cupboard), and the PEAK Center (a day center for seniors). The construction of the project is nearing completion. In preparation for Certificates of Occupancy, OMH has already referred eligible households to the developer for processing.

o In return for $750,000 in gap financing, OMH will have control of 6 units at Housing Vision's Beech Street Factory project in Pottstown. This is a multi-family LIHTC project. Closing occurred in late December 2015, and construction/rehabilitation began in the spring of 2016. Housing Visions has expressed openness to exploring the use of Section 811 vouchers.

Due to the success with using Capital / Gap Financing, OMH sought to use $750,000 of 2014 HealthChoices Reinvestment to increase Capital efforts. OMHSAS approved this request in December of 2015 as a Continuation Plan. OMH conducted a NOFA/RFP process and received proposals from three developers applying for 2016 PHFA LIHTC funding. OMH provided letters of support (contingent on PHFA selection) as follows:

o In return for $375,000 in gap financing, OMH would have control of 3 units at a senior (age 62+) LIHTC project in Norristown through Elon Development's Montgomery Park I proposal.

o In return for $375,000 in gap financing, OMH would have control of 3 units at a LIHTC project in Hatfield through Advanced Living's Susie Clemens proposal. The project would be for persons age 55 years and over. As such, an adult of any age would be eligible for residency as long as the person had a disability. Advanced Living has also applied to use Section 811 vouchers with this project.

Information about other lines of the Housing Reinvestment Plan is as follows:

o OMH provided approximately 490 months of rental assistance through the housing reinvestment plan in FY 2015/16. At one time, there were 60 households on the program. OMH continues to help households plan for the eventual end of the reinvestment dollars that support these subsidies. OMH continues to advocate for preferences on the Housing Authority's Housing Choice Voucher waiting list. Currently there remain 41 households with the program. Reinvestment funds continued to enable a provider (Columbus Property Management) to operate the Master Leasing program for the 41 households above, as well as another 29 households whose rental assistance is funded through HUD.

o For the eight months from June 2015 through April 2016, Contingency assistance was utilized approximately 36 times to help with security deposits, repairs, back utility payments, etc.

OMH and its providers continued to be an integral part of the Your Way Home initiative.

o OMH continued as the County point for the State's Local Lead Agency program.

o OMH continues to fund the bridge between Your Way Home and the Mental Health system via the Critical Time Intervention (CTI) Team. CTI is a County-wide service designed to support people through the transition out of homelessness and/or institution. An Administrative Case Management (ACM) component funded through OMH has been added to CTI. This allows CTI to outreach and engage persons in the Your Way Home system suspected of having a mental health challenge that

are not yet connected to mental health services. CTI can then determine if the person qualifies for mental health services and provide referral to the most appropriate mental health service(s). OMH participated in the development of a Permanent Supportive Housing Prioritization Advisory Committee that is co-chaired by staff from OMH and Your Way Home. The purpose of the committee is to standardize and streamline the referral process for all Permanent Supportive Housing (PSH) beds across the County, regardless of which agency or department operates those beds. The committee also established one referral list for all PSH beds in the County and ensure that this list is prioritized to serve first those who are Chronically Homeless, have the greatest amount of time homeless, and/or have the highest acuity, vulnerability, and service needs.

Below are accomplishments of the Residential Transformation initiative:
- OMH developed a time limited rental subsidy program to facilitate movement of often very long-term residents from mental health transition rehabilitative residences. The County did this by committing over $1,000,000 in reinvestment funds for a three-year period. These funds are specifically targeted to individuals that are in congregate mental health facilities to assist them to move into an apartment in the community. To date the program has provided rental assistance for 33 individuals, provided one time security deposits for 41 individuals and one time furniture subsidies for 49 individuals. It is relative to the use of these successful, but finite funds that the OMH continues to advocate for inclusion in preferences for the population it serves on the Montgomery County Housing Choice Voucher waiting list.
- OMH developed a Learning Collaborative with Residential Directors and key staff to increase learning and system change processes as well as define outcomes for Residential transformation. By creating this targeted approach, OMH helped to facilitate the following:
  - Residential programs incorporated time limited, recovery oriented philosophy and practices into their operations.
  - Programs modified job descriptions of staff to reflect new duties of the transformation including an increase of in-community services
  - The Residential referral application was reviewed and revised to incorporate Psychiatric Rehabilitation language to assess life skills and identify individual goals
  - A standardized residential Phase System was developed to help residents and staff better target goals and track progress
- OMH planned and funded a Psychiatric Rehabilitation training series for a team of residential staff from each facility. This training will provide increased skills for the residential staff to meet the needs of individuals.
- OMH provided funding to support 2 lead staff from each residential program to become Certified Psychiatric Rehabilitation Practitioners. This includes dollars that support the initial testing as well as annual incentives.

Through the Residential Transformation OMH also:
- Oriented Recovery Coaching and Certified Peer Specialist systems and personnel to the Residential Transformation and the need for partnership and conjoint planning and service delivery.
- Provided direct consultation to each of the residential providers. Through this process, there was an:
  - Increased engagement of residents around their own recovery and where they want to live.
  - Increased specificity in developing Rehabilitation Plans.
  - Increased understanding for residential staff of the use of relational engagement to promote and motivate an action-oriented approach within the residents in regard to their own recovery

- Developed concept of Collaborative Support Team meetings and worked with providers to track and increase communication and service planning with RCs, CPSs, Employment providers, and outpatient clinical staff. Changed the concept of who the "team" is from just the isolated residential staff to a more system wide and inclusive group of recovery supports who are increasingly working together.
- OMH developed an initiative to provide funding to each Community Behavioral Health Center for a Clinical Liaison position to work with individuals in need of residential programs and to participate as the clinical lead in the Collaborative Support Team meetings for individuals who are placed in residential programs.
- OMH developed an electronic tracking tool to collect and assess data on residential referrals, length of stays, goal accomplishments and level of care needs for individuals referred to and residing in residential programs.
- Responded to the success of efforts of both OMH's Residential Transformation and the County's Your Way Home initiative, through which more individuals are attaining their goal of living in an apartment of their own by contracting for the delivery of Mobile Psychiatric Rehabilitation. More individuals obtaining housing increased the need for intensive mobile mental health supports. Mobile Psychiatric Rehabilitation provides intense, evidenced based support throughout Montgomery County to residents that have a mental illness. The Mobile Psychiatric Rehabilitation service provider has obtained intensive psychiatric rehabilitation training and was approved as a Psychiatric Rehabilitation provider by the State Office of Mental Health and Substance Abuse Services. The County, in partnership with Magellan, is continuing to provide technical assistance.

Employment/Education: The majority of stakeholders express a clear desire to have improved and increased employment and educational opportunities for individuals who receive mental health supports. Montgomery County is highly motivated to address what is of importance to its stakeholders and continues to work to transform the system to ensure this desire becomes a reality. Change has been occurring in multiple ways during FY 15/16:

- The highly successful "Career Center" service was an integral component of the CBHC RFP continuum of services described above. This will increase the availability of the Career Center approach allowing more individuals to reach their career goals. The unique model of the Career Centers augments the SAMHSA evidence-based practice of Supported Employment with an emphasis on Supported Education. The addition of Supported Education to the service allows an individual to receive targeted support around a career educational goal within the same environment that they can be supported for their overall career goal. This approach of career development supports the longevity of success in employment and helps individuals earn a livable wage. Another essential aspect of the Career Center model is that the majority of the Career Specialists at these centers have the expertise of CPS certification to support an individual's recovery goals of employment and education. Previously this service was only available in three areas of the county, however as a result of this RFP; the Career Center service is available throughout the county.
- OMH expanded the availability of career supports by establishing a Career Center in the Lower Merion and Abington regions of the county. This will allow additional individuals to obtain the evidenced based practice of supported employment and supported education.

- In order to ensure that agencies are providing the EBP of Supported Employment and Supported Education, the county had an extensive EBP training for all Career Center staff during FY 15/16. Provider organizations were offered this "Career Development" training free of charge.
- OMH has had a strong focus this year on Supported Education, which was included in the training curriculum. Offered in tandem with Supported Employment, Supported Education programs encourage participants to think about and plan for their future. It provides an important step to help participants use their innate talents and abilities and pursue their personal goals. Supported Education promotes career development to improve long-term work opportunities.
- OMH has worked to create a culture within the mental health system to ensure that employment and education are supported within the context of *every* service. There have been multiple accomplishments to help shift the culture over the years. OMH continues to provide technical assistance to help other areas throughout the State and across the Country duplicate and improve upon the success of Montgomery County's employment and education transformational efforts.

Peer Support: A significant component of Montgomery County's recovery transformation has been the infusion of peer support into the mental health system through recognizing that the inclusion of a portion of the workforce who has a shared life experience can improve outcomes for individuals and the system. Since Montgomery County held the first training session, 284 peer specialists (CPS) have earned certifications. There are 232 CPS who have been or are currently employed in the mental health system in Montgomery County. There are 12 CPSs who are in supervisory roles. Within the 2015/2016 Fiscal Year, Montgomery County was able to support the following accomplishments:

- OMH held a Certified Peer Specialist training, which had 17 graduates.
- Montgomery County CPSs participated in; CPS Supervisor Training in 5/2016, 3 CPSs in attendance; Peer Support within the Criminal Justice System in 6/2016; Intentional Peer Support in 12/2015, 18 CPSs; WRAP Facilitator Training in 5/2016, 15 CPSs; Veterans, Families & People in the Military Training, Working with People who have Intellectual Disabilities and Mental Health Challenges, and the Certified Older Adult Peer Specialist training.
- The OMH partnered with the Department of AAS to expand CPS services to the older adult population, participating in the COAPS Training in 6/2016. This included the Peer Support Talk Line, mobile peer support, and WRAP groups in two senior centers, Souderton in 2015 and Norristown in 2016.
- The OMH Peer Support Coordinator participated with the OMHSAS Policy Bureau in a work group to better define and support the implementation of the practice of "collaborative documentation." The workgroup focused on the continued recognition of collaboration in the therapeutic relationship between a staff member and the individual receiving behavioral health services as a critical aspect of effective service delivery. Based on the feedback from this workgroup, OMHSAS implemented a state-wide training regarding collaborative documentation on 6/30/2015.
- In addition to the consistent expansion of the formal CPS service, Montgomery County has developed a Hearing Voices Network to expand the international model of Hearing Voices support groups. Currently, there are 8 support groups in the community including two for young people and one Family Support Group. OMH continues to support the Evidenced-Based Practice of WRAP and has supported the expansion of WRAP Groups through the county. There are now WRAP groups in all regions of Montgomery County. WRAP is currently being held on both the male and female sides of the Montgomery County Correctional Facility. In addition, WRAP groups are now being held at the Adult Probation Office.

- Additionally, Montgomery County is providing through its Community Advocates program a supportive group series in the Correctional Facility, led by a person in recovery, called It's Time.

b) **Strengths and Needs:**

Please identify the strengths and needs specific to each of the following target populations served by the behavioral health system:

- **Older Adults (ages 60 and above)**
Strengths: Montgomery County OMH and the Office of Aging and Adult Services have continued to partner to determine how best to serve the older adult population in Montgomery County. OMH funds outreach services to engage the older adult population. The Office of Aging and Adult Services continues to partner with OMH to provide CPS services to the older adult population. This includes the Peer Support Talk Line and mobile peer support. OMH and AAS anticipate that the strategy of utilizing peer specialist will be successful in engaging the older adults that are experiencing mental illness. As noted in the housing section OMHJ has had success in building relationships with developers of housing for older adults. There is one project with 3 units under construction and another two projects, with 3 units each, that Montgomery County OMH committed dollars toward that have submitted applications in PHFA's current Low Income Housing Tax Credit funding application process.

Needs: Older adults may experience mental health challenges for the first time. However, for a variety of reasons, including stigma, many individuals do not seek treatment. Therefore, a major need of the mental health system that has been highlighted by the Human Services Community Advisory Council is to better engage older adults so they utilize mental health services. While there are outreach activities funded through OMH, the service is not available throughout the county. The expansion of CPS through the Office of Aging and Adult Services has the potential to address this need. However, it is likely that more work will need to be done in order to create a welcoming system for older adults. More education and awareness of the availability of CPS services for older adults will be helpful, and increased integration in human services in Montgomery County will offer even more opportunities to connect to the county's older adults.

- **Adults (ages 18 and above)**
Strengths: Stakeholders have supported OMH in creating a spectrum of services to support the recovery of adults with serious mental illness. In alignment with the OMHSAS vision, a wide variety of services are available for each adult target population (adults, older adults and transition age youth). This strong sense of stakeholder input and partnership along with OMH's push to continue to improve the MH system create a culture in which change is possible. The accomplishments made possible by this are reflected throughout the plan. Some of the highlights of Montgomery County strengths include in its focus on:
    o A recovery oriented system;
    o Trauma informed care;
    o Commitment to improving the quality and effectiveness of treatment
    o Stakeholder partnership;
    o Peer Support infused throughout the system
    o Commitment to Housing;
    o Supporting employment and education of individuals that are served.

o Evidence-based treatment approaches

Needs: Adult stakeholders identified 5 areas to target growth and improvement which are now listed as OMH's priorities. These include Housing and Residential supports; Employment and Education supports; Crisis Intervention; improvement of Treatment services and the identification of several related supports that were categorized as increased connection to the community.

- **Transition-age Youth (ages 18-26)**

Strengths: In order to engage and address the needs of the young adult population, Montgomery County has created a wide variety of supports specifically targeted to young adults. This includes Peer Mentoring support for the transitional age; an intensive residential service for transition age only; Supported Education at the local community college; the Intensive Psychiatric Rehabilitation model modified to target young adults; and an enhanced Blended Case Management program specifically for young adults. In addition, competency in serving this unique age group was emphasized in the 2015 RFP and contract renewal process with all of the county's regional CBHC.

Magellan Behavioral Health, Montgomery County's managed care organization, remains committed to supporting Transition Age Youth through the ongoing work of the MY LIFE (**M**agellan **Y**outh **L**eaders **I**nspiring **F**uture **E**mpowerment) group. MY LIFE helps youth who have been connected with the mental health, substance abuse, juvenile justice or foster care systems use their experiences to help others. It gives these youth the chance to use their voice to improve the programs and systems that serve young people through events such as a regional "MY FEST" event, as well as a Youth Day on the Capital event that the youth helped to organize.

Montgomery County and Magellan partnered to implement the Transition to Independence Program (TIP) in summer 2015. The TIP model is an evidence-supported practice that demonstrates improvement in real-life outcomes and futures planning for youth and young adults. The Montgomery County TIP Program serves members from all regions of the county ages 16-25 with emotional and behavioral challenges through a case management platform and is inclusive of peer support. The outcomes observed in the first implementation audit earlier this year highlight TIP's success in supporting young people to achieve independence and wellness goals.

Montgomery County has implemented mobile psychiatric rehabilitation teams that can support individuals in the community. Although these teams work with every adult priority population, they have additional training and expertise for the young adult population.

The goal of all of the above interventions is to ensure that supports are available to allow young adults to develop the tools necessary to support their wellness and achieve success in their life outside of the mental health system. Recognizing that transition age youth constitute a unique population with specific strengths, challenges, and needs, Montgomery County coordinates a provider workgroup and new system of information distribution. The goal of these efforts is to foster communication, information sharing, and problem-solving among children, adult, and TAY-specific providers. By working together, providers are able to increase their knowledge of what supports already exist, and as a team identify areas of challenge and need. The MONTCO TAYYA Provider Workgroup includes participants from mental/behavioral health providers, schools, Office of Children and Youth, community support groups, career centers, residential settings and Montgomery County Community College. The workgroup meets

quarterly, and 2016 topics include: Dating and Relationships, Health and Wellness, Youth Leadership and Empowerment, and Education. Additionally, the County coordinates an information sharing website, The Y.A.R.N. (Young Adult Resource Network), as well as sends monthly "Quick Stitches," both of which include TAY-specific information, local happenings, and opportunities for youth.

