

Appendix A  
Fiscal Year 2017-2018

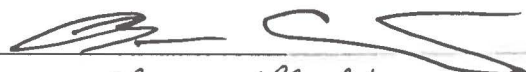

**COUNTY HUMAN SERVICES PLAN**

**ASSURANCE OF COMPLIANCE**

COUNTY OF: Philadelphia

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

**COUNTY COMMISSIONERS/COUNTY EXECUTIVE**

<i>Signatures</i>	<i>Please Print</i>	
	Brian Abernathy	Date: 7/26/2017
	Eva Gladstein	Date: 7/26/2017
		Date:

## PHILADELPHIA COUNTY HUMAN SERVICES PLAN

The Health and Human Services Cabinet (HHS) coordinates the health and human services agenda for the City of Philadelphia, as well as coordinates across the four other Cabinets-- Public Safety, Transportation and Infrastructure, Community and Culture, and Civic Engagement. The departments that comprise HHS are Community Empowerment and Opportunity (CEO), the Department of Behavioral Health and Intellectual Disability Services (DBHIDS), the Department of Human Services (DHS), Office of Supportive Housing (OSH), and the Philadelphia Department of Public Health (PDPH). HHS also includes a Data Management Office (DMO) that supports data-driven program planning and implementation.

HHS departments' work is inextricably linked through both content and the populations served. As such, the commissioners and their staff are involved in cross-system planning aimed at coordinated strategic planning, resource maximization, and streamlined access to resources for individuals and families. Over the last year, the Cabinet published *Together We Thrive—Philadelphia's Agenda for Health and Well-being*, which can be accessed at <http://www.phila.gov/hhs/PDF/TogetherWeThrive.pdf>. And we continue to work on the "Children's Health Agenda", which is a child-focused strategy of the broader *Together We Thrive* agenda.

The HHS Cabinet meets at least monthly to discuss priorities, crosscutting initiatives, budget management and service planning. Staff meet in a variety of settings on a routine basis to discuss policy and operational responses to issues such as the service needs of individuals moving into housing; behavioral health services for children and families in the care of DHS and public schools; and the needs of those with addiction disorders. Several key interdepartmental initiatives have been launched after public input identified areas of need. Examples include:

- DHS and DBHIDS continue joint planning and program development to insure adequate services for youth aging out of the child welfare system who have behavioral health or intellectual disability conditions, including access to housing, education and employment.
- DBHIDS and the OSH collaborate closely to address homelessness in Philadelphia. They coordinate planning and implementation of street outreach strategies and quarterly street counts; provide supportive services for individuals and families with behavioral health conditions who are in emergency shelter; and leverage funding for permanent supportive housing programs.
- Health and DBHIDS lead the *Mayor's Task Force to Combat the Opioid Epidemic in Philadelphia* which was a community-wide planning effort to produce recommendations for addressing the opioid epidemic. The final report and recommendations of the Task Force can be read at [http://dbhids.org/wp-content/uploads/2017/05/OTF\\_Report.pdf](http://dbhids.org/wp-content/uploads/2017/05/OTF_Report.pdf)
- CEO and OHS lead a food-access collaborative planning process to review better ways to engage the homeless and panhandlers in services.
- The *Philadelphia Childhood Lead Poisoning Prevention Advisory Group*, facilitated by the Health Department and CEO published its *Final Report and Recommendations* on June 20, 2017.

**COUNTY PLANNING PROCESS<sup>1</sup>**

Multiple forums and formal hearings are held to provide the public with opportunities to inform programs within HHS departments. From July 2016 through May 31, 2017, HHS facilitated 118 venues with key stakeholders to hear their feedback about programs and policy within the Cabinet. The forums include the following:

- 100-Day Street Homelessness Challenge\*<sup>2</sup> (11)
- Behavioral Health for Immigrant Communities\* (10)
- CEO 3<sup>rd</sup> Annual Summit to Fight Poverty
- CEO Community Oversight Board and Steering Committee Meeting\* (5)
- Continuum of Care Board Meeting\* (10)
- DHS Community Oversight Board\* (3)
- El Barrio es Nuestro<sup>3</sup> (2)
- HHS Provider Meetings (3)
- Lead Poisoning Prevention Advisory Group \* (8)
- Mayor's Task Force to Combat the Opioid Epidemic in Philadelphia and Listening Sessions\* (10)
- Promise Zone Meetings\* (13)
- Shared Prosperity\* (42)

Philadelphia provides human services that are aligned with best practices for physical and behavioral health programming and treatment; out-of-school time; and community planning and program services. Services are provided in the least restrictive setting and are focused on providing services within the community or facilitating the participant's return to the community when services are provided in-patient or within an institution, per the best practice for the treatment or program model. For instance, "Community for All," focuses on supporting intellectually disabled citizens in their homes with family and when desired or necessary, in community living arrangements and "life sharing" to facilitate an ordinary life.

Outcomes, data, trends and the stakeholder feedback from more than 118 venues informs the programs and policies of HHS so they are responsive to emerging issues and threats. Examples follow of program enhancements that address the changing needs of the Philadelphia community over the last year:

- Opioid Epidemic- As a result of the increase in opioid use and heroin overdose deaths in Philadelphia, which will outpace overdose deaths in the prior year, the City empaneled the *Mayor's Task Force to Combat the Opioid Epidemic in Philadelphia*; increased outreach by Peer Mentors in a community which has a disproportionate share of heroin overdose deaths and the associated threats to public safety; increased the availability of Narcan; and issued opioid prescriber guidelines to the medical community. The guidelines can be read at

---

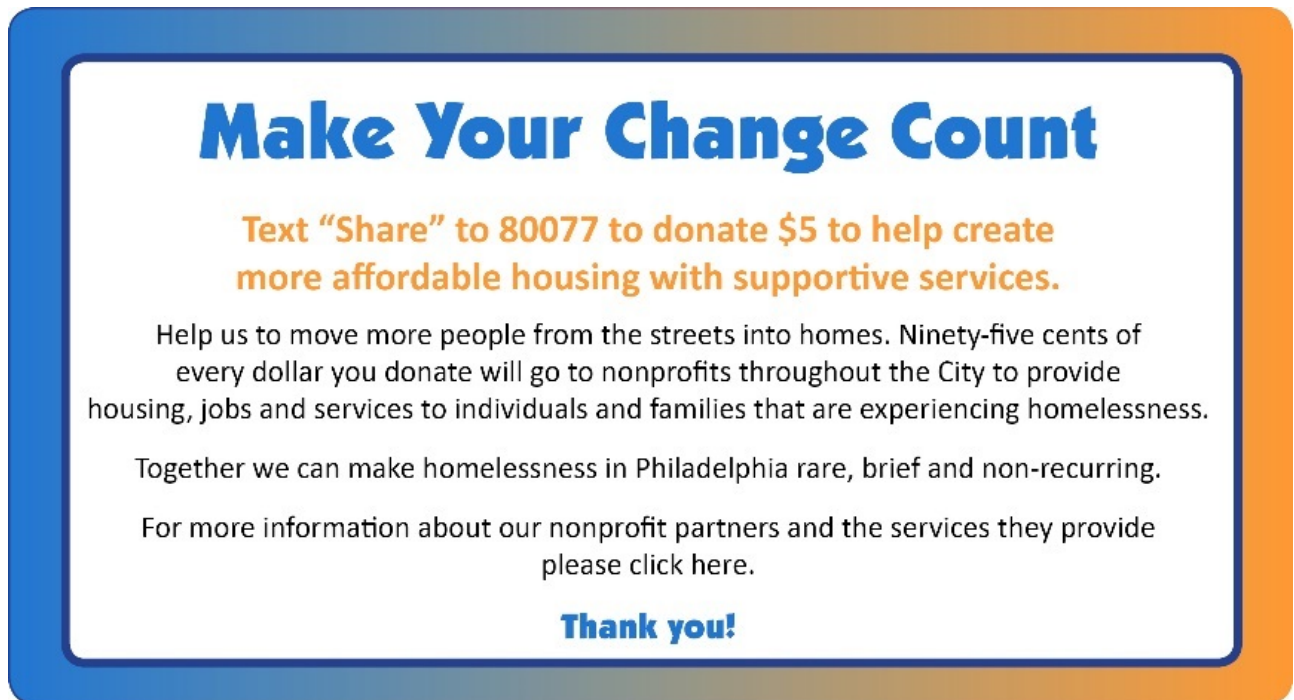
<sup>1</sup> See Appendix E

<sup>2</sup> County Planning Process forums indicated with an asterisk (\*) have advisory functions

<sup>3</sup> English translation: The Neighborhood is Ours

[https://hip.phila.gov/Portals/default/HIP/EmergentHealthTopics/Opioids/OpioidGuidelines\\_FINAL\\_Jan2017.pdf](https://hip.phila.gov/Portals/default/HIP/EmergentHealthTopics/Opioids/OpioidGuidelines_FINAL_Jan2017.pdf).

- Homelessness and Housing- Because of the increase in panhandling and homelessness as indicated by the Point-in-Time Count, the City increased the availability of respite beds and *Housing First* units. Also increased was LGBTQ-friendly youth housing. A marketing campaign encourages the public to donate to “Text to Give,” rather than giving directly to panhandlers and the homeless.



**Make Your Change Count**

**Text “Share” to 80077 to donate \$5 to help create more affordable housing with supportive services.**

Help us to move more people from the streets into homes. Ninety-five cents of every dollar you donate will go to nonprofits throughout the City to provide housing, jobs and services to individuals and families that are experiencing homelessness.

Together we can make homelessness in Philadelphia rare, brief and non-recurring.

For more information about our nonprofit partners and the services they provide please click [here](#).

**Thank you!**

**PUBLIC HEARING NOTICE**

HHS Cabinet departments presented proposed FY17-18 spending plans to the Council for the City of Philadelphia on May 2, 2017. Each of the departments testified about service plans supported by their budget requests, including information on each department’s budgeted amount for FY18 broken out by City and outside funding sources; a description of the populations to be served; the department’s key goals and objectives for FY18; and the challenges anticipated in the fiscal year.

City Council committee meetings and hearings are open to members of the public, who may speak and present testimony. Committee meetings and hearings are announced a minimum of five days in advance. Announcement of the hearings includes the title of the bills under consideration, as well as the time and place of the hearing. Announcements are required to be advertised (see attached appendices) in the local newspapers with the three (3) largest daily circulations and must be posted in the Office of the Chief Clerk of Council. Hearing notices are also

published on the City's website. Public hearings are broadcast on a local cable channel and can be viewed live online. City Council also publishes transcripts of the hearings and retains a video catalog of past hearings. The link to the transcript for the May 2<sup>nd</sup> hearing is

<http://legislation.phila.gov/transcripts/Public%20Hearings/whole/2017/wh050217.pdf>. Additional information about the City Council budget process is available at <http://phlcouncil.com/budget2018>.

The City of Philadelphia, pursuant to the Pennsylvania Intergovernmental Cooperation Authority Act, is required to submit a five-year financial and strategic plan annually to the Pennsylvania Intergovernmental Cooperation Authority (PICA). The Act gives PICA, which was created to provide financial and oversight functions for the City, the authority to review and approve five-year financial plans. Prior to the Five-Year Plan's submission to PICA, it must be approved by City Council. The city's Five-Year Plan is posted on the City's website at <http://www.phila.gov/finance/reports-BudgetDetail.html>.

### **CROSS-COLLABORATION OF SERVICES**

In addition to the cross-collaboration of planning within HHS and across the City's cabinets as described in the introduction to this Plan, there are specific examples to edify employment and housing collaboration. Through shared data, the Cabinet can identify the services needs of citizens by extrapolating the data available for current users of City services and specifically, HHS services for health, behavioral health, child welfare, and homelessness. There is also an effort to include data from the School District of Philadelphia and the City's Department of Prisons. By identifying citizens who use multiple systems, the data better informs effective coordination of services and programs to disrupt poverty and promote personal and population health.

One such collaboration effort is represented by the work of the *Philadelphia Childhood Lead Poisoning Prevention Advisory Group*. In addition to medical interventions, broader policy changes are being discussed. One such change focuses on the intersection between physical health, behavioral health and safe housing and could result in resources for landlords to abate their rental housing so it is safe for young children who are most at-risk for harm from lead poisoning. While funds are leveraged across federal, state and local sectors, the funding has declined over the last decade from more than \$11M in 2007 to less than \$2M in 2016, mostly from reductions in federal funding. Focused on preventing lead poisoning, the recommendations of the Advisory Group can be found at <http://www.phila.gov/health/pdfs/Lead%20Advisory%20Group%20Report.pdf>.

The City is in the planning and early implementation stages of the effort *City as Model Employer* for which employment opportunities are identified which include a transparent career development path. *City as Model Employer* targets potential workers for entry-level positions; those returning to the community from incarceration; the WorkReady Program for teens 14-18; and transition-aged youth. As part of *City as Model Employer*, the City's legacy "Peer Mentor" program is included and employs those who are veterans, formerly incarcerated, or recovering from substance-abuse disorders and/or mental-illness to mentor those who are experiencing barriers to



productive living because of the same status and/or conditions. *City as Model Employer* positions are family-sustaining jobs with competitive benefits such as healthcare and dental medical insurance; pensions and pre-tax retirement savings accounts; and leave-time. Resources leveraged include City, state and federal resources. In addition to coordination within HHS, the City's Human Resources and other departments, the effort also includes PowerCorp and Philadelphia Works, the City's workforce development board. Overtime, the model seeks to engage private employers for replication within their local workplaces when quality employment opportunities are available. Employment is the primary disruptor of poverty and yields access to better housing, improved health and enhanced safety.

One final example is *Housing Opportunities Program of Philadelphia* (HOPP). The program provides stable, affordable housing to poor residents who have behavioral health diagnoses. The residents are referred to HOPP-supported housing by the *Clearinghouse* which is maintained by the City for residents who receive services and need housing. Leading this collaboration are DBHIDS and OSH. One HOPP product provides subsidies to housing developers which set-aside units for Clearinghouse referrals for 30 years<sup>4</sup>. Another HOPP product provides a subsidy for the rent paid by the tenant who is referred by the Clearinghouse.

## **HUMAN SERVICES NARRATIVE**

### **MENTAL HEALTH SERVICES**

#### **Program Highlights**

Strategic and sustained investments in state-of-the art treatment approaches have been used to foster the expansive adoption of evidence-based practices (EBP) to advance system-wide transformation. Pervasive use of evidence-based treatment models has decreased reliance on crisis services, diminished in-patient recidivism, increased clinical stability, and enhanced cost efficiency. Simultaneously, DBHIDS has progressively increased the number of people being served and improved outcome performance across many levels of care.

DBHIDS's emphasis on advancing a public health approach to service delivery has been a cornerstone of the transformation. This expanded orientation transcends behavioral health and intellectual disability services to include population health promotion, community wellness, and a focus on social determinants of health. DBHIDS has instituted many initiatives consistent with public health promotion that are detailed later in this plan.

DBHIDS will continue partnering with key stakeholders including service recipients, family members, providers, and other governmental entities to further transform the network of care. In FY17, county dollars totaling \$144,704,247 are being invested to provide an array of essential mental health services for children and youth,

---

<sup>4</sup> While the resident may leave the unit, the subsidy entitles the City to the unit for the remainder of the 30-year term.

adults, and families.<sup>5</sup> The following FY17 achievements and programmatic improvements have significantly enhanced the local system of care.

### Health Promotion

- National Depression Screening Day (NDSD): the annual event was held in Philadelphia's Jefferson Station, a central and easily accessible transportation hub with vast foot traffic. Over 100 people were screened that day, including individuals visiting the area from other countries. To date, over 25,000 screenings (including those conducted online and in person) have been completed.
- The Health Promotion unit of DBHIDS leads efforts for the annual suicide awareness event, the *Out of the Darkness Walk and Rally*. In conjunction with the walk, the Philadelphia Suicide Prevention Task Force (SPTF) was re-launched in December 2016. The SPTF has diverse representation from DBHIDS staff persons with lived experience and experts in the suicide prevention field.
- Mental Health First Aid (MHFA) is an early intervention and public education program that teaches community members how to identify, understand, and respond to individuals experiencing behavioral health challenges. Since January 2012, DBHIDS has conducted over 1,000 trainings for over 20,000 trainees who live, work or study in Philadelphia

### Trauma Informed Initiatives

DBHIDS is engaged in a multiyear, multifaceted, trauma transformation effort. Beginning with behavioral health practitioners and reaching out to partners across the City, the Department is combining evidence-based practices (EBPs) and other innovative approaches to raise levels of resilience and heal the effects of trauma. The comingled impacts of trauma-induced stress are victimization, and destructive relationships impacting home, work and school environments. DBHIDS has introduced a growing number of programs to counteract the effects of trauma and prevent repeated traumatization.

- Early Trauma Intervention (Healing Hurt People - HHP): Healing Hurt People is a hospital and community-based intervention located in medical emergency departments. Youth and young adults who present in Emergency Rooms with violence-precipitated injuries are screened to assess levels of need for behavioral health and other follow up supports. Currently, there are five (5) emergency rooms participating in the program.
- Preventing Suicide and Self-Harm (Dialectical Behavior Therapy): This highly specialized treatment approach was conceived to help adults and adolescents who engage in high risk behaviors including repeated attempts to harm themselves or commit suicide. Dialectical Behavior Therapy (DBT) focuses on improving emotional self-regulation skills that allow individuals to remain safe, avoid crisis events and hospitalizations, utilize less restrictive levels of care, and enhance quality of life.

---

<sup>5</sup> Appendix C-2 presents the full range of services and planned expenditures.

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): TF-CBT is a psychotherapy model with exceptionally strong research evidence confirming its effectiveness as a treatment for children and families who have experienced trauma. Through CY2016, 600 youth received TF-CBT and nearly 100 clinicians were trained in the continuum of TF-CBT practices.
- Treating Post Traumatic Stress: There currently are ten providers in the Intensive Outpatient, Drug and Alcohol Outpatient, and Mental Health Outpatient settings that are trained in Prolonged Exposure Trauma Training, an intervention designed to treat Post Traumatic Stress Disorder (PTSD). These efforts have resulted in over 6,000 individuals screened for trauma exposure; 120 of which have initiated trauma focused treatment. In CY2016, DBHIDS conducted seven (7) trainings for child and adult clinicians, which resulted in 280 new adult and child clinicians trained to screen for PTSD and trauma related symptoms, which increases the total number of clinicians trained in Philadelphia to 400.
- Child and Family Traumatic Stress Intervention (CF-TSI): CF-TSI is a brief, intensive intervention designed for children ages 7 to 18, and their families, to decrease the negative impact of exposure to potentially traumatic events including sexual and physical abuse, domestic violence, and motor vehicle accidents. To date, 16 clinicians have been trained in CFTSI and over 75 families have received this intervention, including two (2) hospital-based violence intervention programs. This evidence-based, secondary prevention treatment option is also provided in a shelter for homeless children and their mothers.
- The Network of Neighbors Responding to Violence seeks to provide trauma support to communities in the immediate aftermath of violence, most often gun violence. Network members are trained in Post-Traumatic Stress Management (PTSM) to become Acute Trauma Responders who tap into a community's social connections and conduct group sessions to foster healthy coping mechanisms. Over the next five (5) years, DBHIDS will expand the Network by training 400 additional trauma responders.

#### **Health Disparity Initiatives (Engaging Males of Color)**

- The EMOC initiative continues its focus on promoting mental wellness for men and boys of color by improving service delivery, increasing health equity, increasing service capacity, developing infrastructure, and securing strategic partnerships. Using the invaluable expertise of the EMOC Strategic Planning Committee, composed of various academic, non-profit and community leaders, EMOC has forged necessary connections to best execute activities and move forward with ensuring that males of color throughout Philadelphia are given equitable access to appropriate services.
- Within the past year EMOC has successfully engaged in more partnerships and collaboration with stakeholders including the Mayor's Office of Black Male Engagement (OBME), the Mayor's Office of LGBT Affairs, Omega Psi Phi Fraternity, and the non-profits Opportunity, Inc., and People's Emergency Center.
- EMOC continues to create opportunities to build upon the work already being done at the Juvenile Justice Services Center (JJSC) by partnering with a contractor agency to facilitate bi-weekly wellness sessions with young men at the JJSC. Upcoming plans for this program include administering surveys and evaluations



methods to determine the needs and, in turn, provide recommendations regarding available mental health services for youth.

### **Monitoring to Improve Outcomes**

- DBHIDS' Network Improvement and Accountability Collaborative (NIAC) Unit streamlines and centralizes comprehensive provider-level performance measurement and analysis. In FY16, NIAC conducted 58 site visits at 222 programs that were employing a recently-updated scoring instrument. DBHIDS is currently revising the audit tool to ensure that data is accurately captured and reported.
- The NIAC team continues to incorporate the annual Pennsylvania Department of Drug and Alcohol Programs (DDAP) surveys into monitoring visits involving addiction service providers. In 2016, NIAC conducted DDAP visits at 48 different programs.
- Performance Improvement Plans (PIP) and additional monitoring and technical assistance was implemented for providers who received re-credentialing scores at or below targeted expectations. Time-limited, intensive, PIP monitoring allows for rapid follow-up in response to performance dipping below satisfactory scores.
- In FY16, NIAC developed a tobacco assessment tool and a scoring instrument tailored to Federally Qualified Health Centers (FQHC) and Acute Inpatient Care levels of care. These tools reflect NIAC's commitment to the progressive promotion of a public health approach across the local network of care. Additionally, NIAC incorporated more specific language related to LGBTQIA into the tool, ensuring that the needs of this community are incorporated within data collection.
- Operations/Fiscal, a recently established unit within DBHIDS, is now responsible for outcome monitoring for Mental Health programs from an operations and fiscal perspective through the utilization of provider reports which include quarterly progress update and projected outcomes.

### **Non-Medical Assistance Fee for Service Funding**

DBHIDS continues to meet the State Consolidated Community Reporting Initiative (CCRI) requirements for reporting on behavioral health services. Many Office of Mental Health (OMH) services have transitioned to a Fee for Service reporting structure which provides client-level service utilization information as well as provider reimbursement.

