

Berks County Human Services Plan 2019-2020



Christian Y. Leinbach, Commissioner Chair
Kevin S. Barnhardt, Commissioner
Mark C. Scott, Esq., Commissioner

Appendix A
Fiscal Year 2019-2020

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: BERKS

- 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> | |
|-------------------|-----------------------|-------|
| | Christian Y. Leinbach | Date: |
| | Kevin S. Barnhardt | Date: |
| | Mark C. Scott | Date: |

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

| <i>Signatures</i> | <i>Please Print</i> | |
|-------------------|------------------------------|-------|
| | Edward B. Michalik, Psy.D | Date: |
| | Stanley J. Papademetriou | Date: |
| Attest: | Maryjo Gibson | Date: |

Appendix B

County Human Services Plan Template

The County Human Services Plan is to be submitted using the template outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department of Human Services (DHS) as directed in the Bulletin.

PART I: COUNTY PLANNING PROCESS (Limit of 3 pages)

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds by answering each question below.

In consultation with the Board of Commissioners, the following Department Heads have been involved in the appointment of the Planning Team: Dr. Edward B. Michalik (MH/DD/AAA) and Stanley J. Papademetriou (Single County Authority-Berks SCA).

The Planning Team consists of Sheila Bressler (CASSP Coordinator), Mary Ertel (MH/DD Fiscal Officer), Carol Frazer (Berks Coalition to End Homelessness-Fiscal Manager), Tiffany Hunter (MH/DD Fiscal Manager), Sharon Ingraham (Berks SCA- Fiscal Manager), Jessica Jones (Berks County Area Agency on Aging- Deputy Director), Kathleen Noll (Berks SCA-Drug and Alcohol Assistant Administrator), Marisa Printz (SAM-Director of Administrative Services), Todd Reinert (Area Agency on Aging/MH/DD-Contracts Manager), Deborah Rhodes (COC/HMIS Manager), Michele Ruano-Weber (MH/DD-Deputy Administrator), Terri Salata, (SAM-Director of AE Support Services), Pam Seaman (MH/DD-Deputy Administrator), Lydia Singley (HC Program Director), Jack Williams (Berks Coalition to End Homelessness-Executive Director), and Steven Young (SAM Fiscal Manager).

1. Please identify the critical stakeholder groups, including individuals and their families, consumer groups, providers of human services, and partners from other systems, involved in the county's human services system.

Notices were sent to the email distribution lists of CASSP, MH/DD Advisory Board, MH/DD Providers, CSP, Aging Advisory Council, COCA (Single County Authority) Distribution List as well as HAP and HSDF Providers. Please review sign-in sheets for a listing of stakeholders that attended these public forums.

2. Please describe how these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement efforts.

Two Public meetings were held to solicit feedback regarding the Human Services needs throughout the County. These meetings were held on June 4 and June 6, 2019. Comments could be submitted verbally or in written form. In addition, each organization has multiple meeting held throughout the year to engage individuals and seek input including but not limited to numerous Advisory Boards, Councils, and Committees.

3. Please list the advisory boards that were involved in the planning process.

Aging-Advisory Council Meetings (bi-monthly)

HAP- Provider Meetings and Board of Directors, which contains representatives from government, nonprofit social services, legal, education, business, and formerly homeless individuals (quarterly).

MH/DD-Advisory Board Meetings (bi-monthly), **CASSP** Meetings (quarterly), **CSP** Meetings (bi-monthly), **HealthChoices** Advisory Meetings (three times per year), **Healthy Transitions Leadership Team-**(monthly) meetings held between OVR, MH/DD, JPO, APO, D/A, CYS, Education, MCO, family members, and youth.

SCA-Board of Directors meets monthly.

4. Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. (The response must specifically address providing services in the least restrictive setting.)

The County of Berks offers all of its funding to assist residents in attaining quality programming that focuses on non-institutional home care. Emphasis is placed on bolstering the family unit to perform to its maximum level of efficiency.

Unspent funding in a single category will be evaluated during the last quarter of the year and placed in an area of greater need as was the case during prior fiscal years.

5. Please list any substantial programmatic and/or funding changes being made as a result of last year's outcomes.

\$62,850 of Mental Health money was moved to the HSDF providers to serve additional individuals due to unused CHIPP money.

\$60,000 of Mental Health money was moved to HAP providers to serve additional individuals due to unused CHIPP money.

\$300,000 of Mental Health money was moved to Drug/Alcohol for Recovery Support Services.

\$50,000 of Mental Health money was moved to Drug/Alcohol for In-Patient Non-Hospital Services.

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is required for counties not participating in the Human Services Block Grant.

1. Proof of publication;
 - a. Please attach a copy of the actual newspaper advertisement for the public hearing (see below).
 - b. When was the ad published? Tuesday, May 21, 2019
 - c. When was the second ad published (if applicable)? Tuesday, May 21, 2019

Please attach proof of publication(s) for each public hearing.

2. Please submit a summary and/or sign-in sheet of each public hearing. (This is required whether or not there is public attendance at the hearing.) See attached.

NOTE: The public hearing notice for counties participating in local collaborative arrangements (LCA) should be made known to residents of all counties. Please ensure that the notice is publicized in each county participating in the LCA.

PART III: CROSS-COLLABORATION OF SERVICES (Limit of 4 pages)

For each of the following, please explain how the county works collaboratively across the human services programs. Please explain how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities. Lastly, please provide any updates to the county's collaborative efforts and any new efforts planned for the coming year.

Employment:

Two contracted providers offer employment and vocational services within the County using base monies: AHEDD and Threshold's Berks Personnel Network (BPN). Both providers use the Individual Placement and Support (IPS) model of supported employment for people with serious mental illness. IPS supported employment helps people living with behavioral health conditions work at regular jobs of their choosing and is based on 8 core principles. Both providers, as aforementioned, have served an increased number of consumers in FY 17-18 compared to the prior Fiscal Year, and this resource for the SMI population is extremely valuable in maintaining recovery and resilience amongst those served. Both of these providers also collaborate extensively with OVR. In addition, the County's Base Service Unit offers individuals access to OVR representatives during established days and times, if the need exists. Employment needs of those presenting at the BSU are evaluated as a part of the standardized needs assessment conducted, and likewise, resources are explored and individuals are linked accordingly, as applicable. Project Search, mentioned in the narrative, has been implemented for the 18-19 school year and is a partnership between OVR, the Berks County Intermediate Unit, Goodwill Industries, the Berks County MH/DD Program, and Penn State Health St. Joseph. MH/DD also has staff representation at the Work Partners Leadership Program, which is a local partnership between Berks Career and Technology Center and the Office of Vocational Rehabilitation.

Berks County MH/DD Program partnered with the Berks County District Attorney's Office and the Council on Chemical Abuse in FY 2018/2019 to fund a Treatment Court Employment Specialist (TCES) at Berks Connections/Pretrial Services utilizing Block Grant Funds. The Employment Specialist provides workforce development services for referred individuals participating in DUI, Drug and Alcohol and Mental Health Treatment Courts while they are actively engaged and up to one year after their graduation from treatment court. The TCES facilitates these services beginning with an assessment, instruction related to job search techniques, interviewing skills, creating a resume, the importance and development of soft skills and creation of an Individualized Employment Plan (IEP). The IEP will highlight skills and abilities, identify barriers, establish employment goal(s), indicate skills gaps and determine a course of action to fill the gaps. Once employment is secured, the TCES provides ongoing case management with participants focusing on strategies for employment retention. The TCES is trained in Cognitive Behavioral Interventions for Offenders Seeking Employment (CBI-EMP), a curriculum designed to address the employment needs of the criminally involved. A shared funding arrangement will continue for FY 19-20.

Housing:

The Berks County Mental Health/Developmental Disabilities (MH/DD) / HealthChoices Housing Plan provides reinvestment funds for capital development projects (project-based subsidy model), tenant-based rental assistance (TBRA) and Housing Supportive Services (HSS) to persons with Mental Illness and/or Substance Use Disorders.

Service Access and Management, Inc. (SAM) operates the Clearinghouse for the Housing Plan which provides oversight of the Capital Development Units, TBRA and HSS. This program has incorporated a collaboration of services for these target populations since its inception in FY 08/09. Examples include:

- Applications for the Housing Plan are accepted from across the mental health and substance use disorder service system continuum, and are not dependent on consumers being actively engaged in treatment or services. The Clearinghouse at SAM collaborates, on an ongoing basis with other local tenant-based rental assistance programs in order to best assist consumers with their housing needs and to make maximum use of all available resources. An example would be the collaboration of the program with the Shelter+Care Program, a partnership between the Berks County MH/DD Program and the Reading Housing Authority in which eligible consumers receive a Housing Choice Voucher. For those consumers, the HealthChoices Housing Plan is able to provide the Security Deposit payment, an ineligible expense from HUD resources; however, it is allowable through the HealthChoices Housing Plan.
- The Housing Plan is able to provide utility assistance for security deposits, hook-up fees and arrears assistance for eligible consumers. This, again, would be an ineligible cost using HUD resources and thus represents another example of collaboration between service systems and providers. Additionally, the utility assistance component of the program has been able to fill in gaps and assist consumers when resources such as LIHEAP have been extinguished.
- Further collaboration is also evident in the implementation of a new tenant-based rental assistance program, operated by SAM, Inc., which is funded through the Pa. Housing Affordability and Rehabilitation Enhancement Fund (PHARE), provided through the Pa. Housing Finance Agency (PHFA). SAM is now able to enhance services to the "rent-burdened" population with this new program.