Needs: Although more young adults are accessing these unique and successful services, there are still unmet needs, including the need for safe and affordable housing for young adults. In addition, there is a need to educate the adult serving system to ensure they are providing developmentally appropriate interventions and assisting young adults in obtaining the natural supports necessary to move beyond the mental health system. An important component of this is ensuring providers are supporting Transition Age Youth to obtain their education and employment. Additionally, Montgomery County recognizes the growing evidence in support of First Episode Psychosis/Early Intervention Programs and has begun researching local program sites and planning around funding and program development.

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

Programs and initiatives centered around System of Care principles include High Fidelity Wrap Around; MY LIFE; MY FEST; Youth Leadership Day; Mental Health Awareness Activities; System of Care Leadership Team and Community Meetings; Suicide Prevention Taskforce, Trauma Informed Care Teen Talk Line; Respite, Blended Case Management Family Mentor; Family and Youth Satisfaction (FEST); as well as trainings focused on strengthening interagency teams, family and youth engagement, strengths, and resiliency.

The County Leadership Team collaborates with stakeholders and child serving systems to collect data related to cost effective services and supports for the purpose on continuous quality improvement. Supports and resources are identified to help meet broader community needs and culture. Montgomery County has implemented evidence-based practices as well as promising practices for both the general population of children, adolescents and families served as well as targeted interventions and services for children and families served through other County System Partners. Below are examples of some of the efforts:

- Multi-Systemic Therapy (MST)
- High Fidelity Wrap Around
- Intensive Residential Treatment Model
- Family-Based Services
- School-Wide Positive Behavioral Support
- Pivotal Response Treatment
- Parent-Child Interaction Therapy

- Children's Crisis Support Program
- Increased emphasis on trauma-informed system of care and competency in treatment
- Trauma-Focused Cognitive Behavioral Treatment
- Family Mentor and Advocacy Network
- Family and Youth Satisfaction Teams
- Transition to Independence Program
- Integrated Student Assistance Model
- Youth Mental Health First Aid
- Question, Persuade, and Refer

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

These efforts to support children are enhanced by Montgomery County's many examples of cross-system partnership, including:
- Development of Montgomery County Community Support Network as opportunity for community and natural supports that enhance the quality and security of life for families and youth to meet together each quarter to network and discuss trends, barriers, engagement strategies, marketing, etc.
- Formation of Maternal and Early Childhood Workgroup that is sponsoring a Summit with call to action of *Investing in Healthier Families*
- Engagement around integrated care for physical and behavioral health in meeting with local pediatricians to build partnership and share resources/ information in first phase
- Complex case review processes that include systems partners, managed care to examine barriers and develop creative solutions to better meet the needs of youth and families
- Quarterly systems-focused workgroup with court involved systems partners and behavioral health to examine resources and gaps as well as opportunities for program development and process improvement
- Partnership with school districts to deliver EBP with fidelity while collaborating on projects, programs and resources focusing on the wellness and health of all students, K - 12 and their families
- Utilization of the Pennsylvania Youth Survey (PAYS) to measure risk and protective factors for each school community and with this data, determining the appropriate curriculum that will address the issues identified as at-risk behavior. Development of a customized Prevention/Intervention Drug and Alcohol Service Plan based on student needs for the academic year
- Student Assistance Program (SAP) services for MH & D&A that are integrated in Montgomery County. The offices of Mental Health and D&A integrated SAP services in order to promote wellness and resiliency by engaging youth through a coordinated, holistic approach; thereby increasing partnership and efficiencies with schools by identifying a single point of contact, in order to maximize SAP resources.

- Providing consistent support to school administrators, teachers, and community leaders to address and identify the changing trends in addiction and substance abuse among adolescents and young adults, throughout the school year
- Identification of schools with high need to create school-based outpatient satellite sites
- Focusing attention on cultural and linguistic competence through training, surveys, needs assessment and engagement with cultural brokers

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

Needs: Although there is much strength in the children's system, there are still needs and opportunities for improvement. Some of these include:
- Need for increased collaboration with local schools, systems partners, and community
- Greater access to child and adolescent psychiatry and creative service/support models for youth and families
- Flexibility in funding platforms to support community –based and peer models for under 18 and family members
- Specialized community-based services that have competency working with youth on the Autism Spectrum and those who have exhibited sexually reactive behaviors.
- Consistency among school district SAP teams with a stronger commitment to the SAP guidelines and protocol
- Schools and Communities working together to address the rapidly growing numbers of student depression, suicidal behaviors and issues
- An increased balance of academic requirements and mental health wellness. Although schools have greatly improved their approach and made accommodations for Prevention curriculum, state regulations and rules surrounding education continue to challenge the limitations due to mandatory classroom instructional time. The class periods restrict outside wellness instruction and therefore, it is not always easy to deliver the required lessons necessary for evidence-based programs
- Supports and services to families and youth involved in challenging or interrupted adoptions
- Better understand the needs of those accessing healthcare to adapt and ensure services and supports are responsive and respectful of the diverse needs of families

Identify the strengths and needs specific to each of the following special/underserved populations. If the county does not serve a particular population, please indicate and note any plans for developing services for that population.

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

In spite of the gains made, there continues to be a need for long-term inpatient care for a small group of individuals. To address this need the Montgomery County BH/DD Department collaborated with Magellan Behavioral Health, Inc. and other southeastern Pennsylvania counties to develop a 15 bed Regional Extended Acute Care (EAC) community hospital unit. Four beds in the program are targeted for Montgomery County residents. The designated length of stay at the EAC is 6 months.

Needs: Although the EAC is meeting the needs of some individuals in need of extended care, still others continue to need the longer-term care NSH provides. The Montgomery County census at the NSH civil section is currently at 23 which are over the county's allocated bed capacity. Montgomery County currently has 7 individuals on the waiting list for NSH. An increasing need is for individuals on psychiatric units in community hospitals, who have been assessed and approved for Skilled Nursing Home level of care. They are frequently not being accepted to nursing home facilities mostly due to behavioral concerns related to their psychiatric diagnosis. These individuals who are unable to care for themselves for a variety of medical reasons are placed in psychiatric hospitals and are denied the level of care they require. As noted above there continues to be challenges to accessing long term and extended care hospitals for those in need of that level of care. Additional EAC and LTSR beds could help to meet the treatment needs of these individuals. The EAC beds would provide the inpatient care they require and the LTSR beds would provide a structured therapeutic residence for individuals to step out of in-patient settings, including the state hospital.

- **Co-occurring Mental Health/Substance Abuse**

Strengths: Co-occurring services are made possible through primarily HealthChoices dollars, with some additional funds through State allocations. Montgomery County continues to meet monthly with MCO and County staff to analyze the data, utilization trends, clinical profiles and service barriers to formulate effective and efficient delivery of care to this specialized population. Over the course of the current fiscal year Montgomery County will work toward the following goals:

- o Addressing the issue of under-reported COD through claims based network strategies
- o Ensuring that COD members get referred to COD treatment 100% of time through primary diversion at our crisis services
- o Ensure that Inpatient Psychiatric Units are adhering to COD Best Practices as developed by Montgomery County and the MCO

Needs: Montgomery County and Magellan Behavioral Health have conducted extensive data analysis for individuals with diagnosis of both mental health and substance use/abuse/dependence who are readmitting to hospitals. To date, the data has shown that the age of these members seems to fall into three specific age groups. The highest is the 26-34 year old category. Consistently half of them had D&A issues that were not identified at admission, and were the largest group for day two admissions. These individuals seemed to be coming from D&A treatment and the next day are admitted to an inpatient psychiatric facility. The second age group for admissions is the 45 - 47 year olds who have a diagnosis in the mood disorder category. The third group is the Transition Aged Youth. Additionally, our stakeholder input, confirmed by claims analysis, has now identified the primary drug of choice as opioids as it had previously been alcohol.

- **Justice-involved individuals**

Strengths: OMH has a long-standing partnership with the criminal justice system to reach the unified goal of assuring community safety by appropriately diverting individuals with serious mental illness

from correctional institutions into community based treatment. When diversion is not possible, the goal is to provide treatment and re-entry support planning within the correctional facility. The benefits to individuals and the community as a result of the extensive efforts of these systems are evidenced by reduced length of stays in the correctional facility.

Over the years, links between the courts, probation, police departments, and the correctional facility have been connected to the community mental health system in a variety of ways to assist with diversionary and community re-entry interventions. Montgomery County participated in a National GAINS Center Sequential Intercept Mapping session in 2008 and has just recently in 2015 remapped the sequential intercepts for the county. The Office of Mental Health has developed comprehensive services within each intercept. The strategies that have been developed to address criminal justice issues complement OMHSAS's Recommendations to Advance Pennsylvania.

The Montgomery County partnership led to the development of a Behavioral Health Court (BHC) in 2009. The court has further strengthened the collaboration between the criminal justice and mental health system. BHC continues to provide benefits to individuals with MH challenges as evidenced by reduced rates of incarceration, improved quality of life and reduced or dismissed legal charges.

Montgomery County has developed the Justice Related Services (JRS) team to provide case management services for individuals who are involved in the criminal justice system. JRS works to divert individuals with a mental health diagnosis from incarceration. They also work with incarcerated individuals on re-entry and community support plans.   The service is focused on engaging individuals in the Montgomery County Correctional Facility (MCCF) who experience mental health challenges and are homeless. These services are supported by a SAMHSA Programs for the Assistance in Transition from Homelessness (PATH) grant.

Montgomery County has a new Forensic Coalition which was formerly known as the Montgomery County Forensic Task Force. The Coalition is comprised of a diverse group of organizations, departments, individuals, families, and advocates representing the behavioral health and criminal justice systems who are working to effect systems change in Montgomery County. The Forensic Coalition is part of a long-standing effort by the Forensic Task Force to bring together Montgomery County stakeholders to provide recommendations which bring about improvements in the county mental health system for individuals with mental health challenges who are involved in the criminal justice system. The Coalition's focus is to develop measures which will prevent individuals with mental illness from being incarcerated, improving mental health treatment while individuals are incarcerated and diverting individuals from jail into housing, treatment and recovery supports.

The impetus for creating the new Forensic Coalition was an announcement in December 2014 on Capitol Hill of the "Stepping Up Initiative – A National Initiative to Reduce the Number of People with Mental Illnesses in Jails." This project is sponsored by The National Association of Counties (NACo), the Council of State Governments (CSG) Justice Center, the American Psychiatric Association, and the National Alliance on Mental Illness (NAMI). The Montgomery County Forensic Coalition has aligned with the 4 goals of the National Stepping Up Initiative which are, to reduce the number of individuals with mental illness being booked into county jails, to reduce the length of stay in jail, to increase the number of individuals connected with MH services upon jail release and to reduce the recidivism rate to jail for individuals with MH challenges. To accomplish these goals the Forensic Coalition has 3 active

workgroups which focus on diversion, data collection and re-entry services. Each workgroup reports their recommendations to the coalition on a quarterly basis for review and implementation discussions.

Needs: The Montgomery County OMH's partnership with the criminal justice system has ensured that all parties consistently and continually come together to address new problems or re-address historical issues related to the needs of persons with mental illness who come in contact with the criminal justice system. This is done in a variety of ways under the auspices of the Criminal Justice Advisory Board.

The greatest need is to divert individuals as early as possible in the sequential intercepts. There is work being done relative to police and community connections such as the HUB, but even greater awareness of mental wellness and crisis supports would assist in individuals never becoming involved in the criminal justice system. The needs which continue to be unmet, even though work is being done addressed, are competency restoration and psychiatric symptom stabilization for incarcerated individuals who are diagnosed with a serious mental illness. Access to the Regional State Hospital Forensic Unit is very limited and creates lengthy waiting periods. Additionally delays in getting people connected with community services and coordinating with the courts for placement approval often impacts individuals in maintaining symptom stabilization once that has been achieved.

In order to help individuals successfully transition into the community, there is a need for increased case management and Peer Support services which supports individuals that are incarcerated. As individuals move into the community from jail, funds are needed to help people secure housing. There is also a need for expedited SSI applications for individuals who can be released.

- **Veterans:**
Strengths: Montgomery County has worked to strengthen collaboration with agencies and departments that serve veterans. The Director of Veteran Affairs is an active member of the Human Services Cabinet which includes the Department of BH/DD. Individuals who have served in the United States Military but do not have veterans' benefits are able to access community MH services via county funding or other insurance plans.

Montgomery County has a Veterans Court which coordinates treatment and support services for veterans who are involved in the Criminal Justice system. Many of those veterans have co-occurring mental health disorders.

Needs: In the fall of 2014 a Sequential Intercept Cross System Mapping workshop was held which helped to identify system strengths and gaps in services for Veterans involved with the criminal justice system and in need of MH supports. This identified limited services for veterans. A recently identified need is the potential increase in demand of services for veterans. The recently implemented Veterans Choice Program has not greatly impacted veterans' access to non-VA mental health services in Montgomery County. Local VA medical centers have, to date, been able to schedule appointments for veterans in a timeframe that does not require the veteran to seek outside care through the Choice program. Since veterans cannot self-refer through VA choice, it is likely they will continue to receive MH services directly from VA facilities.

- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers**

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

In addition, Magellan has co-sponsored a One Day Training in Montgomery County - "Creating Welcoming and Affirming Services for Persons Who are LGBTQ or I". This training, along with ongoing web-based trainings, serves as the pre-requisite to the advance clinical training "Principles and Practices for Clinicians Working with Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex Individuals". Magellan in partnership with Montgomery County will ensure clinicians continue to have access to these trainings.

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

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

- **Racial/Ethnic/Linguistic minorities**

Strengths: Montgomery County System of Care was selected along with two other counties to participate in a pilot project focused on cultural and linguistic competency. The overarching goal of the *Cultural and Linguistic Competency Pilot Project* is to incorporate culturally and linguistically competent methods into the Pennsylvania System of Care County process using the expertise of the county leadership team, PA SOC State implementation team, youth, family, system partners and community members. The project was guided by the definition of cultural competence used in the CLAS Standards Report (U.S. Department of Health and Human Services Office of the Secretary, 2000).

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

Project knowledge building activities will generally fall within eight (8) CLAS domains:
- Organizational Governance
- CLC Plans and Policies
- Culturally Inclusive System of Care Environment and Practices;
- Quality Monitoring and Improvement (QMI)
- Management Information Systems (MIS)
- Staffing Patterns
- Staff Training and Development
- Communication Support

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

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

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

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

c) **Recovery-Oriented Systems Transformation:**
Based on the strengths and needs reported above, Montgomery County, in partnership with stakeholders, has identified the following top five priorities for recovery oriented system transformation efforts the county plans to address in FY 2016-2017. These include:

- Crisis Intervention
- Treatment
- Residential and Housing Supports
- Employment/Education
- Peer Support

1. **Crisis Intervention:** As described previously in the program highlight narrative above, Montgomery County has worked to transform the County's crisis services to address the acute needs of residents of Montgomery County experiencing a mental health crisis. Over the course of the current fiscal year Montgomery County will work towards the following goals:

Goal	Timeline
Develop an integrated Crisis Management System in which different service systems interact seamlessly, free from obstruction.	Begin within Fall 2015; Complete by 2020
Continue to elicit stakeholder input as crisis system evolves.	Will Continue Ongoing
Continue to promote and strengthen relationships between the Mobile Crisis Teams and police departments across Montgomery County. Build upon the newly formed relationship between OMH and the Montgomery County Police Chiefs Association.	Will Continue Ongoing
Promote a culture that supports individuals to become more self-managing of health and wellness including their individual crisis response.	Will Continue Ongoing
Continue to monitor the Adult Mobile Crisis Team data to ensure effectiveness; build in analysis of 302 data and develop strategies for earlier intervention in cycle of crisis.	Ongoing on quarterly basis
Integrate the newly-sited second Crisis Residential Program into Montgomery County's crisis system.	Complete by Fall 2016
Increase training to Emergency Departments, and front line staff in regard to crisis intervention strategies. Hold annual forums in regard to crisis system and 302 procedures.	Begin July 2016 and then ongoing.
Develop strategies and best practices for individuals with high readmission rates and collaborate with stakeholders across systems to implement these protocols	Begin Summer 2015; Complete by 2017

Funding Strategy and Tracking Implementation: Crisis services are made possible through a braided funding stream, which includes Reinvestment funds, HealthChoices, and State allocations. As stated above, Montgomery County is currently looking at ways to analyze the Mobile Crisis and the Delegate data together for the purposes of developing direct interventions to support individuals in managing crisis outside of hospital settings when that is possible.