### **Healthy Minds Philly**

Developed in 2013, Healthy Minds Philly (HMP) is the online home to behavioral health screenings, Mental Health First Aid, and other useful resources that aid in facilitating mental health access across Philadelphia. This website is intended to reduce stigma and provide non-treatment resources accessible to all Philadelphians and to encourage people in need of treatment to seek clinical help. As of March 2017, HMP has been accessed over 120,000 times.

### **Beating the Blues**

“Beating the Blues” (BtB) is an evidence-based resource that provides web-based, cognitive, therapeutic, self-help treatment interventions for individuals suffering from mild to moderate anxiety and depression. Beating the Blues represents an important addition to Philadelphia County’s Public Health approach to service delivery. This low-cost, scalable, and efficient self-care pilot leverages technology by using a web-based platform to enhance accessibility. DBHIDS partnered with the Mental Health Association of Southeastern Pennsylvania (MHASP) to deliver this service and incorporate a strong peer-support component. BtB is available on [HealthyMindsPhilly.org](http://HealthyMindsPhilly.org).

### **Mural Arts**

DBHIDS fosters an ongoing collaboration with the City of Philadelphia’s Mural Arts Program (MAP) to create a series of themed mural projects designed to promote community wellness, de-stigmatize mental health and addiction challenges, and create supportive, recovery-focused communities. In 2016 murals entitled “Smoke Signals”, “Atlas of Tomorrow: A Device for Philosophical Reflection”, “Contemplation, Clarity, Resilience”, “Sanctuary”, and “A Journey to Resilience” were all completed through this collaboration.

### **Physical Health/Behavioral Health**

A DBHIDS’ Special Needs Team under Complex Care Management works with physical health managed care organizations (PH-MCOs) and high-risk individuals with co-occurring mental health and physical healthcare needs to ensure seamless coordination of support across both systems. Care Manager Specialists and certified peer specialists work with PH-MCOs to address individuals’ physical and behavioral health needs.

### **Strengths and Needs:**

#### **Older Adults (ages 60 and above)**

- Strengths:
  - Of those currently participating in a DBHIDS Community Integrated Recovery Center (CIRC) day treatment programs for adults with chronic mental health challenges, over 35% (906 individuals) are 55 or older.
  - In efforts to reach individuals with behavioral health needs but who have not previously accessed services, ten (10) new Federally Qualified Health Centers (FQHCs), including FQHC “Look-Alike” clinics, have been added since 2014, including four (4) in 2016. Some have a specialty in older adult care. There are currently 34 such locations throughout Philadelphia. Additionally, DBHIDS has also worked with OMHSAS to seek approval for several Supplemental Service descriptions that will involve moving integrated behavioral healthcare in primary care settings.
  - In FY17, a new Mobile Psychiatric Rehabilitation (MPRS) team was launched to expand services for older adults transitioning from supervised settings to supported independent living.
  - In Fall 2016, DBHIDS developed a multi-departmental workgroup in preparation for implementation of Community Health Choices/Managed Long-Term Supports & Services (CHC/MLTSS), the managed care

initiative coming in 2018 for dual eligible Medicare/Medicaid recipients, many of whom are 55 and older. As part of this effort, a team from DBHIDS is actively building partnerships with agencies who currently administer waivers that will be folded into CHC/MLTSS, and ongoing efforts are initiated to better understand the behavioral health needs for this population.

- Needs:

- Per a PEW Foundation State of the City (2016 Report), there are 376,186 (24%) Philadelphia residents age 55 and above. The Center for Disease Control (2013) reports that 25% of older adults experience some type of mental health disorder with 11.18% reporting that they rarely or never receive the social and emotional support they need. This percentage applied to Philadelphia translates into over 94,046 older residents age 55 and above who could benefit from mental health supports. In FY 2015/16, only 7,578 people age 50 to 65 received county funded mental health treatment. During the same period, 14,300 people in this age range received HealthChoices mental health services.
- Housing stock that accommodates older, medically frail and/or medically challenged individuals continues to be scarce and unable to meet the current demand.
- There continues to be a need to increase the utilization and access to appropriate services for older adults, including supports coordination, in-home services and adaptive equipment.
- An exploration of mobile services among Managed Care Organizations (MCO) is needed to determine how to effectively partner with physical health care sites.
- Hoarding continues to be a growing, and very complex concern for older adults receiving behavioral health care. DBHIDS continues to create training opportunities to better equip providers to better identify this issue and begin to provide appropriate supports to individuals. A conference will occur in June 2017.

### **Adults (ages 18 and above)**

- Strengths:

- Mental health service innovations and expansions benefitting adult citizens of Philadelphia are referenced in other sections of this plan (criminal justice, LGBTQI, transition age youth, veterans, persons with co-occurring mental health and intellectual disabilities, etc.). In addition to these initiatives, DBHIDS has expanded efforts to promote evidence-based and trauma-informed practices.

- Needs:

- The National Institute of Mental Health estimates that 26.2 percent of Americans ages 18 and older suffer from a diagnosable mental illness in each year. This percentage applied to Philadelphia translates to over 308,000 adults who are likely to present a need for mental health supports annually. In FY 2016, 24,736 adults in Philadelphia received county funded mental health services.
- Additional behavioral health resources are needed to serve adults across specialty populations including persons who are homeless, veterans, justice-involved, aging out of children's services, members of the LGBTQI community, and those presenting co-occurring addictions issues or intellectual disabilities.

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

- Strengths:
  - DBHIDS has added a second haven program for young adult females who meet criteria for a serious and persistent mental illness and are considered homeless. The goal is to provide mental health support through Mobile Psychiatric Rehab and Certified Peer Specialists in addition to treatment services as they learn independent living skills to transition into their own apartments.
  - Certified Peer Specialists: Young adult Certified Peer Specialists (CPS) training has provided an increase in CPS staff for young adults in various RTFA and case management programs.
  - Addition of a Specialized Residential Treatment Facility for Young Adults (RTFA) that provides assessment, treatment, behavioral strategies and training of family and staff for young adults with mental health challenges and intellectual disabilities. RTF programs serving young adults are also going to be redesigned built upon the Building Bridges Initiative (BBI). This initiative is built upon community and residentially-based treatment and service providers sharing responsibility with each other, families, and youth to ensure that comprehensive mental health services and supports are available to improve the lives of youth.
  - Training was provided to Mobile Psych Rehab and TCM staff involved in working with young adults. Monthly technical assistance and case conferencing are being provided on complex cases by the Director of Integrated Clinical Consultation.
  - 100-Day Homeless Youth Challenge: As part of the 100-day Homeless Youth Challenge, a Housing and Child Welfare Working Group was created. The chair of this workgroup has conducted 100 interviews of DHS, Community Umbrella Agencies and families regarding the needs of homeless youth. It was reported that 1063 children entered care because of inadequate housing, representing an 162% increase in youth entering care. Of that, 250 children aged out of care without a housing plan in FY 2016. Priorities include: Maintain child safety in home, assist the timely reunification of children removed from home, reduce use of congregate care and enhance the functioning of children and families.
- Needs:
  - T DBHIDS has partnered with the Department of Human Services to address the needs of aging out youth awaiting transition planning. 96 young adults, approaching their 21st birthdays, require transition plans. Some of these individuals present multiple needs including co-occurring behavioral health, physical health and intellectual disabilities. Some youth require specialized trauma focused services including those based on the evidence-based Sanctuary model.

**Children (under 18)**

## Strengths

- Philadelphia Integrated System of Care Expansion (PSoc) is in year 2 of the 4-year SAMHSA grant (October 1 ,2015-September 30, 2019). The goals of this grant are to establish care for young people who would

otherwise be referred to Psychiatric Residential Treatment Facilities (PRTF) and develop a wider network of community based supports and services.

- Joint Planning Team (JPT): This research based planning process (also known as High Fidelity Wraparound) utilizes a team approach to support and empower youth with complex needs and multiple system involvement, as well as their family members. As of July, 2016, approximately 41 youth and families were enrolled. Capacity will be increased incrementally with the addition of another team in each of the next two years. By the conclusion of the four-year grant, it is projected that 280 youth and families will have been served.
- DBHIDS continues to work with city and state partners to ensure that individuals with autism spectrum disorders (ASD), and their families, have access to quality services. Collaboration with autism “Centers of Excellence”, and enhancing pathways to access Applied Behavior Analysis (ABA) promotes the availability of specialized ASD treatment options. We continue to demonstrate an annual increase in access to specialized autism treatment services for those with an ASD diagnosis and their families. In FY17 6,223 unique individuals (ages 0-adult) accessed ASD treatment services; this is a 4.16% increase from FY16

#### Needs:

- Per the National Alliance on Mental Illness (NAMI), 20% of children ages 9-17 have a diagnosable behavioral health disorder. NAMI also reports that only 20% of children with mental illness are identified and connected with mental health services. In 2016, local HealthChoices behavioral health services were extended to 35,659 children and youth, ages 0-17. This represents approximately 10% of the local population; well below the 20% that are likely in need of support.
- Ongoing efforts are needed to ensure access to services that are developmentally appropriate and grounded in best practices. Continued work with families is also required to engage and include stakeholders in every facet of care including treatment planning and policy development.
- Efforts need to continue with the transformation of Residential Treatment Facilities (RTF). This transformation means that youth who require this level of support for treatment and recovery participate in programs that are grounded in best practices, closer to home and reduce their length of stay in facilities (from 9-12 months to 3-6 months). This will be done in partnership with the PSoC Grant that is supporting the Building Bridges Initiatives (<http://www.buildingbridges4youth.org/>) as a strategy.
- One mechanism to transition out of RTF placement sooner is by increasing community supports. There is a need for an increased capacity in high-fidelity wrap around as well as a need for a more specialized coordination in children’s care. PSoC Grant will continue to increase capacity, as noted above.
- Increased access to clinical services for youth living in homeless shelters is needed.
- Trauma, mental health (i.e. Mental Health First Aid), cultural sensitivity, religious sensitivity, and LGBTQIA trainings are needed for staff working with homeless youth. The PACTS grant is supporting training for providers in creating LGBTQ Safe Spaces and continue to offer training opportunities in Evidence-Based Trauma Treatment modalities.
- In 2016 the City of Philadelphia embarked on a “100-Day Challenge to end Homelessness”; a cross-city and cross-system collaboration effort. This effort resulted in the identification of the following needs:

- Many homeless youth lack proper identification and need one-to-one supports via case manager or peer supporter to guide through necessary activities such as obtaining a state-issued ID or enrolling in benefits.
- Greater collaboration and communication between Human Service agencies is needed to ensure that each youth that is discharged from foster homes, group homes, shelters, locked facilities, and inpatient units is properly transitioned into a location where they are accounted for and cared for properly.
- Job training is needed for homeless youth. Many youths who have experienced homelessness or are coming out of a child welfare setting lack life-skills that would enable them to succeed in a work environment.
- Many youth who have run away from their family would like to be reunited but are unsure how. An advocate is needed in these situations that can support the youth, act as a liaison in efforts to reconnect the family, as well as provide family-based services.
- There continues to be a need for outreach efforts to identify and engage homeless youth. These efforts should largely be spearheaded by youth with lived-experience, which lends itself to greater connection and a greater likelihood of connecting them to much-needed services.

### **Individuals Transitioning Out of State Hospitals**

#### Strengths:

- Despite Philadelphia's population, which exceeds 1.5 million people, DBHIDS places few individuals from the community into the Norristown State Hospital (NSH) Civil Unit. From July 2016 to April 2017, Philadelphia has had 3 civil admissions and 43 forensic admissions. During this same period, 34 persons have been discharged from the state hospital.
- A CHIPPS plan is currently being implemented to facilitate movement from NSH to the community. To date, 34 individuals have been discharged.
- Needs:
- The City of Philadelphia is committed aiding the state and bolstering supports following the lawsuit filed by the American Civil Liberties Union (ACLU). These actions include more definition attention and efforts around the movement of individuals from both the forensic and civil units at NSH.
- Controlling NSH admissions has been an ongoing challenge due to criminal justice referrals pursuing competency restoration. The wait list consists almost entirely of forensic transfers and decreasing the waitlist has been challenging. Currently the count is at one hundred twenty-eight individuals.

### **Co-occurring Mental Health/Substance Use Disorder**

#### • Strengths:

- In 2017, a new Adult Partial Hospital program has come online and provides treatment to 50 adults with co-occurring mental health and addiction issues.
- Per SAMHSA's 2014 National Survey on drug use and health, approximately 7.9 million adults in the United States had co-occurring disorders in 2014. With this growing population, and the intent to better serve these individuals, there has been a recent increase in the number of behavior health providers pursuing state licensing for both mental health and substance use.



- Needs:

- Individuals with co-occurring mental health and substance use disorders continue to prove to be a population with complex direct-service needs. DBHIDS is committed to ensuring that supports are put in place so that individuals with co-occurring disorders and in need of treatment or other supports receive the appropriate care. Via the creation of system-wide standards that properly and uniformly address co-occurring competencies that will align with SAMHSA's practices outlined in their "Integrated Treatment for Co-Occurring Disorders" toolkit, as well as the continuation of trainings that have been occurring such as Mental Health First Aid, Trauma-Informed Care Training, and Dialectical Behavior Therapy [DBT] training, direct services staff receive training and other supports that enable high quality direct services to those with co-occurring substance abuse/mental health disorder.
- Individuals with an Opioid Use Disorder also pose many complex physical health and mental health challenges. Efforts have been made to better integrate substance use treatment and residential housing options. As of June 1, 2017, in-network providers of Halfway Houses will be required to accept individuals on Medication Assisted Treatment (MAT). This includes, but is not limited to, methadone, buprenorphine, naltrexone, or any other medication approved by the Food and Drug Administration for the treatment of a substance use disorder.
- Additionally, housing capacity needs to be increased to include specialized programs with staff that are equipped to deal with specific populations. This issue is being addressed through plans for the development of programs that offer clinical enhancements that are aligned with the recommendations that resulted from the *Mayor's Task Force to Combat the Opioid Epidemic in Philadelphia*. This includes, but is not limited to, integrated care; increased provision of MAT; increased workforce capacity; and enhanced supports for specialty populations (i.e. Latino, women with children, transition age youth). Additional housing capacity issues are also being addressed through the prioritization of housing vouchers for those currently in the Journey of Hope and Safe Haven programs, which are for homeless individuals with histories of substance use.

## Justice-Involved Individuals

- Strengths:

- First Judicial District Mental Health Court (FJDMHC): Pennsylvania's first "Re-Entry" Criminal Mental Health Court targets people diagnosed with serious mental illnesses who are sentenced felons. The goal is to reduce time spent in the Philadelphia Department of Prisons, move cases forward to adjudication, avoid State sentences, and return citizens to their community with essential DBHIDS supportive services. From 2009-2016, the Court has served 1369 unique individuals (with 2811 criminal cases).
- Post-Arrest Crisis Screener (PACS): A Behavioral Health Specialist is currently deployed to one (1) police district to screen arrestees for symptoms of suicidal ideation or serious mental illness and to facilitate

linkages to behavioral health services. In fiscal FY17 to date, 225 arrestees have been screened. In FY18, the program will be replicated in additional police districts.

- Needs:
  - A DBHIDS study examining one week of Philadelphia Prison System (PPS) admissions was conducted in May 2013. This study determined that approximately 36% of persons entering jail were flagged as having a serious mental illness (SMI) or a substance use disorder. This study also found that individuals without prior DBHIDS services were unlikely to access services after their release. Statistics also reveal that individuals diagnosed with an SMI in Philadelphia Department of Prisons (PDP) custody have an average of 7.1 incarceration events as compared to 5.8 for individuals without an SMI. Individuals with severe mental illness are more likely to be jailed and remain incarcerated for longer periods of time. This highlights the need for increased behavioral health reentry resources for persons being discharged back to Philadelphia following extended periods of incarceration

### **Veterans**

- Strengths:
  - Veteran Initiatives Unit (VIU): The VIU provides comprehensive guidance to Veterans for navigating healthcare systems, criminal justice involvement, and the community and educates entities that have consequential interactions with Veterans.
- Needs:
  - The US Census Bureau indicates that there were 77,456 veterans living in Philadelphia in 2013. There is evidence that the prevalence of mental health disorders among veterans increases after they leave Service and attempt to reintegrate into civilian life. A report by the Center for Military Health Policy and Research noted multiple barriers to care amongst veterans, including concerns pertaining to confidentiality, the possible detrimental impact on one's career, the side effects of psychiatric medications, the effectiveness of psychotherapeutic interventions, and the costs of mental health care.
  - Individuals suffering from PTSD have a greater likelihood of developing co-occurring mood, anxiety, and substance use disorders. They also present at an elevated risk for suicide attempts and a reduced quality of life. Noted in a 2013 report on Military and Veterans Mental Health, the average delay nationally in seeking care by a person with PTSD is 12 years.

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

- Strengths:
  - The DBHIDS Community-Based Services Development Unit developed and hosted a Community Symposium entitled "Pride and Perseverance" attended by over 200 individuals from LGBTQIA communities throughout Philadelphia, service providers, and DBHIDS staff as well as the Philadelphia community at-large.

- DBHIDS has implemented a new training program entitled: “Creating a Welcoming and Affirming Environment for LGBTQIA People.” This training is available for free to all of DBHIDS’ behavioral health providers and outlines the basic knowledge, language, and concepts needed to offer effective and affirmative services to LGBTQIA community members. This training is currently under development in an E-Learning format and will be made available more widely.
- DBHIDS recently established a Transgender Task Force (TTF) to provide immediate and long-term recommendations to better serve the transgender and gender-variant communities.
- Needs:
  - As noted by the American Psychological Association, individuals within this population are at a greater risk of multiple behavioral health issues, including the following: higher rates of major depression, generalized anxiety disorder, and substance use and/or dependence, higher rates of homelessness, and a generalized increased need for mental health services.
  - There is a need for services benefitting persons with intellectual disabilities, resources for older adults of the LGBTQIA community, and greater access to clinical therapists who are equipped to serve transgender individuals

#### **Racial/Ethnic/Linguistic minorities (including Limited English Proficiency)**

- Strengths:
  - To serve the City’s diverse immigrant and refugee communities, DBHIDS hired a Director of Immigrant Affairs and Language Access Services in February 2016 to oversee all aspects the Immigrant Affairs Unit. Since then the Unit has developed a working plan with the goal to improve the total wellness for immigrant and refugee communities through a holistic community-based engagement and service delivery approach.
  - The Immigrant Affairs unit, within the first year of its creation, completed a Language Access Plan for DBHIDS, conducted an agency-wide Language Access & Cultural Diversity Training, translated vital documents in various languages, and conducted 10 brainstorming sessions with immigrant communities to discuss behavioral health access needs.
- Needs:
  - DBHIDS is planning a Refugee and Immigrant Advisory Board to more deeply explore and address issues confronting these groups and advance efforts to engage and serve these communities.
  - Ongoing efforts are needed to expand the number of linguistically competent and culturally equipped behavioral health professionals and service providers in refugee and immigrant communities.
  - Mental health is not recognized in many non-western cultures and emotional symptoms are not perceived as indicators of a potential health issue. There are many barriers to services including language, culture, stigma, lack of bilingual and bicultural services.

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

Yes    No

In Cooperation with the Mayor’s Office, DBHIDS is committed to compliance with Title VI of the Civil Rights Act of 1964, 2 C.S. § 561 et seq. (Act 172 of 2006), and the Philadelphia Home Rule Charter § 8-600 and § A-200, ensuring meaningful access to City services and programs for individuals with limited English Proficiency (LEP). We work in collaboration with the Office of Immigrant Affairs and have developed a Language Access Plan that includes cultural and linguistic competency training, telephonic and in-person interpretation and translation of vital documents.

**c) Supportive Housing:**

The PA-DHS’ five- year housing strategy, [Supporting Pennsylvanians through Housing](#), is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing. This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation. Supportive housing is a successful, cost-effective combination of affordable housing with services that help people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

# Philadelphia County Human Services Plan 2017- 2018

**SUPPORTIVE HOUSING ACTIVITY** *Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not.*

<b>1. Capital Projects for Behavioral Health</b>				<span style="color: red;">(X)</span> Check if available in the county and complete the section.					
<b>Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).</b>									
Project Name	*Funding Sources by Type	Total \$ Amount FY 16-17	Projected \$ Amount FY 17-18	Actual or Estimated Number Served FY 16-17	Projected Number to be Served FY 17-18	Number of Targeted BH Units	Term of Targeted BH Units)		Year Project first started
Lindley Court Apartments	Reinvestment	\$1.5million	\$0	6	6 <sup>††</sup>	6	30 years		2017
Tioga Family Center	Reinvestment	\$750,000	\$0	0	24	8	30 years		2018 <sup>††</sup>

<sup>††</sup> No new people anticipated to be assisted; we expect the six who currently have a lease will continue to reside there

<sup>††</sup> Currently under construction. Projected completion 2018-2019

# Philadelphia County Human Services Plan 2017- 2018

<b>2. Bridge Rental Subsidy Program for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.				
Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.								
*Funding Sources by Type	Total \$ Amount for FY 16-17	Projected \$ amount for FY 17-18	Actual or Estimated Number Served FY 16-17	Projected Number to be Served FY 17-18	Number of Bridge Subsidies FY 16-17	Average Monthly Subsidy Amount FY 16-17	Number of Individuals Transitioned to another Subsidy FY 16-17	Year Project started
Reinvestment/ State	\$1,763,313	\$2,670,504	262	342	262	\$736	15*	2010

\*current year – transitions still in negotiation.