- Collaboration is also demonstrated by virtue of the Housing Director at SAM serving as a member of the Boards of both the Berks Coalition to End Homelessness and the Reading Housing Authority and as such, is able to advocate for consumers, as well as identify and implement agendas that will benefit the housing needs of the entire community.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

a) Program Highlights: (Limit of 6 pages)

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 17-18.

Berks County has a continuum of behavioral health services and supports available to consumers. Protocols have been established to ensure quality assurance measures are implemented for these services, and these quality assurance measures yield data driven analyses, and ultimately, afford the opportunity to identify gaps in resources and/or programming, in efforts to augment and enhance programming and supports for consumers within the community.

CCRI POMS (Consolidated Community Reporting Initiative)

In Fiscal Year 19-20, Berks County's prioritization will remain focused on increased accuracy of CCRI encounter data submissions. Through the utilization of the CCRI Docushare website's reporting elements, including the monitoring of Deceased and Adopted Individuals Reports, the MHX/Non-MHX and Life program listings, as well as timely inter-County transfer updates, more accurate management of HCSIS records will result, further improving the percentage of OMHSAS accepted CCRI encounters.

Respite

The County has devoted Health Choices reinvestment dollars for mental health respite. Respite services are available for youth and adults, and these services can be in-home or out of the home. Hourly and daily services exist as well. The contract is managed by SAM, Inc., who maintains contracts with various mental health providers in the County who deliver the service. 82 individuals utilized this service in FY 17-18.

Crisis Intervention Services (Mobile, Walk-In, Telephone and Text)

Crisis Intervention Services are available to consumers twenty-four hours daily, three hundred sixty-five days annually. Berks County's Crisis Intervention Services averaged 1,073 contacts per month in FY 17-18, and there has been an average of 42 involuntary hospital admissions per month. In addition to telephonic, mobile and walk-in availability of Crisis Interventionists, in October of 2016, services expanded to include texting as a means of access to Crisis Intervention. This type of access to Crisis services allows users to communicate anonymously and securely. During the 17-18 Fiscal Year, the Crisis Intervention staff have fielded more than 6,500 texts, and data

shows the primary topic of the texts received has been Depression (25%) followed by the subject of Family Concerns (17%). It is hopeful that by continuing to support this communication medium, the Crisis Department will continue to meet the needs of the community.

The provider of Crisis Intervention Services for Berks County maintains accreditations with the American Association of Suicidology (AAS), as well as CARF. The Crisis Centers Division of AAS supports the work of Crisis Centers and hotlines through training, accreditation, and certification. In May of 2018, the Crisis Department was awarded their five year re-accreditation with the AAS. Due to accreditation and quality improvement requirements, outcome data regarding crisis calls, services offered to individuals, and the rate at which each service is offered is collected and analyzed. In addition to overall consumer satisfaction with Crisis Intervention services, the engagement between the Crisis Interventionist and Targeted Case Management (TCM) provider, if applicable, is monitored to ensure continuity of care and effective communication between both levels of consumer care and support. Recent survey results regarding overall consumer satisfaction have indicated that approximately 96% of persons/family members surveyed identified their level of satisfaction as either Very Satisfied or Satisfied. In addition, the department has also launched a survey that can be distributed in relation to the texting service. 90% of users of the texting feature felt that the service was helpful, and 90% felt that they would use the texting service again.

Crisis also does educational outreach to law enforcement, schools, and other community providers and partners on a regular basis to develop working relationships, provide education about the role of the Crisis Interventionist, and to distribute contact information for the Crisis team and services. The Crisis Intervention Department completed approximately 42 community outreaches and presentations in collaboration with Berks County MH/DD Executive Staff during the 17-18 FY. This level of outreach has resulted in an enhanced knowledge about the services the department offers and has also developed a strong and trusting relationship with community providers, allowing crisis staff to assist those providers when they come in contact with someone in need. This approach not only benefits the providers, but ultimately the individuals in need of service, by assisting them to efficiently access the services that they need.

The Crisis Department is also in collaboration with Berks Counseling Center to offer Crisis Intervention services as part of the CCBHC (Certified Community Behavioral Health Clinic). In this capacity, those connected to the CCBHC are identified, and pertinent care information is shared, allowing for increased continuity of care for the individual. The Crisis Department had 109 contacts through this initiative.

Targeted Case Management (TCM)

Case Management in Berks County is available to children and adults, with a specialized unit that is dedicated to justice-involved adults. Services are voluntary and are intended to offer individualized, comprehensive, and holistic service planning in various domains of the consumer's life. There are a total of 4 targeted case management entities. There were a total of 497 individuals served by base.

Targeted Case Managers work to identify the necessary supports that are needed to assist individuals that are dually-diagnosed with mental health concerns, as well as substance abuse issues and/or Intellectual and Developmental Disabilities (DD). It is imperative that targeted case managers develop positive community partnerships to be able to accurately assess consumers' needs and assist in making appropriate referrals to provider agencies that can assist consumers in

working towards their recovery. One Berks County agency's TCM program was awarded an accreditation through the National Association for the Dually-Diagnosed and was the first behavioral health program to receive the accreditation in the nation. This same provider is also CARF accredited.

Case managers often work with other County agencies such as the Area Agency on Aging, to coordinate appropriate skilled nursing home placements. Case managers also monitor the necessity, effectiveness and appropriateness of those services and supports while also assessing the consumer's satisfaction. Services are provided to a consumer in the least restrictive setting while also adjusting their intensity and frequency of services according to the needs of the consumer.

Due to the involved and dedicated nature of the work that targeted case managers do, it is essential for ongoing training to be offered and required of the staff. Training is offered within the provider agencies, and from various local agencies within Berks County and the surrounding counties. Likewise, the utilization of bilingual staff is invaluable in working with individuals, because the goal of TCM is to serve individuals in their most natural setting and in their native language. Case managers also have the ability to utilize Interpretalk (or another comparable resource) or a representative from Berks Deaf & Hard of Hearing Services when communicating with individuals to attempt to minimize language barriers when engaging in services.

Community Hospital Integration Project Program (CHIPP)

The hallmark of the Berks County CHIPP model is "choice" of the individual receiving services. Two (2) contracted provider agencies serve CHIPP consumers. During the Fiscal Year 17-18, forty-seven (47) persons were served through CHIPP.

Outcomes data for Berks County CHIPP consumers is collected to monitor satisfaction with quality of life, effectiveness of support services, and the value of individual support services received by participants. Data was collected through interviews with thirty-six (36) CHIPP consumers in Fiscal Year 2017-2018 and completed by members of the Berks County Consumer Family Satisfaction Team (CFST). Members of the CFST complete the surveys face-to-face with consumers or by telephone, depending on the consumer's level of comfort.

Over 97% of CHIPP consumers surveyed in Fiscal Year 17-18 reported satisfaction with supports provided to them to manage daily living activities and medical needs. Approximately 86% of CHIPP consumers in Fiscal Year 17-18 indicated they received information about their specific mental health issues and medications and also reported comfort in seeking assistance from CHIPP staff regarding the aforementioned. Finally, in Fiscal Year 17-18, 86% of respondents reported believing they could recover and felt supported by CHIPP staff in reaching their personal goals.

Outpatient, CRR, ACT, Inpatient, Partial Hospitalization Programming (PHP) & Family Based Mental Health (FBMH) Services

A continuum of Behavioral Health treatment services is available for county base funded consumers within Berks County. Outpatient programming, including individual, family, and group therapy, as well as psychiatric and psychological services, is offered through a contracted provider network for county base dollar funding, and additionally, by Health Choices funded, private practitioners and private practices also. Two area provider agencies deliver Parent Child Interaction Therapy (PCIT), and DBT is available at a number of outpatient providers in the community. Various specialty treatment modalities such as EMDR are also available in the

community. Telepsychiatry is offered by many outpatient providers to increase access to psychiatric practitioners. PHP is accessible to adults and youth. Youth PHP is provided based on varying levels of acuity and offers an alternative to youth at risk for inpatient psychiatric hospitalization due to difficulty functioning in school, at home and in the community or as a step-down service after inpatient care. FBMH services are offered by four providers in the community and are provided in the home and community by a treatment team.

Two local hospitals offer inpatient treatment for adult consumers, and one has a specialized emergency room for those presenting with behavioral health concerns. Plans are underway for a new inpatient hospitalization provider to begin offering services in the near future, including treatment for youth, which would prevent youth being sent out of County for inpatient care, as is currently done.

ACT services for transition age youth and adults are available to consumers as well and are offered by two providers in Berks County. CRR treatment services are also available to both youth and adults in Berks County. CRR youth host homes offer youth an alternative to residential placement and permit the youth to reside in a family environment while receiving treatment. Adult CRR is a viable step down from inpatient treatment for adults and permits for skills such as medication compliance to be monitored in a less restrictive setting.