2. **Treatment:** As described previously in the Program Highlights narrative above, there are multiple initiatives that fall under the category of treatment. The goals for 2016/2017 include:

Goal	Timeline
Montgomery County will monitor access to treatment services as part of	Began in Summer 2015;

the performance based contracting initiative	Fully implement by 2016; Will monitor on on-going basis
Montgomery County will implement and monitor new standards of clinical care and clinical outcomes.	Complete by 2016
Continue moving toward a Trauma Informed System of Care. Montgomery County completes an annual review of individual agency Goal Check-In submissions to offer individualized feedback and opportunities for Technical Assistance from the Trauma Change Consultant	Complete by Fall 2016 (and then ongoing)
Use Trauma Informed Care Goal Check-In content to inform the remaining Learning Collaborative educational events for 2016, which will focus on the role of peer voice and inclusion in creating a trauma informed culture, understanding what practices people with lived experience report as helpful and which are not, and helping organizations move from trauma-informed theory to trauma-informed environments and practice	Complete by 2017
Elicit Steering Committee and Team Leaders input successes and remaining challenges, in order to inform plans for 2017	Winter 2017

Funding Strategy and Tracking Implementation: Clinical services are funded through both the human services block grant and HealthChoices. The leadership work comes through the administrative categorical funds of the various offices in the Department. OMH will implement the performance based contracting to monitor clinical expectations and will continue to monitor the implementation of the Trauma initiative through the Trauma Champions Workgroup.

3. **Housing and Residential Supports:** In FY 2016/17, OMH will work to complete the following plans to attain the vision previously described in the above Program Highlights narrative:

Continue Partnering with the Your Way Home initiative. This will include the following goals:

Goals	Timeline
Move forward with the operation of the Permanent Support Housing Prioritization Team. A representative from OMH will Chair this Team going forward	Completed by 2015; and will continue ongoing
Continue to identify and address any gaps in MH Services for persons experiencing homelessness	Will continue ongoing
Continue to use CTI as the front door to the Mental Health System for persons with mental health challenges who are homeless and not already engaged with the Mental Health system	Will continue ongoing
Continue to petition the local Housing Authority for Preferences in the Housing Choice Voucher program	Will continue ongoing
Create a presentation to inform Mental Health Providers about the Your Way Home initiative as well as the Residential Transformation Initiative, with a primary focus on what key roles the providers play in	Complete by 2015; and trainings will continue ongoing.

these initiatives. (September) Begin presentations. (October and ongoing)	
Work to move people off of the Rental Assistance line of the Housing Reinvestment Plan as reinvestment dollars decrease	This is ongoing work through approximately September 2018
Transition the Local Lead Agency to Your Way Home	Complete by 2016
Assess availability of reinvestment dollars for Reinvestment Plan for Capital funds	Completed in Dec 2015 Reassess in 2016
Use CRR Conversion funds to continue rental assistance for households previously funded through temporary PCCD and ESG grants	Operational from 2015 through 2017
Implement regularly occurring training that focuses on supporting individuals to maintain their housing and learn skills to be good tenants; explore contractual requirement for mobile supports to participate annually	Begin regular training in FY 16/17 Contractual requirement for FY 17/18

The Residential Transformation has three overarching goals for the next fiscal year, including enhancing CRR staff competencies to improve the experiences and outcomes of individuals receiving support; increasing the clinical and residential provider connection; and working to align the types and number of residential supports to meet the specific needs of individuals. OMH will accomplish these goals through some of the following objectives:

Goals	Timeline
Provide additional Psychiatric Rehabilitation training for staff at transitional rehabilitation residential settings to enhance staff skills	Completed by February 2016 and trainings will continue annually
Develop plans to incorporate psychiatric rehabilitation concepts, values, principles, assessment practices, and skill training approaches into all residential settings	Completed by Spring 2016. Will continue to be implemented and monitored
Assist programs in implementing study and learning strategies to ensure 2 or more staff at each TRR residence can obtain their Certified Psychiatric Rehabilitation Practitioner credentialing test	Currently in progress. Complete by Fall 2016 –. 5 staff from 3 programs has passed their CPRP testing.
Develop Fast Track processes for more quickly teaching residents to learn and to successfully practice new skills in the community	Complete by Fall 2016 – phase system developed and will continue to be implemented and monitored
Continue consultation through both the Learning Collaborative and on-site supports for residential services.	Will Continue Ongoing
Implement newly developed data monitoring tool	Completed January 2016- Use data ongoing

Finalize strategy for enhancement of clinical connection to residential services	. Strategy finalized implementation in progress to be completed by September 2016.
Develop a Needs Assessment tool to use in the process of deciding who should be given time extensions. This needs assessment will also allow OMH to identify system needs	Complete by December 2015 – in progress.
Develop and implement a Report Card for Transitional Residential Programs	Complete by Spring 2016 – in progress and will be ongoing.
Develop financial strategies to assist providers in meeting the increased expectations of the residential transformation	Complete by 2016
Formulate Best Practice Strategies for Residential Services	Complete by Spring 2017- in progress and will be ongoing.

Funding Strategy and Tracking Implementation: Funding for housing comes from a variety of sources, including the Human Services Block Grant; Reinvestment, and multiple grants. Residential services are primarily funded through the Human Services Block grant. Montgomery County tracks a great deal of information in regard to its existing housing subsidy programs. OMH developed tracking tools to identify system needs as well as outcomes for the TRR programs.

4. **Employment and Education:** As discussed in the narrative above, there is a need to support employment and education goals and Montgomery County has implemented an effective model to fill this need. For the current fiscal year, the following goals have been set:

Goal	Timeline
Continue to increase the number of individuals being successfully employed or enrolled in educational programs	Will Continue Ongoing
Continue to provide education to the entire mental health system around the importance of employment and education in facilitating recovery and community integration	Will Continue Ongoing
Collaborate with system partners such as OVR and Economic & Workforce Development to ensure the best outcome for shared stakeholders	Will Continue Ongoing
Given the training needs of the workforce, 90 hours of in-vivo will be provided to the programs during the didactic training phase. Each session of in-vivo training will assist practitioners in implementing and processing the work-based learning activity that was assigned during previous training sessions. Course faculty will go to the specific program and community in which services are being provided and teach skills through modeling, demonstration, and feedback.	October 2016
OMH will host a monthly Roundtable, with the training course faculty that will meet with all program staff to discuss individuals being served in programs.	October 2016
Career Centers will have access to participate in Rutgers' Community of Practice (CoP). The web-based platform will allow for staff across agencies	Will Continue Ongoing

to share information, seek consultation, and coordinate resources; this platform will be moderated and facilitated by Rutgers' faculty and other experts in the field.	

Funding Strategy/Tracking Implementation: Supporting individuals' recovery goals of employment and education is achieved through a braided funding approach. County Base funds; HealthChoices and Office of Vocation Rehabilitation (OVR) funding are utilized based on the types of activities offered. Montgomery County OMH staff has responsibility for overarching implementation and monitoring of this priority. This is accomplished through a variety of mechanisms, including: outcome measures analysis, monthly meetings with providers, as well onsite monitoring.

5. **Peer Support:** The County has made a very strong commitment to the provision of ongoing training, technical assistance and support for the CPS initiative here as well as across the state and nation. Montgomery County remains committed to the ongoing growth of CPS services in FY 2016/2017. Please see below the plans for this coming year:

Goals	Timeline
OMH will hold Weekend CPS training in 2016 to continue to expand the workforce pool of certified peer specialist.	Complete by Fall 2016
OMH will explore the concept of designing a curriculum for preparatory trainings for individuals interested in becoming a Certified Peer Specialist.	Will Continue Ongoing
OMH will continue expanding the CPS service to work with various groups, including individuals with a forensic background, veterans, transition age youth and the MH/DD population.	Complete by Spring 2017
OMH will increase the impact of peer support at the CBBHC's by continuing to promote greater access to CPS services for people who experience serious mental illness.	Will Continue Ongoing
OMH will continue to support the ongoing development of mutual support groups around the County as well as to promote them as critical tools to support an individual's recovery.	Will Continue Ongoing
OMH will continue to participate in the OMHSAS COAPS (Certified Older Adult Peer Specialist) Project.	Complete by June 2016
OMH will continue to partner with the office of Aging and Adult Services programs to provide peer support to the older adult population.	Will Continue Ongoing
The Peer Support Coordinator who is a CPS on the staff of OMH will participate in the OMHSAS Advisory Committee and will continue to highlight successes and challenges in the provision of Peer Support Services and the need to create community connections.	Will Continue Ongoing
OMH will work with providers who wish to begin implementation of the collaborative documentation practice that include staff training and supervision requirements.	Completed
OMH primary goal for this coming year is to continually be assessing the need for CPS trainings, and to develop new strategies to recruit individuals to train and work as a CPS.	Complete by June 2017
OMH will elicit formal CSP stakeholder feedback	Complete by June 2017

OMH will develop clear objectives for the Peer Advisory Council	Complete by June 2017
OMH has initiated semi-annual meetings with County and Magellan management to present data and updates on the CPS penetration rates, Career Center outcomes, Mutual Aid, audits and outcome measures.	Begin in 2016 and then ongoing

Funding Strategy and Tracking Implementation: The fiscal and other resources needed to implement these priorities will come from County based dollars, HealthChoices, and Reinvestment. Montgomery County funds a CPS Coordinator position to ensure that movement occurs towards realization of the vision. In addition, Magellan has conducted a survey of members receiving peer support services across Montgomery County. The goal of this survey is to evaluate the effectiveness of peer support services and to report on the outcomes experienced by our members as a result of receiving peer support. The county is continuing to provide technical assistance in using this data to inform providers in regards to achieving its goals and vision.

d) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Number served in the County/ Joinder (Approx.)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	YES	230	TMACT	STATE, COUNTY and Private Consultant	Annually		YES	
Supportive Housing	YES	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Supported Employment	YES	350	SAMHSA	County	Every 4 years	Y and Evidenced Informed Practice of Supported Education	Y	Also use Rutgers SE/SED
Integrated Treatment for Co-occurring Disorders	YES	3375	COMPASS	MCO and COUNTY	Annually		YES	

(MH/SA)							
Illness Management/ Recovery	YES	Imbedded in ACT and IOP program	Based off IMR toolkit	MCO, County			YES	
Medication Management (MedTEAM)	NO							
Therapeutic Foster Care	YES	5		ALL	At least every 3 years		NO	
Multisystemic Therapy	YES	50		ALL	Annually		YES	
Functional Family Therapy	NO							
Family Psycho-Education **National Alliance on Mental Illness Family to Family Education Program**	YES	615 (all NAMI support groups and education programs) 59 (NAMI Family to Family program, inc. in 615	Participant evaluation forms provided after each program	Agency	Participant evaluation forms provided at the end of each program	N/A	N/A	

		above)					
Mental Health First Aid	YES	216	Instructors must maintain acceptable ratings on the Course Evaluation Form completed by course attendees.	National Council for Behavioral Health	After every course, data from Course Evaluation Forms is entered into a database maintained by the National Council	N/A	YES	
QPR	YES	320	N/A	N/A	N/A	N/A	YES	

Nurse Family Partnership	YES							**This initiative is run by the County Health Department**
Hi-Fidelity Wraparound	YES	60	WIFI-EZ (survey) and chart forms	Youth & Family Training Institute	Quarterly	N/A	YES	
ICCD Clubhouse	YES	21	ICCD Standards	ICCD				
Critical Time Intervention	YES	111		MCO and County	Bi-annually	N/A	YES	

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

To access SAMHSA's EBP toolkits:

http://store.samhsa.gov/list/series?name=Evidence-Based-Practices-KITs

e) Recovery Oriented and Promising Practices Survey:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	YES	Covers entire County	
Family Satisfaction Team	YES	Covers entire County	FEST
Compeer	NO	N/A	
Fairweather Lodge	NO	N/A	
MA Funded Certified Peer Specialist	YES	65	Covers the entire County
Other Funded Certified Peer Specialist	YES	458	TIP peer position, Hi-Fidelity Youth Partners; covers the
Dialectical Behavioral Therapy	YES	35	Imbedded in Outpatient work
Mobile Services/In Home Meds	YES	Entire County has access	Recovery Coaching, Peer Specialists, Mobile Crisis, Psych Rehab
Wellness Recovery Action Plan (WRAP)	YES	Entire County has access	Groups offered around the County; imbedded in OP and Day program work as well as IP stays and the Montgomery
Shared Decision Making	YES		Included in many of our services, not separate

Psychiatric Rehabilitation Services (including clubhouse)	YES	IPR (TAY Only)- 50 IPR (All Ages)- 150 MPR- 150	IPR(TAY only)- HOPE Academy, mobile and site based, IPR (All ages)- PREP, mobile and site based, MPR (All ages)- Starting Point, mobile only <all services cover entire county>, Residential staff are obtaining CPRP
Self-Directed Care	NO	N/A	
Supported Education	YES	19	CBHC's and POWER; covers the entire County
Treatment of Depression in Older Adults	YES	Entire County has access	Imbedded in Outpatient work
Consumer Operated Services	YES	Covers the entire County	HopeWorx; Recovery and Education Center's (RECs)
Parent Child Interaction Therapy	YES		Outpatient Platform- Child Guidance Treatment Center and
Sanctuary	YES	Entire County has access	1 Community-based children/family outpatient provider, and 4 Children's RTF's, ALL adult MH providers are contractually obligated to participate in
Trauma Focused Cognitive Behavioral Therapy	YES	Entire County has access	Imbedded in Outpatient and Family-based work and CBHC's, TF-CBT training initiatives offered via BH-MCO and TISC partner agency
Eye Movement Desensitization And Reprocessing (EMDR)	YES		Imbedded in Outpatient work
Other (Specify)			

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

Reference: Please see SAMHSA's National Registry of Evidenced Based Practice and Programs for more information on some of the practices at the link provided below.

INTELLECTUAL DISABILITY SERVICES

The continuum of services offered to individuals registered with the Montgomery County Office of Developmental Disabilities starts with supports coordination, and includes in home supports such as respite, home adaptations, behavior supports and habilitation; community supports, including supported employment, prevocational, adult training facilities, transportation, and residential services that provide 24 hour supervision, supportive living, and life sharing.

Montgomery County serves 2703 individuals with an intellectual disability. The majority of individuals (62%) receive funding for their services through two Medicaid waivers, Person/Family Directed Supports Waiver (P/FDS) and the Consolidated Waiver (CW). The base allocation provides supports and services to approximately 470 individuals at various levels including Supports Coordination only up to intensive residential placements. This year we were unable to provide Family-Driven Family Support funds due to the budget impasse. The funds that we allocate for these supports were used to bridge the gap for individuals with immediate emergency needs until we received the appropriate waiver capacity.

The chart below represents the number of individuals authorized under block grant/base funds. The percentage is based on the total of individuals authorized through all funding streams.