# Philadelphia County Human Services Plan 2017-2018

<b>3. Master Leasing (ML) Program for Behavioral Health</b>	<input checked="" type="checkbox"/> Check if available in the county and complete the section.
---	--

<b>Leasing units from private owners and then subleasing and subsidizing these units to consumers.</b>									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
Asst. Providers/	Housing First /Federal (HUD)	\$1,460,460	\$1,460,460	165	165	40	165	\$737.00	2003
	OHCD/Federal HOME	\$121,296	\$121,296	12	12	12	12	\$842.00	1999
	SIL/State	\$405,432	\$405,432	36	Approx. 46	24	36	\$939.00	1994
	SPC3/Federal (HUD)	\$197,640	\$197,640	20	20	14	20	\$824.00	1992
	SPC7/Federal (HUD)	\$391,152	\$391,152	36	36	14	36	\$905.00	1993
	SPC8/Federal (HUD)	\$134,964	\$134,964	14	14	12	14	\$803.00	2000
	SPCCTT/ Federal (HUD)	\$55,656	\$55,656	6	6	4	6	\$773.00	2004

<b>4. Housing Clearinghouse for Behavioral Health</b>	<input checked="" type="checkbox"/> Check if available in the county and complete the section.
---	--

<b>An agency that coordinates and manages permanent supportive housing opportunities.</b>							
*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18		Number of Staff FTEs in FY 16-17	Year Project first started
Reinvestment/State	\$463,381	\$482,381	827 referrals 377 new leases	1000 referrals 525 new leases		7	2010

# Philadelphia County Human Services Plan 2017-2018

<b>5. Housing Support Services for Behavioral Health</b>					<input checked="" type="checkbox"/> Check if available in the county and complete the section.				
<b>HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.</b>									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started
MPRS	County (Health Choices)	\$2,274,994	\$2,275,000	286	386 <sup>§§</sup>			34.5	2012
CPS	County (Health Choices)	\$1,447,371	\$1,450,000	270	370 <sup>§</sup>			20	2012
TSC	County	\$707,104	\$710,000	1454	1554 <sup>§</sup>			12	2012
CM	County (Health Choices)	\$6,023,139	6,025,000	767	867			*	2012

<b>6. Housing Contingency Funds for Behavioral Health</b>					<input checked="" type="checkbox"/> Check if available in the county and complete the section.			
<b>Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.</b>								
*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Average Contingency Amount per person	Year Project first started
Reinvestment/ State	\$399,748	\$201,221	141	120			\$1,628	2010

<sup>§§</sup> Minimal additional projection of 100 new individuals to be served based on 'identified' subsidies. Other targeted projects in discussion but not targeted numbers available at this point. Final FY18 numbers may exceed these projections.

# Philadelphia County Human Services Plan 2017-2018

<b>7. Other: PBOA / "PHFA Initiative"</b> <span style="float: right;"><input checked="" type="checkbox"/> (X) Check if available in the county and complete the section.</span>									
<b>Project Based Operating Assistance (PBOA</b> is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); <b>Fairweather Lodge (FWL</b> is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); <b>CRR Conversion</b> (as described in the CRR Conversion Protocol ), <b>other</b> .									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	# of Projects Projected in FY 17-18 (i.e. if PBOA; FWLs, CRR Conversions planned)	# of Projects projected in FY 17-18 (if other than PBOA, FWL, CRR Conversion)		Year Project first started
PBOA	Reinvestment	\$0 <sup>***</sup>	\$0	65	62 <sup>†††</sup>	0	0		2009
PBOA/Mid City	PHFA	\$30,828	\$74,016	5	5-12 <sup>†††</sup>	0	0		2016

\*\*\* No new dollars currently in this program

††† No new people anticipated to be assisted; we expect the 62 who currently have a lease will continue in the program

††† Total of PBOA assigned to program is 12 one-bedroom units. PBOA subsidy will only be used in instances when no other subsidy is available

**d) Recovery-Oriented Systems Transformation:****1. Community Integration and Transitional Supports for Criminal Justice Populations**

Currently there is a long waiting list for the Norristown State Hospital – Regional Forensic Center (NSH – RFC) for Philadelphia defendants who have been adjudicated Incompetent to Stand Trial (IST) and committed for restoration of competency to stand trial (135 Philadelphians as of 5/8/17, with average wait times of 1 year). These individuals are unable to proceed with their defense until they have been restored to competency. The initiatives detailed below are designed to benefit the IST population. These initiatives support the State in its response to the ACLU lawsuit.

**a) Expanded Residential Treatment Beds**

These beds are intended to increase capacity within the behavioral health system to support individuals with criminal justice involvement.

Timeline: Since April 2016 DBHIDS has worked closely with CBH Network Development increase residential beds. These new placements include 20 Extended Acute Care (EAC) beds and 26 beds at 2 Residential Treatment Facilities for Adults (RTFAs). Work continues developing placements for individuals with more specialized needs, such as traumatic brain injury, dementia, personality disorders, history of violence and sexual offending.

Funding: A combination of CHIPPS dollars and CBH/Medical Assistance

Tracking: Ongoing monitoring and support from CBH and DBHIDS's Behavioral Health Justice Related Services Division (BHJRSD) Clinical Unit

**b) Permanent Supportive Housing**

Permanent supportive housing is needed to create flow through the forensic network of care and promote genuine, long-term, community integration. 100 housing subsidies have been allocated to this population.

Timeline: As of May 2017, there are 95 vouchers available. Discussions continue with the PA-DHS on broadening the definition of eligible users so more of the vouchers can be claimed.

Funding: Reinvestment Dollars

Tracking: Ongoing monitoring from DBHIDS's Transition, Integration and Partnership (TIP) Unit and BHJRSD.

**c) Forensic Peer Specialist Team**

A Forensic Peer Specialist (FPS) team will be created to enhance the continuum of care for this population. This team will be comprised of seven full-time peers and one full-time supervisor. It is projected that approximately 120 people will be served annually.

Timeline: As of May 2017, BHJRS D has staffed the team including the Certified Peer Coordinator, FST Peer, Veterans Peer, and a Mental Health Court Peer. Planning is underway to hire four (4) additional peers.

Funding: A combination of base funding from OMHSAS, grant and Reinvestment funding.

Tracking: The Certified Peer Coordinator is developing database tracking mechanisms, and will work in coordination with the BHJRS D management team.

**d) Forensic Training**

Specialized training, consultation, and technical assistance will be provided for key behavioral health and criminal justice stakeholders to promote best practices across the behavioral health continuum of care related for those certified as IST.

Timeline: BHJRS D continues to offer ongoing trainings for justice partners and providers. Planning is underway to develop training for providers in the new residential treatment facilities.

Funding: Reinvestment dollars

Tracking: BHJRS D Management Team

**e) Forensic Screening and Assessment (formerly Post Arrest Crisis Screening (PACS) Expansion**

Forensic Screening and Assessment (FSA) works to identify, support, triage, and link individuals to behavioral health services. Currently, this resource is only available in 1 of 6 Philadelphia Police Department divisions. This expansion will allow a wider PACS presence among more districts. It is estimated that this expansion will afford screening and triage services to approximately 2,500 individuals annually.

Timeline: As of 5/10/17 in planning; implementation targeted for fiscal 2017-18

Funding: Reinvestment dollars

Tracking: BHJRS D Data Team

**f) Probation Navigation and Treatment**

This initiative offers behavioral health supports to persons involved with the Adult Probation and Parole Department (APPD). A Behavioral Health Navigator is embedded at APPD offices to respond to behavioral health crises, help probationers navigate services, and provide screening and treatment as needed.

Timeline: This program began May 2017

Funding: Reinvestment dollars

Tracking: Joint effort between BHJRS D and APPD

## 2. Trauma Focused System of Care

Philadelphia, like other large cities, is confronted by challenges related to violence and associated trauma occurring in schools, homes and other community settings. Violence too often becomes a catalyst for both short and long-term trauma symptoms. DBHIDS addresses issues related to violence and trauma using a population health approach to identify the strengths, needs and resources present in communities. The programs described below will advance these efforts by establishing an array of community-based, trauma-informed services designed to mitigate the impact of trauma on underserved individuals, families, and neighborhoods across the City.

### a) Coordinated Community Engagement Coalitions

A core team will guide the strategic development of various community coordinated initiatives to increase trauma awareness and promote resilience. Community symposia, workshops, and facilitated groups will be employed to enhance community stakeholders' understanding of trauma and promote the skills needed to cope with violence, including incidents associated with human sex trafficking. Specific Trauma Informed Community Coalitions to be created include domestic/intimate partner violence and human trafficking. Coalitions will be comprised of a Community-based organization, a faith-based organization, a primary health provider, a behavioral health agency, and an advocacy group. Each coalition will foster community awareness and partnerships focused on remediating and addressing incidents of trauma and their aftermath. These coalitions will also monitor the number of individuals screened, treated and referred for services.

Timeline: FY 2017 through FY2020

Fiscal and Other Resources: HealthChoices and Reinvestment Funds

Tracking Mechanism: DBHIDS Planning and Innovation Division

### b) Trauma Informed Training

Specialized, trauma informed training, consultation, and technical assistance will be provided to behavioral health service providers, community organizations, peers, family members, and system partners including courts, parole/probation offices, and prisons.

Fiscal and Other Resources: HealthChoices and Reinvestment Funds

Tracking Mechanism: DBHIDS Planning and Innovation Division

### c) Community-Based Violence Response Outreach Team

A Community-Based Violence Response Outreach Team will work to reduce the spread of community violence via conflict mediation, facilitating service linkages, and conducting community trauma awareness events. Teams comprised of outreach personnel and case managers will be deployed to a wide range of community settings including schools and hospitals.

Timeline: FY2017 through FY2018



Fiscal and Other Resources: Reinvestment Funds

Tracking Mechanism: DBHIDS Emergency Preparedness Unit

### 3. Children's Mobile Crisis Stabilization Program

CBH is engaged in a comprehensive expansion of children's crisis services through two major initiatives, both of which focus on early intervention and crisis resolution. Community-based mobile crisis and intervention services are being developed through a procurement process, with teams assigned to distinct regions to meet access needs throughout the city. Additional services will be provided in the community, with the focus on resolving or ameliorating behavioral health episodes for children to remain in their natural setting. Timely access to support and treatment will be emphasized and alternatives to inpatient care will be offered to divert Crisis Response Center (CRC) and other emergency room admissions. A second Request for Proposal (RFP) to develop two child and adolescent CRCs is underway, with the aim to address the volume of children in need of immediate crisis evaluation. This initiative will result in one or two CRCs with programming that also reflects resolution-oriented approaches to assessment and crisis intervention.

Timeline: The site-based crisis RFP was issued in November 2016. The Community Based Children's Crisis RFP was issued in December 2016. The Community Based Children's Crisis RFP awardees were announced in February 2017 and contract negotiations began with the awardees in March 2017. The Community Based Children's Crisis Services is slated to begin in August 2017. An implementation support/learning collaborative will begin in September 2017. Lastly, the Philadelphia Crisis Response Service which will coordinate services for children is projected to become operational in October 2017.

Fiscal and Other Resources: HealthChoices, County Funding, Reinvestment

Tracking Mechanism: DBHIDS Acute Services, CBH Clinical Management- PES Line, CBH Member Services

### 4. Strategic Housing Plan

#### a) Bridge Subsidy Vouchers

DBHIDS remains committed to finishing the transformation of the Mental Health residential system from one based in congregate care to one based in Permanent Supportive Housing (PSH). Aligning supportive services with affordable housing funding sources is what is needed to assist an individual with significant behavioral health challenges to achieve full community integration. As of March 2017, approximately 1400 participants have been authorized to receive mobile psychiatric, certified peer and/or targeted case management services and have obtained independent living. Approximately 80% have maintained their independent status.

Timeline: DBHIDS will continue to focus on the use of the new Bridge Vouchers having identified priority populations for distribution, including older adults/medically compromised, Transition Age Youth, individuals with forensic/criminal justice involvement, and homeless/at-risk of becoming homeless

families. In addition to our attention to the Bridge Vouchers, in FY18 DBHIDS will institute a “shallow subsidy” pilot program and an employment workgroup to identify potential options for stretching the available Bridge Voucher resources.

Fiscal and Other Resources: Reinvestment Funds

Tracking Mechanism: DBHIDS Transition Integrated Support Program (TIP), Office of Supportive Housing Clearinghouse, CBH’s Community Support Services (CSS).

#### **b) Homeless Program Capacity**

A strong partnership exists between DBHIDS and Philadelphia’s Office of Homeless Services (OHS) on many projects and initiatives. This partnership has enabled DBHIDS to expand and create new programs to address homelessness. The expansion for FY18 will allow another thirty (30) persons to be connected to behavioral health services.

Timeline: In FY16-17 DBHIDS and OHS developed greater capacity within the Housing First teams, including a specific team to address a co-occurring population with a specific attention to opioid misuse (n=60). In FY 2018 DBHIDS and OHS will be expanding another Housing First team to specifically address the challenges of substance use

Fiscal and Other Resources: HealthChoices, County Funding, Reinvestment

Tracking Mechanism: DBHIDS Homeless Unit, Targeted Case Management Unit, CBH Community Supportive Services (CSS), OHS.

#### **c) Mental Health Residential Conversions**

DBHIDS continues to ensure that the supply of services meets the needs of priority populations, which include transition youth, forensic, homeless, at-risk of becoming homeless, older adult and medically frail individuals.

Timeline: In FY 17 a safe haven women opened for fourteen (14) Transition Age Youth. The shift to this specialized population required not only different engagement approaches within the community, it required education and training of the staff about this specialized population. Additionally, Over the past year the TIP unit has worked consistently with providers around the needs of the older adult/medically challenged population. In 2016-2017 DBHIDS successfully converted an older adult facility to one smaller, congregate care facility and scattered apartments for those capable of more independent living. In addition, because of the transition to this housing model, DBHIDS secured a Mobile Psychiatric Rehabilitation Specialist (MPRS) team to supporting older, medically fragile adults that will start imminently.

Fiscal and Other Resources: County Funding, HealthChoices, Reinvestment

Tracking Mechanism: DBHIDS TIP Unit

**e) Existing County Mental Health Services:**

Please indicate all currently available services and the funding source or sources utilized.

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
ACT or CTT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Evidence Based Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Psychosocial Rehabilitation	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator’s Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Consumer Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Trauma Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Pre-engagement/Early Intervention sustained recovery	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
EBPs (First Episode Psychosis Tx, CBT, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
ABA for children	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
MH RTF for children and adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
MH RTF for adult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment

\*HC= HealthChoices

f) Evidence Based Practices Survey follow:

Philadelphia County Human Services Plan | **2017-2018**

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County/ Joinder	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	Yes	449	Tool for Measurement of Assertive Community Treatment (TMACT)	MCO who then shares it with OMHSAS	Yearly	No - Teams are formally trained through the Assertive Community Treatment Association (ACTA)	Yes	CBHs Targeted Case Management unit utilizes the TMACT for quality review monitoring of the ACT teams. Each ACT team has a review completed on a yearly basis; these reviews are shared with the providers and OMHSAS. The TCM team is formally trained in how to complete the TMACT process. We currently have 2 providers delivering ACT (Jan2016-Dec2016)
Supportive Housing	Yes	1,391	HTAS Survey CBH Utilization Reviews based on medical necessity	CSS/CBH/ NIAC	HTAS (last one in 2012). Planning on next survey in 6.2017 Utilization reviews 30/60/.90 days	No	Yes via Pennsylvania Association of Psychiatric Rehabilitation Services	Based on number of individuals authorized core, supportive services for supportive housing efforts as of March 2017
Supported Employment	Yes	300 served in FY17 to date	Fidelity measures have not been used to date.	N/A	N/A	Yes	Yes	115 have obtained employment in FY17 to date

Philadelphia County Human Services Plan | **2017-2018**

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County/ Joinder	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Integrated Treatment for Co-occurring Disorders (MH/SA)								
Illness Management/ Recovery	Yes	779	-	-	-	Yes - Practitioners use SAMHSA guidelines and handouts for the delivery of IMR groups	Yes	7 Community Integrated Recovery Centers (CIRCs) have self-reported the delivery of IMR. Each individual CIRC makes independent decisions about how they want to train, implement, and monitor their IMR groups. Approximate # served is based on capacity at 7 self-reporting CIRCs. (Jan2016-Dec2016)
Medication Management (MedTEAM)								
Therapeutic Foster Care	Yes	-	-	-	-	-	-	Therapeutic Foster Homes are for children who are removed from their homes due to safety concerns; therefore, this service is managed solely through DHS.

# Philadelphia County Human Services Plan 2017-2018

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County/ Joinder	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Multisystemic Therapy For Problem Sexual Behaviors	Yes	32	Therapist Adherence Measure (TAM) Supervisor Adherence Measure (SAM) Consultant Adherence Measure (CAM)	A contracted entity that collects the fidelity measures and shares them with MST Associates.	Monthly	No	Yes	Philadelphia offers Multisystemic Therapy for Problem Sexual Behaviors (MST-PSB). Teams receive a 5 day MST Training and a 2 day PSB Training. They do monthly adherence measures and meet weekly for group supervision as well as with an outside MST-PSB consultant. We currently have 1 provider delivering MST-PSB. (Jan2016-Dec2016)
Functional Family Therapy	Yes	479	FFT Inc. Clinical Services System (CSS)	FFT Inc. (treatment developer/trainer) & the agency through the use of their CSS system.	CSS – yearly	No	Yes, through FFT Inc.	FFT Inc. provides ongoing oversight through their certified national consultants who review CSS data. We currently have 2 providers delivering FFT. (Jan2016-Dec2016)
Family Psycho-Education								

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



g) Additional EBP, Recovery Oriented and Promising Practices Survey follows:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served	Additional Information and Comments
Consumer Satisfaction Team	Yes	8,070	Service recipients encountered in 2016
Family Satisfaction Team	Yes	1,410	Family members interviewed in 2016
Compeer			
Fairweather Lodge			
MA Funded Certified Peer Specialist	Yes	322	There are currently 322 Certified Peer Specialists employed through DBHIDS
Other Funded Certified Peer Specialist			
Dialectical Behavioral Therapy	Yes	165	The DBT Initiative began in 2012, when DBHIDS partnered with Marsha Linehan, Ph.D., and Katie Korslund, Ph.D., from the University of Washington to establish DBT capacity to assist individuals experiencing serious challenges with emotion regulation, suicidality, and self-harm. Providers were selected to participate in over a year-long training and consultation in DBT. <b>Six teams have established comprehensive DBT programs</b> and have received continued implementation support through the Treatment Implementation Collaborative (TIC). In 2017, a second cohort of the DBT Initiative was launched to build additional capacity for DBT in adult and adolescent outpatient and residential treatment. These 7 additional providers are in active training, and will begin accepting DBT referrals in Fall 2017.
Mobile Meds	Yes	2,500	
Wellness Recovery Action Plan (WRAP)	Yes	617	<b>6 Community Integrated Recovery Centers (CIRCs)</b> have self-reported the delivery of WRAP. Each individual CIRC makes independent decisions about how they want to train, implement, and monitor their WRAP groups. Approximate # served is based on capacity at 6 self-reporting CIRCs.
High Fidelity Wraparound (Joint Planning Team)	Yes	55	As part of the PA System of Care grant, Philadelphia partnered with the PA Youth and Family Training Institute (YFTI) to develop JPT services in Philadelphia. YFTI provides classroom training, in-field coaching, and technical support. YFTI also monitors JPT fidelity, obtains demographic information, and collects outcome/satisfaction feedback from families. We have 1 provider delivering JPT.
Shared Decision Making			
Psychiatric Rehabilitation Services (including clubhouse)	Yes	556	
Self-Directed Care			
Supported Education			
Treatment of Depression in Older Adults			
Competitive/Integrated Employment Services**			

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served	Additional Information and Comments
Consumer Operated Services			
Parent Child Interaction Therapy	Yes	50	The DBHIDS PCIT Initiative began in 2016 with the overall goal of enhancing care for young children with behavioral challenges and their caregivers. Amy Herschell, Ph.D. and Kristen Schaffner, Ph.D., experts in the training and implementation of PCIT, introduced an innovative training program engaging clinicians, supervisors and administrators in intensive PCIT training and consultation. <b>7 child outpatient providers have established PCIT programs</b> and will receive continued training and implementation support.  (Prior to 2016, several grant-funded projects supported the implementation of PCIT at provider agencies in Philadelphia.)
Sanctuary	Yes	21	Sanctuary trainings ended in December 2015
Trauma Focused Cognitive Behavioral Therapy	Yes	929	In 2012, DBHIDS received a SAMSHA grant to establish the Philadelphia Alliance for Child Trauma Services (PACTS), a network of child-serving systems and organizations capable of providing the most effective treatments available for traumatized youth and their families. Providers participating in PACTS receive training and ongoing implementation support in delivering Trauma Focused Cognitive Behavioral Therapy (TF-CBT) as well as The Child and Family Traumatic Stress Intervention (CFTSI). <b>We currently have 15 providers delivering TF-CBT.</b>
Eye Movement Desensitization and Reprocessing (EMDR)	Yes	45	Philadelphia currently has <b>1 provider</b> who has self reported the delivery of EMDR. This provider reports being trained through EMDR International. Approximate # served is based on capacity of 9 trained clinicians at one site.
First Episode Psychosis Coordinated Specialty Care	Yes	78	Two programs are currently providing First Episode Psychosis through the University of Pennsylvania. Currently serving 78 individuals (as of May 2017)
Cognitive Therapy	Yes	-	Launched in 2007, the Beck Community Initiative, a partnership with Aaron T. Beck, M.D. of the University of Pennsylvania and DBHIDS, supports the dissemination and implementation of transdiagnostic Cognitive Therapy (CT) and Recovery Oriented Cognitive Therapy (CT-R) for individuals with schizophrenia and serious mental illness in the behavioral health network. They have provided training, consultation and implementation support to <b>38 network behavioral health service providers across 58 levels of care/programs</b> including: mental health and substance use outpatient, inpatient, school based services, residential programs and ACT teams.