Base contracted treatment providers are visited a minimum of once annually to complete an on-site monitoring visit. Data is also collected quarterly based on self-reporting by providers, and the scope of monitoring includes assessing sufficient staff and size for the program/service, culturally and ethnically diverse consideration, cultural competence, timely access to service and demonstration of appropriate clinical judgment, and other key indicators. Additional data collected includes the number of base funded consumers present in each identified program/service on a monthly basis. There has been a consistent decrease in the number of consumers participating in base-funded services since Medicaid expansion occurred, with the most significant decrease in the outpatient cost center.

Student Assistance Program (SAP)

The primary goal of Berks County's SAP is to help students overcome barriers so that they may achieve academic and social success, remain in school, and advance in their future aspirations. Outcomes for SAP include the number of students that were linked to a treatment service, such as Outpatient services. There have been a total of 964 combined assessments completed by the four contracted providers who deliver the service as of the end of Quarter 3 for the 18- 19 Fiscal Year, and about 85% of students who received a SAP assessment, participated with at least one of the interventions or treatment options recommended. In addition to student assessments, SAP providers offer collateral services to ensure student well-being, and there were a total of 785 collateral contacts. The programming is rather successful at identifying concerns and the subsequent linking of students to needed services and resources. Student refusal continues to constitute the primary reason for not pursuing additional recommended services. Fortunately, the number of students who can pursue recommended outpatient services, if applicable, is greatly enhanced by the availability of licensed satellite outpatient providers, as there is a licensed provider within each of the County's school districts. A workgroup was established during FY 17-18 to improve the collaboration between the outpatient school based providers and the SAP professionals, and likewise processes surrounding ensuring students have access to both resources have been established.

Vocational/Employment Services

Berks County offers supportive services related to seeking and maintaining employment and the subsequent acquisition of vocational skills. The goal of collecting employment and vocational rehabilitation outcomes data is to determine the average number of participants involved in the service, their frequency of participation in team meetings, and the rate of transition to competitive employment and/or education programs. Data is collected based on self-reporting by providers, and the data includes the number of referrals received as well as the resulting numbers of employment placements. Likewise, contracted providers who render these services are required to maintain adherence to guidelines and parameters set forth in the established Performance Standards Monitoring processes for contracted providers of Mental Health services within the County. Results combined across three providers for Fiscal Year 17-18 indicated a total of 45 total participants involved in vocational/employment services funded by base dollars. To date, for FY 18-19, the number has increased to 52.

Psychiatric Rehabilitation: Adults & Transition Age Youth

The Mosaic House Clubhouse is a site based psychiatric rehabilitation program for adults with mental illness. Mosaic House continues to maintain accreditation from Clubhouse International, as well as a Psychiatric Rehabilitation license from the Office of Mental Health and Substance Abuse Services (OMHSAS). All current members of Mosaic House have English as their primary language. However, cultural competency of all employees is a priority for Mosaic House, which is demonstrated through required diversity training. Also, addressing cultural considerations of all members at intake is completed. Currently, two staff (29%) have their CPRP (Certified Psychiatric Rehabilitation Practitioner) certification. All staff are required to take 12 hours of Orientation to Psychiatric Rehabilitation to ensure a base of knowledge regarding psychiatric rehabilitation upon hire, and additionally, staff are also required to take 18 hours of psychiatric rehabilitation trainings per year to maintain growth and knowledge.

Thus far, during Fiscal Year 18-19, the Clubhouse has had 49 admissions and an average daily attendance of 32 members. Mosaic House has maintained five Transitional Employment opportunity sites during this period, and 6 members have held a TE position. In addition, 8 members have secured independent employment, 3 are involved in a supported employment situation, and 18 have participated in volunteer opportunities that have been organized and supported by the clubhouse.

Hope Springs Clubhouse is a satellite program of Mosaic House that serves 16 – 30 year olds who are struggling with mental health conditions. Hope Springs is the first transitional age clubhouse in Pennsylvania. The Manager of Hope Springs holds the Certified Psychiatric Rehabilitation Practitioner (CPRP) certification, as well as the Child & Family Resiliency Practitioner (CFRP) certification. Additionally, the clubhouse employs three full-time psychiatric rehabilitation workers who are all working to earn the credits needed to sit for the CPRP and/or CFRP exams. The clubhouse's part-time Psychiatric Rehabilitation Worker is a Certified Peer Specialist. Hope Springs Clubhouse staff have all attended the Orientation to Psychiatric Rehabilitation and the PR Documentation courses. Staff regularly attend continuing education trainings provided by Drexel University, Reading Hospital, and local organizations. The staff also regularly attend, participate, and present at local and state level conferences that relate to psychiatric rehabilitation and serving youth and young adults. All Hope Springs Clubhouse members' primary language is English, and all of the clubhouse staff are fluent in English. Though none of the staff are bilingual, staff continue to promote diversity by asking members on a regular basis about their cultural needs and attending cultural competency trainings.

The clubhouse currently operates on a 44-hour week, consisting of extended hours on Mondays and Wednesdays to meet the needs of the members in the transitional age population. Hope Springs Clubhouse has had 20 admissions thus far in the 18-19 year. During this time, the average daily attendance has been 12.58 members per day, increasing from 9.98 in the 17-18 calendar year. Hope Springs Clubhouse currently has 27 active members, with a total lifetime membership of 106.

Social Rehabilitation

Circle of Friends (COF) provides mental health consumers with educational, recreational, and socialization opportunities, as well as offers assistance to mental health consumers in accessing basic services. Outcomes for Social Rehabilitation through COF, in terms of provision of opportunities, are measured through the results of an annual member survey administered to attending consumers. Outcomes for this program regarding the provision of assistance in accessing basic services are measured by the number of contact/meetings case management staff engages with consumers at COF, as well as data from the annual member survey. COF outcomes demonstrate service reauthorizations for 219 consumers for Fiscal Year 17-18 and authorizations for 128 new consumers. 38,854.74 hours of consumer services were provided in FY 17-18. The average daily attendance was 53 consumers, with a monthly average of 130.4 consumers.

The 2018 Member Survey reports that 70% of authorized consumers attend the center on a daily basis. In addition, 65% of consumers reported being better able to manage daily challenges, with 82% able to speak to staff and be heard, 89% feeling welcomed, and 70% stating that staff members have been able to help with resources and contact information. Outcomes also demonstrate that consumers are participating in opportunities and activities, and that such participation has increased within the last year. All of the consumers surveyed have participated in the center's socialization and recreational activities, which included watching TV/movies, playing bingo, playing games, participation in pool tournaments, and computer usage, to name a few.

Additional outcomes obtained from the American Association of Retired People (AARP) demonstrate an average of 3-4 trainees participated in planning activities, as well as assisted with breakfast/lunch prep, serving, clean up and help with daily operation of the center. 652 documented meetings were held at the center between consumers and case managers for FY 17-18, which is a decrease in case manager meetings during this program year. The decrease was related to increased attendance and decreased availability of private meeting space in the current location. The physical plant for this program is being adapted to accommodate needed changes such as additional meeting spaces and other enhancements such as an improved kitchen to afford participants more opportunities to learn pertinent skills of daily living.

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

b) Strengths and Needs: (Limit of 8 pages)

Please identify the strengths and needs of the county/joiner service system specific to each of the following target populations served by the behavioral health system. When completing this assessment, consider any health disparities impacting each population. Additional information regarding health disparities is available at <https://www.samhsa.gov/health-disparities>.

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

Strengths: Five Certified Peer Specialists, employed among three Peer Support providers, are trained to be Certified Older Adult Peer Specialists (COAPS).

The Berks MH/DD Program and Berks Area Agency on Aging (AAA) continue to be co-located and under the same leadership of one department head. This inherently promotes relationships and daily problem-solving opportunities for larger system complexities and individuals served by both systems. Joint outreach between AAA Staff and Crisis Interventionists from Service Access and Management, Inc. continue to occur frequently and at the earliest possible opportunity following identification of co-morbidity. As more individuals with a developmental disability are living longer in person directed lives in community locations of their own choosing, there are also increased situations utilizing the expertise of both systems for support. Both the MH/DD Program and AAA share common visions on preventing suicide, incarceration and opioid abuse for older adults and jointly participate in projects addressing all three of these specific focus areas. Additionally, with the final roll out of the Community Health Choices, which includes Berks County, staff from both programs are obtaining and sharing information so that individuals impacted by this implementation are aided regardless of which program door they seek the information from.

Needs: As identified in previous submissions, access to Skilled Nursing Care Facilities for individuals with a history of a mental illness referred from the community or from a state hospital, continues to be limited due to a number of factors including severity of illness.

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

Strengths: A broad scope of community services, both treatment and rehabilitative in nature, continue to be available to Berks County adult residents in need of support. This includes such services as: Inpatient, Out Patient, Psychiatric Rehabilitation (Site Based and Mobile), Assertive Community Treatment Team (ACT), Dual Diagnosis Treatment Team (targeted toward individuals with Mental Health and Developmental Disability), Blended Case Management (Intensive and Resource), Community Residential Rehabilitation, Certified Peer Specialist, Certified Community Behavioral Health Clinic (CCBHC), Crisis Intervention Services, etc. This past year, significant focus was dedicated to further development of forensic diversion services providing alternatives from incarceration or continued incarceration for individuals with mental illness with the addition of a second Forensic Diversion Specialist and 12 additional transitional apartments and a Forensic Housing Case Manager located at the organization providing the apartments.