	Estimated Individuals served in FY 15-16	*Percent of total Individuals Served*	*Projected Individuals to be served in FY 16-17*	*Percent of total Individuals Served*
Supported Employment	81	43%	90	47%
Pre-Vocational	54	8%	54	8%
Adult Training Facility	17	3%	17	3%
Base Funded Supports Coordination	470	17%	480	18%
Residential (6400)/unlicensed	11	46%	11	46%
Life sharing (6500)/unlicensed	6	27%	8	36%
PDS/AWC	1	< 1%	3	3%
PDS/VF	0	0	0	0
Family Driven Family Support Services	0	0	70	0

Supported Employment:

Montgomery County is committed to Community Integrated Employment. Montgomery County Office of Developmental Disabilities is a member of the Regional Employment Coalition and Association of People Supporting Employment First (APSE). We participate in developing innovative strategies to promote employment and facilitate meetings with our employment providers to share and further develop these strategies.

Funding is provided to 190 individuals for Supported Employment services with 17 different providers. Employment providers have been practicing customized employment for many years and tailor each work plan to the individual seeking employment. The employment providers use the discovery approach which is a person-centered approach that focuses on the competencies, strengths, interests and preferences of the individual seeking a job. This information results in an interest in a career pathway, a careful selection of a job coaching agency, and ultimately a job.

Customized employment ensures a better job fit for both the employer and employee thus establishing credibility for the job coaching agency and saving the employer money. A customized approach to employment encourages individuals to learn about their interests, become employees earning real wages, and to perform valued work in their communities.

To support these efforts, Montgomery County Office of Developmental Disabilities implemented the following:

- Developed and published a Transition Guide and an Employment Guide
- Promoted and hosted a series of seminars and workshops
- Held educational provider meetings with subject area experts
- Participated in provider agencies stakeholder meetings to implement employment and community integrated programs

The employment and transition guides provide individuals, families, staff, supports coordinators, educators and others with comprehensive information and education about employment for individuals with developmental disabilities. They include the various local, state and federal agencies that help individuals gain employment. These guides have been distributed through mailings and electronically to individuals registered or pursuing registration, their staff, supports coordinators, and educators. The guides can also be found on the County website and Facebook page. Schools, provider agencies, and supports coordination organizations post the guides electronically.

The Office of Developmental Disabilities sponsored two full-day seminars; the Benefits Seminar was presented by Michael Walling, Benefits Consultant, on "Maximizing Income and Maintaining Public Benefits"; the Southeast Region Employment Collaborative presented on the "Supports and Services Available to Obtain and Sustain Employment". The seminars were open to individuals/family, agencies, supports coordinators, educators, the Southeast Region County Administrator Entities, and county collaborators such as Behavioral Health, Youth Empowerment Program and the Commerce Department.

In addition, our office hosted a full-day Employment and Community Participation workshop at the Montgomery County Community College which targeted transition age individuals and their families. This is particularly important as the Olmstead Decision moves toward full execution in March 2019. A keynote speaker, Dr. Beverly Weinberg, presented on Social Capital and Employment: "Fostering Opportunity through Community Connection". The employment providers were available to the 90 attendees and provided individualized attention about employment and the services they offer. Additionally, break-out sessions provided information on transportation options, transition and financial planning.

The most crucial piece to employment services is provider education to achieve the transformation from a facility based program to a community integrated program that supports competitive employment. The Office of Developmental Disabilities has conducted provider meetings and workshops to expand provider capacity in the areas of supported employment and other supports to enhance community integration. These meetings and workshops included the following:

- A full-day seminar by a large facility-based provider agency that has extensive experience in achieving the transformation
- Provider sharing of business, strategic, marketing and communication plans acting as consultants to each other
- Providers sharing their implementation of programs towards achievement of competitive employment and community participation for individuals
- A workshop by a Delaware provider who has stopped paying sub-minimum wages, subsequently terminating contract work in lieu of competitive employment, expanding funding streams and implementing a community program as either full-time for individuals or as a supplement to individuals who work part-time

In the upcoming year, Montgomery County Office of Developmental Disabilities proposes to sponsor the following events to continue our efforts in promoting community integrated employment for all:

- A "career day" with potential employers to meet transition age individuals considering and seeking employment and their families.
- The expansion of collaboration between the Office of Developmental Disabilities and the Youth Empowerment Program (YEP). The Office of Developmental Disabilities has been working with Montgomery County Workforce Investment Board, Youth Empowerment Program on developing internship opportunities for individuals who are currently in sheltered workshops who would like to explore the possibilities of employment. In partnership with Marshalls, we started with three individuals working through a 12 week program. This opportunity was presented to individuals who expressed some interest but were hesitant to try employment. This has given them the opportunity to learn merchandising skills and decide if employment is a path they would like to pursue. We are planning to expand this program to another Marshall's site.

- A full-day event for individuals and families to learn about post school options. These options include secondary education, community participation programs, supported employment services and Project Search.
- Continue the series of Benefit seminars as requested by our family stakeholders.
- Develop strong partnership with OVR by scheduling quarterly meetings to create seamless transition from OVR to intellectual disabilities services.

Providers need direction from the State to fully execute community participation and employment for the individuals they serve. Providers are having a great deal of difficulty planning to meet the needs of the individuals without knowing the direction of the revision of service definitions, rates, licensing regulations, etc. The providers understand that many details haven't been set; however, they need more information about the direction the state is moving toward. When there is change, providers need clear, strong direction.

Supports Coordination:

Montgomery County contracts with 11 supports coordination organizations. The supports coordination organizations are invited to and participate in our provider meetings, planning committees, outreach events, and training sessions. As participants in these events the supports coordination organizations have an understanding of the priorities, and have demonstrated commitment to exploring the use of natural supports and community integration and employment. Ongoing discussion about supporting individuals and families in recognizing their natural supports and making connections within their communities will become a standing agenda item in our oversight meetings with the SCOs. We will be planning a session with the supports coordination organizations as a follow-up to the Everyday Lives conference being held in September. In reviewing the ISP for approval and authorization, the Office of Developmental Disabilities looks for consistent information throughout the plan that supports the individual in meeting their desired outcome.

Montgomery County conducts weekly review meetings of individuals who are identified in the Emergency Category of the PUNS, for possible enrollment in funding, when funding capacity is available. We work closely with the supports coordination organizations through on-going communication and regular face-to-face meetings to confirm that our office has the most up to date information regarding the individual/family circumstances and to provide assistance in identifying alternative resources that could possibly meet the needs of individuals on the waiting list.

Lifesharing Options:

Lifesharing is a unique residential option for individuals to continue to reside in a community setting. It provides individuals the opportunity to live with unrelated adults who support them in their home. Not only is lifesharing a more economical choice, it can also provide the most inclusive and natural living situation for individuals with intellectual disabilities who need residential placement. It differs from a standard Community Living Arrangement in that it provides a more consistent and stable living environment and is a great option for individuals to participate in a natural, community life.

Montgomery County works actively with the provider community in supporting and promoting the lifesharing program in Montgomery County. This past fiscal year we served 77 individuals in lifesharing, serving eight more individuals than the previous year.

When individuals are considering placement outside of their families' homes, we consistently request that lifesharing be explored prior to considering a community living arrangement. Since lifesharing is more cost efficient than the community living arrangements, we have been able to offer this option to individuals, prior to obtaining consolidated waiver, by supporting them through our base allocation.

Barriers we have encountered in the growth of lifesharing are the attitudes of biological families feeling that if they could not care for their family member, how could another family; and the recruitment of families or individuals to provide lifesharing, especially to serve individuals who present with significant medical and/or behavioral needs.

We have continued our efforts in expanding lifesharing through information and education sessions presented to families; and at outreach events, and highlighting lifesharing as a service in our newsletter, Partners for Success; and hosting panel discussions with existing lifesharing providers and individuals to educate others on the benefits of lifesharing.

Cross Systems Communications and Training:

Montgomery County Office of Developmental Disabilities partners with other systems including Behavioral Health, Aging and Adult, and the Office of Children and Youth. The Office of Developmental Disabilities frequently collaborates with other county offices on case specific situations, including psychiatric hospitalizations, RTF transitions, OBRA assessments and young adults aging out of the Children and Youth system.

Each year, the Office of Developmental Disabilities participates in the Montgomery County Intermediate Unit's annual transition events and provides information on eligibility, intake, and services in the Intellectual Disability system. In addition, our office has made targeted outreach to each of the school districts in Montgomery County; representatives from the Office of Developmental Disabilities visit schools and present to teachers, administrators, and other stakeholders on a regular basis.

In 2015, the Office of Developmental Disabilities collaborated with the Behavioral Health Office and Magellan Behavioral Health to establish a Dual Diagnosis Treatment Team for individuals with intellectual disabilities and mental health concerns. The program started serving individuals in July 2015, and currently supports ten people in Montgomery County. A team of professionals works with individuals who have been deemed high risk due to multiple psychiatric hospitalizations or crisis interventions by law enforcement. The Office of Developmental Disabilities has monthly meetings with the DDTT leadership and representatives from Magellan Behavioral Health to review current cases.

Montgomery County works closely with the ODP SE Regional office to review incident management data, plus works with the ODP Clinical Manager on specific cases of individuals deemed "at risk".

Based on incident management data and reports from the supports coordination offices, the Office of Developmental Disabilities makes referrals to the local Health Care Quality Unit, Philadelphia Coordinated Health Care for Community Behavioral Health reviews, or to the DDTT for more intensive support.

During quarterly provider meetings, DD staff share information with community based providers on local resources and creative program models that work to address the needs of individuals with dual diagnosis, complex medical concerns, and changing needs due to aging. In addition, the Office of Developmental Disabilities has been encouraging the provider network to prepare for the changes required by the CMS Home and Community Rule.

Emergency Supports

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

The Montgomery County Department of Behavioral Health/Developmental Disabilities has an on-call system through Montgomery County Emergency Services. MCES has a schedule of our assigned on call staff who will respond to the emergency. The supports coordination organizations have provided us with their on-call system and work with the county staff to resolve emergency situations. Montgomery County also contracts with ACCESS Mobile Crisis Support who responds to crisis situations.

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

In the event an individual needs emergency services, regardless of the time of day, staff from the Office of Developmental Disabilities works closely with supports coordination organizations in locating and coordinating services and to provide assurance that funding is available to address the immediate need.

Administrative Funding:

PA Family Network

Montgomery County encourages Person Centered Thinking among the teams supporting individuals with intellectual disabilities, through review of plans, supporting teams, and as part of our routine meetings with the service providers, advisory boards and committees. Montgomery County worked closely with the PA Training Partnership in the past co-hosting events providing information and resources to families and caregivers, providers and SCOs on Creative Housing Options, Participant

Directed Services and the Waivers. We welcome the opportunity to work with the PA Family Network in providing information and resources to individuals, families and providers to support individuals in all stages of their life and to help families connect with other families for additional support and encouragement.

Discovery and Navigation

Additional strategies to provider discovery and navigation will include continuing with our outreach efforts in meeting with the school districts, the medical community and other social service agencies to provide information about the ID service system and the benefits of getting potential eligible individuals connected with our system. We will continue to sponsor training events for families to increase their knowledge of the ID system and other social services that will assist them in supporting their family member with an intellectual disability and an opportunity to connect with other families. Work is being done on the county website and will provide a direct link to more resources and trainings.

HCQU

An excellent resource for the Office of Developmental Disabilities and the local provider network is our regional Health Care Quality Unit, Philadelphia Coordinated Health Care (PCHC). PCHC participates in provider meetings and offers many specialized training opportunities for the provider network; by reviewing PCHC training data, the DD office is able to do targeted outreach to providers that may not be aware of the resource. In addition to the trainings, PCHC completes comprehensive case reviews on complex individuals and shares the results of the review with the individual's team and the DD office. By looking at the data gathered by PCHC from those reviews, the Office of Developmental Disabilities is better able to plan for the changing needs of individuals with complex medical and behavioral needs.

IM4Q

The Montgomery County Office of Developmental Disabilities offers IM4Q surveys to willing and interested consumers, families and their caretakers in order to collect data on the quality of services and life for service recipients in Montgomery County. The local IM4Q program conducts surveys and provides feedback in the form of considerations. These considerations are sent to the county IM4Q program specialist and the supports coordination organizations. The considerations are discussed with the individual and their team, and a resolution is determined. Sometimes the consideration is related to a problem the individual is experiencing in their home or with their services, and other times the consideration is related to something an individual would like to do or experience. In order for the consideration to be fully closed out in the reporting system, the team must satisfactorily respond to the consideration and all efforts must be made to ensure the completion of any activity related to the consideration.

The IM4Q team also provides resources to individuals and their families on local supports and services outside of the ODP Waiver system.

The data from the surveys is one tool the quality management team uses to develop county initiatives, goals and action steps in the quality management plan. IM4Q surveys provide valuable data on an

individual's communication style, which has been a focus area of the quality management team. The IM4Q data helps identify consumers who might need a communication assessment. This information is shared with the communication lead, who informs the supports coordinator that specialized services may be appropriate.

Another area that IM4Q provides information on is employment. Employment is both a state and county priority. IM4Q data on employment includes information on those who are currently competitively employed. This helps identify consumers who may be willing to share their work experiences with others who may be undecided about seeking employment.

Increase Provider Competency

The Montgomery County Office of Developmental Disabilities is committed to developing competent providers to support individuals with high intensity needs. Ways in which the DD office has addressed the growing need for more capable providers include; the development of a new transition age youth committee, and establishing relationships with existing ODP providers who already provide high quality services.

In April of 2016, the quality assurance coordinator collaborated with the children's behavioral health department to form a committee that focuses on the successful transition of young adults out of residential treatment facility (RTF) placement and into adult intellectual disability services. This committee will focus on:

- Improving outcomes for adults transitioning from RTF to community living arrangements (CLA)
- Reducing RTF recidivism rates
- Improving RTF discharge planning practices
- Increasing collaboration between children's behavioral health and intellectual disabilities service systems
- Identifying gaps in the service systems

The Office of Developmental Disabilities leadership team and quality assurance coordinator will be meeting with established ODP providers in order to determine who would be the most appropriate providers to serve consumers with more intensive needs. The goal of these meetings would be to obtain information on a provider's ability and willingness to open more specialized programs to suit the needs of consumers. The need for more specialized services is ever increasing and Montgomery County intends to be on the forefront of supporting providers who are willing and able to provide highly specialized services. These areas of need include medically complex individuals, consumers requiring intensive behavior supports, and individuals who use non-traditional communication styles.

Risk Management

As part of the quality management plan, risk management is addressed by reviewing incidents at regular intervals (weekly, quarterly and annually). The team identifies the consumers and providers involved in

the incidents, and the quality management and incident management teams evaluates the data to assess for any trends or common themes. If an area of concern is identified, the teams discuss the most appropriate course of action for the individual or provider. If a larger scale problem is identified during the course of the data analysis, the teams will determine whether or not more efforts and resources need to be committed to a particular area of need. The responses may include; making the area of need a quality management initiative, developing specialized workgroups, or offering provider training.

Housing Coordinator

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

Emergency Preparedness Plan

Per the Chapter 51 regulations and the ODP bulletin on Quality Management, all providers must have an emergency disaster response plan in the event of a natural disaster. This is verified bi-annually during the provider monitoring process. The provider must maintain a plan that addresses the protection of individuals as well as the process to maintain communication and operational procedures in the event of an emergency. The local HCQU has also offered trainings on how to develop emergency disaster response plans, and some providers have participated in Psychological First Aid, which is an evidence-informed approach to assist people in the aftermath of disasters and other major crises.

Participant Directed Services (PDS):

Montgomery County has 222 individuals enrolled in Participant Directed Services. Participant Directed Services or PDS is an option for service delivery that promotes choice and control by an individual and their family. It often is a more cost effective way of delivering service because the consumer/family can determine the hourly rate. The individual and their family choose their support staff, who can be a family member(s). When an individual or family has specialized needs, such as a language barrier, it is often the service delivery method of choice. The county will promote the use of PDS during meetings with supports coordinators when it seems like the best option for an individual and their family. The county also promotes PDS when a participant is enrolling in waiver and at intake.