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served	Additional Information and Comments
<b>Child Parent Psychotherapy</b>	Yes	-	The Health Federation of Philadelphia (HFP) received a 5 year, \$3 million grant from the Children’s Bureau to develop and lead a collaborative effort involving the City of Philadelphia’s Departments of Human Services, Behavioral Health and Intellectual disAbilities Services, and the Family Division of the Philadelphia Court. Through this grant opportunity <b>3 providers</b> received training and consultation in CPP.
<b>Ecosystemic Structural Family Therapy</b>	Yes	-	Since 2007, The ESFT Initiative has provided family-systems therapy training to outpatient and BHRS providers in Philadelphia. Marion Lindblad Goldberg, Ph.D., and Steve Simms, Ph.D., of the Philadelphia Child and Family Therapy Training Center have provided a three-year training curriculum for clinicians and supervisors to become immersed in and sustain the ESFT model. <b>We currently have 5 providers delivering ESFT.</b>
<b>Prolonged Exposure</b>	Yes	-	Since 2011, Edna Foa, Ph.D., and her team at the Center for the Treatment and Study of Anxiety at the University of Pennsylvania have provided intensive training and consultation to build capacity for the delivery of PE with individuals experiencing symptoms of post-traumatic stress disorder (PTSD). They have also provided training on how to screen for PTSD symptoms and how to identify individuals who can benefit from trauma treatment. <b>We currently have 7 providers delivering PE.</b>
<b>Child &amp; Family Traumatic Stress Intervention</b>	Yes	-	DBHIDS established the Philadelphia Alliance for Child Trauma Services (PACTS), to serve youth with traumatic stress. Providers participating in PACTS receive training and ongoing implementation support for delivering CFTSI by expert developers. <b>We currently have 4 providers delivering CFTSI.</b>
<b>Mental Health First Aid (MHFA)</b>	Yes	+20,000	To date, over 20,000 people have received MHFA
<p>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.  <a href="http://www.nrepp.samhsa.gov/AllPrograms.aspx">http://www.nrepp.samhsa.gov/AllPrograms.aspx</a></p>			

**h) Certified Peer Specialist Employment Survey:**

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

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

<b>Total Number of CPSs Employed</b>	<b>322</b>
<b>Number Full Time (30 hours or more)</b>	<b>203-235</b>
<b>Number Part Time (Under 30 hours)<sup>12</sup></b>	<b>87-119</b>

<sup>12</sup> In a survey completed by DBHIDS Peer Culture and Community Inclusion Unit in January, 2017, 50 providers reported hiring 350 Certified Peer Specialists (CPS) and Certified Recovery Specialists (CRS). Approximately 92% of the 350 are CPS (322). We did not inquire about full or part time status in this survey. The national average of full time CPS is 73% as reported in Daniels, A.S., Ashenden, P., L. Stevens, T. National Survey of Compensation Among Peer Support Specialists. The College for Behavioral Health Leadership, [www.acmha.org](http://www.acmha.org), January, 2016. If we use 73% full time CPS as our guide, then Philadelphia has approximately 235 full time and 87 part time CPS. As reported in the DBHIDS report: A Decade of Peer Culture, Support and Leadership: Igniting Behavioral Health Transformation in Philadelphia, March 2016, 63% of 108 CPS reported full time positions and 37% had part-time positions. If we use the DBHIDS report 63% full time CPS as our guide, then Philadelphia has approximately, 203 full-time CPS and 119-part time CPS.

**INTELLECTUAL DISABILITY SERVICES (IDS)**

**Service Continuum Description, Regardless of Funding Source**

In Philadelphia, all individuals who have an intellectual disAbility are encouraged to register with the centralized citywide DBHIDS' Registration Unit. Registration is completed for individuals three years of age or older who qualify for services. Upon registration, individuals are referred to one of ten supports coordination organizations (SCO), based on their preference or individual service needs. DBHIDS also registers individuals confronting emergency situations such as homelessness due to the death of a parent or caregiver. From July 1, 2016 to April 30, 2017, 185 individuals were registered including 95 children and 90 adults (18 years of age and over). Assistance is also offered to individuals with intellectual disAbilities who need nursing home care.

Registered individuals are assigned a Supports Coordinator who assists with the development of Individual Support Plans (ISPs). Providers offer a broad range of supports and direct services including Supports Coordination, in-home assistance and respite services, employment and adult day services, as well as community living and LifeSharing resources. Services are funded through two waivers; the Consolidated Waiver and the Person Family Directed Support (PFDS) Waiver. Waiver funding is limited, which results in a Waiting List for individuals in need of services beyond Supports Coordination. Supports Coordinators complete a Prioritization of Urgency of Need for Services (PUNS) with registered individuals.

In recent years, "initiative" funding has sometimes been included in the PA budget to serve individuals on the Waiting List. When initiative funding is available, DBHIDS works with the SCOs to identify individuals who are eligible for services and supports. Due to limited funding and resulting capacity constraints, IDS manages available resources to optimize their application. The Administrative Services Management Team works with individuals, families, providers and other systems to address and support emergency needs. DBHIDS collaborates with the SCOs to ensure that waiver-funded services to individuals are provided in a timely, respectful and competent manner. Information and assistance is given to individuals, parents, guardians and caregivers who are concerned about types and quality of services being rendered. The Department also provides monitoring and technical assistance to the SCOs related to individual, systemic and compliance issues.

As individuals approach age 21, DBHIDS collaborates with multiple departments within the city, including the Department of Human Services (DHS), to plan for transitions to adult services which may include residential, in-home care, and employment supports. These services are

managed within existing service capacity, unless State grants for persons transitioning to adult services become available.

DBHIDS also has Administrative Entity (AE) oversight responsibilities. This role involves efforts to address identified priorities and goals. The AE Quality Management (QM) Plan aligns with the State’s high-level QM priorities for stakeholder groups. This comprehensive plan may include employment and LifeSharing, as well as communication and restraint reduction elements. A QM committee meets quarterly to review data for each outcome area to assess goal progress, identify barriers and strategies to improve performance, and revise plans as needed.

**Individuals Served**

	<i>Estimated Individuals served in FY 16-17</i>	<i>Projected Individuals to be served in FY 17-18</i>
Supported Employment	140	140
Pre-Vocational	15	15
Adult Training Facility	20	20
Base Funded Supports Coordination	2780	2780
Residential (6400)/unlicensed	68	65
Life sharing (6500)/unlicensed	0	0
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Services	1724	1724

**Supported Employment**

DBHIDS is committed to increasing employment outcomes through multiple means including targeted training and consultative activities as well as offering innovative projects as an incentive to promote best practices. These activities fall under the newest employment

initiative, *Employment 1st, Employment NOW*. This initiative is a continuation of the efforts to mobilize stakeholders across the Philadelphia region. Projects include increased training opportunities for job coaches, job developers, and other support personnel to become certified customized employment support professionals (CESP) and/or to acquire an Association for Community Rehabilitation Educators (ACRE) certificate.

Employment is also promoted via mini grants, community outreach to employers, and collaboration with various partners including the School District of Philadelphia and the Office of Vocational Rehabilitation. Additional State funds for these and other activities is needed.

Using the Planning Alternative Tomorrows with Hope (PATH) framework for strategic planning, *Employment 1<sup>st</sup> Employment Now* is led by a steering committee and co-chaired by DBHIDS. Steering committee members include service recipients, family members, providers, as well as State and county staff. The committee meets monthly to develop strategies to increase employment outcomes and track progress corresponding to a strategic plan. In addition to the Employment Steering Committee, six workgroups meet on a regular basis to address the multiple issues including capacity building, employer and public relations, supports coordination, transition, systems and policy and data. DBHIDS also sponsored the 17<sup>th</sup> annual employment symposium in May 2017.

DBHIDS remains committed to promoting successful employment outcomes through Supported Employment. Supports Coordinators are required to discuss employment with individuals and families as part of an annual planning process. To track the effectiveness of this initiative,

Supported Employment providers are asked to submit monthly reports detailing the number of people employed, total individuals receiving services, and total gross earnings. Preliminary data for FY17 confirms that as of December 31, 2016, 476 individuals were employed. Their collective earnings totaled \$1.3 million for the period July 1, 2016 through December 31, 2016. During that period, 725 individuals received Supported Employment services. Later this year, DBHIDS will publish a report based on final FY17 data.

### **Supports Coordination**

We are eager to learn more about the Office of Developmental Programs' (ODP's) *Community of Practice: Supporting Families through the Lifespan Initiative* designed to transform state policies and practices to better support families of individuals with intellectual disabilities. This spring, DBHIDS is supporting Visions for Equality forums with families and Supports



Coordinators and will assess how this effort can complement ODP's *Supporting Families through the Lifespan* initiative. These forums present opportunities to talk with individuals and families about their goals and challenges. Support Coordinators work closely with DBHIDS to identify individuals in need of services. Support Coordinators are represented on the DBHIDS Employment Steering Committee as well as a subgroup dedicated to support coordination issues. DBHIDS routinely informs SCOs of training sessions relevant to supports coordination and employment. A recent training session included participation by Supports Coordinators from the surrounding suburban counties.

### **LifeSharing Options**

LifeSharing is an opportunity for individuals of all ages to live within a caring home that provides support for individual enrichment and for inclusion in the community. LifeSharing offers the opportunity to be part of a family, which for many is a long held dream, as well as an opportunity to develop valuable social roles and relationships in the community. DBHIDS wants to increase opportunities for individuals to choose LifeSharing as their option for residential living. To support this goal, Supports Coordinators are required to discuss LifeSharing with individuals and families during the ISP process. DBHIDS is developing a LifeSharing tip sheet for Support Coordinators. DBHIDS is committed to promoting strategies and activities to educate the community to increase awareness about the LifeSharing program.

To help in the recruitment of individuals and families as well as LifeSharing homes, we have a LifeSharing brochure that describes this option. We also sponsor a LifeSharing information sharing and networking day, as part of our outreach and awareness efforts. We collaborate with the City's Faith Based and Spiritual Affairs Initiative to reach out to the faith based community, since this community is a potential source of LifeSharing homes. Additionally, LifeSharing information is on our website and information is shared with individuals and families when they register with IDS. Philadelphia currently has ten LifeSharing provider agencies. As of May 2017, 222 individuals are residing in Philadelphia LifeSharing arrangements.

### **Cross Systems Communications and Training**

DBHIDS staff are members of the Philadelphia School District Transition Committee that develops plans for young adults aging out of the school system. The Department is engaged with Philadelphia-DHS to facilitate registering and planning for children and youth who have an intellectual disAbility.

A DBHIDS' Behavioral Health and Intellectual Disability Community Treatment Team (BHID CTT) has been in operation since 2014. This team is designed to support people who have an intellectual disability as well as mental health challenges. The program, jointly conceptualized through a committee that includes DBHIDS, ODP, OMHSAS, and the Southeast Regional Health Care Quality Unit (HCQU), provides intensive supports to reduce use of crisis and inpatient treatment services, improve recovery outcomes, and enabling people to remain in their communities. The team of professionals who provide the BHID CTT services and supports include intensive case managers, employment specialists, psychologists, certified peer specialists as well as nursing and psychiatric supports.

### **Emergency Supports**

The use of generic, community crisis services are encouraged; however, crisis calls are taken by DBHIDS during business hours and a provider is contracted to take emergency calls during other hours. DBHIDS staff follow up with individuals currently enrolled in service and coordinate with Supports Coordination to address emergency needs. Coordination also occurs, when appropriate, with varied partners including Adult Protective Services and the Office of Homeless Services. Some base funding is also set aside for contingencies including payment for services authorized during weekends and holidays when short-term, immediate interventions are needed emergency contingencies.

DBHIDS acknowledges the need to support individuals who require emergency interventions when there is no waiver capacity available. A list of individuals with emergency needs is updated on a regular basis. This list is reviewed weekly to determine priority individuals for waiver capacity as it becomes available.

DBHIDS appeals to the State Regional Office of Developmental Programs for unanticipated emergency capacity when dire circumstances are presented involving individuals previously unknown to Department. DBHIDS also appeals to the State for approval to exceed base funding respite limits when circumstances occur that cause families to request more than 28 days of respite in a fiscal year. Support Coordination Organizations (SCOs) reserve a small amount of Family Driven Support Services (FDSS) funds for emergencies, which may include respite or other arrangements.

There is a continuing need statewide to address the needs of people who are not included in the Waivers but present a critical need for services, which many include emergency interventions. The PA Waiting List Campaign informs the Governor, legislators and the public about the growing number of people requiring assistance. As of April 2017, the Campaign

website identifies 2,159 Philadelphians waiting for service, out of 13,519 individuals statewide. The chart that follows documents the number of people in need of supports and services in several categories, Emergency, Critical, and Planning.

COUNTY	EMERGENCY	CRITICAL	PLANNING	GRAND TOTAL
Philadelphia	782	871	506	2,159

Without sufficient waiver capacity and an adequate base funded safety net, individuals who have spent their lives in the community can be faced with the prospect of institutionalization as their only option. A more effective and efficient process for anticipating and responding to emergencies is necessary.

**Administrative Funding**

As noted previously, DBHIDS continues to support Visions for Equality forums and will assess how this project will be compatible with ODP’s *Supporting Families through the Lifespan Initiative*. The Department has hosted two sessions for PA Family Network trainers and will invite these constituencies to additional meetings to encourage further dialogue and information sharing.

Philadelphia Coordinated Health Care (PCHC) is the designated Health Care Quality Unit (HCQU) for the PA-DHS Southeast Region. The primary supports provided by PCHC HCQU for professional staff are training, technical assistance, expansion of access to community medical services, quality management, data collection and the provision of public health information. These efforts are targeted to individuals with intellectual disAbility and their support teams including residential providers, SCOs, county program staff, and medical community staff. The PCHC HCQU collects data related to the supports staff provide. This data is combined with other data sources to identify health needs and design strategies to ameliorate or reduce multiple risks ranging from swallowing deaths to addressing dual diagnosis issues. It should be noted that currently, the PCHC HCQU primarily supports people who receive waiver services; however, it would be most desirable to expand these supports to everyone registered with Philadelphia IDS including people who live at home with their families and people with autism spectrum disorder. The Commonwealth has not increased funding for HCQU activities since 2006. Moreover, in Fiscal Year 2013, the HCQU absorbed a 10 percent reduction in funding. Without additional resources, the PCHC HCQU cannot expand services.

DBHIDS and the local Independent Monitoring for Quality (IM4Q) program developed a protocol which outlines best practices to promote improvement in the quality of life of the people receiving services. The county and local IM4Q program meet quarterly to discuss the process for "closing the loop" (ensuring that all considerations identified through IM4Q are fully addressed and that service recipients are fully satisfied) and improving everyday life outcomes. Data collected by the local program as well as Temple University Institute on Disabilities are reviewed quarterly to identify areas needing improvement. One example in Philadelphia County involved voting. Data revealed that many people wanted to vote but were not registered or lacked transportation support. A committee was formed to address this issue that resulted in a provider forum and a voting registration event to inform individuals, families and providers. Thus, at least one provider reported that the number of people planning to vote in future elections increased significantly.

The County conducts a thorough risk management analysis of every incident reported in the ODP web-based Enterprise Incident Management system [EIM]. This analysis includes determining that reporting providers have identified every issue/concern/risk related to each complaint and secured resolution via appropriate and timely action. The county informs families regarding investigation results and corrective actions taken to address identified issues. If an investigation is undertaken, individuals are interviewed and subsequently apprised, by their Supports Coordinator, of corrective actions and other outcomes. Supports Coordinators, providers, and families are encouraged by DBHIDS to contact Philadelphia Coordinated Health Care [PCHC] for information, strategies and individualized training to address medical concerns. The county analyzes Incident Management data to identify systemic issues and then collaborates with providers to fashion and monitor systemic plans of correction to reduce the likelihood of similar concerns/incidents occurring. DBHIDS works closely with staff from the PA DHS Southeast Regional Office of Developmental Programs and the suburban counties to address broader systemic issues.

DBHIDS's Director of Emergency Preparedness is available to work with providers to establish and implement emergency preparedness plans.

### **Participant Directed Services (PDS)**

DBHIDS will create a brochure/information sheet for Service Coordinators, individuals and families, highlighting the option of Participant Directed Services. These materials will be distributed during the registration process. Individuals and providers will receive assistance to make sure they understand this option, including increased county monitoring to confirm that Participant Directed Services are used appropriately, and

successfully. The goal is for more individuals and providers to take advantage of this option. ODP can be more helpful at educating people about Participant Directed Services and the corresponding stipulations and obligations. A subsequent document, further clarifying the current state bulletin, including roles and responsibilities, would also be helpful.

Base funding for those who are non-Medicaid eligible is used to provide support services until Waiver funding becomes available. Unfortunately, base dollars are insufficient to transition all service recipients into the community. Efforts to enable people to live in the community include reliance on other state resources, including Benjamin litigation funds. Despite resource limitations, DBHIDS staff continue to partner with Supports Coordinators to facilitate the movement of people from congregate programs to community settings.

**Base Funds Only:**

	<b>Estimated Individuals served FY16-17</b>	<b>Projected Individuals to be served FY16-17</b>
Supported Employment	140	140
Pre-Vocational	15	15
Adult Training Facility	20	20
Base Funded Supports Coordination	2780	2780
Residential (6400)/unlicensed* <sup>3</sup>	68	65
Life sharing (6500)/unlicensed	0	0
Family Driven Family Support Services	1724	1724

<sup>3</sup> Decrease in Residential (6400)/unlicensed reflects our ability to get the individuals into a Waiver funded service.

**Community for All**

The discussion of alternative placement is included in all annual support plan meetings for individuals residing in intermediate care facilities, and state centers.

The Philadelphia county AE ICF/ID representative encourages individuals to explore residential living in a least restrictive environment. This may include community ICF (capacity of 4-6 individuals) for those who require additional nursing supports, community living arrangements, as well as life sharing opportunities.

In addition, the Benjamin Settlement litigation mandates that class members residing at State Centers on the planning list for community placement be guaranteed this opportunity. The Philadelphia county Benjamin settlement coordinator works with the individuals, their teams, SCO, as well as state center officials to accommodate the option for community placement. This includes pursuing residential providers to explore community placement for the individuals, working with teams to select and identify the most appropriate agency to support the individual, as well as transition and placement planning.

In FY 17, the Philadelphia County Benjamin Settlement Coordinator has successfully assisted in the following community placement and transition:

- Elwyn is a provider of services for the intellectually disabled population. At least nine (9) individuals have moved from Elwyn’s main campus into consolidated waiver community homes in FY 17. In addition, one individual from Divine Providence Village was supported with moving from their ICF into a community home.
- An individual supported by AVS moved out of his community ICF in May of 2016 and is currently being supported by a family friend as the Life Sharing provider.
- In January and February 2017, three Benjamin class members from Ebsburg Center moved into the community: one person is supported in Life Sharing and two people are in Community Living Arrangements. At least two Ebsburg Benjamin class members are scheduled to transition into consolidated waiver homes in the summer of 2017. And at least three Benjamin class members are scheduled to move into the community in late 2017 and will be supported under the ACAP waiver.
- There is a total of sixteen (16) individuals from Philadelphia county residents currently residing at Hamburg Center. At least Fifteen (15) of the individuals will be supported in community transition under consolidated waiver funding by June 2018.
- There are six (6) Philadelphia County individuals moving from the Overbrook Friedlander ICF into consolidated waiver community homes as early as July of 2017. Three (3) people are moving in July and the remainder are scheduled to move in August 2017.

Other Non-Residential	79	79
-----------------------	----	----

## **HOMELESS ASSISTANCE SERVICES**

In partnership with stakeholders, Philadelphia has developed and implemented a system for preventing and addressing homelessness and meeting the needs of homeless persons and families. The City’s Office of Homeless Services (Homeless Services) is charged with the policy, planning, and coordination of the City’s response to homelessness. Homeless Services administers Homeless Assistance Program (HAP) funding, which is used to support transitional housing program operations (known under HAP as “Bridge Housing”) and provides case management in emergency and transitional housing programs. Goals for individuals to be served through these programs are as follows:

	<b>Estimated / Actual Individuals served in FY 16-17</b>	<b>Projected Individuals to be served in FY 17-18</b>
Bridge Housing	2,000	2,000
Case Management	5,500	5,500
Rental Assistance		
Emergency Shelter		
Other Housing Supports		

- Homeless Services coordinates the Continuum of Care (CoC), leads the Homeless Management Information System (HMIS), and reports efforts in the HUD-mandated Consolidated Plan and the annual CoC Consolidated Application. CoC representatives are from both public and private sectors, including veterans’ services, the School District of Philadelphia, the Philadelphia Housing Authority, youth-serving providers, advocacy organizations, and persons with lived experience with homelessness. A representative from Homeless Services participates on the County’s Emergency Food and Shelter Program Board, convened by the United Way of Greater Philadelphia and Southern New Jersey.
- Philadelphia is developing a Coordinated Entry Process, which is locally called Coordinated Entry and Assessment-Based Housing Referral System (CEA-BHRS), to build on existing practices and create a streamlined and standardized process that links households to the appropriate resources to end their housing crisis. To determine severity of housing and service needs, all households will be assessed with the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT).
- In FY17, Homeless Services, on behalf of the Philadelphia Continuum of Care, continued its 100 Day Street Homelessness Challenge using the Rapid Results Institute planning model, engaging with a broad group of stakeholders to implement strategies to address chronic homelessness and homelessness among youth ages 16-24. The 100 Day Challenge teams have focused on designing and implementing a coordinated system of care that prioritizes households with the greatest housing and services needs for



housing opportunities and coordinates assessment, referrals, and placement among the various public and private stakeholders involved in the Challenge. Since its launch in June 2016, the 100 Day Challenge Chronic Team has housed 242 chronically homeless individuals.