Needs: Expanded Extended Acute capacity is needed for individuals with serious mental illness that have not been able to stabilize during the course of their acute inpatient psychiatric hospitalization before longer term hospitalization at a state hospital facility is considered. Mobile Mental Health Treatment targeted directly toward seriously mentally ill in local personal care boarding homes, who don't access traditional psychiatric outpatient services, is also another service need that is currently being explored.

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

Strengths: Berks County HealthChoices was recently approved to utilize Reinvestment dollars to support a Residential Treatment Facility for Adults (RTFA). The RTFA will support 18-25-year olds transitioning out of inpatient settings and RTF's or those who are in need of a higher level of care from community services. The plan will allocate \$1,047,246 for 2 years and will be used for purchasing and renovation a building to house the RTFA, fixed assets and staffing costs. A mental health provider has been identified through a Request for Proposal (RFP) process issued by Community Care Behavioral Health. The provider will purchase a building, located on a bus route and accessible to community resources, that can house between 4-6 young adults in a mix of single and double bedrooms. Comprehensive treatment and support services will be offered with the goal of preparing these consumers to live on their own successfully.

Hope Springs Clubhouse continues to provide psychiatric rehabilitation services to 16-30-year olds which includes supported employment and supported education. They currently have over 100 lifetime members and average 30 active members at any given time.

Project Search is up and running in partnership with Penn State Health St. Joseph's hospital. In the 2018-2019 school year, five students participated in the program and all five students have secured post-graduation employment.

Community Care Behavioral Health hired a Youth Engagement Specialist who is supporting youth and young adults with serious mental health conditions to learn leadership skills as well as working with providers to ensure that their services are youth friendly and include youth voice.

Ten Certified Peer Specialists (CPS), employed among three Peer Support (PSS) providers, have completed the Youth and Young Adult (YYA) PSS training. An additional eight CPS completed the Healthy Transitions pilot YYA PSS training.

Needs: Safe, affordable housing continues to be a need for this age group.

- **Children (under 18)-** Counties are encouraged to include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.

Strengths: Increased collaboration between SAP providers and mental health outpatient providers who have satellite offices in schools was a focus this past fiscal year. Cross training will be taking place in the summer of 2019 between the two groups which will further enhance collaboration and networking.

Several local school districts have implemented Aavidum clubs within their buildings with the support of Healthy Transitions grant funding. The word Aavidum, which was created by students and comes from Latin roots, means "I've got your back." Aavidum was started in Lancaster, PA and is now a nationwide movement. The focus of Aavidum clubs is to raise awareness about mental health and promote suicide prevention.

Needs: There is an ongoing need for CRR Host Home beds. There is also a need for more family involvement and family therapy while a child is receiving treatment in a Residential Treatment facility.

▪ **Individuals transitioning from state hospitals**

Strengths: Wernersville State Hospital (WeSH) utilizes CPS in their programming. In order to assist individuals in transitioning out of WeSH, Berks County PSS providers will collaborate with an individual's WeSH team during transition planning, including attending transition planning meetings, to provide a warm handoff from the individual's current CPS to the community-based CPS provider. WeSH leadership has also participated in Berks County's PSS Supervisor meetings to network with the PSS providers.

Berks County offers a wide range of services to individuals transitioning out of Wernersville State Hospital (WeSH) which include: CHIPP, Project Transition, Community Residential Rehabilitation Programming, Blended Case Management, Forensic Blended Case Management, Intellectual and Developmental Disability (IDD) Supports Coordinators, Service Coordinators working within the Office of Long Term Living (OLTL) to serve the older adult population, and Certified Peer Specialist Support Services trained to work with the Aging, Forensic, Veteran, Bi-lingual and multicultural populations. There are two Assertive Community Treatment Teams, 24 hour Crisis (Mobile, Walk-In, Phone, and Text Line), a Dual Diagnosis Treatment Team (DDTT) for Intellectual and Developmental Disability consumers with Mental Health diagnoses, Psychiatric Emergency Service Unit related Services (PES), two Psychiatric Rehabilitation Clubhouses (Mosaic House for adults and Hope Springs for transition age youth/adults), a Drop In Center, a local Physical Health/Behavioral Health Project, mobile psychiatric rehabilitation services, telepsychiatry and mobile mental health treatment offered to both English and Spanish speaking individuals. In addition, there is integrated treatment for mental health and substance abuse disorders, partial hospitalization programs, outpatient treatment providers, Dialectical Behavior Therapy, and Supportive Employment. For the older adult population transitioning from WeSH, assessments from the Berks County Area on Aging can result in additional services such as: home delivered meals, participation with senior center programming, Older Adult Protective Services, Home and Community Based services, and assistance with finding appropriate housing. The MH/DD HealthChoices Housing Plan is also an option for these individuals.

Needs: Housing with a supportive component, especially for those individuals with complex physical health needs, continues to be a challenge. Berks County would like a third CHIPP provider, but several recent attempts to recruit have not been successful.

▪ **Individuals with Co-occurring mental health/substance use disorder**

Strengths: Increased, focused community education this past year about and access to Medication Assisted Treatment is changing attitudes about treatment interventions for individuals with co-occurring disorders in Berks County. Providers with co-occurring expertise are available across the continuum (Outpatient, Inpatient, Case Management, ACT, CCBHC, Center of Excellence and housing programs) for individuals with dual diagnosis. The Opioid Task Force, which is a collaboration of many community organizations and partners, including MH/DD and Community Care Behavioral Health Organization, meets monthly continuing to

energize the community around stigma reduction and provide access to information and treatment for individuals and families.

Needs: Expansion of providers with this expertise, including dual licensure in both areas, continues to be a need.

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

Strengths: Eleven Certified Peer Specialists, employed among four Peer Support providers, have completed the Forensic PSS training.

Representatives from Berks MH/DD are full participants in the Berks County Criminal Justice Advisory Board. Over the past several years, this partnership has stimulated activities geared toward system reform for individuals with Serious Mental Illness (SMI) and various criminal justice intercepts. This past year significant advancements were made under the continued guiding principles of the Stepping Up Initiative to develop a platform for cross systems data collection. Berks County contracted with Open Lattice Inc. who developed the model for extracting, loading and preparing data scripts from contributing partners that lead to clean integration of data, as well as creating dashboards and canned reports that can be run utilizing de-identified data for target populations. Thus far, system partners with data uploads include; Berks County Adult Probation, Berks County Jail System, HealthChoices Program, and the Berks County Homeless Coalition. Other partners are scheduled to come on board later this year. Data trends identified through the dashboards will be utilized by the various system leaders to make informed decisions about evidence based and best practice intervention opportunities as well as measure progress, over time, as indicated by changes in the data. Forensic diversion for individuals with mental illness continues to be a top priority for the MH/DD Program. This year twelve additional forensic diversion apartments were added in partnership with Berks Counseling Center to provide short term housing for individuals: diverted from incarceration, released from the Berks County Prison, State Correctional facilities, Community Re-Entry Programs or other criminal justice involved situations. A Forensic Diversion Specialist and a Forensic Housing Case Manager tied to the forensic apartments were also both added to support diversion activities. From July 2018 through April 2019, 94 unique individuals have participated in diversion services. Funding this year was also provided to Berks County Pre-Trial Specialist to partially fund a Treatment Court Employment Specialist position that provides workforce development services to participants in treatment court. This funding will continue next fiscal year.

Needs: Capacity for Community Residential Rehabilitation Services combined with treatment services to support the unique challenges of individuals who have become involved with the justice system and have been determined Not Guilty by Reason of Insanity or Not Restorable to Competency with continued oversight by the court is at a critical level; especially as state hospital capacity has diminished.

- **Veterans**

Strengths: Three Certified Peer Specialists, employed among two Peer Support providers, have completed the Veteran PSS training.

The partnership between Berks County MH/DD and the local Veterans Affairs Office remains focused on meeting the needs of individual veterans and the larger veteran community in Berks County. Representatives from the provider network participate in Behavioral Health Summits hosted by the Lebanon VA. Service Access and Management, Inc. (Crisis Intervention Provider in Berks County) works with both Lebanon and Coatesville VAs to arrange inpatient hospitalizations for veterans in need. Support of other veteran focused community events, such as the Vietnam Veterans Moving Wall Memorial by DCORT representatives in July 2018, also occurs whenever requested. Case Management service providers support veterans in accessing treatment services both in the VA network and outside for both physical and behavioral health needs, as well as other basic tangible needs such as food, housing and transportation. The Berks County Suicide Prevention Task Force welcomed the addition of representatives from the Pennsylvania National Guard this year serving the needs of both active service members and veterans with a specific interest on preventing and reducing the number of suicides. The Director of the Veterans Affairs Office trained the largest Blended Case Management organization in the county regarding resources available to veterans in May 2019.