Some barriers and challenges to increasing the use of Agency with Choice (AWC) include;
- Problems with delivering the service at the specified frequency and duration
- Staff training is limited
- Consumer/family misunderstanding of regulations
- Documentation requirements are the same for AWC participants and staff as traditional provider relationships

- Back-up planning is more difficult
- Requirements for managing employer are cumbersome

Challenges associated with the use of VF/EA services are similar to the challenges and barriers to using AWC services. Families that use the VF/EA service model are the common law or legal employer, making them responsible for all regulatory functions that a traditional provider would be responsible for. This includes staff training, record keeping, and hiring and firing of staff.

Community for All:

Montgomery County is committed to having individuals live in the least restrictive environment and will support SCO efforts in assisting individuals to obtain this outcome. Montgomery County has 105 individuals identified as living in congregate settings. The individuals living in these settings will require intensive supports in order to integrate back into the community to address their behavioral and/or medical needs. We would need financial support to achieve this goal. It has become increasingly difficult to locate providers willing to support individuals with intensive needs. ODP can be of assistance by identifying willing and qualified providers who are able to support the high intensity needs of individuals who have been living segregated from the community for an extended period of time.

HOMELESS ASSISTANCE SERVICES

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

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

The new system to address homeless and housing needs in Montgomery County utilizes a toll-free Call Center to access immediate information and connections to basic needs (food, shelter, clothing, etc.). Housing Resource Centers (HRCs) have been established in three regions of Montgomery Couny, Norristown, Pottstown, and the North Penn Area (Lansdale). These HRCs are local focal points which provide households that are experiencing a housing crisis in Montgomery County with the appropriate resources, support and community connections to find and maintain permanent housing, and remain stably housed. HRCs utilize the national best practice Service Prioritization and Decision Assessment Tool (VI_SPADT) to provide high quality services utilizing progressive engagement strategies to engage and serve the most vulnerable populations experiencing homelessness. HRCs also utilize prevention, diversion, and rapid re-housing resources or provide referrals for intensive interventions to help as many people avoid entering the homeless system as possible, but connect them with temporary shelter when and if appropriate.

This new plan for Housing Stability was first presented in November 2012 at "The New Normal: A Community Conversation" hosted by HealthSpark Foundation (formerly the North Penn Community Health Foundation) attended by nearly 200 public, philanthropic and nonprofit leaders. The culmination of three-years of community-driven, data-fueled planning and design facilitated by Capacity For Change, LLC, the Roadmap identified four measurable goals for ending homelessness through innovative housing and homeless systems change agreed upon by local government, philanthropic, nonprofit and community leaders. Simultaneously, Josh Shapiro, Chair, of the Montgomery County Board of Commissioners, shared his vision for the transformation of the county's health and human services delivery system through Community Connections. Together, these two plans led directly to the launch of "Your Way Home Montgomery County" as it exists today. Discussions continue at the Human Service Cabinet meetings to plan additional ways to share planning and funding related to housing in order to prevent duplication of effort and to ensure a coordinated effort. Through these discussions, there has been a shift in the ways HAP and HSDF will address housing needs for low-income adults and families in the future, since these allocations must be part of the larger county-wide plan to eliminate homelessness and support the goals for "Your Way Home Montgomery County."

Since its launch in January 2014, Your Way Home Montgomery County has achieved significant improvements in outcomes related to ending and preventing homelessness:
- Your Way Home has increased the percentage of persons moving directly from homelessness to permanent housing from 31% in 2013 to 46% in 2015.
- In 2015, Your Way Home prevented 428 people from entering shelter through a new program called Housing Counseling; this represents a 60% success rate in this program in preventing homelessness.
- Since 2014, less than 5% of persons moved into housing through Your Way Home's Rapid Re-Housing program have returned to homelessness.

Your Way Home Montgomery County coordinates data along the continuum of housing needs through its HMIS tracking database, called "Clarity Human Services." All housing providers report through this common system, and HAP / HSDF funded providers are included as part of this HMIS tracking as well. Clarity Human Services has 17 housing partners and 8 supportive service partners participating, in order to share information, align reporting, and enhance case coordination across partners.

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

HMIS implementation

The Montgomery County Department of Housing and Community Development is the coordinating administrator and HMIS lead agency for the County. Montgomery County's HMIS system is Clarity Human Services, operated by Bitfocus, Inc. There are currently 25 active agencies and 106 users in the HMIS, representing homeless service providers and partner agencies that provide supportive services to homeless clients. The HMIS coverage rate is over 95% for all homeless service provider categories (shelter, transitional housing, rapid re-housing, and permanent supportive housing). The HMIS is the central database for the county's homeless crisis coordinated entry system, and allows data sharing between partner agencies, with client consent, in order to generate unduplicated counts of persons served and to coordinate service provision between partner agencies. Montgomery County's HMIS is in full compliance with the 2014 HMIS Data Standards. In 2014, the county updated its HMIS Policies and Procedures Manual, which includes its Privacy Policy, Security Plan, and Data Quality Plan. The county provides monthly user trainings and frequent update/ refresher trainings in order to ensure accurate and timely use of the database. The County produces quarterly reports on its progress meeting goals, and uses HMIS data to measure program performance during the annual Continuum of Care funding application process. Montgomery County submits data to HUD's Annual Homeless Assessment Report and conducts an annual sheltered and unsheltered Point in Time Count using HMIS data where possible.

Individuals Served Through Base Funds

	Actual Individuals Served in FY 15-16	Projected Individuals to be Served in FY 16-17
Bridge Housing	66	0
Case Management	428	362
Rental Assistance	0	0
Emergency Shelter	347	800
Other Housing Supports	0	107

Case Management: HAP funding will continue to support the staffing within two Salvation Army family shelters for case management activities in moving families away from the shelter and into more stable housing, which is the shared goal for Your Way Home and the HAP. Additionally, HAP funds will be used to support case management for seniors over age 60 in a housing crisis. Additionally, a needs assessment identified assistance helping homeless individuals obtain SSDI/SSI as a gap in services, and so case management funds are being provided for a SOAR Program to assist homeless individuals apply for this mainstream benefit, which will help increase the long-term housing stability of these individuals. Case management funds will also be used to support a small number of domestic violence victims as they move into permanent housing from shelter.

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

Rental Assistance: Rental Assistance is not requested for this fiscal year because the category is funded by the County's other federal and local resources—the Emergency Solutions Grant (ESG) and the local Affordable Housing Trust Fund.

Bridge Housing: This category is not requested, as the County now prioritizes Rapid Rehousing for literally homeless households over temporary Bridge Housing.

Other Housing Supports:
Staff to the Montgomery County Workforce Development Board work directly with employable Your Way Home program participants for whom employment is part of the housing plan. A Support Services Coordinator works with each referred program participant in an effort to clear barriers to successful engagement. The Support Services Coordinator continues to work with the program participant, tracking and reporting progress while working closely with PA CareerLink® Montgomery County Career Coach. The Career Coach refers program participants to PA CareerLink® services including a resource center, career readiness workshops, on-the-job training, skills training, and targeted recruitment.

Housing support (former foster youth ages 18-24): Former foster youth face many struggles in obtaining and maintaining stable housing. They face high rates of homelessness, and many also are 'precariously' housed – living with relatives or friends in informal and unstable arrangements. Children and Youth and Montgomery County are committed to ensuring continued and seamless access to stable housing for our former foster youth. The funds transferred will support these youth in bridging housing gaps, preventing precariously housed youth from becoming homeless and supporting efforts in obtaining permanent, stable housing. These supports include assisting financially with move-in costs, funding a portion of rent for a specific period of time, or assisting these youth in other concrete ways.

CHILREN AND YOUTH SERVICES

Families involved with the child welfare system, including youth and families who "cross-over" with other human services, are among the neediest in our communities. They require a coordinated response to adequately address multiple and simultaneous challenges. The Human Services Block Grant (HSBG) has provided opportunities to address specific needs that are not traditionally funded through the Child Welfare Needs Based Plan and Budget, a significant benefit to our vulnerable children and their families.

The County's Community Connections model under our new Department of Health and Human Services invests in services that support residents across the spectrum of their needs. From prevention, to diversion, to early interventions each service level is designed to safely support residents in their

homes and communities. Consistent with the County's Community Connections model's philosophy, the child welfare practice model prioritizes programs and services that strengthen families in order to create safe home environments for children to grow and thrive. Special Grant Initiatives (SGIs) provide immediate and accessible assistance intended to impact a family's formal involvement with child welfare by preventing crisis and minimizing the risk factors and threats to a child's safety.

Special Grant Initiatives have enhanced our capacity to identify and address family needs which have immediate or future potential to jeopardize child safety or well-being. The grants are intended to reduce the need for more intrusive and costly public services. Chosen interventions must be effective to address youth and family needs and so they continue to evolve. Our selected programs provide concrete services delivered using an inclusive, strengths-based and family-focused approach. Youth and family voices are heard through practices that emphasize partnership and shared responsibility for outcomes. Service providers and representatives from other county Health and Human Services offices are participating in teaming, shared case planning and service coordination to leverage available resources. Program performance standards are created to measure positive change and improve identified outcomes for families.

Special Grant Initiatives provide flexibility to engage families in their own community which frequently promotes a family's acceptance of assistance, even when children are at risk of removal if interventions are not immediate and effective. The programs we implement focus on addressing several of the most widespread needs for child welfare services. These are concrete daily living needs, including housing, promoting educational achievement, improving parenting capabilities, reducing complicated child behaviors and providing safe informal arrangements for parents in crisis who have reduced capacity to meet their children's needs. Services are intended to reduce the number of child protective investigations, to safely reduce the number of cases opened for services, and to reduce the number children who must be placed out of home.

- In FY 2012/13, Family Group Decision Making, Alternative Response Housing Initiative and Truancy Abatement programs were delivered through the Needs Based Plan and Budget.
- In FY 2013/14, existing diversionary programs were expanded with approval of additional funds by introducing High Fidelity Wraparound, Multi-Systemic Therapy and Safe Families for Children programs.
- In FY 2014/15 SGI programs above, except Safe Families for Children, were maintained.
- In FY 2015/16, all SGI programs were maintained in the HSBG; no additional funds were provided. Evidence-base program funds were shared among three services utilizing allocation flexibility to appropriately meet the needs of youth and families. The same diversionary programs continued from FY 2014/15. Emphasis was placed on delivering services and providing resources in ways that families closely identify with to help them achieve their own goals. Family needs were addressed in an immediate and responsive manner, which supported and encouraged the disclosure of additional needs and promoted families willingness to more readily accept assistance. Program revisions were made to Alternative Response/Housing Initiative (ARHI) to adequately meet families increased housing and housing-related needs.
- In the current fiscal year 2016/17, HSBG program funding remains level. Use of evidence-base practices continue to be emphasized. That is, those practices and programs that demonstrate positive outcomes for children and families. Program revisions are also being introduced to reinforce the preventative and diversionary nature of truancy abatement programs and Family

Group Decision Making (FGDM). Newly awarded SGIs in the county's Needs Based Plan and Budget include Nurse-Family Partnership and Family Advocacy and Support Tool and Child and Adolescent Needs and Strengths assessment will be used to enhance existing HSBG services, and provide us with continued opportunity to expand our array of preventive and diversionary services.

Enactment of amendments to the Child Protective Services Law on January 1, 2015 has continued to impact operations, resulting in an increase in the number of new referrals. In FY 2014/15 a 25% increase in referred families was documented in the initial months of 2015. In FY 2015/16 we continued to experience increased referrals with almost fifty percent (49.7%) more families referred from 2014 to 2015. By type of investigation this breaks down to: 43.3% increase in CPS Investigations; 16.7% increase in GPS Investigations; and 73.4% of increase Brief Services response. By the end of 2015, OCY received 11,629 requests for assistance or protective services referrals.

Three outcomes have been established to provide benchmarks for evaluation of success in delivery of SGI/HSBG services in the current year. The following table identifies those outcomes along with timeframes and measurements for evaluation. They continue to be priority outcomes and so are continued into the current year.

Outcome	Measurement and Frequency	All Child Welfare Services in HSBG Contributing to Outcomes
Safety: Children are protected from abuse and neglect. • Services are available to families through community based organizations with reduced necessity for formal involvement in the public child welfare system. • Services are also intended to reduce the length of time that families require services and support if a case must be formally opened. • Services are available to older youth who are transitioning to independence at age 18 or beyond.	Measurement: Number of families whose children's needs are met through alternative response and brief services delivery in comparison to CPS and GPS referrals accepted for investigation and assessment. Frequency: Annual • Quarterly administrative reports are submitted to the County for evaluation and review. • Meetings with contracted providers are held at the same frequency, as well as on an as needed basis.	Housing MST HIFI FGDM
Safety: Children are safely maintained in their own home whenever possible. • Services address needs of	Measurement: Number of child placements in proportion to total families receiving services. Frequency: Annual	Truancy Housing MST FGDM

families and their children in order to successfully remediate safety threats and risks, thereby reducing the necessity for out of home placement.	• Quarterly administrative reports are submitted to the County for evaluation and review. • Meetings with contracted providers are held at the same frequency, as well as on an as needed basis.	
Child and Family Well-being: Families have enhanced capacity to provide for their children's needs. SGI grants provide means through which families can be connected to needed interventions in a less intrusive manner with a focus on prevention, diversion reduction in the length of time that a family requires formal involvement with the public service system.	Measurement: Three measures are established. 1. Length of service for families with open cases; 2. Number of new family cases opened following delivery of SGI services during grant year. 3. Family self-report of improved capacity at 3 and 6 month follow-up. Frequency: Annual • Quarterly administrative reports are submitted to the County for evaluation and review. • Meetings with contracted providers are held at the same frequency, as well as on an as needed basis.	Housing Truancy MST HIFI FGDM

Although we do not expect to address all needs of every family referred for SGI/HSBG services, we expect that many children will be positively impacted as a result of the services made available by targeting grant funds to address our prioritized program improvements. By making human services available and accessible to families in their own communities, and in their own homes, we are hopeful that families will seek out help before they are in crisis. In the past year as many as 344 families with 860 children were referred to, or independently sought out, special grant funded services. In FY 2015/16 HSBG funds were fully expended. In FY 2016/17 grant funded services are anticipated to maintain the same service delivery success as the prior year, with likely greater utilization.

A total of $1,072,933 is designated to support Children and Youth Services special grants under the HSBG. SGIs are intended to assist as many as 313 families and nearly 782 children in FY 2016/17. As previously mentioned, SGIs support a portion of families referred to the child welfare system for assessment of dependency by preventing or diverting them from further formal involvement. Additionally, data for the past three years demonstrates that families referred to special grants diversionary services reduces the agency's need to open a new case for services by fifty percent (50%). For FY 2016/17 this projects out to upwards of 157 families with 391 children by year's end.

The following overview explains design of SGIs/HSBG programs. Funds have provided capacity for the county to demonstrate the Community Connections service philosophy. Our approach puts families first, engages the community and makes every effort to keep families together whenever it is safe and appropriate.

Program Name:	**Evidence Based Program - Family Group Decision Making**

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y	**New**	**Continuing**	**Expanding**
			X	

	FY 15/16	**FY 16/17**
SGI Funds Invested in HSBG	$112,816	$95,000
Target Population	Families referred to OCY and HHS	Families referred to OCY and HHS
Number of Family Referrals	45	45
Number of Families Successfully Completing Program	20 successful meetings/5 successful referrals	28 successful meetings/9 successful referrals
Cost Per Year	$95,000	$95,000
Per Diem Cost/ Program Funded Amount	OCYF rate structure employed	OCYF rate structure employed
Name of Service Provider	Community Service Foundation	RFP issued

Family engagement activities and meetings continue to be a central focus of child welfare practice. Over the past three to four years, ongoing evaluation has been conducted with families regarding their perceptions of three (3) OCY family engagement interventions-FGDM, HIFI, and Team Decision Making (TDM). Consistently, families and community members have reported that they view these processes and meetings as positively impacting family functioning. OCY staff members also emphasize that providing families with options is key to successfully engaging families involved with the child welfare system.