- In FY17, Homeless Services contracted with a consultant to analyze local data on family homelessness and make recommendations for strategies to implement to make family homelessness rare, brief, and non-recurring.
- Homeless Services funded a first-ever collaborative of five providers to expand services for young people, increasing the housing inventory for young people by 12%. Homeless Services also hired a Homeless Youth System Coordinator who is charged with improving the homelessness system's ability to meet the unique developmental needs of homeless youth.
- The lack of adequate, affordable housing in Philadelphia is a primary reason that individuals and families fall into homelessness. Nearly 72 percent of the 186,000 renter households are cost burdened. More than 70 percent of cost-burdened renter households have incomes less than 30 percent of Area Median Income (AMI). Severely cost burdened households account for 21.5 percent of city households and 16.6 percent of regional households. As stated in the Assessment of Fair Housing submitted in 2016, Philadelphia has a mismatch between household income and housing costs. The median income of renters in Philadelphia is \$26,624. Renters at this income level would need a rent of \$666 per month or less to avoid being cost burdened. Only 30.9 percent of rental units are under \$750 per month, and median rents in the city are increasing (from \$801 in 2009 to \$915 in 2014). Almost 36 percent of city households earn less than \$25,000 a year, so the need for affordable rental units is high. For units with three or more bedrooms, the percentage of units under \$750 per month is only 23.3 percent. Given the large number of families in the city, the lack of affordable rentals with larger bedroom counts is a contributing factor to family households with children facing disproportionate housing needs.
- In the January 2017 *Point in Time* count, 5,693 Philadelphians were identified as experiencing homelessness, including:
  - 948 unsheltered single individuals;
  - 2,154 single individuals in emergency or transitional housing or safe havens;
  - 824 families in emergency or transitional housing;
  - 22 unaccompanied children under age 18 in emergency housing
- FY18 housing strategies will be guided by a commitment to make homelessness rare, brief and non-recurring, and will include the following components:

- Increase funding for homelessness prevention services, adopt the HOME BASE risk assessment tool to assess for prevention, and co-locate prevention services at emergency housing centralized intake sites
- Implement new emergency housing standards that ensure emergency housing is safe, low-barrier, and person-centered
- Expand alternative solutions for people experiencing unsheltered homelessness
- Shorten the length of stay in emergency and transitional housing
- Create more permanent housing units for families with children, youth ages 18-24, and individuals experiencing chronic homelessness
- Implement the Coordinated Entry and Assessment Based Housing Referral System that streamlines access, assessment for, and referral to housing resources by matching people to housing based on needs and vulnerabilities
- Develop a by-name list of people experiencing chronic homelessness to coordinate care around their housing and services needs
- Continue system transformation to ensure that the homelessness system is data-driven
- Continue full implementation of the Homeless Management Information System (HMIS)
- Train staff and re-engineer policies and program to reflect the Sanctuary model
- Educate and engage community stakeholders in addressing the humanitarian and economic development crisis presented by homelessness

### **Performance Monitoring and Reporting**

Organizations submit interim intake and discharge reports, including where individuals moved when they exited the program, and monthly narrative and client level reports. Contract scopes of service include performance expectations, which are monitored on an annual basis. When areas are identified, which need improvement, staff provide technical assistance. The following performance targets will be included in Homeless Services' FY18 contracts with its housing providers:

- All Housing Providers
  - All HUD entry and exit assessments entered in HMIS within 3 days (72 hours)
  - HMIS Data Quality: The percent error rate (which includes refused, missing, and don't know) is 10% or less for personally identifiable information, universal data elements, and income and housing data quality.
- Emergency Housing Providers
  - Average length of stay of 90 days or less, or 10% shorter than FY17

- The number of households that exit to long-term housing will be 10% more than FY17.
- Transitional Housing Providers
  - Average Length of Stay will be 10% shorter than FY17
  - The time from referral to housing placement will be 45 days or less for providers who receive referrals from the Office of Homeless Services
  - 80% or more of participants who exit will exit to long-term permanent housing.
- Rapid Re-Housing Providers
  - The time from referral to housing placement will be 45 days or less for providers who receive referrals from the Office of Homeless Services
  - 80% or more participants who exit will exit to long-term permanent housing.
- Permanent Supportive Housing Providers
  - The time from referral to housing placement will be 45 days or less for providers who receive referrals from the Office of Homeless Services
  - 93% or more of participants will either retain permanent housing in the program, or will exit to other permanent housing.

## **Bridge Housing**

### **Transitional Housing:**

- Time-limited housing with supportive services is provided to encourage homeless individuals and families to live more self-sufficiently. This semi-independent form of supportive housing is used to facilitate movement from emergency to permanent housing. Transitional housing is primarily provided by non-profit partners and faith-based organizations, and supportive services may be offered by the organization managing the housing facility or by other public or private agencies. The CoC works to ensure transitional housing serves those populations for which transitional housing is more effective: people in recovery, young people ages 18-24, and those fleeing domestic violence; and reviews projects to determine whether some may be able to operate as Rapid Rehousing projects, instead.
- In FY17, two (2) transitional housing projects with HAP case management funds converted to Rapid Rehousing, which has allowed more families to be served in these programs over time. Homeless Services oversees 17 transitional housing projects, fourteen (14) of which utilize HAP Bridge funds. HAP case management funds are allocated to eleven (11). HAP-Penn Free funding is allocated to two (2) transitional housing programs. In addition, HAP funds are allocated for case management for families embarking on the Blueprint Program, a partnership with the Philadelphia Housing Authority (PHA) through which PHA provides up

to 300 units of family housing annually to the City for homeless families. To date, the City and PHA report more than 3300 households housed since 2008.

### **Drug/Alcohol Treatment for Chronically Homeless Individuals**

More than 120 treatment slots have been created and funded by DBHIDS to assist men and women with long histories of chronic homelessness to embark on recovery from substance use disorder through the Journey of Hope Program. At the end of the program, successful graduates will have access to available Housing Choice Vouchers(s) or other resources to support housing stability and continued recovery.

### **Case Management**

- Homeless Services provides centralized intake services to households experiencing homelessness. Homeless Services staff assesses eligibility and service needs of households presenting for placement into emergency housing, and attempts to place them in the most appropriate emergency or alternative housing facilities. Mental health assessments and referrals to drug and alcohol treatment, health services, children and youth services, domestic violence services, legal services and veterans' services are provided as needed. Central intake into emergency housing is funded by the City of Philadelphia. In FY17, more than 8,000 single men, 6,000 single women, and 3,000 families requested help through emergency shelter intake.
- HAP case management funds are allocated to 11 of the 14 Transitional Housing programs, with PennFree funding allocated to two (2) transitional housing programs. Homeless Services oversees 25 emergency housing programs (more than 2500 beds), including 2 dedicated specifically for those fleeing domestic violence.
- In FY18, HAP case management funds will be allocated to eight (8) emergency housing facilities. Most emergency shelter costs are funded by City General Funds, with some Emergency Solutions Grant funding. In addition, HAP funds are allocated for case management for families enrolling in the Blueprint Program, a partnership with the Philadelphia Housing Authority. With all programs, performance expectations are outlined in contract scopes of services; annual monitoring examines each program for compliance with funding source requirements and performance.
- In FY17, Homeland Security, L&I, Police, and Fire conducted a comprehensive assessment of these facilities, and the City is providing Active Shooter, De-Escalation and Narcan trainings to ensure emergency housing facilities are safe and supportive.

## **Rental Assistance**

### **Rapid Re-housing**

- Rapid-rehousing providing housing stabilization counseling, rental assistance, security and utility deposits, and/or payments for rent or utility arrearages to enable moves from homelessness into stable housing. Rapid re-housing is Philadelphia's primary strategy to assist families with children experiencing homelessness move to permanent housing. The system uses rapid re-housing as a bridge into long-term housing as well to immediately enroll into housing. The CoC expands its commitment to rapid re-housing annually, increasing the number of CoC-funded rapid units from 32 in 2014 to 67 in 2015 to 114 in 2016. Federal Emergency Solutions Grant (ESG), State ESG, and State TANF funds also support rapid rehousing programs. Rapid rehousing assistance recipients have an 85% rate of exit to permanent housing. In FY18, Homeless Services will expand its rapid rehousing focus. In FY17, HOME rental assistance funds were utilized to convert two transitional housing programs to Rapid Rehousing. Both programs utilize HAP case management funds.

### **Homelessness Prevention**

Coordinated by Homeless Services' Emergency Assistance and Response Unit (EARU), emergency assistance and response activities encompass relocation and/or emergency housing assistance for victims of natural disasters such as fires, gas explosions, collapsed buildings and weather-related crises and residents of units declared unfit or unsafe. In addition, EARU provides rental assistance to help households avoid eviction, or funds to relocate when required. More than 500 households can be served annually through funding, using the Community Services Block Grant (CSBG); Homeless Services supplements this funding with City General Funds.

### **Emergency Housing**

Emergency housing refers to facilities that provide safe, short-term accommodations for individuals and families experiencing homelessness through which providers resolve immediate housing crises, assess level of need, and provide case management assistance to help obtain appropriate longer-term housing options and income/benefits. Homeless Services oversees 25 emergency housing programs (more than 2,500 beds), including 2 dedicated specifically for those fleeing domestic violence.

- In FY18, HAP case management funds will be allocated to 8 of these emergency housing facilities. Most emergency shelter costs are funded by City General Funds, with some Emergency Solutions Grant funding, a federal source.
- In FY18, Homeless Services is implementing new emergency housing standards for the emergency housing programs that will be centered around the principles of housing first,

housing-focused, person -centered, and strengths-based. Homeless Services is in the process of evaluating and redesigning emergency housing and family homelessness supports. Additional efforts towards this goal include requiring emergency housing providers to initiate housing applications as soon as possible upon entry, and systematically tracking the "longest stayers" in City funded emergency housing to identify and resolve barriers.

## **Other Housing Supports**

### **Street Outreach**

This activity focuses on vulnerable men and women living outdoors in Philadelphia, including 24 hours a day, 7 days a week, 365 days a year street outreach teams who locate and engage individuals living on the streets and encourage them to accept services, treatment, and housing. The Outreach Coordination Center, funded by DBHIDS, provides a central “dispatch” to coordinate outreach efforts and respond to citizens’ calls to an outreach hotline. In FY16, Philadelphia implemented a new street outreach strategy that targeted specific high-traffic areas during peak hours, as well as added an additional street outreach team with expertise in substance use disorders to respond to the growing number of people on the street with substance use disorders.

- Outreach teams had 39,750 contacts with 8,018 unduplicated individuals during calendar year 2016. The Outreach teams made 4,303 placements for 2,785 individuals, primarily to Homeless Services shelters (70%), overnight cafes, and Behavioral Health Special Initiative shelters/safe havens, but also to recovery houses, detox programs, private shelters, hospitals, Crisis Response Center placements, and other social service agencies.
- The Synergy Project, a Runaway and Homeless Youth funded Street Outreach Program of Valley Youth House, provides outreach services to runaway, homeless and nomadic youth ages 21 and under, including supplies to meet immediate needs, access to shelter, informal counseling and connections to other resources in Philadelphia. Outreach workers engage with youth through site- based outreach activities at schools, drop-in centers, and health centers, as well as street-based outreach and a 24-hour outreach line.

### **Permanent Supportive Housing**

Permanent supportive housing refers to long-term, safe, and decent living arrangements that are linked to supportive services for homeless individuals and families with disabilities.

Permanent supportive housing enables homeless persons to live independently, which is the goal of the homeless Continuum of Care. This inventory includes more than 2,300 units, funded through the HUD Continuum of Care (CoC) Program. Matching funds are provided by the Department of Behavioral Health and Intellectual Disability Services, the Department of Human Services, and the AIDS Activities Coordinating Office within the Department of Public Health.

Philadelphia's permanent supportive housing inventory also includes 450 units of the evidence-based model called Housing First, with housing funded primarily through HUD and services through Medicaid; an additional 55 new units for chronically homeless individuals were funded in the 2016 CoC competition. The CoC adopted the Order of Priority described in HUD's Notice CPD-16-11 in FY17, which is anticipated to provide greater access to turnover units in a priority manner for those who are experiencing chronic homelessness.

### **Housing Retention (Mortgage Foreclosure Prevention)**

- Housing retention services include housing counseling and mortgage assistance to households in targeted zip codes to resolve an immediate housing crisis and prevent households from losing their homes and becoming homeless. Funds to directly Mortgage foreclosure prevention activities are funded through Philadelphia's Housing Trust Fund. More than two hundred households are served through this program annually.
- Homeless Services will continue to work to expand its capacity to assist low-income individuals and families avoid experiences of homelessness, both with diversion services of the Emergency Assistance and Response Unit (EARU) and by contracting with service providers to use Housing Trust Fund and ESG funds to remove financial barriers to sustaining housing and prevent shelter entry. In FY16, Homeless Services' EARU provided rental assistance, security deposit assistance, first month's rent, eviction prevention, and subsidized housing relocation assistance to nearly 600 households to prevent their homelessness.

### **Safe Havens**

Safe Havens are entry-level programs that serve hard-to-reach homeless persons who have severe mental illness, are living on the streets, and have been unable or unwilling to participate in supportive services. They provide a 24-hour residence for an unspecified duration, and do not require participation in services or referrals as a condition of occupancy. After a period of stabilization in a safe haven, residents are often willing to participate in services and often become ready to move to treatment or more permanent housing. DBHIDS funds most the safe haven system with some funding through HUD CoC.

### **Homeless Management Information System (HMIS)**

Philadelphia County utilizes an HMIS, as required by HUD, to maintain client-level data and assess client outcomes, project performance, and system performance. Philadelphia's HMIS, called *Client Track*, went live in July 2016 and will complete full implementation in early FY18. Client Track is being used by emergency, transitional, and permanent supportive housing providers throughout the Continuum of Care. Providers enter data into HMIS for all emergency



and transitional housing programs. The Blueprint case management program will begin entering data in HMIS in FY18.

The elements described below can be obtained through HMIS:

- Residence prior to entry into the program
- Known destination for participants upon exit or verified connection to permanent housing
- Increased participation by homeless individuals in mainstream systems such as health care and employment training programs.
- Increase in cash income for households experiencing homelessness
- Length of time households experience homelessness
- Length of time households reside in homeless assistance programs

**CHILDREN AND YOUTH SERVICES**

*Please refer to the special grants plan in the Needs Based Plan and Budget for Fiscal Year 2017-18.*

**SUBSTANCE USE DISORDER SERVICES**

The Philadelphia Office of Addiction Services (OAS) operates under the auspices of the Department of Behavioral Services Intellectual Disability Services (DBHIDS), which also serves as the Single County Authority (SCA). DBHIDS will continue to manage and integrate funds from multiple sources to support an efficient and coordinated recovery-oriented system of care. In FY18, services will be offered in a manner consistent with departmental transformational goals and core values presented in the Transformation Practice Guidelines for Recovery and Resilience Oriented Treatment.

Additionally, for FY18, it is projected that approximately 6,000 unduplicated individuals will be supported by BHSI/Act 152 dollars. In addition to the funds from PA-DHS, DBHIDS's Office of Addiction Services (OAS) receives support from the Department of Drug and Alcohol programs (DDAP) and the Pennsylvania Commission on Crime and Delinquency (PCCD). Funding from all sources for the coming year totals \$47 million. Based on past utilization, \$47 million is projected to provide licensed treatment for 23,210 individuals over the course of FY18. It should also be noted that the network provides funding for screening, assessment and case management for up to 6,750 persons involved with criminal justice system each year

The Behavioral Health Special Initiative (BHSI) and Act 152 funding, managed by DBHIDS, will remain at \$9,868,601 for FY18. The primary goal of this program is to make treatment available to substance abusing individuals who are uninsured and ineligible for these services via other funding sources. It is further intended that these services will be delivered in the most cost-effective manner and least restrictive or coercive way, without compromising clinical efficacy. To accomplish these goals, the program will utilize the principles of managed care to coordinate treatment and provide appropriate support services within a Recovery Oriented System.

### **Waiting Lists**

DBHIDS is committed to providing citywide addiction leadership including a focus on prevention, early intervention, treatment, and recovery support services for Philadelphia's residents. The primary goal is to promote a life in the community for everyone served by the Department. In concert with those in recovery and their families, OAS recognizes addiction as a preventable disease and a treatable illness. All people involved with or at risk of addiction should be treated with dignity and respect. There are currently no waiting lists maintained for people seeking to enter addictions treatment. Admission to residential treatment services varies daily and as such no waiting lists are kept.

### **Barriers**

The substance abuse treatment system devotes significant resources to assessing substance abusers and referring them to treatment. Still, rates of treatment entry following assessment are usually very poor. Participation in treatment has generally been associated with positive outcomes among substance abusers. To achieve these benefits, however, it is necessary for substance abusers to enter treatment in the first place which has been determined to be a significant problem in many settings.

Several populations that present with complex needs have additional barriers and need specialized programs that are tailored to address specific complex needs. The most notable, targeted populations in Philadelphia are as follows:

- **Homelessness and Drug/Alcohol Use**

This is evident locally in terms of the number of persons presenting complex and persistent behavioral health needs who are sleeping on the street or in shelters. Several studies revealed that approximately 75% of Philadelphia's homeless communities are engaged in substance abuse. These individuals indicate that substance involvement played a role their becoming homeless.

- **Mental Health Issues and Substance Abuse**

Co-occurring mental health and substance abuse disorders are common and often form a barrier to successful treatment. As indicated in several studies, more than half of the individuals surveyed also experienced a mental health disorder at some time in their lives. Mental health problems often predate substance abuse problems by 4-6 years. Substance abuse also frequently occurs as a form of self-medication to diminish mental health symptoms. However, in some instances, substance abuse occurs in advance of mental health problems.

- **Challenges Impacting Women**

Studies based on Philadelphia residents indicate that over 85% of women attempting to find drug and or alcohol treatment have children and are also single heads of household. This responsibility coupled with concerns regarding stigma discourage some mothers from seeking treatment.

### **Narcan (Naloxone)**

One of the most successful programs in Philadelphia regarding the dispersal of the opioid overdose antidote Naloxone provides the drug not only to people who are addicted to drugs, but to their spouses and other laypeople, then trains them in how to use it. Naloxone has successfully reversed more than 10,000 drug overdoses, nationwide, since 1996, per the Center for Disease Control (CDC). Narcan is available to all recipients of Medicaid in Philadelphia. A subcontractor of DBHIDS, Prevention Point Philadelphia, conducts overdose training throughout the city and distributes Narcan to high risk individuals.

### **Resources Developed to Address the Opioid Epidemic and Expansions**

DBHIDS offers individuals many pathways to recovery and acknowledges that some individuals are independently successful, while others may benefit from support through either drug-free treatment or Medication-Assisted Treatment (MAT).

#### **a) Significant Increases in MAT Availability**

- DBHIDS has made a concerted effort to increase the availability of Medication Assisted Treatments (MAT) including methadone, buprenorphine (Suboxone) and Naltrexone XR (Vivitrol).
- DBHIDS increased methadone treatment capacity by 500 slots for 2017.
- DBHIDS has increased the availability of buprenorphine from approximately 100 slots to over 1,000
- There are three (3) residential sites offering buprenorphine inductions.
- Vivitrol is now available in 14 outpatient treatment sites and 4 residential sites.

- DBHIDS has added a partial hospitalization program for individuals with substance use and significant co-occurring challenges, which also includes the provision of MAT.
- DBHIDS is working with the Physical Health- Managed Care Organizations (PH-MCOs) and the state to further develop the Opioid Use Disorder Centers of Excellence, and expect this MAT treatment capacity to expand even more in FY18.
- DBHIDS is working to incorporate buprenorphine in the Philadelphia Department of Public Health's health centers.
- DBHIDS is holding free buprenorphine waiver trainings for all physicians in Philadelphia) to get buprenorphine waived to further increase access in all treatment settings, including Emergency Departments, Crisis Response Centers, inpatient medical and psychiatric, as well as primary care settings.
- DBHIDS is also creating a physician mentoring program so that those who are new to prescribing can receive technical assistance.
- DBHIDS developed Buprenorphine Standards of Care for the network to make sure the buprenorphine is being prescribed in alignment with National Practice Guidelines developed by the American Society of Addiction Medicine.

### **b) Improving Access and Capacity for Housing and Residential Treatment**

- DBHIDS is requiring all halfway houses to accept individuals on MAT and psychiatric medications as of June 1, 2017. This will dramatically increase access to this level of care for individuals stabilized in detox and rehab. More than 150 of these beds will become available for this population. Additionally, DBHIDS has expanded the use of recovery houses and extended hours of some residential programs to take people after 5 PM and during weekends.
- DBHIDS continually works with providers around comprehensive assessments to improve length of stay requests so they are consistent with need which includes physical health, housing, education and job skills. However, DBHIDS is looking to employ a more comprehensive response than just detox, (i.e. admitting to residential that can manage low level withdrawal symptoms).

### **c) Increasing and Improving Access to Treatment**

- DBHIDS is collaborating with the PH-MCOs to help direct members identified by the PH-MCOs to one of our network treatment providers when they need substance use treatment.
- In cases where there are any significant or potential medical co-morbidity, we are authorizing higher levels of care so that these individuals do not wait for treatment.

- Bi-lingual/bi-cultural peer specialist outreach teams are available to get people into treatment.
- DBHIDS is piloting a a web-based portal documenting treatment and residential capacity of providers
- Developing a 24/7 walk-in center where individuals can receive immediate stabilization in the outpatient setting and be linked to further treatment.

### **Philadelphia Single County Authority Warm Handoff/Overdose Survivor Policy**

A core element of the Philadelphia Single County Authority's (SCA) effort to reduce the rate of heroin /opioid overdoses is enhancing clinical coordination through warm handoffs as recipients of emergency medical and behavioral health care move among service providers, locations of intervention, and varying levels of care. The effort to harness coordination of care involves screening, referring, and engaging multi-faceted support systems, in conjunction with the individual's comprehensive needs.

The SCA will work collaboratively with Community Behavioral Health (CBH) the entity charged with managing behavioral health care for the city's 600,000 Medicaid recipients through Pennsylvania's HealthChoices program. The public addiction treatment system in Philadelphia also serves individuals who are not Medicaid eligible and are otherwise uninsured, through the Behavioral Health Special Initiative (BHSI). BHSI funds are administered through an operating unit DBHIDS and is governed by OAS using a managed care model. The SCA intends to utilize a PA Department of Drug and Alcohol Program (DDAP) approved model to facilitate warm hand offs for behavioral health care targeting overdose survivors in local area hospital Emergency Department (ED) settings. The SCA shall implement the following process and procedure to ensure that overdose survivors are offered treatment for Substance Use Disorder in ED settings.