Needs: One area that presents as a challenge is identification of available benefits based on service connection in a timely manner. Outreach to the Veterans Affairs Office is encouraged for advocacy and navigation related to benefits on an individual veteran's behalf. Inpatient resources also continue to be difficult to arrange; especially in situations involving psychiatric admissions for individuals with physical health conditions requiring medical treatment. The Crisis Intervention Service provider continues to work through these situations with both VAs as they occur.

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

Strengths: An OMHSAS representative did a presentation to the SAP liaisons regarding SOGIE in March 2019 that was attended by 20 people. Berks County is also fortunate to have The LGBT Center located in Reading PA which provides multiple services for our community including: supports groups for various ages, educational support for parents of children whom identify as lesbian, gay, bisexual, transgender, gender non-conforming/binary, spirituality groups, and a domestic violence support group. They also provide community trainings upon request. The LGBT Center recently provided a presentation to the Berks County Forensic Coalition.

Needs: Continued awareness and education is needed for school districts and provider agencies to ensure that they are delivering services to this population in a culturally competent manner.

- **Racial/Ethnic/Linguistic Minorities (including Limited English Proficiency)**

Strengths: Three Certified Peer Specialists, employed among two Peer Support providers, are bilingual.

As of January 2019, 17 Berks County Outpatient (OP) providers have 165 bilingual and/or bicultural staff across multiple disciplines to serve individuals. This is monitored annually.

Needs: There is always a need for bi-lingual clinicians across the service delivery system.

- **Other (specify), if any** (including Tribal groups, people living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury, Fetal Alcohol Spectrum Disorders)

Strengths: N/A

Needs:

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

Yes No

If yes, please describe the CLC training being used. Descriptions should include training content/topics covered, frequency training is offered, and vendor utilized (if applicable). If no, Counties may include descriptions of any plans to implement CLC Trainings in the future. (Limit of 1 page)

All provider staff are required to complete annual cultural competency trainings for licensing; no providers have been cited for not providing/making available this training to their staff.

Berks HealthChoices monitors complaints daily; no complaints have been substantiated regarding cultural or linguistic concerns.

Community Care has a Spanish member line that is monitored annually; no concerns or complaints have been noted.

Race/Ethnicity penetration and utilization for HealthChoices is monitored annually by Berks HealthChoices and Community Care; no concerns related to access have been noted.

The Berks County CFST has a bilingual surveyor and the survey is available in Spanish. At least 300 Berks County CFST surveys are completed annually for HealthChoices; no concerns or complaints have been noted related to cultural or linguistic competency. There are multiple survey questions related to cultural/linguistic competency, including if an individual's provider fully understands them in terms of their cultural and personal experiences (religion, culture, ethnicity).

The HealthChoices Member Satisfaction Surveys are completed annually. There are multiple survey questions related to cultural/linguistic competency, including if an individual or their child's race, culture, language, religion, sexual orientation, or ethnicity need to be considered when going for counseling or treatment; there are low response rates for relevancy.

Management Staff at the MH/DD/HealthChoices Program attended the OMHSAS Cultural Competency Training delivered by Georgetown University.

Does the county currently have any suicide prevention initiatives?

Yes No

If yes, please describe. Counties without current suicide prevention initiatives may also describe plans to implement future initiatives in the coming fiscal year. (Limit of 1 page)

The Mission Statement of the Berks County Suicide Prevention Task Force is as follows: "Community Leaders collaborating to reduce suicide in Berks County through advocacy, education and the reduction of stigma surrounding mental illness and suicide". Task Force members volunteer their time at community events, review statistics on an on-going basis to identify possible trends and offer feedback and suggestions to improve the outreach of the task force .A web page - <http://www.ruokberks.com/> was developed to improve outreach to the community. A call for presentation form was added to the website which helped to facilitate presentations at several schools and employee resource fairs as well as personal care boarding homes.

During this past year, awareness events were held with the local baseball and hockey teams. In addition, the program purchased the Suicide Awareness film entitled "The Ripple Effect". It was viewed by several hundred community members at the Miller Center as well as 70 college students at Kutztown University.

Retained earnings has allowed for the creation of Public Service Announcements targeting the 3 high risk groups identified in the data provided by the Coroner's Office. These public service announcements will be utilized in the future for cable television subscribers and other venues.

Money was also targeted for additional Mental Health First Aid trainings to be delivered to law enforcement, sheriff deputies, and county security personnel. To date, Berks County has trained 700 individuals in the Mental Health First Aid curriculum.

Based on the Governor's Employment First Initiative:

1. Do you use the Individual Placement and Support (IPS) model of supported employment for individuals with SMI?

Yes No

2. Do you collaborate with the local PA Office of Vocational Rehabilitation and/or Careerlink to increase employment for individuals with SMI?

Yes No

If yes to the question above, in a sentence or two, can you please describe this/these relationship(s)?

Two contracted providers offer employment and vocational services within the County using base monies: AHEDD and Threshold's Berks Personnel Network (BPN). Both providers use the IPS model of supported employment for people with serious mental illness. IPS supported employment helps people living with behavioral health conditions work at regular jobs of their choosing and is based on 8 core principles. Both providers, as aforementioned, have served an increased number

of consumers in FY 17-18 compared to the prior Fiscal Year, and this resource for the SMI population is extremely valuable in maintaining recovery and resilience amongst those served. Both providers also collaborate extensively with OVR. In addition, the County's Base Service Unit offers individuals access to OVR representatives during established days and times, if the need exists. Employment needs of those presenting at the BSU are evaluated as a part of the standardized needs assessment conducted, and likewise, resources are explored, and individuals are linked accordingly, as applicable.

Project Search has been implemented for the 18-19 school year and is a partnership between OVR, the Berks County Intermediate Unit, Goodwill Industries, the Berks County MH/DD Program, and Penn State Health St. Joseph. MH/DD also, as aforementioned, has staff representation at the Work Partners Leadership Program, which is a local partnership between Berks Career and Technology Center and the Office of Vocational Rehabilitation.

c) Supportive Housing:

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

SUPPORTIVE HOUSING ACTIVITY *Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not. **Include any program activity approved in FY 18-19 that is in the implementation process. Please use one row for each funding source and add rows as necessary. (Note: Data from the current year FY18-19 is not expected until next year)***

| 1. Capital Projects for Behavioral Health | | | | <input checked="" type="checkbox"/> Check if available in the county and complete the section. | | | | | |
|---|--|---|---|--|---|-----------------------------|---|--|----------------------------|
| Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex). | | | | | | | | | |
| Project Name | *Funding Sources by Type (include grants, federal, state & local sources) | Total \$ Amount for FY 17-18 (only County MH/ID dedicated funds) | Projected \$ Amount for FY 19-20 (only County MH/ID dedicated funds) | Actual or Estimated Number Served in FY 17-18 | Projected Number to be Served in FY 19-20 | Number of Targeted BH Units | Term of Targeted BH Units (ex: 30 years) | | Year Project first started |
| Beacon House | HC Reinvestment | N/A | N/A | 2 | 2 | 2 | 20 | | 2010 |
| | | | | | | | | | |

| | | | | | | | | | |
|------------------------------|---|-----|-----|----|----|----|----|--|------|
| East Lancaster Avenue | HC Reinvestment, bank loan, grant from Federal HOME Program | N/A | N/A | 2 | 4 | 4 | 30 | | 2012 |
| Big Mill | HC Reinvestment and bank loan | N/A | N/A | 12 | 12 | 12 | 15 | | 2016 |
| Notes: | | | | | | | | | |

| 2. Bridge Rental Subsidy Program for Behavioral Health | | | | <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 (include grants, federal, state & local sources) | Total \$ Amount for FY 17-18 | Projected \$ amount for FY 19-20 | Actual or Estimated Number Served in FY 17-18 | Projected Number to be Served in FY 19-20 | Number of Bridge Subsidies in FY 17-18 | Average Monthly Subsidy Amount in FY 17-18 | Number of Individuals Transitioned to another Subsidy in FY 17-18 | Year Project first started |
| | HC Reinvestment | \$433,457 | \$500,000 | 107 | 150 | 107 | \$440.00 | 25 | FY 08/09 |
| | PHARE | \$355,000 | \$355,000 | 0 | 100 | N/A | N/A | N/A | FY 17/18 |
| | | | | | | | | | |
| Notes: | | | | | | | | | |

| 3. Master Leasing (ML) Program for Behavioral Health | | | | <input type="checkbox"/> Check if available in the county and complete the section. | | | | | |
|--|---|------------------------------|----------------------------------|---|---|--|--|------------------------------------|----------------------------|
| Leasing units from private owners and then subleasing and subsidizing these units to consumers. | | | | | | | | | |
| | *Funding Source by Type (include grants, federal, state & local sources) | Total \$ Amount for FY 17-18 | Projected \$ Amount for FY 19-20 | Actual or Estimated Number Served in FY 17-18 | Projected Number to be Served in FY 19-20 | Number of Owners/ Projects Currently Leasing | Number of Units Assisted with Master Leasing in FY 17-18 | Average subsidy amount in FY 17-18 | Year Project first started |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Notes: | | | | | | | | | |