The use of FGDM has proven especially helpful for a number of families referred to OCY, both open cases and diverted families. However, FGDM is not feasible in every case; therefore, the county uses additional family teaming models, both formal and informal, to support delivery of child welfare and other social services. Ongoing evaluation of the agency's use of FGDM continues to support increased use to divert families from becoming formally involved with OCY and other county human service systems. As the county transitions to a fully integrated Health and Human Services Department, FGDM's strength-based, family-focused approach will become an integral component within the community to promote natural supports of families for developing solutions to address numerous family issues. Families continue to be provided opportunity to participate in FGDM as an OCY brief services

response and/or during the intake phases of a case. These opportunities support families' self-determination and increase the chance of avoiding formal involvement in the child welfare system.

In recent years, family inclusion, integration of concurrent planning, assessment of bonding and attachments for children, father and paternal relative engagement, kinship placements, and use of a strength-based, family-centered approach have remained key elements of enhanced child welfare practice. Family Group Decision Making provides the process to successfully incorporate these elements and allows families to meet as often as necessary to ensure the developed plans are achieving the purpose of the initial meeting.

In FY 2014/15 sixty (60) families with one hundred thirty-three (133) children were referred to our FGDM provider, exceeding our established 52 targeted referrals. Despite several challenges including caseworker vacancies, increased work demands stemming from implementation of the new CPSL, and a new/unfamiliar process to Community Connections and other human service systems, FGDM referrals increased from the prior year. In FY 2015/16 forty-five (45) families with 91 children were referred to our FGDM provider, which represented an eighty-seven percent (87%) successful referral rate. We continue to see an increased number (42%) of referrals to FGDM from our Intake Division, resulting in an effective means to diverting families from formal involvement with the child welfare system. Additionally, our Community Connections offices have initiated referrals. Despite the decrease in overall referrals from the prior year, FGDM continues to be a critical component to our family engagement strategies and has demonstrated positive outcomes of child safety, permanency, and well-being.

In FY 2015/16 we redistributed a small portion ($17,816) of our FGDM allocation of $112,816 to other evidence-based programs to meet the growing demand of specialized services for families and youth. In FY 2016/17 $95,000 of our overall $452,290 evidence-based program allocation will be dedicated to support FGDM. The County's Health and Human Services Department will continue to make FGDM available to families across our human services program offices in FY 2016/17. Additional detail about use of transitioned funds to support all health and human services can be found in the HSDF section narrative.

Family Outcomes:
- Increased number of families whose needs are successfully met by the program as a result of engagement and inclusion in case planning.
- Increase parent, family and community participation in development of their case plans.
- Increased capacity to address underlying issues that result in families referred to the child welfare system.
- Increased engagement of family and natural supports in the intervention process.

Program Outcomes:
- Increased number of families diverted from formal involvement with OCY within twelve (12) months of receiving the service.
- Safely reduce the number of family cases opened for services by resolution of family circumstances during the investigation and assessment process.
- Increased utilization of kinship care for children and older youth when safety threats in a parent's home cannot be eliminated.

Were there instances of under spending or under-utilization of prior years' funds?
 X Yes   No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

The flexibility to allocate funds within our evidence-based programs is critical to ensuring that family and youth needs are adequately met. All evidence-based program funding was expended in FY 2015/16 among FGDM, MST, and High Fidelity Wraparound. However, in FY 2015/16 we had slightly greater need to utilize evidence-base program funds to support service delivery of MST and High Fidelity Wraparound, over FGDM. Additionally, an evaluation of our current service provider's capacity to respond to all referrals in a timely manner has warranted issuance of a RFP to ensure seamless FGDM delivery.

Program Name:	**Evidence-Based Program: High Fidelity Wraparound (HIFI)**				
		Enter X			
	Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
	Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	**Y**	**New**	**Continuing**	**Expanding**
				X	

	FY 15/16	**FY 16/17**
SGI Funds Invested in HSBG	$179,480	$197,296
Target Population	Families with children and youth ages 10-21	Families with children and youth ages 10-21
Number of Referrals	26	26
Number of Families Successfully completing program	16	17
Cost per year	$193,718	$197,296
Per Diem Cost/Program funded amount	$11,813 per family	$11,813 per family
Name of Provider	Child and Family Focus	Child and Family Focus

For several years, the county's Behavioral Health Department has made community-based intervention services available to families on an increased basis; subsequently, increasingly meeting local needs of families who might otherwise require services from child welfare. Both child welfare and behavioral health utilize the same provider for HIFI.

High Fidelity Wraparound (HIFI) is a process designed to provide assistance to families whose child or adolescent is experiencing multiple needs and often have complex plans from several different systems. High Fidelity Wraparound is a structured, team-based process that uses a partner and empowerment

approach with families, encouraging their voice and strengths to be the driving factor in development of a plan that meets identified needs. Ongoing meetings occur over the course of several months utilizing a four phase structure: Engagement and Team Preparation, Initial Plan Development, Implementation, and Transition.

The HIFI team works to ensure that the youth and family are heard and respected, and that the goals they have identified are built into an ongoing recovery process. The youth and family, along with the HIFI Facilitator and Support Partners regularly monitor the plan and bring the team together to review, celebrate successes, and help identify new needs as they may arise. Families become empowered by having a plan they can manage in which progress is apparent and happens frequently.

For the past three years, High Fidelity Wraparound has been employed as an additional layer of support and advocacy to OCY's family engagement processes. High Fidelity Wraparound is available for diversion, as an intervention on a case opened for services as well as an aftercare support when case closure is planned and formal therapeutic services end. Over the past three years, OCY has exceeded projected referral numbers.

In FY 2014/15 forty (40) families with one hundred seven (107) youth were referred to HIFI. Of the forty (40) families referred, twenty-nine (29) families were diverted from formal involvement with the agency and another two (2) families successfully closed with OCY, while HIFI remained involved. Data collected over the past year focused on measuring the number of family re-referred to the agency post completion of HIFI. Post 12-months of HIFI, twenty-six (26) families had no child welfare involvement.

In FY 2015/16 forty-three (43) families with hundred one (101) youth were referred to HIFI. The HIFI provider accepted twenty-six (26) families for services. As anticipated, referrals far exceeded (153%) anticipated projection of seventeen (17). Of the forty-three families referred, thirty-two (32) families were diversionary referrals prevention further involvement with OCY. Currently, twenty-five (25) of the thirty-two (32) continue to receive HIFI.

As mentioned above, a total of twenty-six (26) families were accepted for HIFI services this past fiscal year. All youth were initially funded through HSBG funding. In order to serve more youth/families ten (10) families were transitioned to Behavioral Health/MCO funding; therefore, utilizing only partial HSBG funding. Sixteen (16) families were fully supported by HSBG funds and successfully completed HIFI.

By redirecting a small portion of the overall evidence-based programs allocation we have increased the program's funds to $197,296 for HIFI in FY 2016/17. This change in funding will allow us to continue to provide HIFI as a diversionary measure to families on an increased need.

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

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

Were there instances of under spending or under-utilization of prior years' funds?
☐ Yes   X No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

Program Name:	**Evidence Based Program - Multi-Systemic Therapy (MST)**

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	**Y**	**New**	**Continuing**	**Expanding**
			X	

	FY 15/16	**FY 16/17**
SGI Funds Invested in HSBG	$159,994	$159,994
Target Population	Youth age 10-21 exhibiting at risk behaviors at home or in school	Youth age 10-21 exhibiting at risk behaviors at home or in school
Number of Family Referrals	28	28
Number of Families Successfully Completing	13	13
Cost Per Year	$163,572	$159,994
Per Diem Cost/Program Funded Amount	$12,240/youth	$12,240/youth
Name of Service Provider	K/S MST, Inc. & Child Guidance Resource Center	K/S MST, Inc. & Child Guidance Resource Center

Multi-Systemic Therapy (MST) is an intensive family and community-based treatment program that focuses on effective change needed to improve the quality of life for youth and their families. The goal of MST is to empower families to build a natural support network through the mobilization of organic child, family, and community resources. For the truant and ungovernable population, this immediate access to intervention is critical to success in remediating problem behaviors and reducing the time that the family needs to be involved with the child welfare system.

As is true with many families that come to OCY's attention, families with youth aged 10 to 17 often have complex and unique needs requiring specialized services. Despite provision of services, many parents/caretakers are not able to support a child's identified needs. Many live in homes where their primary parent or caretaker has abandoned authority or who have been unable to redirect a child's negative behaviors for a sustained period. Some parents/caretakers are unable to cope with their child's behavior and subsequently decline or refuse to provide daily caretaking for the youth; subsequently, turning to OCY for assistance. Multi-Systemic Therapy has been increasingly authorized as an appropriate level of care through the Behavioral Health Department's Managed Care Organization (MCO), Magellan, making community-based intervention services available to families involved in child welfare.

In FY 2014/15 OCY revised the Adolescent Unit's referral screening/brief service procedures. For years OCY set forth the requirement of parents/caregivers and youth participating in traditional outpatient counseling before a referral was accepted; however, due to family circumstances this is not always feasible. OCY began offering MST to families that otherwise might not have means to access counseling intervention. This change in policy resulted in many cases being diverted from formal child welfare involvement. For families and youth that become involved in the child welfare system, MST is intended to shorten their length of involvement, improve family cohesion and increase the likelihood that youth are able to remain safely at home. This, in turn, prevents the necessity of out-of-home placement for a number of youth and to make and sustain positive change.

The county's MCO has a contract with two agencies that deliver these services, K/S MST and Child Guidance Resource Center. Child welfare contracts for the services through the same agencies to support cohesion in our interdisciplinary service array. Our two provider agencies consistently report an eighty-five percent (85%) positive closure/success rate from year to year. Meaning, youth remain stable at home with their families and in school. Additionally, close to ninety percent (89%) of parents/caregivers report feeling significantly more confident in their parenting skills.

In FY 2014/15 thirty-nine (39) youth/families received MST services from two contracted providers. Of the youth receiving services, twenty-six (26) were referred in FY 2014/15. Six (6) of the youth were diverted from involvement with OCY. In FY 2015/16 forty-five (45) youth/families received MST services from the same contracted providers. Of the youth receiving services, thirty (30) were referred in FY 2015/16. The MST providers accepted twenty-eight (28) of the thirty (30) referrals for service. Targeted referrals were roughly double the anticipated projection. Twenty-three percent (23%) or seven (7) of the twenty-eight (28) referrals were of diversionary nature. Of the total youth receiving MST in FY 2015/16, eighty-seven percent (87%) did not experience an out-of-home placement.

As mentioned above, a total of twenty-eight (28) families were accepted for MST services this past fiscal year. All youth were initially funded through HSBG funding. In order to serve more youth/families fifteen (15) families were transitioned to Behavioral Health/MCO funding; therefore, utilizing only partial HSBG funding. Thirteen (13) families were fully supported by HSBG funds and successfully completed MST.

Moving into FY 2016/17, we anticipate the current utilization of MST to continue in our Screening and Adolescent Units to divert families from becoming formally involved in the child welfare system. For purposes of this SGI, the providers transition any eligible youth to behavioral healthcare funding

following family assessment of needs and youth medical necessity authorization. This allows for additional number of families to receive services, including youth referred as truant or ungovernable whose primary insurance coverage does not include this type of services.

Funding allocation of $159,994 for the program will remain unchanged in FY 2016/17; however, we will redirect funds as necessary to meet youth and family needs.

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

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

Were there instances of under spending or under-utilization of prior years' funds?
☐ Yes   X No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

Program Name:	**Alternative Response Housing Initiative (ARHI)**

Status			Enter X		
Funded and delivered services in 2015-2016 but not renewing in 2016-2017					
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y	**New**	**Continuing**	**Expanding**	
			X		

	FY 15/16	FY 16/17
SGI Funds Invested in HSBG	$287,168	$287,168
Target Population	Families and transition-aged youth	Families and transition-aged youth

Number of Families Referrals	126 families/youth	133 families/youth
Number of Families Successfully completing program	126	133
Cost per year	$287,168	$287,168
Per Diem Cost/Program funded amount	$1,500/family or youth one time in fiscal year	$1,500/family or youth one time in fiscal year
Name of provider	Family Center	Family Center

Since 2009, the Alternative Response Housing Initiative (ARHI) has been a vital service to families and older youth served by OCY. The service often stabilizes families whose children are at risk of dependency, including out of home placement. Historically, housing services are among the most difficult to access given eligibility requirements and reduction of alternative available resources. Many families known to OCY, and foster youth transitioning to independent living, often find themselves without housing because their needs are different from a chronically homeless population. They may not meet requirements of established housing programs; often demand is greater than program capacity and Section 8 vouchers are unavailable. Additionally, when these same families and individuals are eligible for assistance through other programs, waiting lists are lengthy and crisis often erupts before services can be accessed.

On average, 30% to 40% of families receiving general protective services from child welfare experience housing related challenges that compromise child safety, permanency, and/or well-being. Housing is frequently one factor that contributes to placement of children in foster care and it is consistently in the top five reasons in Montgomery County. In 2015/16 housing was a contributing factor in almost thirty percent (29.6%) of new child placements. A significant number of children were also at-risk of placement because their home environment was unsafe. Safety may be compromised due to insect infestation, absence of functional major appliances or furniture, lack of heat or water or other essentials of daily living.

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

Over the past seven years, ARHI services have supported housing or housing related needs of seven hundred ninety-seven (797) families with two thousand, one hundred thirty (2,130) children. Alternative Response Housing Initiative is utilized to divert families from becoming formally involved with OCY, as well as stabilize families actively involved with the agency.
Data collection consistently indicates that more than half (55%) of the families referred to ARHI are diverted from becoming formally involved with the agency. A comprehensive evaluation in FY 2014/15 of ARHI's effectiveness during the first three years of the special grant funds, demonstrated that forty percent (40%) of families receiving ARHI did not have a re-report of child abuse or neglect and thirty percent (30%) were re-referred after 12 months or more post service completion. Qualitative data revealed similar positive results for families that receive ARHI services. Formal and informal interviews of families, community partners, and OCY staff members consistently reported that ARHI not only provides for families' concrete needs, it contributes to reduced risk factors by addressing underlying issues.

Review of all data collected since program inception has allowed us to longitudinally evaluate program outcomes; consequently, leading to a necessary program revision. Montgomery County residents continue to experience one of the highest costs of housing rental in the five-county region; however, living wages have remained relatively flat. In FY 2015/16 the ARHI $1000 per family cap was raised to $1500 per family in order to sufficiently meet many families growing financial housing needs. Each family continued to receive an individual assessment to determine necessary resources and financial support. Some families received the full $1500, while others received as little as $200. Although the program revision overall caused less families to be referred and served in FY 2015/16, the changed allowed us to more adequately meet individual family needs; consequently, creating greater family stability.

In FY 2014/15 two hundred (200) families with five hundred thirty-eight (538) children received ARHI services. In FY 2015/16 one hundred twenty-six (126) families with three hundred twenty-four (324) children were referred to two contracted providers for ARHI services. Of the families referred, fifty-four (54) families were diverted from receiving ongoing formal child welfare involvement. In spite of reduced referrals, allocated funding was expended.

Funding allocation of $287,168 for the program will remain unchanged in FY 2016/17.