### **Process and Procedure**

- Overdose survivors admitted to a hospital ER are screened for Substance Use Disorder (SUD);
- Overdose survivors are assessed for clinical treatment by contacting CBH for Medicaid recipients or BHSI for the uninsured.
- CBH/BHSI schedules the overdose survivor for a drug and alcohol assessment with a licensed clinical treatment provider;
- The hospital emergency room provides the overdose survivor with a discharge plan which includes the appointment date for drug and alcohol assessment, time, site location, phone number and contact person;

- The licensed clinical treatment site administers the Pennsylvania Client Placement Criteria (PCPC) to determine level of care; and CBH/BHSI shall authorize and link the overdose survivor to the most appropriate level of care and drug treatment provider.

**Emergent Trends**

The trend of overprescribing prescription opioids has been found to be a major contributor to increases in opioid-related problems (including addiction, overdose, and infections). Nonmedical use of prescription opioids has subsequently been identified as a key risk factor for initiation and has been found to have a very strong association with heroin use. The sharp upturn in the trend of drug overdose deaths involving heroin continues to climb, with heroin overdoses more than tripling in four years. This is reflected nationally by the large increases in heroin use across the country but is specifically present in Philadelphia which is largely due to increased availability, relatively low price, and the purity of the heroin available.

Finally, a representation of this trend is found in the rate of drug overdose deaths in Philadelphia involving synthetic opioids which nearly doubled between 2014 and 2015. This category included both prescription synthetic opioids (e.g. fentanyl and tramadol) and or non-pharmaceutical fentanyl, manufactured in illegal laboratories that were then combined with heroin. In 2016, 907 individuals died of heroin overdoses in Philadelphia. Heroin overdose deaths in 2017 are trending at about 100 deaths per month.

**Target Populations**

A Pew Charitable Trust report (2016) estimated that the City’s population was 1,567,442, 54% female, and 46% male. Philadelphia’s population is diverse: the racial/ethnic composition is 41% African American, 36% white, 14% Hispanic, 7% Asian, and 2% other races. The age breakdown of residents is as follows: 26% under age 20, 26% are between 20 and 34 years, 25% are between 35 and 54 years and 23% are 55 years or older. Based on the 2009 National Survey on Drug Use and Health (NSDUH), substance use prevalence rates in Philadelphia are as follows:

Adolescents 12+ years	7.7 %
Adolescents 12 -17 years	7.1 %
Young Adults 18-25 years	20. %
Adults over 26 years	5.7%

Overall, there are approximately 100,000 individuals in Philadelphia with substance use issues. Among major cities in the United States, Philadelphia’s poverty rate of 26.4% is one of the

highest and its median household income of \$34,207 is one of the lowest. The average number of Philadelphians who are enrolled in Medicaid monthly is 465,000. This constitutes 30% of the City's population. Education levels remain a barrier to improved income for many residents. The public-school system is experiencing a well-documented fiscal crisis, which has led to increased class size, insufficient supplies, and a lack of critical specialized services. Only 26% of adult residents have graduated from college, a rate that is substantially below the national average, and 17% of residents have not finished high school. 23% of Philadelphia residents lack English language proficiency.

Based on national population estimates there are approximately 26,000 individuals in Philadelphia who are LGBTQ. This population is vulnerable to behavioral health challenges for a host of reasons including discrimination as well as limited access to culturally affirming and clinically appropriate behavioral health services.

On the night of the Annual Homeless Point-in-Time Count conducted on January 25, 2017, there were 5693 homeless individuals (4,159 adults; 1,534 children) in Philadelphia. This number reflects all individuals counted on the street and staying at emergency shelters, transitional housing programs, and safe havens. The demographic breakdown of the 5693 persons counted is as follows:

- 7% Hispanic/Latino
- 15% White
- 79% Black/African American
- 1% Asian
- 4% Multiple Races

Of the adults counted, 41% reported having a serious mental illness and 43% reported having a substance abuse disorder. 290 adults reported they were veterans.

Substance use by pregnant and parenting women remains a serious concern. Children born to mothers who are using alcohol and illegal substances are more likely to live in poverty and that parental capacity to provide a healthy and nurturing home environment is compromised. The Philadelphia Department of Public Health (PDPH) reports that approximately 1,000 women each year are under the influence of substances when they give birth and almost all those women go home with their newborns within a few days. Providing substance use services to pregnant and parenting women is a major priority for DBHIDS.

Substance use is also a major factor in the Philadelphia criminal justice system. As of April 2017, the Philadelphia Prison System census was at 6,603 (an 18% decrease from July 2015). Based on



national and local estimates, 70% of people in Philadelphia jails have substance use issues. Most incarcerated individuals return to the community from the criminal justice system with multiple challenges. In addition to needing substance use services, the majorities of ex-offenders are unemployed and have unstable living arrangements and interpersonal relationships. Substance use is also a major factor in the child welfare system. It is estimated that in Philadelphia, for approximately 60% of the substantiated cases of child abuse and/or neglect, there are underlying substance use issues contributing to the need for child protection services.

DBHIDS continues to be engaged in activities to reduce disparities in the use of behavioral health care services. A review of behavioral health service utilization by zip code revealed that, among Medicaid-eligible residents, African Americans use significantly less substance outpatient treatment services than white residents. Hispanics also showed significantly lower utilization of outpatient substance use services of ten (10) zip codes with the highest disparity indices. Based on this data, a range of strategies is being explored to remove barriers to behavioral health service utilization among the city's minority populations.

DBHIDS also developed a series of initiatives to reduce behavioral health care disparities impacting individuals and their families who are part of the City's LGBTQ populations. These projects are designed to develop and facilitate recovery and resilience for these individuals without the discrimination. These efforts focus on reducing service access and utilization disparities by assuring that behavioral health providers are equipped to meet the unique needs presented by persons in these communities.

Because of prevalence rates, poverty issues, poor educational achievement, and concentration of at risk specialized groups, there are many individuals in need of addiction prevention, treatment, and recovery support services. Long-term funding reduction remains a significant challenge to adequately serving the target groups listed below:

- Older Adults (ages 60 and above)
  - Services: It is projected that over 1,600 episodes of substance use treatment will be provided for this population in FY18.
  - Gaps/Unmet needs: Based on prevalence data determined by the National Household Survey, there are thousands more individuals who could benefit from substance use intervention and treatment.
- Adults (ages 18 and above)
  - Services: It is projected that over 12,000 episodes of substance use treatment will be provided for this population in FY18.

- Gaps/Unmet needs: Based on prevalence data determined by the National Household Survey, there are thousands more individuals who could benefit from substance use intervention/treatment.
- Transition Age Youth (ages 18 to 26)
  - Services: It is projected that over 2,200 episodes of substance use treatment will be provided for this population in FY18.
  - Gaps/Unmet needs: Based on prevalence data determined by the National Household Survey, there are thousands more individuals who could benefit from substance use intervention and treatment.
- Adolescents (under 18)
  - Services: It is projected that over 830 episodes of substance use treatment will be provided for this population in FY18.
  - Gaps/Unmet needs: Based on prevalence data determined by the National Household Survey, there are thousands more individuals who could benefit from substance use intervention and treatment.
- Individuals with Co-Occurring Psychiatric and Substance Use Disorders
  - Services: It is projected that over 2002 episodes of substance use treatment will be provided for this population in FY18.
  - Gaps/Unmet needs: Based on prevalence data determined by the National Household Survey, there are thousands more individuals who could benefit from substance use intervention and treatment.
- Criminal Justice Involved Individuals
  - Services: It is projected that over 2,400 episodes of substance use treatment will be provided for this population in FY18.
  - Gaps/Unmet needs: Based on prevalence data determined by the National Household Survey, there are thousands more individuals who could benefit from substance use intervention and treatment.

### **Recovery – Oriented Services**

Over the past ten (10) years, DBHIDS has promoted the transformation of its system of care from an acute model to one that is recovery-focused and strengths-based in its approach. The transformation promotes a system focused on meaningful outcomes for people with behavioral health challenges. This person-centered approach encourages resilience, advances the use of evidence-based practices, requires an awareness of cultural competency, and supports understanding of behavioral health disparities and the need for trauma-informed services. It is

a system founded on the hope that people can and do fully recover from chemical dependency challenges and serious mental health issues.

DBHIDS provides a wide range of recovery support services designed to complement treatment and sustain long-term recovery. Recovery supports include short-term recovery housing, vocational initiatives, and educational resources. Approximately 15,900 individuals receive one or more of these services each year. The Department partners with licensed and accredited service providers that offer a broad range of addiction programs and services to assist in treatment and the promotion of recovery. A network of 138 agencies provides a wide range of recovery focused services including:

- Detoxification
- Drug & Alcohol Counseling (outpatient and intensive Outpatient)
- Medication Assisted Treatment
- Residential Rehabilitation (short-term and long-term)
- Halfway Houses
- Recovery Houses

Recovery support services are non-clinical services that are used with treatment to support individuals in their recovery goals. These services are often provided by peers, or others who are already in recovery. Recovery support can include:

- Transportation to and from treatment and recovery-oriented activities
- Employment or educational supports
- Specialized living situations
- Peer-to-peer services, mentoring, coaching
- Spiritual and faith-based support
- Parenting education
- Self-help and support groups
- Outreach and engagement
- Staffing drop in centers, clubhouses, respite/crisis services, or warm lines (peer-run listening lines staffed by people in recovery themselves)
- Education about strategies to promote wellness and recovery

### **Peer Supports**

Peers are individuals in recovery who can use their own experiences to help others working towards recovery. Peer supports are a critical component of the substance use disorder treatment system. Many people who work in the treatment system as counselors or case

managers are in recovery, and peers are central to many recovery support efforts. Peers also play a powerful role as a part of mutual-support groups. These groups, including Alcoholics Anonymous or Narcotics Anonymous and other 12-step programs, provide peer support for ending or reducing substance use. They provide an international support network which is relied upon by many people in recovery from substance use disorders.

**Mutual-support Groups**

Mutual-support groups are often intentionally incorporated into treatment plans and can provide a ready community for individuals who are trying to change their lifestyles to get away from alcohol and other drugs. While mutual-support groups do not work for everyone and are not a necessary part of recovery, they are a fundamental component of the substance use disorder treatment system, even if they are not considered formal treatment.

**HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND**

**Adult Services:**

**Program Name:** Risk Reduction and Linkage to Care

**Description of Services:** The City is committed to reducing the incidence of HIV among its residents, especially in populations at the greatest risk of infection. Philadelphia Department of Public Health offers a range of client-centered services, funded in part with HSDF dollars, that link **HIV positive and AIDS** patients with health care, psycho-social and other services to ensure timely, coordinated access to medically appropriate levels of health care and support services.

**Services Category:** Case Management

**Program Name:** Home Delivered Meals

**Description of Services:** Through Philadelphia's AIDS Activity Coordinating Office, HSDF funding is utilized for a food bank that delivers meals, as well as nutritional supplements to clients in need of care who are linked to case management.

**Service Category:** : Home Delivered Meals

**Program Name:** Lead Poisoning Prevention Program

**Description of Services:** Philadelphia invests to reduce and prevent the incidence of children and adults with **lead poisoning** through assessment and abatement services. This includes initial home inspections, lead paint testing, dust wipe inspection, home re-paint and re-inspections

**Service Category:** Chore- Lead Abatement Worker ((Job Description- Appendix)

**Program Name:** Supportive Housing Case Management

**Description of Services:** HSDF services are separate and distinct from HAP- funded services but part of an integrated strategy. OSH provides **case management** for single men at *Our Brother's Place*, a 150-bed emergency housing program operated by Bethesda Project. In addition to submitting housing applications, Bethesda Project will provide supportive services to all residents, which may include:

- Lifeskills training
- Social service referrals
- Mental and behavioral health referrals and support
- Medical referrals
- Benefits and entitlement enrollment
- Transportation

- Job skills training/education
- Domestic violence intervention
- Support groups
- Community integration

**Service Category:** Case Management

**Aging Services:** N/A

**Children and Youth Services:**

**Program Name:** Out-of-School-Time

**Description of Services:** HSDF resourced programs at these locations were designed to help strengthen children and families and to create alternatives to drugs, violence and criminal activity. **Out-of-School-Time (OST)** programs constitute a wide range of offerings for young people that take place before school, after school, on weekends, during the summer and other school breaks. Targeting OST programs at individual facilities allows for a standard framework of program goals and activities that reflect the needs and culture of the community in which each facility is located. OST programs include the following core elements:

- Structured activities
- Overseen by engaged adult mentors
- Providing services at least 12 hours per week outside traditional school time during most of the school year or, in the summer, at least five hours a day for six or more weeks
- An expectation of regular attendance
- Provided at a school or center-based facility

During the summer of FY17, PPR will use HSDF funding to hire community-based, summer staff for the programs.

**Service Category:** Life Skills Education (Job Description- Appendix)

**Generic Services:** N/A

**Specialized Services:**

**Program Name:** BenePhilly Program

**Description of Services:** The **BenePhilly Program** fundamentally changes how vulnerable Philadelphians access the benefits they need to move sustainably out of

poverty. A network of eight (8) Benefits Access Centers, operated by community-based organizations and one (1) mobile unit, provide this critical community support.

The program provides access and support for individuals to take full advantage of local, state, and federal entitlement funds, as indicated below:

- Child Care Tax Credit;
- Earned Income Tax Credit (EITC);
- Health insurance like CHIP, Medicaid and Medicare;
- Low Income Home Energy Assistance Program (LIHEAP);
- Social Security Disability Insurance (SSDI);
- State and City property tax credits, including the Homestead Exemption;
- Supplemental Nutrition Assistance Program (SNAP);
- Supplemental Security Income (SSI);
- Temporary Assistance for Needy Families (TANF);
- Unemployment Insurance (UI) and
- Women, Infants, and Children (WIC).

**Program Name:** Tuberculosis Control Directly Observed Therapy Clinic

**Description of Services:** The Department of Public Health can provide additional administrative assistance with **tuberculosis control** through the Directly Observed Therapy Center clinic. These funds go towards employment of the staff that perform the administrative tasks of patient intake within the clinic.

**Program Name:** Global Philadelphia

**Description of Services:** Philadelphia is expanding its **language-access program** to ensure all services are available and culturally competent for non-English speakers. In addition to ensuring that departments are fully apprised of language-access programs, Global Philadelphia improves access to city services for non-English speakers through translation services. The program addresses the growing demand for services through translations of vital documents into about 104 languages, deployment of interpreters at various health center locations, and provision of telephonic interpretation services for City departments.

**Program Name:** Women Against Abuse

**Description of Services:** Women Against Abuse provides legal and counseling services to abused women who qualify for HSDF services. These services include court advocacy to violence survivors, court accompaniment, referrals, support services, and safety planning.

**Interagency Coordination:**

At a minimum, the HHS Cabinet meets monthly to plan and coordinate program, resources and monitoring at the most senior level. Staff from the HHS departments working on program implementation coordinate daily with seamless collegial interface, to produce the best human services outcomes. Additional coordination occurs with other City departments. From year-to-year, funding allocations may change in response to specific health and human service needs within the City, as well as from ongoing community input stemming from advisory boards, providers, direct contact with residents, service users and data. This information is compiled and assessed by staff in Health and Human Services looking at needs and other funding available to respond to the need.

There is substantial coordination within the Health and Human Services Cabinet and between other Cabinets and their departments, for aligning strategies and resources that support human services. HHS frequently collaborates with the Public Safety, Community and Culture, Transportation and Infrastructure and Civic Engagement cabinets.

**Program:** Data Management Office

**Description of Services:** The Data Management Office (DMO) provides **integrated data to inform program planning** and reporting. (Job Description- Appendix)

**Program:** *A Running Start*

**Description of Service:** *A Running Start* focuses on strategies to ensure access to accessible, high quality **early learning opportunities** so most Philadelphia's families with young children can benefit from early learning and child development. *A Running Start* coordinates among HHS units to ensure the services are effectively targeted to homeless children, children in the care of DHS, and immigrant children. (Job Description- Appendix)

**Program:** Community-wide Planning

**Description of Service:** **Community-wide planning** focusing on eliminating poverty and health disparities; promoting behavioral health, physical health, *Every Day Life* and housing stability; improving outcomes for children; and out-of-school-time.

**Other HSDF Expenditures – N/A**



**Appendix**

	<b>PAGE</b>
I. C-2- Non-Block Grant Communities- Humans Services Proposed Budget and Individuals to be Served	70
II. Job Description- Abatement Worker	71
III. Job Description- Youth Development Worker	74
IV. Job Description- Business Intelligence/ Geospatial Analyst	76
V. Job Description- Early Learning Specialist	78
VI. County Planning Process- Attached to email submission	
VII. Assurance of Compliance- Attached to email submission	

County:	1.	2.	3.	4.	5.
<b>Philadelphia</b>	ESTIMATE D INDIVIDU	DHS ALLOCATION (STATE & FEDERAL)	PLANNED EXPENDITURES (STATE & FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES

**MENTAL HEALTH SERVICES**

ACT and CTT	817		\$ 3,072,450		
Administrative Management	9,139		\$ 11,893,459	\$ 439,816	\$ 32,000
Administrator's Office			\$ 10,368,622	\$ 1,202,923	\$ 1,474,586
Adult Developmental Training					
Children's Evidence Based Practices					
Children's Psychosocial Rehabilitation	44		\$ 593,801		
Community Employment	50		\$ 1,193,578	\$ 19,277	
Community Residential Services	2,050		\$ 79,440,046	\$ 1,773,057	\$ 1,182,458
Community Services	-		\$ 10,539,225	\$ 807,672	\$ 294,186
Consumer-Driven Services	20				
Emergency Services	7,143		\$ 2,187,373	\$ 269,574	\$ 450,535
Facility Based Vocational Rehabilitation					
Family Based Mental Health Services	4		\$ 164,325		
Family Support Services	35		\$ 583,165	\$ 36,376	
Housing Support Services			\$ 5,580,308		
Mental Health Crisis Intervention	3,701		\$ 6,097,568		
Other					\$ 13,712,556
Outpatient	3,020		\$ 2,745,085	\$ 58,738	
Partial Hospitalization					
Peer Support Services	49		\$ 208,814		
Psychiatric Inpatient Hospitalization	1,818		\$ 740,226		
Psychiatric Rehabilitation	51		\$ 808,205		
Social Rehabilitation Services	545		\$ 3,805,710	\$ 302,631	
Targeted Case Management	625		\$ 2,510,112		
Transitional and Community Integration	6,935		\$ 2,172,175		

<b>TOTAL MENTAL HEALTH SERVICES</b>	<b>36,046</b>	<b>\$ 144,704,247</b>	<b>\$ 144,704,247</b>	<b>\$ 4,910,064</b>	<b>\$ 17,146,321</b>
-------------------------------------	---------------	-----------------------	-----------------------	---------------------	----------------------

**INTELLECTUAL DISABILITIES SERVICES**

Administrator's Office			\$ 14,953,546	\$ 276,865	
Case Management	2,780		\$ 912,045	\$ 188,480	
Community-Based Services	1,970		\$ 4,719,639	\$ 387,299	
Community Residential Services	68		\$ 12,099,128		
Other					

<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	<b>4,818</b>	<b>\$ 32,684,358</b>	<b>\$ 32,684,358</b>	<b>\$ 852,644</b>	<b>\$ -</b>
---	--------------	----------------------	----------------------	-------------------	-------------

**HOMELESS ASSISTANCE SERVICES**

Bridge Housing	2,000		\$ 4,190,374		
Case Management	5,500		\$ 3,779,997		
Rental Assistance					
Emergency Shelter					
Other Housing Supports					
Administration					

<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	<b>7,500</b>	<b>\$ 7,970,371</b>	<b>\$ 7,970,371</b>	<b>\$ -</b>	<b>\$ -</b>
---	--------------	---------------------	---------------------	-------------	-------------

**SUBSTANCE USE DISORDER SERVICES**

Act 152 Inpatient Non-Hospital	656		\$ 1,753,037		
Act 152 Administration			\$ 172,642		
BHSI Administration			\$ 3,870,926		
BHSI Case/Care Management					
BHSI Inpatient Hospital	116		\$ 220,922		
BHSI Inpatient Non-Hospital	620		\$ 1,532,342		
BHSI Medication Assisted Therapy					
BHSI Other Intervention					
BHSI Outpatient/IOP	4,050		\$ 2,318,732		
BHSI Partial Hospitalization					
BHSI Recovery Support Services					

<b>TOTAL SUBSTANCE USE DISORDER SERVICES</b>	<b>5,442</b>	<b>\$ 9,868,601</b>	<b>\$ 9,868,601</b>	<b>\$ -</b>	<b>\$ -</b>
--	--------------	---------------------	---------------------	-------------	-------------

**HUMAN SERVICES DEVELOPMENT FUND**

Adult Services	5,000		\$ 1,546,770		
Aging Services					
Children and Youth Services	3,000		\$ 613,000		
Generic Services					
Specialized Services	5,000		\$ 849,610		
Interagency Coordination			\$ 281,805		
Administration					

<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	<b>13,000</b>	<b>\$ 3,291,185</b>	<b>\$ 3,291,185</b>	<b>\$ -</b>	<b>\$ -</b>
--	---------------	---------------------	---------------------	-------------	-------------

Please note any utilization of HSDF funds in other categoricals and include: categorical and cost center, estimated individuals, estimated expenditures.

<b>GRAND TOTAL</b>	<b>66,806</b>	<b>\$ 198,518,762</b>	<b>\$ 198,518,762</b>	<b>\$ 5,762,708</b>	<b>\$ 17,146,321</b>
--------------------	---------------	-----------------------	-----------------------	---------------------	----------------------

Job Description

**ABATEMENT WORKER**

Clean and Seal; Lead Removal

**GENERAL DEFINITION**

This work abates environmental nuisances affecting quality of life for Philadelphia citizens. Employees in this class perform abatement working in one of two assignment areas: The Clean and Seal Program in the City's licensing and inspections agency, or in the Lead Abatement Program in the City's public health agency.