| 4. Housing Clearinghouse for Behavioral Health | | | | <input checked="" type="checkbox"/> Check if available in the county and complete the section. | | | | | |
|---|---|------------------------------|----------------------------------|--|---|--|--|----------------------------------|----------------------------|
| An agency that coordinates and manages permanent supportive housing opportunities. | | | | | | | | | |
| | *Funding Source by Type (include grants, federal, state & local sources) | Total \$ Amount for FY 17-18 | Projected \$ Amount for FY 19-20 | Actual or Estimated Number Served in FY 17-18 | Projected Number to be Served in FY 19-20 | | | Number of Staff FTEs in FY 17-18 | Year Project first started |
| | HC Reinvestment | \$157,725 | \$165,000 | 186 | 220 | | | 2 | FY 08/09 |
| | | | | | | | | | |
| Notes: | | | | | | | | | |

| 5. Housing Support Services for Behavioral Health | | | | <input type="checkbox"/> Check if available in the county and complete the section. | | | | | |
|--|--|------------------------------|----------------------------------|---|---|--|--|----------------------------------|----------------------------|
| 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. | | | | | | | | | |
| | *Funding Sources by Type (include grants, federal, state & local sources) | Total \$ Amount for FY 17-18 | Projected \$ Amount for FY 19-20 | Actual or Estimated Number Served in FY 17-18 | Projected Number to be Served in FY 19-20 | | | Number of Staff FTEs in FY 17-18 | Year Project first started |
| | HC Reinvestment | \$100,192 | \$100,000 | | 220 | | | 1.50 | FY 08/09 |
| | PHARE | \$10,000 | \$10,000 | 0 | 120 | | | 1.50 | FY 17/18 |
| | | | | | | | | | |
| Notes: | | | | | | | | | |

| 6. Housing Contingency Funds for Behavioral Health | | | | <input checked="" type="checkbox"/> Check if available in the county and complete the section. | | | | | |
|---|--|------------------------------|----------------------------------|--|---|--|--|---------------------------------------|----------------------------|
| Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc. | | | | | | | | | |
| | *Funding Sources by Type (include grants, federal, state & local sources) | Total \$ Amount for FY 17-18 | Projected \$ Amount for FY 19-20 | Actual or Estimated Number Served in FY 17-18 | Projected Number to be Served in FY 19-20 | | | Average Contingency Amount per person | Year Project first started |
| | | | | | | | | | |

| | | | | | | | | | |
|--------|-----------------|----------|----------|----|----|--|--|---------|----------|
| | HC Reinvestment | \$65,759 | \$60,000 | 79 | 70 | | | \$1,150 | FY 08/09 |
| | PHARE | \$10,000 | \$10,000 | 0 | 20 | | | \$1,000 | FY 17/18 |
| Notes: | | | | | | | | | |

| 7. Other: Identify the Program for Behavioral Health | | | | <input type="checkbox"/> Check if available in the county and complete the section. | | | | | |
|--|---|------------------------------|----------------------------------|---|---|--|--|--|----------------------------|
| <p>Project Based Operating Assistance (PBOA) 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); Fairweather Lodge (FWL) is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other.</p> | | | | | | | | | |
| Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.) | *Funding Sources by Type (include grants, federal, state & local sources) | Total \$ Amount for FY 17-18 | Projected \$ Amount for FY 19-20 | Actual or Estimated Number Served in FY 17-18 | Projected Number to be Served in FY 19-20 | | | | Year Project first started |
| | | | | | | | | | |
| Notes: | | | | | | | | | |

d.) Recovery Oriented Systems Transformation: (Limit of 5 pages)

Based on the strengths and needs reported above in section (b), identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 18-19 at current funding levels. For **each** transformation priority, provide:

- A brief narrative description of the priority including action steps for the current fiscal year.
- A timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion.
- Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).
- A plan/mechanism for tracking implementation of priorities.

1. (Identify Priority)

Hearing Voices

Narrative including action steps: This training was developed by Pat Deegan, PhD to simulate the experience of hearing distressing voices for mental health and social service professionals, as well as first responders. MH/DD wants to ensure that these individuals continue to have access to this training.

Timeline: This training will be scheduled twice, at a minimum, in FY 19-20. Simulation exercises are designed to ensure the highest degree of relevance to participants; therefore, each training is agency specific and tailored to the agency's needs. Announcements are made at least semi-annually at both the MH/DD and HealthChoices Provider meetings to solicit interest in this experiential training.

Fiscal and Other Resources: There is no cost for this training. Existing MH/DD, HealthChoices, and Community Care staff facilitates the training.

Tracking Mechanism: Course evaluations are provided at the end of the training.

2. (Identify Priority)

Mental Health First Aid

Narrative including action steps: Mental Health First Aid Training is an 8-hour certification course that introduces participants to the risk factors and warning signs of mental health problems and builds an understanding of the importance of early intervention. For the past few years 700 law enforcement, education staff, library staff, and homeless assistance staff have been trained in this evidence-based practice. The focus for the new year would be providers who work with the elderly as they are the County's fastest growing demographic.

Timeline: Completion June 30, 2020

Fiscal and Other Resources: Money will be requested in the Retained Earnings Plan for unused mental health funds from FY 18-19.

Tracking Mechanism: Sign-In Sheets and Course Evaluations.

3. (Identify Priority)

Public Service Announcements

Narrative including action steps: The Berks County Suicide Prevention Task Force analysis of suicides determined three high risk categories. PSA's were created to target white middle aged males, elderly with co-occurring medical condition, and young adults. PSA's are meant to encourage individuals to seek help and hope for future recovery.

Timeline: June 30, 2020

Fiscal and Other Resources: Money will be requested in the Retained Earnings Plan for unused mental health funds from FY 18-19.

Tracking Mechanism: Ads will be viewed on Cable network.

4. (Identify Priority)

Stepping Up Initiative/ Forensic Diversion

Berks County Board of Commissioners signed a Stepping Up Resolution in 2015 which provided the leadership foundation to further cross system collaboration and diversion of individuals with mental illness with criminal justice involvement from incarceration and into treatment. In April of 2019, Berks County was designated as a National Innovator Stepping Up County because of its demonstration of adherence to the three-step approach which includes:

- establishing a shared definition of serious mental illness to be used throughout the county's criminal justice and behavioral health systems for its Stepping Up efforts;
- using a validated mental health screening tool on every person booked into jail, referring people who screen positive to a follow-up clinical assessment by a licensed mental health professional, and recording clinical assessment results; and
- regularly reporting on this population.

Narrative Including Action Steps: During 2018/2019, significant strides have been made in the area of data collection with the execution of a contract with a vendor, Open Lattice, who developed the model for extracting, loading and preparing data scripts from contributing system partners including: Adult Probation, Berks County Jail System, HealthChoices, Berks County Homeless Coalition, etc. Through this model, clean integration of data occurs at the person level. Following this, canned reports can be run from the platform dashboard utilizing de-identified data for target groups with focus on such areas as: overall percentage of individuals with SMI compared to total population in the local jail, length of incarceration, connection with treatment after release from the jail, recidivism, etc. While additional system partners data will continue to be integrated into the platform, the start of data analysis to drive decisions on what interventions/services would best serve individuals at various intercepts will begin and continue this next year.

Timely assessment and program support for individuals with mental illness and criminal justice system involvement continues. The addition of another forensic diversion specialist this past year has allowed for increased access for assessment and diversion plan development at various intercepts including contact with police, magisterial district justices, probation and parole, district attorney's office, etc. Diversion plans typically identify mental health or co-occurring treatment as well as other service resources, such as Blended Case Management, or housing. Funding was also received last year for 12 additional forensic diversion apartments. A housing case manager that works out of the same provider agency who leases the apartments, was also funded to assist apartment residents with working toward permanent housing as this forensic housing is for temporary utilization to address an immediate housing barrier for a limited period of time. While many individuals with mental illness are willing to commit to diversion planning or follow up services post discharge from a forensic setting, some individuals are not willing to commit to treatment or blended case management and additional follow up is needed because of continued high risk for further criminal justice involvement. The Diversion Specialists will provide continued follow-up with these individuals with the intent that eventually they may be willing to connect with community services. Individuals with a serious mental illness who have been charged with a crime but determined Not Guilty By Reason of Insanity or transferred to a Forensic State Hospital for restoration to competency and been determined not restorable and in need of extended mental health treatment are waiting for lengthy periods of time for transfer either at the Berks County Jail or at a Forensic State Hospital to a civil bed at Wernersville State Hospital. In most instances, state hospital admission is the required level of care because of the limited availability of community resources which include 24 hour supervision and a residential component. To address this community capacity need, planning discussions have been underway with Threshold Rehabilitation Services to convert existing CRR beds that are partially staffed to fully staffed. The fully staffed CRR is always at capacity with a waiting list for others referred. This conversion involves a relocation from its existing location and willingness of the provider to support individuals referred directly from a forensic setting. Discussions are also underway with Project Transition, also a CRRS Provider that provides other mental health treatment services, to discuss how this specific forensic population could be supported utilizing their current capacity or through other expansion opportunity.