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

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

Were there instances of under spending or under-utilization of prior years' funds?
☐ Yes X No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

Program Name:	**Alternatives to Truancy and Educational Success Services**

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				

		New	Continuing	Expanding
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y		X	

	FY 15/16	FY 16/17
Total SGI funds Invested in HSBG	$325,115	$333,475*
Target Population	Families and School-aged children experiencing truancy	Families and School-aged children experiencing truancy
Number of Family Referrals	100	100
Number of Families Successfully Completing Program	74	75
Cost per year	$333,475*	$333,475
Cost/Program funded amount	$4500/youth	$4500/youth
Name of provider	Justice Works, Glen Mills, Child Guidance Resource Center	RFP issued

*$8360 of the allocation within HSDF were redirected to Alternatives to Truancy and Educational Success Services to meet the increased youth truancy abatement needs

Truancy abatement and educational success has remained a statewide and countywide priority for several years. Since 2011, a countywide Truancy Task Force coordinated by OCY has functioned through our local Children's Roundtable Membership includes the majority of our twenty-two school districts, law enforcement, Magisterial District Judges, the District Attorney's office, parents, youth and service providers. The Truancy Task Force continues to serve as a conduit to bring stakeholders together on a monthly basis throughout the school year to share information; subsequently, leading to program enhancements and an overall increased partnership to address youth truancy in a timely fashion.

In FY 2013/14 a county-specific, three-tiered Truancy Abatement and Educational Success Program was executed. Over the past three years, the initiative has continuously emphasized diversion, early intervention and truancy abatement through a shared response across systems and within the community. Collaboration among school districts, law enforcement, the Court and community service providers have been essential to successful implementation. The tiered intervention strategy addresses truancy and fosters academic success on three levels: Tier 1: Prevention, Tier 2: Diversion, Tier 3: Intervention. Tier 1 services are available to families whose children have been unlawfully absent for at least six days in an academic year. Services are designed to be delivered prior to an OCY referral is received. Tier 2 services are available to families whose children have been unlawfully absent for at least ten days in an academic year. It is intended to keep participating students in school, preventing the truant behavior from reaching a critical level when students experience school failure or formal referral to child welfare is the only option for intervention. Components of "Check and Connect" and "Why Try" two (2) evidence-based programs are utilized and have demonstrated improvement with children and families achieving school success. It should be noted that the intervention framework is consistent with the Basic Education Circulars (BEC) issued by the PA Department of Education. The Circular encourages routine use of Truancy Elimination Plans by schools, law enforcement participation in the intervention

process, petitioning of Magisterial District Judges by school districts and involvement of the child welfare agency prior to filing a dependency petition in the Juvenile Court. Tier 3 services are delivered to families who receive an open case with OCY.

In FY 2015/16 a Tier 1 pilot truancy prevention program, initiated at the end of FY 2014/15, continued to develop through a collaborative partnership between OCY, an existing contracted provider and a county school district with one of the highest rates of truancy, Norristown. Existing research suggests that early identification and comprehensive intervention increases the likelihood of preventing youth truancy from developing into a chronic behavior. For this reason, the model program includes both school- and home-based components. Weekly group sessions were conducted in school and individual family sessions conducted in the student's home. Referrals are initiated by school personnel review of youth's school absentee record and in a number of cases by the local magistrate at the time of a youth's initial truancy hearing. Feedback from the school district, contracted provider, district judge, and families has been exceptionally positive. The school district commented that the early prevention service that has been delivered using a school-based and home-based model has been a missing component in the array of existing truancy abatement services. Families, via the contracted provider, have stated that they are more willing to engage in services when offered by a community-based agency and do not feel intrusive. The local district judge has commented that the program provides an opportunity for families and youth to actively address issues and avoid future court involvement.

In FY 2015/16 the pilot program allocation supported eighteen (18) fifth to eighth grade students from three Norristown Area School District middle schools. Of the participating youth, fifty percent (50%) significantly improved daily school attendance. Several strengths and challenges were identified during the pilot program. Strengths include families receiving weekly individual time; buy-in from the local magistrate; families being connected to resources within their community; and in some instances, youth and their families receiving aftercare services as an additional resource and support. Challenges include initial difficultly with family buy-in; various uncontrollable factors contributing to truancy; and the small number of youth served due to funding limitations. In FY 2016/17 a RFP will be issued to formalize the truancy prevention program.

Tier 2 truancy diversion services continue to be an integral part of our truancy abatement efforts. Since the program inception, three hundred fifty-seven (357) youth and their families have received services. School districts report that the truancy diversion service provides youth and families an opportunity to receive an intensive school-based and home-based service that otherwise would not be available and without ongoing formal involvement with the child welfare system. OCY staff report several benefits to truancy diversion services including less intrusive intervention for families and increased youth school engagement.

In FY 2014/15 one hundred six (106) youth were referred to one of three contracted providers for truancy diversion services. This resulted in us exceeding our referral target of seventy-five (75) youth, by more than forty percent (41%). A total of one hundred sixty-one (161) youth were served. Of those youth, fifty-nine (59) youth successfully completed the program, meaning that the family was diverted from having a case opened.

In FY 2015/16 one hundred (100) youth were referred to one of the same three contracted providers. For the second year in a row we exceeded our referral target, this year by thirty-three percent (33%). Of

the one hundred (100) youth referred, sixty-five (65) successfully completed the program and did not have further OCY involvement. Data from youth served in FY 2014/15 demonstrated that sixty-five percent (65%) did not return to OCY's attention post 12-months of receiving truancy diversion services.

Truancy abatement remains a priority within the county; therefore, the $8360 transitioned from HSDF in FY 2015/16 will continue for FY 2016/17. Funding allocation is increased to $333,475 for truancy programs in FY 2016/17.

Program Outcomes:
- Reduce the number of subsequent referrals to OCY at a 12 month follow-up; OCY's ACYS case management system will be used to track families referred to determine if placement has been prevented and/or reunification achieved.
- Reduce the number of youth petitioned to Juvenile Court with chronic truancy using OCY FY 2013/14 and FY 2014/15 data as the foundation for measurement.
- Number of youth placed out of home using OCY FY 2013/14 and FY 2014/15 data as the foundation for measurement.
- Total dollars expended per family to address need.

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

Were there instances of under spending or under-utilization of prior years' funds?
☐ Yes   X No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

DRUG AND ALCOHOL SERVICES

Drug and Alcohol services span a continuum from prevention, intervention, student assistance programming, outpatient, intensive outpatient, partial hospitalization as well as hospital and non-hospital inpatient treatment service approaches. The SCA's network of Providers numbers near 40 and offers over 100 different options and levels of care to best meet the needs of those seeking services. Waiting lists can and do develop at times for treatment services, however, with the exception of methadone

maintenance services, typically do not last more than several days for inpatient treatment services to a few weeks for outpatient treatment services. However, it should be noted that increasingly in FY15/16, available beds for inpatient treatment services have become difficult to locate. Some inpatient treatment providers have been reporting two – three week wait times. We believe this has been occurring due to the "expansion" of Medicaid in the State and is also being driven by the continuing opioid crisis throughout the State. Alternative/interim services are put in to place for those individuals on waiting lists. The SCA places no limits on the number of assessments which can be provided to individuals suffering with a substance use disorder; however, we do have a limit on the number of inpatient placement episodes allowable in a year time span at one placement per year. Individuals are made aware of this policy during their assessment and are asked to sign the policy acknowledging this policy. The SCA does however provide for review of such cases when they arise and allows for exceptions as deemed necessary.

The primary substance use trend that has been impacting County SCA systems across the State is the increase in opioid dependence, primarily heroin, but also prescription narcotics. Along with opioid dependence come overdose deaths. Many State and local agencies are working to address both of these issues. 67% of all admissions to inpatient substance use treatment services were for opioid dependence in FY14/15. This was a 3% increase in admissions of the same from FY13/14. The SCA has no reason to believe that admissions in FY16/17 will differ significantly. Additionally, overdose deaths in Montgomery County have risen, from 134 drug related deaths in 2013 to 158 drug related deaths in 2014 (a 15% increase in 1 year). Specifically, in 2013 there were 46 heroin deaths recorded in Montgomery County and 73 heroin deaths recorded in 2014 (a 37% increase in 1 year).

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

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

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

HSBG funds have historically been used to provide non-hospital residential detox and rehabilitation services for individuals who are uninsured, who do not have private insurance that covers the service they need or cannot obtain Medical Assistance. These funds have also been used to provide detox and rehabilitation services for individuals who are eligible for Medical Assistance but not yet enrolled in the Health Choices program or not eligible for the Health Choices program and yet are enrolled in the MA fee for service program which does not pay for non-hospital detox and rehab services. Target populations for this funding stream are those individuals who without D&A treatment would likely become the responsibility of another system such as the County Jail, Probation, OCY, etc.

The SCA requires that the individual be clinically and financially eligible for substance use treatment services. Each applicant is required to formally apply for MA to ensure whether or not they are eligible or ineligible for the Health Choices funding program under Medical Assistance in order to maximize HSBG funds.

In FY15/16 we realized the impact that "Medicaid Expansion" actually has had on the utilization of HSBG funds. Individuals historically funded by HSBG dollars for the most part have become eligible for Medicaid funding within a very quick turnaround time (in some cases same day or 1 to 2 days), thereby coverage for their substance use disorder services are being paid for under the Health Choices project.

Additionally, approval of a State Budget very late in the fiscal year impacted the SCA's ability to expend many of the allocated financial funding resources particularly from its primary State funding agency.

As evidence of this fact so far in FY 15-16 (as of **6/15/2016**) the following services were delivered with HSBG funds and supplemented with base funds as noted below:

FUNDING	# CLIENTS	# DAYS OF RESIDENTIAL CARE	BUDGET	EXPENDED
HSBG Allocation	67 clients	840 days of residential care	$1,093,190	$142,831
FUNDING	# CLIENTS	# DAYS OF RESIDENTIAL CARE	BUDGET	EXPENDED
DDAP Base Allocation	108 clients	1348 days of residential care	$554,344	$312,600
DDAP Gambling Allocation	48 clients	677 days of residential care	$161,467	$151,005
Other Revenues	17 clients	717 days of residential care	$311,141	$104,832

PCCD/RIP				
TOTAL – **ALL OTHER SUPPLEMENTAL ALLOCATIONS**	*240 clients*	*3582 days of residential care*	*$2,120,142*	*$711,268*

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

The SCA has no reason to believe that there will be a decrease in the need for inpatient treatment services in FY 16-17, particularly given the continuing opioid crisis; however, with Medicaid expansion and coverage for additional eligible individuals, the SCA projects the following decreased service levels for inpatient treatment services to be paid for with block grant funds:

Block Grant Funds: 100 clients to be served

1500 Non Hospital Detox, Rehab and Halfway House days purchased

Average Cost per Client: $3,020

Total Expense: **$302,000**

Therefore, since the SCA found itself unable to expend a sizeable portion of its budgeted block grant dollars which had been targeted for inpatient treatment services only in FY15/16, the SCA outreached to the Office of Children & Youth to inquire as to any D&A program services for which they were paying from another funding stream which could be paid for out of the Human Services Block Grant funds. Upon investigation, it was determined that there were three Providers with three distinct programs which were considered eligible expenses for D&A to pay under Intervention programming. Therefore the SCA has reimbursed the Office of Children & Youth in FY15/16 for the following services in FY 15-16 (as of **5/31/2016**) as noted below:

PROGRAM	HRS/DAYS/UNITS	INDIVIDUALS	EXPENDED
Lab Testing for substance use with identified families + supply costs	@2102 tests	@200	$13,663
Intensive Supervision Program for Adolescents with SUD's	636 days	23	$27,348
D&A Education/Intervention Services for Identified Families with	1039.5 hours	93	$67,827

SUD's			
TOTALS			**$108,838**

The Office of Children & Youth intends to continue these three programs in FY16/17 and the SCA is agreeing to pay for these services with Human Services Block Grant funds. It is estimated the cost of all three programs to be **$150,000**.

TARGET POPULATIONS

Older Adults (ages 60 and above)

Although the demand for those under the age 18 and over 60 make up less than 5% of all D&A admissions, when this population presents for care there are a few specialty programs available to meet the special needs of the older population with substance use disorders.

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

The SCA does not have FY15-16 year end reports completed as of this writing, however, we anticipate similar demographic results as in FY14 -15 as well as moving forward in to FY16-17. Montgomery County's D&A demographic data results have remained relatively consistent over the last 5 years, with the exception of "drug of abuse", which can trend. The demographics listed below account for admissions to inpatient and outpatient treatment services.

Ages: 25-34 comprised 49% of all admissions to inpatient & outpatient treatment services followed by 24% in the 35-44 age range, 12% in the 45-54 age range, 10% in the 18-24 age range and 6% in the 54+ age range. (*FY 14-15 data results*)

Sex: 77% Male; 25% Female (*FY 14-15 data results*)

Race: 84% Caucasian; 12.5% African American; 3.5% all other (*FY 14-15 data results*)

The overwhelming drugs of abuse for inpatient treatment services are opioids with 54% for heroin and 14% for other opiates; accounting collectively for 68% of all admissions (an increase of 4% from FY13/14). (*FY 14-15 data results*)

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

this population in community based care. This phenomenon has received attention at the National level as well as at the State level. Additionally due to the opioid crisis and lack of inpatient treatment bed capacity we have asked an in-County large Inpatient Treatment Provider to expand their bed capacity. This provider will be constructing a new 16 bed unit on its property for the specific purposes of programming for this transition age young adult population with opioid use disorders utilizing an evidence based practice.

Adolescents (under 18)

Although the demand for those under the age of 18 and over 60 make up only around 5% of all D&A treatment admissions, when this population presents for care there are specialty programs available. Adolescent care is provided in specialty treatment units that are uniquely prepared to deal with adolescent co-occurring problems. Additionally, the vast majority of adolescents are covered under M.A. (Health Choices) funding or private health insurance for their treatment needs.

In FY15/16 Student Assistance Program (SAP) services for MH & D&A became integrated for the first time in Montgomery County. The offices of Mental Health and D&A made a decision to integrate SAP services in order to promote wellness and resiliency by engaging youth through a coordinated, holistic approach; thereby increasing partnership and efficiencies with schools by identifying a single point of contact, in order to maximize SAP resources. Therefore, all SAP services delivered in Montgomery County have been integrated in such a way that combines all SAP funding from the Montgomery County Mental Health office and the Montgomery County Drug & Alcohol office in fee-for-service contracts. All SAP services are being overseen and managed primarily by the Montgomery County Drug & Alcohol office with input and involvement from the Montgomery County Mental Health office.

Individuals with CODs

Specialty programming is also in place for persons with co-occurring psychiatric and substance use disorders at eight different inpatient facilities under contract with the SCA. COD admissions to inpatient COD programs comprised approximately 19% of all individuals served in those facilities in FY14/15. Data is not yet available for FY15/16.

Criminal Justice Involved Individuals

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

There is also a dedicated expedited Medical Assistance project in place at the Montgomery County Correctional Facility whereby inmates are assessed for D&A Inpatient Treatment services and placed

directly into such services with Medical Assistance active the day the inmate leaves the prison and enters D&A Inpatient Treatment.

Women with Children

Specialty programming is in place for Women with Children who have substance use disorders at five different inpatient facilities under contract with the SCA. Additionally, the SCA uses DDAP funds to pay for an Evidence Based Program at the Montgomery County Correctional Facility which deals with trauma issues the incarcerated women have faced in their lives, the majority of whom have children, which has contributed to their substance use disorders. Women with children and pregnant women are a priority population for the SCA under requirements of DDAP.

Veterans

Services to veterans are incorporated into our current existing D&A system; however, in addition, Montgomery County is fortunate to have a dedicated Veteran's Treatment Court which handles veteran's facing criminal charges due to behavioral health issues. Individuals involved in the Veteran's Court program receive behavioral health treatment services through their veteran's benefits at veteran specific programs. Additionally, Veterans have been identified by the State Department of Drug & Alcohol Programs as a priority population for County SCA's. Therefore, as the SCA we would cover treatment costs for veteran's unable to access their V.A. benefits for treatment services. Veterans are a priority population for the SCA under requirements of DDAP.