An employee in this class functions as lead worker for lower level laborers and ensures adherence to work quality and safety standards. Work is performed under the supervision of a Labor Crew Chief or Environmental Health Inspector.

**ALLOCATING FACTORS:** (The following conditions must be met for a position to be approved for this class.)

- Positions in the Clean and Seal Program must function as lead workers, sealing windows and doors of vacant properties using cinderblock and mortar, and sealing windows on upper floors with sheet metal.
- Positions in the Lead Abatement Program must function as lead workers removing lead paint from homes, and stabilizing chipping and peeling lead paint per HUD guidelines.
- The positions must be in the Department of Licenses and Inspections or in the Health Department.

**TYPICAL EXAMPLES OF WORK (ILLUSTRATIVE ONLY)**

Travels to and from various assigned worksites; serves as a lead worker for employees. Uses various hand tools; cleans tools and paint or mortar pans; removes tools from vehicle; inspects tools to determine if in proper working order; returns tools to vehicle upon completion of assignment.

Performs related work as required.

**Clean and Seal Specialty**

- Seals basement and ground level windows and doors of properties using cinderblock and mortar; lays cinderblock to seal doors and windows of vacant properties; prepares and reconstructs window and door foundations when structural damage exists; uses mason's level to check window and door frames prepared by helper; erects and works from scaffolding placed in front and rear of property; seals windows on upper floors with sheet metal; inspects mixed mortar for proper consistency; directs helper to add or delete certain mortar ingredients in order to arrive at proper consistency.

- Spreads mortar with trowel; imbeds cinderblock firmly into mortar; sets and levels block by tapping block with brick hammer; places block in horizontal rows in the "lock" pattern; finishes mortar between cinderblock; uses brick hammer to cut block into pieces for insertion into small spaces.
- May seal windows and doors of upper floors with sheet metal; trains helpers in laying cinderblock and mixing mortar; may mix mortar for sealing with cinderblock.

**Lead Removal Specialty**

- Sets up containment areas and sections off property into safe zones to keep from contaminating entire property and other properties.
- Cleans up all lead debris and dust caused by defective lead based paint using a HEPA vacuum and 6mm plastic tarps to contain lead dust created during cleanup process.
- Stabilizes all chipping and peeling lead paint per HUD guidelines by enclosing with plastic tarps to prevent contamination or using the wet-scrape process of paint removal, dampening down the area to be treated before removing the lead paint; smooths all surfaces to make them easier to clean.
- Prime and repaint areas where lead-based paint has been removed.
- Replaces floors, drop ceilings and rehangs doors when necessary; repairs roofs.
- Fills out daily log detailing work performed at each property for supervisory review.

**REQUIRED KNOWLEDGE, SKILLS AND ABILITIES and KNOWLEDGE OF:**

- methods, practices, materials and tools used in specialization
- the occupational hazards and safety precautions used in specialization
- the methods, materials, tools and practices used in erecting and dismantling scaffolding

**SKILL IN:**

- laying cinderblock and mixing and applying mortar for the Clean and Seal specialty
- the care and use of tools
- stabilizing chipping and peeling lead paint by using wet scrape process of paint for the Lead Removal specialty

**ABILITY TO:**

- Direct crew members in performing abatement activities in specialization
- Erect and work from scaffolding
- Understand and follow oral and written instructions
- Perform heavy manual labor for an extended period, often under adverse conditions

**MINIMUM ACCEPTABLE TRAINING AND EXPERIENCE** (The following statement represents the minimum training and experience standards which will be used to admit or reject applicants for tests for both specialties)

**EDUCATION:**

Ability to read and write English.

AND

**GENERAL EXPERIENCE:**

One year of experience in general laboring operations.

AND

**SPECIFIC EXPERIENCE:**

- Clean and Seal Specialty
- One year of experience sealing vacant properties for the City's Clean and Seal Program, using mortar and cinderblock to seal windows, doors and other openings.
- Lead Removal Specialty
- One year of experience removing lead paint from homes, and stabilizing chipping and peeling lead paint for the City's Lead Abatement Program.

OR

Any equivalent combination of education and experience determined to be acceptable by the Office of Human Resources that has included the Specific Experience described above.

**PHYSICAL AND MEDICAL REQUIREMENTS**

Ability to physically perform the duties and to work in the environmental conditions required of a position in this class.

**LICENSES, REGISTRATIONS AND/OR CERTIFICATIONS**

- Possession of Lead Abatement Worker certification as issued by the Commonwealth of Pennsylvania prior to admittance to the examination and at the time of appointment and during tenure of employment for the Lead Removal specialty.
- Possession of a valid proper class motor vehicle operator's license as issued by the Commonwealth of Pennsylvania prior to appointment and during tenure of employment as an Abatement Worker, if required by work assignment.

\*\*\*

Job Description

**Philadelphia Parks & Recreation**

**Youth Development Worker**

**GENERAL DEFINITION**

Philadelphia Parks & Recreation will hire Youth Development Worker(s) to provide Youth Development programming support at targeted playgrounds and recreation centers. This incumbent will conduct violence prevention, recreation programs and activities supporting youth development in targeted communities. Candidates should be enthusiastic, innovative and enjoy working with children, youth and teens. In addition, the person should be able to manage crowds and diverse user groups. The Incumbent will be responsible for working with the facility supervisor to recruit children and teens and implement programming. The Youth Development Worker will report to the Recreation Leader.

**ALLOCATING FACTORS**

Youth Development Workers are hired from within targeted communities to provide direct service to high-risk youth and teens from that same community. By organizing structured athletic, cultural, educational and life skills programs that focus on positive youth development and strengths and skills that youth and teens can use as they progress toward adulthood, such as civic engagement, employability, academic focus and enrichment.

Programs operate Monday through Friday from 2:00 PM – 10:00 PM and Saturdays between 9:00 AM & 5:00 PM. The candidate must be available to work a schedule of 18 to 25 hours per week within that timeframe. Pay is \$10.88 per hour.

**REQUIREMENTS**

1. High School graduate. Post-Secondary Education is preferred.
2. Sufficient experience equivalent to two years paid experience conducting and instructing classes for groups of children, youth and teens.
3. Ability to physically perform the duties and to work in the environmental conditions required for this position.
4. Possess a desire to work with community members, partners and volunteers of all ages and abilities.
5. City of Philadelphia residency. Preference will be given to applicants who live or have worked in the targeted community.

6. Current Pennsylvania Child Abuse History Clearance, Criminal Record Check, and FBI Clearance must be presented upon hire
7. CPR Certification Card & First Aid Certification Card current until June 30, 2017 presented at hiring.
8. Excellent customer service skills are required.

TO APPLY

1. Complete the official City of Philadelphia Application.
2. Present original PA Criminal Background Check, PA Childline Clearance and Current FBI Check. All clearances must be valid through June 30, 2018.

\*\*\*

Job Description

**Business Intelligence/ Geospatial Analyst**

**POSITION DESCRIPTION:**

The Business Intelligence Analyst position will increase capacity in the Data Management Office (DMO), in the Office of the Deputy Managing Director for Health and Human Services (HHS), to convert raw data into information that is used for integrated case management, internal analytics, and research. The analyst will assist with the development of clear procedures for requesting data, documentation of data availability, and the development of indicators and reports. The analyst will also support the Director in managing key projects in DMO, including the management of external partnerships, grants, and data quality improvement projects.

HHS and DMO are increasing capacity to support geo-spatial analytics and their application to cross-systems human services data. This position will take the lead for DMO in employing city services for address cleaning, geocoding, and geospatial analytics. This position requires advanced knowledge of ArcGIS and human service data.

This employee will report to the Director of DMO in HHS. HHS provides central oversight and coordinates fiscal, programmatic, and data sharing functions among the Philadelphia Department of Health, the Department of Behavioral Health and Intellectual Disability Services, the Department of Human Services, the Office of Supportive Housing, and the Community Empowerment Office.

**DEMONSTRATED SKILLS AND ABILITIES:**

- Project management experience
- Data management and technical analysis skills
- Business writing and documentation; visualization of summary data
- Communication and interpersonal skills

**REQUIRED QUALIFICATIONS:**

Completion of a bachelor's degree program at an accredited college or university in public administration, social sciences or a related field with demonstration of experience relevant to announcement.

- Three to five years of relevant experience with any combination of program management, project management, data management, or data analysis
- Two to three years of experience working with data from human services organizations



- Advanced knowledge and use of ArcGIS
- Working knowledge of data management and database design principles
- Flexibility and capacity to manage multiple priorities with competing deadlines
- Ability to transform complex information in understandable information to guide use
- Proficient in use of Excel, Access, PowerPoint, knowledge of project management software such as SharePoint and Microsoft Project and statistical packages (SPSS, SAS, R) preferred
- Excellent written and verbal skills
- Experience working on multidisciplinary teams a plus

**OR**

- Any equivalent combination of education and experience determined to be acceptable by the Managing Director's Office.

**RESIDENCE REQUIREMENT**

The employee must establish a bona fide residence in Philadelphia within six (6) months of appointment, and must thereafter maintain bona fide residence in Philadelphia.

Salary: \$67,000 - \$70,000, commensurate with experience.

\*\*\*

Job Description

**Early Learning Specialist**  
**Mayor's Office of Community Empowerment and Opportunity**

The Mayor's Office of Community Empowerment and Opportunity is seeking a project manager to serve as an Early Learning Specialist. The Early Learning Specialist will lead the implementation of *A Running Start Philadelphia*, the citywide plan for children from birth to five. The Early Learning Specialist will report to the Deputy Director of Innovation at CEO.

The role of the Early Learning Specialist is to serve as the Project Manager for the implementation of *A Running Start Philadelphia*, including, but not limited to enhancing its work on infants and toddlers. This will include:

- Support the Steering Committee to provide strategic guidance to A Running Start. Keep the committee apprised of emerging challenges and opportunities that impact the local early learning environment, and help them assess these.
- Lead research and development of new projects to advance the work of A Running Start, as necessary.
- Engage the steering committee and working groups in continuous measurement, evaluation and annual revisions to A Running Start goals and strategies. Develop tools to track progress, including a dashboard, strategic timelines and early action tools (such as communication systems).
- Identify individuals and agencies to lead each of A Running Start's working groups and strategies. Identify needs for information and training and opportunities to maximize the effectiveness of A Running Start's steering committee and working group members.
- Manage the steering committee and working groups. Ensure the smooth functioning of the Steering Committee and working groups for each goal of A Running Start.
- Develop annual goals and work plans; prepare agendas and ensure timely follow-up from each meeting. Facilitate communication among steering committee members, among working group members and across working groups.
- Develop systems to maintain membership contact lists and ensure members' attendance at meetings.
- Provide a variety of opportunities to engage a broad base of stakeholders, including parents, providers, K-12 educators, advocates, policymakers, business and philanthropy throughout the year. Oversee the development of an annual report on the state of early learning in Philadelphia.
- Assist the Executive Director in representing CEO and supporting follow-up activities within other early learning projects and collaboratives, such as the Read by 4<sup>th</sup> Campaign, Philadelphia Economy League's Talent Development GPS, Pre-K for PA, and the School District's efforts to improve kindergarten readiness.

- Support fundraising in coordination with the Executive Director by identifying potential funders, developing opportunities/projects for investment, drafting grant applications and overseeing their timely submission, and completing grant reports.
- Coordinate with the Mayor's Office of Education and other City agencies to ensure alignment of efforts with the broader work of the Kenney Administration, including (but not limited to) Expanded Pre-K, Community Schools, and the City's workforce development agenda.
- Serve as a resource on early learning to City agencies that serve young children and families.
- Provide support to CEO's Parental Engagement Initiative as needed.
- Perform related work as required.

The successful applicant will have:

- 10 to 15 years of experience managing complex projects and programs, particularly in their start-up phase;
- Excellent communications skills, both written and verbal, and an ability to engage diverse audiences;
- Strong strategic planning and facilitation skills;
- Demonstrated success working in collaboration with diverse partners to achieve goals;
- Experience in the development of communication and capacity building tools, such as dashboards and workplans;
- Broad and deep familiarity with the early learning community in Philadelphia strongly preferred.

Pay commensurate with experience. The City of Philadelphia is an equal opportunity employer.

\*\*\*

# Legal notices



## Legal Notices

**Philadelphia County Court of Common Pleas**  
Number: 15011445  
LSF8 Master Participation Trust

Unknown Surviving Heirs of Johnnie Barr, Jr., Michael N. Barr, Known Surviving Heir of Johnnie Barr, Jr., and Michelle Barr, Known Surviving Heir of Johnnie Barr, Jr.

**NOTICE OF SHERIFF'S SALE OF REAL PROPERTY**

To: Unknown Surviving Heirs of Johnnie Barr, Jr. Your house (real estate) at 6929 Woodcrest Avenue, Philadelphia, Pennsylvania 19131 is scheduled to be sold at Sheriff's Sale on May 2, 2017 at 10:00 a.m. at First District Plaza, 3801 Market Street, Philadelphia, PA 19104 to enforce the court judgment of \$157,370.63 obtained by LSF8 Master Participation Trust against the above premises.

### NOTICE OF OWNER'S RIGHTS SHERIFF'S SALE

To prevent this Sheriff's Sale you must take immediate action:

- The sale will be canceled if you pay to LSF8 Master Participation Trust the back payments, late charges, and reasonable attorney's fees due. To find out how much you must pay, you may call McCabe, Weisberg and Conway, P.C., Esquire at (215) 790-1010.
- You may be able to stop the sale by filing a petition asking the Court to strike or open the judgment, if the judgment was improperly entered. You may also ask the Court to postpone the sale for good cause.
- You may also be able to stop the sale through other legal proceedings. You may need an attorney to assert your rights. The sooner you contact one, the more chance you will have of stopping the sale. (See the following notice on how to obtain an attorney.)

**YOU MAY STILL BE ABLE TO SAVE YOUR PROPERTY AND YOU HAVE OTHER RIGHTS EVEN IF THE SHERIFF'S SALE DOES TAKE PLACE**

- If the Sheriff's Sale is not stopped, your property will be sold to the highest bidder. You may find out the price bid by calling McCabe, Weisberg and Conway, P.C., Esquire at (215) 790-1010.
- You may be able to petition the Court to set aside the sale if the bid price was grossly inadequate compared to the value of your property.
- The sale will go forward only if the buyer pays the Sheriff the full amount due on the sale. To find out if this has happened, you may call McCabe, Weisberg and Conway, P.C. at (215) 790-1010.

- If the amount due from the buyer is not paid to the Sheriff, you will remain the owner of the property as if the sale never happened.
- You have a right to remain in the property until the full amount due is paid to the Sheriff and the Sheriff gives a deed to the buyer. At that time, the buyer may bring legal proceedings to evict you.
- You may be entitled to a share of the money which was paid for your estate. A schedule of distribution of the money bid for your real estate will be filed by the Sheriff within thirty (30) days of the sale. This schedule will state who will be receiving that money. The money will be paid out in accordance with this schedule unless exceptions (reasons why the proposed schedule of distribution is wrong) are filed with the Sheriff within ten (10) days after the posting of the schedule of distribution.

- You may also have other rights and defenses, or ways of getting your real estate back, if you act immediately after the sale.
- YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.**
- IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.**

**LAWYER REFERRAL SERVICE ASSOCIATION DE LICENCIADOS**  
Philadelphia Bar Association  
1101 Market Street  
11th Floor  
Philadelphia, Pennsylvania 19107  
(215) 238-6333

**McCABE, WEISBERG & CONWAY, P.C.**  
Attorneys for Plaintiff  
123 S. Broad Street  
Suite 1400  
Philadelphia, PA 19109  
215-790-1010

**THE NEWS IS BACK!** Pick up Daily News Weekend every Saturday at a newsstand near you

## Legal Notices

**MILSTEAD & ASSOCIATES, LLC**  
By: Bernadette Irece, Esquire  
Attorney ID#3130091  
1 E. Slow Road  
Marlton, NJ 08053  
Attorney for Plaintiff  
(856) 482-1400  
File No. 210285-1

**COURT OF COMMON PLEAS PHILADELPHIA COUNTY**  
June Term 2015  
No. 02390

LNV Corporation, Plaintiff,  
vs.  
Ronald Thomas individually as the known Heir of Grace Spencer, Decedent Mortgagee and Administrator of the Estate of Grace Spencer, Unknown Heirs of Grace Spencer, Decedent Mortgagee, Defendants

To: Unknown Heirs of Grace Spencer, Decedent Mortgagee

**DECEASED MORTGAGEE CIVIL ACTION/ COMPLAINT IN MORTGAGE FORECLOSURE PREMISES SUBJECT TO FORECLOSURE**  
1702 S. 54th Street  
Philadelphia, PA 19143

**NOTICE**

If you wish to defend, you must enter a written appearance personally or by attorney and file your defenses or objections in writing to the court. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you without further notice for the relief requested by the Plaintiff. You may lose money or property or other rights important to you.

**YOU SHOULD TAKE THIS NOTICE TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.**

**IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.**

Lawyer Referral and Information Service  
Philadelphia Bar Association  
1101 Market St., 10th Fl.  
Philadelphia, PA 19107  
215-238-6333

**City of Philadelphia PUBLIC HEARING NOTICE**

The Committee on Parks, Recreation and Cultural Affairs of the Council of the City of Philadelphia will hold a Public Hearing on Monday, April 3, 2017, at 1:00 PM, in Room 400, City Hall, to hear testimony on the following items:

161890 - An Ordinance authorizing the Commissioner of Public Property, on behalf of the City of Philadelphia, to accept title to all or portion of the parcels that constitute the Waverly Street Community Garden, located in the area bounded by 12th Street, Waverly Street, South Union Street, and Pine Street; and amending Chapter 15-200 of the Philadelphia Code, entitled "Fairmount Park System," to include the Waverly Street Community Garden among the areas designated as part of the Fairmount Park System and to make technical changes; all under certain terms and conditions.

169338 - Resolution authorizing the Council's Committee on Parks, Recreation and Cultural Affairs to hold hearings on the feasibility of the Free Library of Philadelphia offering free mobile wi-fi hotspot access to its cardholders.

Immediately following the public hearing, a meeting of the Committee on Parks, Recreation and Cultural Affairs, open to the public, will be held to consider the action to be taken on the above listed items.

Copies of the foregoing items are available in the Office of the Chief Clerk of the Council, Room 402, City Hall.

Michael Decker  
Chief Clerk

**City of Philadelphia PUBLIC HEARING NOTICE**

The Joint Committee on Education and Housing, Neighborhood Development & The Homeless of the Council of the City of Philadelphia will hold a Public Hearing on Monday, April 3, 2017, at 3:00 PM, in Room 400, City Hall, to hear testimony on the following item:

160077 - Resolution authorizing the Joint City Council Committee on Education and Housing, Neighborhood Development and the Homeless, to hold public hearings to examine the feasibility of having a pilot program in Philadelphia to feed needy children when schools are closed due to emergencies.

Immediately following the public hearing, a meeting of the Joint Committee on Education and Housing, Neighborhood Development & The Homeless, open to the public, will be held to consider the action to be taken on the above listed items.

Copies of the foregoing items are available in the Office of the Chief Clerk of the Council, Room 402, City Hall.

Michael Decker  
Chief Clerk

## Legal Notices

### City of Philadelphia PUBLIC HEARING NOTICE

The Committee of the Whole of the Council of the City of Philadelphia will hold a Public Hearing on Tuesday, March 28, 2017, at 10:00 AM, in Room 400, City Hall, to hear testimony on the following items:

170195 - An Ordinance to adopt a Capital Program for the six Fiscal Years 2018-2023 Inclusive

170196 - An Ordinance to adopt a Fiscal 2018 Capital Budget.

170197 - An Ordinance adopting the Operating Budget for Fiscal Year 2018.

170213 - Resolution providing for the approval by the Council of the City of Philadelphia of a Revised Five Year Financial Plan for the City of Philadelphia covering Fiscal Years 2018 through 2022, and incorporating proposed changes with respect to Fiscal Year 2017, which is to be submitted by the Mayor to the Pennsylvania Intergovernmental Cooperation Authority (the "Authority") pursuant to the Intergovernmental Cooperation Agreement, authorized by an ordinance of the Council approved by the Mayor on January 3, 1992 (Bill No. 1563-A), by and between the City and the Authority.

Immediately following the public hearing, a meeting of the Committee of the Whole, open to the public, will be held to consider the action to be taken on the above listed items.

Copies of the foregoing items are available in the Office of the Chief Clerk of the Council, Room 402, City Hall.

Michael Decker  
Chief Clerk

### IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY PENNSYLVANIA

CIVIL DIVISION  
NO.: 17-02-02504

**WILMINGTON TRUST NATIONAL ASSOCIATION** PLAINTIFFS  
vs.  
Plaintiff,  
The Unknown Heirs, Executors and/or Administrators of the Estate of SALLIE J. MCALLISTER, a/k/a SALLY J. MCCALLISTER, Defendant.

**NOTICE**

If you wish to defend, you must enter a written appearance personally or by attorney and file your defenses or objections in writing to the court. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you without further notice for the relief requested by the Plaintiff. You may lose money or property or other rights important to you.

**YOU SHOULD TAKE THIS NOTICE TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.**

**IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.**

Lawyer Referral and Information Service  
Philadelphia Bar Association  
1101 Market Street, 10th Floor  
Philadelphia, PA 19107  
(215) 238-6333

**STATE OF SOUTH CAROLINA COUNTY OF ANDERSON IN THE COURT OF COMMON PLEAS SUMMONS FILE NO. 2017-CP-04-00030**

Steven Burch Plaintiff vs. John J. Korosko, V Defendant

**TO THE DEFENDANT ABOVE NAMED: YOU ARE HEREBY SUMMONED** and required to answer the complaint herein, a copy of which is herewith served upon you and to serve a copy of your answer to this complaint upon the subscriber at the address shown below, within thirty (30) days of the date of this summons, or you shall be in default of such service, and if you fail to answer the complaint, judgment by default will be rendered against you for the relief demanded in the complaint.