Timeline:

Community Diversion Specialist to provide follow up with individuals unwilling to engage with community services- June 2019

Conversion of Threshold Rehabilitation Inc. CRRS from partially staffed to fully staffed

- Termination of current leases on apartment settings- July 2019
- Identification of new location, licensure of new location- July 2019
- Admissions to new location- August 2019

Project Transition expansion or creation of specialty forensic service

- Discussions currently in process with Project Transition, Community Care Behavioral Health and Berks County MH/DD Program regarding a new service description for this service with forensic specialty
- Project Transition searching for location for program expansion- June/July 2019
- Admissions to specialty forensic service- To be determined

Fiscal and Other Resources:

- Funding for Diversion Specialists already in place; no further resources needed at this time.
- Additional funding needed for conversion of partially staffed CRRS (provided by Threshold Rehabilitation Services, Inc.) is projected at \$100,000 which will be covered through Mental Health Base Funding.
- Funding for increased CRRS capacity or other program design through Project Transition. Program development costs will potentially be covered by MH carryover from 2018/2019 and ongoing funding for individuals not eligible for Medical Assistance from Mental Health Base Funding and Community Care Behavioral Health for those individuals with Medical Assistance.

5. (Identify Priority)

Individuals in Need of Long-Term Psychiatric Care

Narrative including Action Steps: Berks County residents with a mental illness requiring inpatient mental health treatment, beyond that of a typical acute admission for stability and safe discharge into the community, have few resources to support this need. The only options currently available are admission to two extended care beds, a state hospital admission or remaining in the acute hospital setting until stable or transfer to one of the other two options becomes available. As state hospital bed capacity is capped and Berks County has remained at capacity for some time and extended acute beds have also been full, individuals in need of further stabilization remain in acute settings for extensive periods of time, up to a year from initial admission date in some situations. Berks County recognizes the need for additional extended acute resources for individuals in need of longer inpatient stabilization and is working with its HealthChoices Managed Care Organization, Community Care Behavioral Health, and Acadia Behavioral Health, who is currently in the process of building a new, freestanding psychiatric facility in partnership with Tower Health to ensure that extended acute beds are included in the planning and design of the new facility.

Timeline:

Discussions have already occurred with Acadia regarding this need and they have indicated their willingness to include this in the facility design and program development.

Fiscal and Other Resources: No additional funds are requested for expansion of extended acute capacity as this service would continue to be covered through Medicare or Managed Care reimbursement.

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 type="checkbox"/> Reinvestment |
| Psychiatric Inpatient Hospitalization | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Partial Hospitalization | | |
| Adult | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Child/Youth | <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Crisis Services | | |
| Telephone Crisis Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Walk-in Crisis Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Mobile Crisis Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Crisis Residential Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Crisis In-Home Support Services | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Emergency Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Targeted Case Management | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Administrative Management | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Transitional and Community Integration Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Community Employment/Employment Related Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Community Residential Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Adult Developmental Training | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Facility Based Vocational Rehabilitation | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Social Rehabilitation Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Administrator's Office | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Housing Support Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment |
| Family Support Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" 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 type="checkbox"/> Reinvestment |
| Consumer Driven Services | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Community Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Mobile Mental Health Treatment | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> Reinvestment |
| Clozapine Support Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Additional Services (Specify – add rows as needed) | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Residential Treatment Facility (RTF) | <input checked="" type="checkbox"/> | <input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Mental Health Respite | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment |

*HC= HealthChoices

f) Evidence Based Practices (EBP) Survey*:

*Please include both county and Medicaid/HealthChoices funded services.
 access SAMHSA's EBP toolkits:

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

| Evidenced Based Practice | Is the service available in the County/ Joinder? (Y/N) | Current number served in the County/ Joinder (Approx) | What fidelity measure is used? | Who measures fidelity? (agency, county, MCO, or state) | How often is fidelity measured? | Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N) | Is staff specifically trained to implement the EBP? (Y/N) | Additional Information and Comments |
|---|--|---|--------------------------------|--|---------------------------------|--|---|--|
| Assertive Community Treatment | YES | HC-134, Base-30 | TMACT | Berks HC and MCO | Annually | NO | YES | |
| Supportive Housing | YES | HC-186, Base-39 | Monthly Submission to County | County | Monthly | | | HC Reinvestment |
| Supported Employment | Yes | Base-75 | | | | | | Include # Employed-50 |
| Integrated Treatment for Co-occurring Disorders (MH/SA) | YES | HC-803 Base-18 | OQ45 and PHQ9 | Agency | Quarterly | NO | YES | |
| Illness Management/ Recovery | YES | Base-8 | OQ45 | Agency | Quarterly | Yes | Yes | HC unable to determine distinct members served due to service not tracked by specific billing codes. |
| Medication Management (MedTEAM) | NO | | | | | | | |
| Therapeutic Foster Care | YES | HC-28, Base-8 | | | | No | No | |
| Multisystemic Therapy | YES | HC-53 | TAM-R and SAM-R | MST Institute | Quarterly | No | Yes | |
| Functional Family Therapy | NO | | | | | | | |
| Family Psycho-Education | NO | | | | | | | |

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

| Recovery Oriented and Promising Practices | Service Provided (Yes/No) | Current Number Served (Approximate) | Additional Information and Comments |
|--|---------------------------|-------------------------------------|-------------------------------------|
| Consumer/Family Satisfaction Team | YES | HC- 363 ,Base-40 | |
| Compeer | NO | | |
| Fairweather Lodge | NO | | |
| MA Funded Certified Peer Specialist- Total** | YES | HC-607 | |
| CPS Services for Transition Age Youth | YES | HC-104 | |
| CPS Services for Older Adults | YES | HC-64 | |
| Other Funded Certified Peer Specialist- Total** | | | |
| CPS Services for Transition Age Youth | | | |
| CPS Services for Older Adults | | | |
| Dialectical Behavioral Therapy | YES | HC-1,Base160 | |
| Mobile Meds | YES | HC-56 | Mobile Therapy only |
| Wellness Recovery Action Plan (WRAP) | Yes | Base-105 | |
| High Fidelity Wrap Around/Joint Planning Team | | | |
| Shared Decision Making | YES | HC-641 | |
| Psychiatric Rehabilitation Services (including | YES | HC-272, Base-16 | |
| Self-Directed Care | | | |
| Supported Education | | | |
| Treatment of Depression in Older Adults | YES | HC-488, Base-4 | |
| Consumer Operated Services | | | |
| Parent Child Interaction Therapy | YES | HC-12 | |
| Sanctuary | YES | HC-669 | |
| Trauma Focused Cognitive Behavioral Therapy | YES | | HC unable to determine distinct # |
| Eye Movement Desensitization And Reprocessing | YES | | HC unable to determine distinct # |
| First Episode Psychosis Coordinated Specialty Care | | | |
| Other (Specify) | | | |

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

**Include CPS services provided to all age groups in Total, including those in the age break outs for TAY and OA below

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

<http://www.nrepp.samhsa.gov/AllPrograms.aspx>

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.

Please include CPSs employed in any mental health service in your county/joinder including, but not limited to:

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- Medicaid-funded peer support programs
- consumer-run organizations
- residential settings
- ACT, PACT, or FACT teams

| | |
|--|-----------|
| Total Number of CPSs Employed | 39 |
| Number Full Time (30 hours or more) | 17 |
| Number Part Time (Under 30 hours) | 22 |

INTELLECTUAL DISABILITY SERVICES

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

This year, we are asking you to focus more in depth on the areas of the county plan that will help us achieve the goal of an Everyday Life for all individuals.

With that in mind, describe the continuum of services to enrolled individuals with an intellectual disability and autism within the county. In a narrative format, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. In completing the chart below, regarding estimated numbers of

individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditures should be included for both base/block grant and waiver administrative funds.

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

Individuals Served

| | <i>Estimated Individuals served in FY 18-19</i> | <i>Percent of total Individuals Served</i> | <i>Projected Individuals to be served in FY 19-20</i> | <i>Percent of total Individuals Served</i> |
|---------------------------------------|---|--|---|--|
| Supported Employment | 24 | .013% | 30 | .016% |
| Pre-Vocational | 0 | 0% | 0 | 0% |
| Community participation | 18 | .010% | 18 | .010% |
| Base Funded Supports Coordination | 610 | 33.7% | 610 | 33% |
| Residential (6400)/unlicensed | 7 | .004% | 5 | .003% |
| Life sharing (6500)/unlicensed | 4 | .002% | 3 | .002% |
| PDS/AWC | 77 | .043% | 85 | .046% |
| PDS/VF | 0 | 0% | 0 | 0% |
| Family Driven Family Support Services | 0 | 0% | 0 | 0% |

Supported Employment: “Employment First” is the policy of all commonwealth executive branch agencies under the jurisdiction of the governor. Therefore, ODP is strongly committed to competitive integrated employment for all.

- Please describe the services that are currently available in your county such as discovery, customized employment, etc.

- Please identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may assist the county in establishing employment growth activities.
- Please add specifics regarding the Employment Pilot if your county is a participant.

The Berks County Developmental Disability System remains committed to the Governor's Employment First Policy. Administrative Entity Program staff works closely with the Office of Vocational Rehabilitation and other local community partners to increase opportunities for transition age youth and adults. Conversations continue with OVR to coordinate referrals and process flow in the most efficient way possible. The Administrative Entity and Supports Coordination Organizations have also strengthened their tracking of referral timeframes and are now moving forward through other funding streams after the necessary 120-day period has expired. The local system ensures that all people requesting authorization for Employment Supports are directed to the Office of Vocational Rehabilitation prior to requesting the service via Human Services Block Grant (Base) Funding. Teams are encouraged to assist individuals in transition from Pre-Vocational Programs to Transitional Work Services and eventually toward competitive employment.