Recovery Oriented Services

Recovery Oriented Services continues to be an area of interest and development for the SCA. All efforts have been focused on developing a capacity to support Certified Recovery Specialists (CRS) at the inpatient and outpatient levels of care. In FY15/16 a targeted CRS project began through Health Choices reinvestment dollars. The focus of the CRS project has been for eligible M.A. individuals participating in Montgomery County Drug Court and eligible M.A. individuals being discharged from Eagleville Hospital, Valley Forge Medical Center and the Montgomery County Correctional Facility. This project will continue in FY16/17. Additionally, in FY14/15, the SCA was able to fund one full time CRS position within its largest outpatient provider and in FY15/16 the SCA was able to fund and add two additional full time CRS positions within two of our D&A Outpatient programs.

Montgomery County has many mutual aid support group opportunities for individuals to avail themselves of on their road to recovery. The D&A Treatment provider system in Montgomery County, as part of their programming encourages individuals to participate fully in such mutual aid support groups.

Additionally, there are numerous Recovery Houses operating in Montgomery County which individuals seeking safe housing can avail them of as well. The Montgomery County Drug Court involves several of the Recovery Houses in its treatment court process.

Homeless Housing Services

In FY16/17, through a collaborative effort between the SCA, the Mental Health and the Community Housing system, both of whom oversee housing supports for the homeless in Montgomery County, the SCA will assist in evaluating the need for drug and alcohol supports in the array of homeless system services available in the county. Therefore this Human Services Block Grant Plan proposes to set aside dollars, projected to be **$90,000**, to support some level of drug and alcohol supports for the homeless/supported housing populations struggling with substance use disorders.

TOTAL D&A Hsʙɢ FUNDS REQUESTED FY16/17: $542,000

HUMAN SERVICES AND SUPPORTS/HUMAN SERVICES DEVELOPMENT FUND

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

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

ADULT SERVICES
Program Name: Home Care for Disabled Adults
Description of Services:
Disabled, low income adults (age 18-59) requiring basic home care, including home delivered meals, in-home personal care, adult day care and care management, will receive these contracted supportive services, if ineligible for other publicly-funded programs such as any of the aging and disability Medicaid Waivers. Adults are screened through the Montgomery County Office of Aging and Adult Services and assessed for eligibility. Services are ordered to meet needs, and needs are reassessed semi-annually by Aging and Adult Services staff.
Service Category: Home-Delivered meals
Planned Expenditures: $2,000

Program Name: Home Care for Disabled Adults

Description of Services:
Disabled, low income adults (age 18-59) requiring basic home care, including home delivered meals, in-home personal care, adult day care and care management, will receive these contracted supportive services, if ineligible for other publicly-funded programs such as any of the aging and disability Medicaid Waivers. Adults are screened through the Montgomery County Office of Aging and Adult Services and assessed for eligibility. Services are ordered to meet needs, and needs are reassessed semi-annually by Aging and Adult Services staff.
Service Category: Case Management
Planned Expenditures: $2,000

Program Name: Home Care for Disabled Adults
Description of Services:
Disabled, low income adults (age 18-59) requiring basic home care, including home delivered meals, in-home personal care, adult day care and care management, will receive these contracted supportive services, if ineligible for other publicly-funded programs such as any of the aging and disability Medicaid Waivers. Adults are screened through the Montgomery County Office of Aging and Adult Services and assessed for eligibility. Services are ordered to meet needs, and needs are reassessed semi-annually by Aging and Adult Services staff.
Service Category: Adult Day Care
Planned Expenditures: $2,000

Program Name: Low Income MATP
Description of Services:
Transportation- Payment to TransNet-contracted transportation provider to provide rides to low-income adults, not otherwise eligible, for medical trips or emergency trips.
Low-income adults requiring transportation for medical trips or emergency reasons, and not eligible through MATP or other transportation options, will receive transportation through the county's shared ride provider, TransNet and funded by HSDF. All riders are screened through Aging and Adult Services, and registered to receive this transportation service through TransNet in order to qualify for these limited rides.
Service Category: Transportation
Planned Expenditures: $1,000

AGING SERVICES

Program Name: Senior Diversion Counseling
Description of Services:
Support for seniors to assist with heating and cooling services when unpredictable and unmanageable costs may result in loss of housing and/or harm to the senior.
In partnership with our Your Way Home program, which provides homeless prevention and rapid re-housing for residents of Montgomery County, we have developed Senior Diversion Counseling position. Each year, we are confronted with many seniors who cannot afford the essential heating and cooling to remain safe and secure in their homes. This may be due to an excessively harsh winter or summer, or an increase in health/housing costs which now make their basic needs out of reach.
The Your Way Home program has a Diversion program which prevents episodes of homelessness by addressing and supporting these immediate needs. HSS funds will be utilized to fund staff to assist these clients in need of heating and cooling. The staff work with seniors to identify resources, enroll in services,

engage in budget counseling and other services to ensure that seniors manage their funds properly. Through this partnership with Your Way Home, our clients will have access to funds provided by local foundations that can pay for services. HSS funds are not utilized for financial assistance. We will identify seniors that have an acute need for basic needs assistance in order to remain safe and secure in their homes. There is a financial eligibility component, a security plan developed and financial counseling, if needed.
Service Category: Care Management
Planned Expenditures: $25,000

CHILDREN AND YOUTH
Program Name: Child, Youth and Family Supportive Services
Description of Services:
An array of services, including but not limited to the following, are made available to children, youth and families in order to support child safety, permanency and well-being. Visitation (Visitation supervision/supports/transportation): Visitation services support permanency for children in multiple ways. Frequent, positive, productive visitation between family members is essential to facilitating timely permanency for children, as well as positive relationships between family members, and increased comfort and skill for parents in relating to children. Visitation services were provided to 72 families throughout Fiscal Year 2015-2016. Through utilizing monies set aside in HSDF, Children and Youth is able to ensure families continue to have access to this resource, and that this resource can be provided to all families who need it, as we continue our commitment to placing children in kinship homes, as well as frequent visitation to facilitate permanency.
Foster Family Child Care: Foster Family Child Care has been provided to 19 foster families, ensuring childcare provision for 28 children, throughout Fiscal Year 2015-2016. The cost of childcare continues to be prohibitive, and even when families qualify for childcare subsidy, there is an application process and waiting period. This has been observed to be true for many of our foster families, in particular for kinship families. Foster Family Child Care is a partnership between Children and Youth and Child Care Information Services to address this concern. Children and Youth set aside monies to pay for child care for kinship and other foster families while they complete the subsidy application process and during the waitlist period. This has allowed for expedited placement of children with relatives, supported their continued placement with relatives, and provided a stable child care environment for children throughout their placement. Children and Youth plans to continue this program and expand enrollment with increased funding transferred and set aside in HSDF.
Planned Expenditures: $376,605 (grant plus county match)

GENERIC SERVICES

Program Name: Benefits Access Services
Description of Services: Through subcontracted providers, we will provide information and referral services and benefit access enrollment assistance to residents county-wide; including diverse populations such as non-English speaking, rural, low-literacy, and those with little or no access to transportation. These needed benefits help clients achieve self-sufficiency and sustainability; this program has shown that a $1 investment in the program yields $8 in return in benefits. These benefits also help the community since much of those dollars in aid are being spent locally on food, utilities and shelter.
Service Category: Information and referral
Which client populations are served?: Low-income, aging and adult, homeless
Planned Expenditures: $240,461

Program Name: Veterans Assistance Program
Description: Provide support and assistance to veterans in a variety of areas: funding will support Veteran's Multi-Service Center staff which will perform additional outreach and screening activities to identify Veteran households at risk and would work in coordination with existing programs and agencies such as Your Way Home Montgomery County, Montgomery County CareerLink offices, the Recorder of Deeds, and the county Director of Veterans Affairs. These veterans will receive assistance on issues related to housing, employment, transportation and benefits assistance. By providing these services, Veterans will be able to become and/or maintain self-sufficiency.
Service Category: Service Planning/Case Management
Which client populations are served?: Adult, Aging, and/or Mental Health
Planned Expenditures: $25,000

Program Name: Project HOPE
Description: Project Hope began as a program at Family Services in 1989 as a demonstration project for persons infected with HIV/AIDS within Montgomery County, PA. The core service of Project HOPE is medical case management and Project HOPE is the only provider of these integral services to persons infected with HIV/AIDS in Montgomery County. Medical case management allows those who are living with HIV/AIDS to connect to resources they need for support and medical care through infectious disease doctors and other specialists as needed. Project HOPE also provides housing assistance, prevention education counseling and HIV and STD testing for those who are at risk of transmission of HIV or other STD's.
Service Category: Service Planning/Case Management
Which client populations are served?: LGBTQ, low-income, aging
Planned Expenditures: $25,000

SPECIALIZED SERVICES

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

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

Navicate during their interaction with Community Connections allowing the Navicate to serve as both a navigator of the system and an advocate for the individual throughout the process of connecting the individual or family with the assistance needed.

The number of unique residents assisted monthly across the four (4) offices has increased from 107 at its inception to now 240 residents. In addition to serving clients, Community Connections acts as a referral source for other agencies, legislators, hospitals and schools. Community Connections has provided assistance in over 5,000 occasions to other community entities. Over 7,500 service connections were made by staff Navicates during the initial year of operation. Referrals are primarily made to Community Based Providers, demonstrating our partnership and understanding of our local provider community and the services and benefits they offer. Our three primary referral sources for clients are County Departments, Community Based Organizations and Public Relations, which is word of mouth and outreach. This indicates our need to do continued outreach to identify and connect with those consumers that have needs, but are not already connected to the human service system. Continued increase in the number of clients is expected with increased awareness of the service's benefits. Because consumers often need support in addressing multiple needs, Navicates may need to connect an individual with more than one supportive service. The primary connections being made by the Navicates continue to be in the basic areas of human service needs: housing, financial assistance, and employment. These areas of need were identified by the cabinet prior to the inception of Community Connections and the actual service data has reinforced that these indeed are our areas of need for consumers. Consumer feedback regarding localized access to human services is consistently positive.

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

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

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

Planned Expenditures:$543,281

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

over 450 square miles, this can be challenging. Within the second year of operation, we began a pilot program to see if partnering with local agencies would allow our Navicates access to more remote locations in the county and if our technology and partnerships would work together to allow us to serve consumers out of other locations.

We partnered with 4 agencies to establish a site for our Navicates one day a week. The Open Link, a human services provider in our most rural area, two food pantries and one of our Housing Resource Centers all provide temporary workspace for our Navicates to work with clients. This partnership has been mutually beneficial. We selected days where there is the most client volume at those locations and our Navicates engage consumers that are already there. In addition, through marketing and outreach, we are encouraging residents to visit these sites if they have needs and are finding that consumers are now coming to these locations and utilizing the other services these providers have to offer.

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

Our expansion plan also includes partnering with additional county departments and other state and local providers in the regional offices to provide even more direct service to consumers. This "one-stop shop" model for services will enable consumers to not only have needs identified locally, but also have service delivery and evaluation in their own community. We expect this enhanced access will allow for better and more sustainable outcomes.

Planned Expenditures:$30,000

INTERAGENCY COORDINATION

In an ongoing effort to improve our human services delivery system, we seek to emphasize the importance and value of consumer input. Last year, through a work team developed by the Human Services Cabinet, we created a model for a Consumer Advisory Council. This council includes representation from all 8 human services departments. This council is for consumers only, not providers or county employees. The goal is to seek input, identify barriers and service gaps, gain insight into the consumer experience and solicit input into county funding decisions, including the Human Services Block Grant.

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

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

and in return, each collaborative will host a public human services block grant hearing, provide an annual report on community need and service delivery and convene a meeting with the faith-based community.

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

Directions:	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1.	**Estimated Individuals**: Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2.	**HSBG Allocation**: Please enter the county's **total** state and federal HSBG allocation for each program area (MH, ID, HAP, CWSG, D&A, and HSDF).
3.	**HSBG Planned Expenditures**: Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4.	**Non-Block Grant Expenditures**: Please enter the county's planned expenditures **(MH, ID, and D&A only)** that are **not** associated with HSBG funds in the applicable cost centers. *This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.*
5.	**County Match**: Please enter the county's planned match amount in the applicable cost centers.
6.	**Other Planned Expenditures**: Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
7.	**County Block Grant Administration**: Please provide an estimate of the county's administrative costs for services **not included** in MH or ID Services.
	NOTE: Fields that are greyed out are to be left blank.

■ Please use FY 15-16 primary allocation less the one-time Community Mental Health Services Block Grant funding for the Housing Initiative for completion of the budget.

■ The department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 16-17 are significantly different than FY 15-16. In addition, the county should notify the Department via email when funds of 20% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES			YTD			
ACT and CTT	50		575,000		14,720	
Administrative Management	1,400		900,000		23,040	
Administrator's Office			1,500,000		38,400	
Adult Developmental Training	0		0		0	
Children's Evidence-Based Practices	0		0		0	
Children's Psychosocial Rehabilitation	0		0		0	
Community Employment	321		525,000		13,440	
Community Residential Services	160		6,605,266		169,095	
Community Services	4,000		3,400,000		87,040	
Consumer-Driven Services	0		0		0	
Emergency Services	1,500		460,000		11,776	
Facility Based Vocational Rehabilitation	25		38,745		992	
Facility Based Mental Health Services	5		4,500		116	
Family Support Services	15		250,000		6,400	
Housing Support Services	258		8,242,155		211,019	
Mental Health Crisis Intervention	4,370		500,000		12,800	
Other	0		0		0	
Outpatient	600		500,000		12,800	
Partial Hospitalization	15		100,000		2,560	
Peer Support Services	65		165,000		4,224	
Psychiatric Inpatient Hospitalization	120		750,000		19,200	
Psychiatric Rehabilitation	180		375,000		9,600	
Social Rehabilitation Services	260		1,300,000		33,280	
Target Case Management	340		1,003,943		25,701	
Transitional and Community Integration	0		0			
TOTAL MENTAL HEALTH SERVICES	13684	27511504	27194609	0	696203	0

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			1,385,000		35,456	
Case Management	480		553,000		14,157	
Community-Based Services	275		2,046,798		52,398	
Community Residential Services	66		5,834,300		203,844	
Other	0		0			
TOTAL INTELLECTUAL DISABILITIES SERVICES	821	10069098	9819098	0	305855	0
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	0		0			
Case Management	362		170,856			
Rental Assistance	0		0			
Emergency Shelter	800		669,096			
Other Housing Supports	107		163,378		1,622	
Administration			0			
TOTAL HOMELESS ASSISTANCE SERVICES	1,269	479154	1,003,330		1622	0
CHILD WELFARE SPECIAL GRANTS SERVICES						
Evidence-Based Services	99		441,000		11,290	
Promising Practice	0					
Alternatives to Truancy	100		325,156		8,319	
Housing	133		280,000		7,168	
TOTAL CWSG SERVICES	332	1476923	1046156		26777	0

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Case/Care Management	30		48,850		1,150	
Inpatient Hospital	15		44,258		1,042	
Inpatient Non-Hospital	85		250,796		5,904	
Medication Assisted Therapy	0		0			
Other Intervention	325		146,550		3,450	
Outpatient/Intensive Outpatient	0		0			
Partial Hospitalization	0		0			
Prevention	0		0			
Recovery Support Services	45		39,080		920	
TOTAL DRUG AND ALCOHOL SERVICES	500	1065902	529534	0	12466	0
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	5		7,000			
Aging Services	40		25,000			
Children and Youth Services	151		367,219		9,386	
Generic Services	1,490		290,461			
Specialized Services	3,060		573,281			
Interagency Coordination			11,400			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	4746	503213	1,274,361		9386	0
7. COUNTY BLOCK GRANT ADMINISTRATION			238706			
GRAND TOTAL	21352	41105794	41105794	0	1052309	0