BAKER, CRAIG A. (a/k/a CRAIG BAKER) - Benjamin L. Baker, Administrator, c/o Michael O'Hara Peale, Jr., Esq., 400 Maryland Dr., P.O. Box 7544, Ft. Washington, PA 19034-7544

BAKER, HAROLD WELDON (a/k/a H. WELDON BAKER) - Benjamin L. Baker, Administrator, c/o Michael O'Hara Peale, Jr., Esq., 400 Maryland Dr., P.O. Box 7544, Ft. Washington, PA 19034-7544

JEFFERSON COUNTY in the Family Court File # 2217 Docket # NN-1057-16, Jefferson County Department of Social Services v. Stephen Williams, Child Neglect Petition in regard to the child Najuan W. You are hereby summoned to appear or be in default April 6, 2017 at 9:00 AM, at Jefferson County Family Court, 163 Arsenal Street, Watertown, NY 13601, before the Hon. Eugene J. Langone. This is the 24th day of February, 2017. Jefferson County, Department of Social Services, 250 Arsenal Street, Watertown, NY 13601.

**Nonprofit Corporation Notice** is hereby given that on March 13, 2017 Articles of Incorporation were filed with the Dept of State for Wildlife Rehabilitation Support of PA WRSPA a nonprofit corporation organized under the provisions of the Pennsylvania Nonprofit Corporation Law of 1988, for the purpose of supporting the work of wildlife rehabilitators through charitable giving and public education.

**Special Meetings**

Special board meeting on Saturday, March 25, 2017 at 10:00 AM in room G5 at Eastern University Charter School.

**Now fortified with extra blogginess.**

Follow the Daily News' amazing bloggers at [philly.com/phillyblogs](http://philly.com/phillyblogs). It's a great way to go deeper into your favorite topics.

## Legal Notices

### STATE OF SOUTH CAROLINA COUNTY OF ANDERSON IN THE COURT OF COMMON PLEAS SUMMONS FILE NO. 2017-CP-04-00030

Steven Burch Plaintiff vs. John J. Korosko, V Defendant

**TO THE DEFENDANT ABOVE NAMED: YOU ARE HEREBY SUMMONED** and required to answer the complaint herein, a copy of which is herewith served upon you and to serve a copy of your answer to this complaint upon the subscriber at the address shown below, within thirty (30) days of the date of this summons, or you shall be in default of such service, and if you fail to answer the complaint, judgment by default will be rendered against you for the relief demanded in the complaint.

BAKER, CRAIG A. (a/k/a CRAIG BAKER) - Benjamin L. Baker, Administrator, c/o Michael O'Hara Peale, Jr., Esq., 400 Maryland Dr., P.O. Box 7544, Ft. Washington, PA 19034-7544

BAKER, HAROLD WELDON (a/k/a H. WELDON BAKER) - Benjamin L. Baker, Administrator, c/o Michael O'Hara Peale, Jr., Esq., 400 Maryland Dr., P.O. Box 7544, Ft. Washington, PA 19034-7544

JEFFERSON COUNTY in the Family Court File # 2217 Docket # NN-1057-16, Jefferson County Department of Social Services v. Stephen Williams, Child Neglect Petition in regard to the child Najuan W. You are hereby summoned to appear or be in default April 6, 2017 at 9:00 AM, at Jefferson County Family Court, 163 Arsenal Street, Watertown, NY 13601, before the Hon. Eugene J. Langone. This is the 24th day of February, 2017. Jefferson County, Department of Social Services, 250 Arsenal Street, Watertown, NY 13601.

**NOTICE OF SERVICE OF PROCESS BY PUBLICATION**

STATE OF NEW YORK, JEFFERSON COUNTY in the Family Court File # 2217 Docket # NN-1057-16, Jefferson County Department of Social Services v. Stephen Williams, Child Neglect Petition in regard to the child Najuan W. You are hereby summoned to appear or be in default April 6, 2017 at 9:00 AM, at Jefferson County Family Court, 163 Arsenal Street, Watertown, NY 13601, before the Hon. Eugene J. Langone. This is the 24th day of February, 2017. Jefferson County, Department of Social Services, 250 Arsenal Street, Watertown, NY 13601.

**GREENWALD, GERALDINE B.** - Burton J. Grosswald, Executor, c/o Russell J. Resler, Esq., 30 Valley Stream Parkway, Malvern, PA 19355-1481; Russell J. Resler, Esq., Stradley, Ronon, Stevens & Young, LLP, 30 Valley Stream Parkway, Malvern, PA 19355-1481

**BELLAMY, THELMA E.** - Sonja R. Dupree, Administrator, 1025 E. Rittonhouse St., Phila., PA 19138-1802

**HEATER, CHARLES E.** - Lois Heater, Administrator, 632 Kerper St., Phila, PA 19111; Christopher Cullen, Esq., Swartz Cullen PC, 547 E. Washington Ave., Newtown PA 18940.

**GREER, LIL** - Kalle Erin Greer, Administrator, c/o Mike Gumbel, Esq., 850 S. 2nd St., Philadelphia, PA 19147; Mike Gumbel, Attorney, Cambridge Law Center, 850 S. 2nd St., Philadelphia, PA 19147

**THERE'S A CAREER FOR EVERY PASSION.** Find yours today at [philly.com](http://philly.com) **MONSTER**

## Estate Notices

**MARCUS, SCOTT** - Lee M. Marcus, Executor, c/o Richard M. Schwartz, Esq., 3000 Two Logan Square, 18th & Arch Streets, Philadelphia, PA 19103-2700; Richard M. Schwartz, Atty., Popcor Hamilton LLP, 3000 Two Logan Square, 18th & Arch Streets, Philadelphia, PA 19103-2700

**McGUIGAN, CLAIRE** - a/k/a CLAIRE McGUIGAN - James McGuigan, Executor, c/o Embury, Outterson & Fuges, Esq., 300 Huntingdon Pike, Rockledge, PA 19087; Embury, Outterson & Fuges, Esq., 300 Huntingdon Pike, Rockledge, PA 19087

**SAUCHAK, CATHERINE** - Diane Sauchak, Executor, c/o Ronald T. Pabls, Esq., 2410 Bristol Rd., Bensalem, PA 19020; Ronald T. Pabls, Atty., Dorlan, Goldstein, Wisniewski & Drochlik, P.C., Northemny Valley Commons, 2410 Bristol Rd., Bensalem, PA 19020

**SCHUMANN, WALTER** - Diane Sauchak, Executrix, c/o E. Garrett Gummer, III, Esq., 1260 Bustleton Pike, Feasterville, PA 19033; E. Garrett Gummer, III, Atty., Gummer, Elder, Law, 1260 Bustleton Pike, Feasterville, PA 19033

**RYAN, AGNES M.** - Sharie G. Meyers, Jr., Executor, c/o Kalle M. Cierny, Esq., Cierny and Associates, LLC, 527 Plymouth Road, Sutto 414, Plymouth Meeting, PA 19462.

**VILLALTA, AURA R.** - Norma Inocencio, Administrator, 2933 N. 5th St., Phila., PA 19133; Don E. Glnsburg, Esq. 1461 Bothtown Pike, Bothtown, PA 19031.

**ERIK NEWS**

**DAILY NEWS**  
PHILADELPHIA'S PAIN IN THE ASS SINCE 1925



# MARKETPLACE

thousands of items here and online at philly.com

TO PLACE AN AD, CALL 1.800.341.3413 OR GO ONLINE AT PHILLY.COM/PLACEANAD

**TO OUR READERS**  
As a member of the Philly.com family, you have access to a vast marketplace of goods and services. Whether you're looking for a new car, a house, or a pet, we have what you need. Visit us today at [philly.com](http://philly.com).

**TO OUR ADVERTISERS**  
We offer a wide range of advertising options, from print to digital. Our experienced sales team will help you reach your target audience and maximize your return on investment. Contact us at [philly.com/advertise](http://philly.com/advertise).

**automotive**  
Chevy Equinox 2014 4.3L V6, 150K Miles, \$15,995. Call: 215-333-2313

Lincoln MKZ 2013 V6, 150K Miles, \$12,995. Call: 215-333-2313

**MOTOR HOMES**  
2012 BRAVE Motorhome, 40K Miles, \$24,995. Call: 215-333-2313

**autos other**  
ANTIQUE & CLASSIC CARS  
2007 Chevy Malibu 2007, 100K Miles, \$12,995. Call: 215-333-2313

**low cost cars & trucks**  
Chevy Malibu 2014, 100K Miles, \$12,995. Call: 215-333-2313

**autos other**  
2008 Chevy Equinox 2008, 100K Miles, \$12,995. Call: 215-333-2313

**autos other**  
2008 Chevy Malibu 2008, 100K Miles, \$12,995. Call: 215-333-2313

**autos other**  
2008 Chevy Malibu 2008, 100K Miles, \$12,995. Call: 215-333-2313

**autos other**  
2008 Chevy Malibu 2008, 100K Miles, \$12,995. Call: 215-333-2313

**autos other**  
2008 Chevy Malibu 2008, 100K Miles, \$12,995. Call: 215-333-2313

**autos other**  
2008 Chevy Malibu 2008, 100K Miles, \$12,995. Call: 215-333-2313

**autos other**  
2008 Chevy Malibu 2008, 100K Miles, \$12,995. Call: 215-333-2313

**merchandise market**  
**FOR SALE**  
Brazilian Flooring 3/4" x 6" x 24" 1500 sq ft. Call: 215-333-2313

**WANTED TO BUY**  
2014-15 Records Absolute Higher \$1000. Call: 215-333-2313

**COINS, BILLS, NUMISMATIC TOOLS**  
Call: 215-333-2313

**FREIGHT WANTED**  
Call: 215-333-2313

**adult lines**  
**CHAT LINE**  
Where singles meet to chat & have fun. Call: 215-333-2313

**PERSONALS**  
**PERSONAL ADS**  
Call: 215-333-2313

**PERSONALS**  
**PERSONAL ADS**  
Call: 215-333-2313

**everything pets**  
**pets/livestock**  
Call: 215-333-2313

**PERSONALS**  
**PERSONAL ADS**  
Call: 215-333-2313

**PERSONALS**  
**PERSONAL ADS**  
Call: 215-333-2313

**homes for rent**  
**WEST PHILADELPHIA RENT**  
Call: 215-333-2313

**apartment marketplace**  
**WEST PHILADELPHIA APARTS**  
Call: 215-333-2313

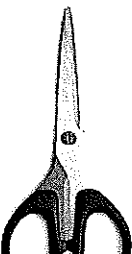
**apartment marketplace**  
**NORTH PHILADELPHIA APARTS**  
Call: 215-333-2313

**apartment marketplace**  
**GERMANTOWN APARTS**  
Call: 215-333-2313

**apartment marketplace**  
**NORTH PHILADELPHIA APARTS**  
Call: 215-333-2313

**apartment marketplace**  
**NORTH PHILADELPHIA APARTS**  
Call: 215-333-2313

**VALUABLE COUPONS EVERY DAY**



**The Inquirer**  
For home delivery, 1.800.222.2765

## FOLLOW US ON FACEBOOK

www.facebook.com/phillyinquirer  
**The Inquirer**

## legal notices

**INDUSTRIAL USERS IN SIGNIFICANT NON-COMPLIANCE**  
Pursuant to 40 Pa. Code § 2601, the City of Philadelphia hereby provides notice to industrial users in significant non-compliance with applicable environmental standards or other applicable regulations.

**NOTICE OF PUBLIC MEETING FOR 2017**  
The City of Philadelphia is holding a public meeting on March 23, 2017, at 10:00 AM, to discuss the proposed 2017-2018 budget.

**NOTICE OF PUBLIC MEETING FOR 2017**  
The City of Philadelphia is holding a public meeting on March 23, 2017, at 10:00 AM, to discuss the proposed 2017-2018 budget.

## legal notices

**CITY OF PHILADELPHIA**  
**PLUMBING HEARING NOTICE**  
The Committee on Public, Recreation and Cultural Affairs of the Council of the City of Philadelphia will hold a Public Hearing on Monday, April 3, 2017, at 10:00 AM, to discuss the proposed 2017-2018 budget.

**CITY OF PHILADELPHIA**  
**PLUMBING HEARING NOTICE**  
The Committee on Public, Recreation and Cultural Affairs of the Council of the City of Philadelphia will hold a Public Hearing on Monday, April 3, 2017, at 10:00 AM, to discuss the proposed 2017-2018 budget.

**CITY OF PHILADELPHIA**  
**PLUMBING HEARING NOTICE**  
The Committee on Public, Recreation and Cultural Affairs of the Council of the City of Philadelphia will hold a Public Hearing on Monday, April 3, 2017, at 10:00 AM, to discuss the proposed 2017-2018 budget.

## auto dealer directory

<b>ASTON MARTIN</b>	<b>BUICK</b>	<b>CHRYSLER</b>	<b>GM</b>	<b>HYUNDAI</b>	<b>LEXUS</b>	<b>NISSAN</b>	<b>SAAB</b>
<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>
<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>
<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>
<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>
<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>	<b>F.C. HERBECK</b>

**philly.com**  
everything a Philly.com

**Have you seen it?**

**LIVE LIFE LOVE**

**The Inquirer**

# PUBLIC NOTICES

The Legal Intelligencer

Stephanie Murray ■ 215.557.2332 ■ smurray@alm.com

An ALM Product

## ESTATE NOTICES

**NOTICE TO COUNSEL**  
Your attention is directed to Section 3162 of the Probate, Estates and Fiduciaries Code of June 30, 1972 (Act No. 164) which requires advertisement of grant of letters to contain the name and address of the personal representatives.  
**ORPHANS' COURT OF PHILADELPHIA COUNTY**

Letters have been granted on the Estate of each of the following decedents to the representatives named, who request all persons having claims against the Estate to present them in writing and all persons indebted to the Estate to make payment to them (unless otherwise noted all addresses being in Philadelphia):

**BAKER, CRAIG A. (a/k/a CRAIG BAKER)** -- Benjamin L. Baker, Administrator, c/o Michael O'Hara Peale, Jr., Esq., 400 Maryland Dr., P.O. Box 7544, Ft. Washington, PA 19034-7544; Michael O'Hara Peale, Jr., Atty., Timoney Knox, LLP 400 Maryland Dr., P.O. Box 7544, Ft. Washington, PA 19034-7544. 3-9-3

**BAKER, HAROLD WELDON (a/k/a H. WELDON BAKER)** -- Benjamin L. Baker, Administrator, c/o Michael O'Hara Peale, Jr., Esq., 400 Maryland Dr., P.O. Box 7544, Ft. Washington, PA 19034-7544; Michael O'Hara Peale, Jr., Atty., Timoney Knox, LLP 400 Maryland Dr., P.O. Box 7544, Ft. Washington, PA 19034-7544. 3-9-3

**BROWN, BERTHA M.** -- Jay E. Kivitz, Executor, 7901 Ogontz Ave., Philadelphia, PA 19150; Jay E. Kivitz, Atty., Kivitz & Kivitz, P. C., 7901 Ogontz Ave., Philadelphia, PA 19150. 3-9-3

**DIETTERLE, ARLENE, (also known as ARLENE P. DIETTERLE)** -- Christopher M. Brown, Administrator d.b.n.c.t.a., 21 W. Third Street, Media, PA 19063. 3-16-3\*

**DONNELLY, AGNES, M. (a/k/a AGNES DONNELLY)** -- Theresa Donnelly, Executrix, c/o Embery, Outterson & Fuges, Esquires, 300 Huntingdon Pike, Rockledge, PA 19046; Embery, Outterson & Fuges, Attorneys, 300 Huntingdon Pike, Rockledge, PA 19046. 3-9-3

**GREENWALD, GERALDINE B.** -- Burton J. Greenwald, Executor, c/o Russell J. Ressler, Esq., 30 Valley Stream Parkway, Malvern, PA 19355-1481; Russell J. Ressler, Atty., Stradley, Ronon, Stevens & Young, LLP, 30 Valley Stream Parkway, Malvern, PA 19355-1481. 3-9-3

**GREER, LIL** -- Katie Erin Greer, Administratrix, c/o Mike Gumbel, Esq., 850 S. 2nd St., Philadelphia, PA 19147; Mike Gumbel, Atty., Bainbridge Law Center, 850 S. 2nd St., Philadelphia, PA 19147. 3-9-3

**MARCUS, SCOTT** -- Lee M. Marcus, Executor, c/o Richard M. Schwartz, Esq., 3000 Two Logan Square, 18th & Arch Streets, Philadelphia, PA 19103-2799; Richard M. Schwartz, Atty., Pepper Hamilton LLP, 3000 Two Logan Square, 18th & Arch Streets, Philadelphia, PA 19103-2799. 3-9-3

**McGUIGAN, CLAIRE C. (a/k/a CLAIRE McGUIGAN)** -- James McGuigan, Executor, c/o Embery, Outterson & Fuges, Esquires, 300 Huntingdon Pike, Rockledge, PA 19046; Embery, Outterson & Fuges, Attorneys, 300 Huntingdon Pike, Rockledge, PA 19046. 3-9-3

**O'NEILL, EUGENE (a/k/a EUGENE S. O'NEILL)** -- Helena Boyle, Executrix, 250 Kalos St., Philadelphia, PA 19128; Michael VanBuskirk, Atty., 6510 Ridge Ave., Philadelphia, PA 19128. 3-9-3

**SAUCHAK, CATHERINE** -- Diane Sauchak, Executrix, c/o Renata T. Pabisz, Esq., 2410 Bristol Rd., Bensalem, PA 19020; Renata T. Pabisz, Atty., Dorian, Goldstein, Wisniewski & Orchinik, P. C., Neshaminy Valley Commons, 2410 Bristol Rd., Bensalem, PA 19020. 3-9-3

## CITY COUNCIL

### City of Philadelphia

#### Public Hearing Notice

The **Committee of the Whole** of the Council of the City of Philadelphia will hold a Public Hearing on **Tuesday, March 28, 2017, at 10:00 AM, in Room 400, City Hall**, to hear testimony on the following items:

**170195** An Ordinance to adopt a Capital Program for the six Fiscal Years 2018-2023 inclusive.

**170196** An Ordinance to adopt a Fiscal 2018 Capital Budget.

**170197** An Ordinance adopting the Operating Budget for Fiscal Year 2018.

**170213** Resolution providing for the approval by the Council of the City of Philadelphia of a Revised Five Year Financial Plan for the City of Philadelphia covering Fiscal Years 2018 through 2022, and incorporating proposed changes with respect to Fiscal Year 2017, which is to be submitted by the Mayor to the Pennsylvania Intergovernmental Cooperation Authority (the "Authority") pursuant to the Intergovernmental Cooperation Agreement, authorized by an ordinance of this Council approved by the Mayor on January 3, 1992 (Bill No. 1563-A), by and between the City and the Authority.

Immediately following the public hearing, a meeting of the Committee of the Whole, open to the public, will be held to consider the action to be taken on the above listed items.

Copies of the foregoing item are available in the Office of the Chief Clerk of the Council, Room 402, City Hall.

**MICHAEL DECKER**  
Chief Clerk  
3-23-1\*

### City of Philadelphia

#### Public Hearing Notice

The **Committee on Parks, Recreation and Cultural Affairs** of the Council of the City of Philadelphia will hold a Public Hearing on **Monday, April 3, 2017, at 1:00 PM, in Room 400, City Hall**, to hear testimony on the following items:

**161060** An Ordinance authorizing the Commissioner of Public Property, on behalf of the City of Philadelphia, to accept title to all or portion of the parcels that constitute the Waverly Street Community Garden, located in the area bounded by 12th Street, Waverly Street, South Quince Street, and Pine Street; and amending Chapter 15-200 of The Philadelphia Code, entitled "Fairmount Park System," to include the Waverly Street Community Garden among the areas designated as part of the Fairmount Park System and to make technical changes; all under certain terms and conditions.

**160936** Resolution authorizing Council's Committee on Parks, Recreation and Cultural Affairs to hold hearings on the feasibility of the Free Library of Philadelphia offering free mobile wi-fi hotspot access to its cardholders.

Immediately following the public hearing, a meeting of the Committee on Parks, Recreation and Cultural Affairs, open to the public, will be held to consider the action to be taken on the above listed items.

Copies of the foregoing item are available in the Office of the Chief Clerk of the Council, Room 402, City Hall.

**MICHAEL DECKER**  
Chief Clerk  
3-23-1\*

### City of Philadelphia

#### Public Hearing Notice

The **Joint Committees on Education and Housing, Neighborhood Development & The Homeless** of the Council of the City of Philadelphia will hold a Public Hearing on **Monday, April 3, 2017, at 3:00 PM, in Room 400, City Hall**, to hear testimony on the following item:

**160077** Resolution authorizing the joint City Council Committees on Education and Housing, Neighborhood Development and the Homeless to hold public hearings to examine the feasibility of having a pilot program in Philadelphia to feed needy children when schools are closed due to emergencies.

Immediately following the public hearing, a meeting of the Joint Committees on Education and Housing, Neighborhood Development & The Homeless, open to the public, will be held to consider the action to be taken on the above listed item.

Copies of the foregoing item are available in the Office of the Chief Clerk of the Council, Room 402, City Hall.

**MICHAEL DECKER**  
Chief Clerk  
3-23-1\*

## FIND THE RIGHT PERSON

Through The *Legal Intelligencer* Classified Advertising.

**Call 212-457-7795**

or

e-mail [lwilliams@alm.com](mailto:lwilliams@alm.com)

Renew  
Your  
Subscription  
to  
The Legal  
Intelligencer  
Today!  
877-ALM-CIRC

To publish your Corporate Notices

Call Stephanie Murray at

**215-557-2332**