Berks County is fortunate to work with several agencies that provide employment supports. One provider completed an intensive training effort to certify all of their staff in the Discovery and Customized Employment Model. Others are working toward this as well, but in a slower-paced manner. All, however, are committed to this method of implementation of competitive employment opportunities. Other providers continue to work through the requirements related to Community Participation as well as revising their own internal processes. The AE continues to assist provider Leadership to ensure they remain abreast of best practices in this area.

All agencies, along with OVR and local SCOs, participate in a local Employment First Workgroup. This has served as a vehicle to share information and assist providers to gain a better understanding of the changing requirements related to employment and community participation supports. To move to a higher level of employment supports for all, this local workgroup will become increasingly more important. ODP Regional Staff participate and are a very supportive resource. In the coming year, the group hopes to engage in additional activities to promote employment in the general public.

The Berks AE also continues a collaborative effort with The Office of Vocational Rehabilitation and the Berks County Intermediate Unit in support of a Project Search Program. The local Project Search recently operationalized and developed a new program within the HealthCare Industry. County Block Grant Funding provided support by purchasing the prescribed training curriculum for Project Search Staff. Berks County is proud of this project that will allow participating students with Intellectual Disabilities and/or Autism to graduate with some unique skills and a competitive edge in the market.

The Berks AE continues to actively participate in the Berks County Transition Coordinating Council (BCTCC). The Council has representation from local School Districts, the Berks County Intermediate Unit, Office of Vocational Rehabilitation, and local Supported Employment agencies. A member of the Berks Administrative Entity has served in a leadership position on the Council for several years. Because of this, the local educational system and other partners are very educated about the requirements of entry into the system supporting people with Developmental Disabilities and Autism. During the past year there have been several presentations on this topic, including the opportunity to talk directly with school psychologists. Without a doubt this helps to create a richer transition experience for students.

The program also has staff representation at the Work Partners Leadership Program which is a local partnership between Berks Career and Technology Center and the Office of Vocational Rehabilitation. This partnership provides career planning services and related work experiences via the Service Occupations Program. The Reading/Muhlenberg Vo-Tech Service Occupations class room also follows a similar model to the Work Partners program; both of which are designed to result in successful and sustainable competitive employment. The program has staff representation on the Reading/Muhlenberg Vo-Tech Service Occupations Advisory Committee as well.

Berks County is very committed to moving forward with Employment First opportunities. Staff continues to participate in employment webinars and training opportunities. In the coming year, the program hopes to increase efforts for sharing information and supporting individuals and their families in making the decision to become employed.

Supports Coordination:

- Please describe how the county will assist the supports coordination organization (SCO) to engage individuals and families in a conversation to explore the communities of practice /supporting families model using the life course tools to link individuals to resources available to anyone in the community.
- Please describe how the county will assist supports coordinators to effectively engage and plan for individuals on the waiting list.
Please describe the collaborative efforts the county will utilize to assist SCO's with promoting self-direction.

Berks County currently has six local Supports Coordination Organizations. In order to ensure consistency and expectations, information is consistently shared through emails, meetings and training opportunities. Quarterly meetings are held to further discuss the County's commitment to efforts which promote Employment, build Social Capital and Supporting Families. In the current fiscal year, much of the discussion has been focused on risk management as well as maintaining an understanding of system changes and priorities. Most recently, the Berks AE developed a relationship with the PA Family Network and organized a series of training sessions related to Charting the LifeCourse and related topics. Unfortunately, a great deal of groundwork is still needed to educate the entire system – families, SCOs and providers. In the next fiscal year,

AE/SCO meetings will all include discussion related to the LifeCourse Tools to ensure that the leadership is committed to this philosophy. A provider group will be reinstated and supporting families through the LifeCourse will be an on-going agenda item. In addition, the Berks AE will explore the possibility of developing a Supporting Families Collaborative. To date, this effort has not been feasible due to the tremendous workload within the AE. As able, the AE will engage in collaborative activities to strengthen the local system and create richer opportunities for individuals and families. Above all, teams will be encouraged to become more comfortable with using Lifecourse Tools, sharing/creating resources for families to create their vision for a “good life”. Those who are new to the system or not yet in service will be considered priority.

The AE will also continue to ensure that SCOs working within Berks County receive training and have the capacity to support additional people with Autism. All SCO providers feel they are prepared but additional training is always welcome. All are committed to providing the service and have the capacity to grow as the numbers of addition people to serve becomes clear. This, will no doubt, be a continued topic of discussion at future meetings for SCOs and for all providers in general.

All individuals receiving services are presented with the opportunity to self-direct their services. This is evident by the high number of people utilizing Agency with Choice and some who choose the Fiscal/Vendor Model. Several people have also begun to use a Supports Broker and one family has effectively created their own residential program. SCOs have become very creative and the AE assists when possible to support these efforts.

Lifesharing and Supported Living:

- Please describe how the county will support the growth of Lifesharing and Supported Living as an option.
- Please describe the barriers to the growth of Lifesharing/Supported Living in your county?
- Please describe the actions you found to be successful in expanding these services in your county despite the barriers?
- Please describe how ODP can be of assistance to you in expanding and growing Lifesharing/Supported Living as an option in your county?

Berks County has had a strong Life Sharing Program for many years. In recent years Berks County Provider Network experienced a decrease in the number of people in Lifesharing. This appears to be due to increased needs of individuals supported in the program and attrition. The County’s Life Sharing Committee continues to be active and consists of Providers, SCO’s, AE Staff and Regional representatives. Because providers continue to have Lifesharing Families interested in providing the service, the program anticipates growth in the coming year. The changing structure of the service should also contribute to growth, providing enhanced ways to support people with changing needs. In the coming

year, the AE and the Committee will attempt to explore other options within the LifeSharing service definitions (natural families and other service models). Overall, Berks County remains committed to this service which is one of the most inclusive and most cost-effective community residential services available.

Cross Systems Communications and Training:

- Please describe how the county will use funding, whether it is block grant or base, to increase the capacity of your community providers to more fully support individuals with multiple needs, especially medical needs.
- Please describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age and promote the life course /supporting family’s paradigm.
- Please describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging and the mental health system to ensure individuals and families are provided with the information they need to access community resources as well as formalized services and supports through ODP.

The Dual Diagnosis Treatment Team is the most active way that Berks County is influencing increasing the capacity of community providers and addressing complex behavioral needs. The Team has been an invaluable asset to providers and in some cases has made the difference between a provider maintaining a placement and being issued a notice of discharge. The DDTT works intensely with individuals, families, provider staff, and the medical community. Berks County also has a robust Positive Practices Committee. Together with providers representatives, local nursing staff, the HCQU and other system representatives, complex case reviews are completed and thoughtful recommendations are shared with individual teams. Regarding complex medical cases, the Berks AE has placed a strong focus on educating the local system on the “Fatal Four”. The most successful effort was the organization of a dysphasia clinic. This was held in partnership with a local hospital and the HCQU. Many direct care staff and supports coordinators attended and gained valuable hands-on experience with proper food preparation.

In general, Base Funding is used to provide supports such as Respite, Companion, In-Home & Community Habilitation, Transportation, Support in Medical Environment, and other unique services are authorized. Majority are provided through the AWC model of service while some continue to choose traditional provider agencies. All services are provided with choice and with the intention of protecting/maintaining the Health and Safety of individuals until waiver funding becomes available. As needs present, waiver capacity is reviewed along with the PUNS priority status. Other factors considered include: family situation - including the impact on the caregiver employment so as to prevent job loss for the wage earners who have no other supports; the age of the caregiver, level of care required - multiple physical and behavioral health issues co-existing with ID diagnosis that increase the challenge in care; and availability of other

funding sources such as EPSDT, OVR, and other waivers to ensure that the Program is the payer of last resort. The Program successfully manages its existing capacity very closely. This continues to be accomplished by monitoring high risk situations through weekly review at a joint AE/SCO Meeting. Additionally, Base Service utilization is reviewed monthly to ensure unutilized service units are removed from plans freeing up dollars to meet other service's needs.

Lastly, Berks County participates in a great deal of collaboration with other Human Service Agencies. Some examples include a close relationship with the County Area Agency on Aging and the County Children and Youth Services System. An example is a meeting held twice per year meetings with CYS to discuss transition aged youth who are aging out of the foster care system. As concerns arise or resources are needed, they are available for discussion and consultation.

Emergency Supports:

- Please describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
- Please provide details on your county's emergency response plan including:
 - Does your county reserve any base or block grant funds to meet emergency needs?
Berks County is very knowledgeable of the needs that could arise and makes every attempt to provide support. Block Grant Funds are analyzed continually and as needs arise a determination is made. All involved have an excellent understanding of the time-sensitive nature and are able to act quickly when needed.
 - What is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?
A comprehensive emergency service system maintains all after-hour calls and issues on behalf of the County MH/DD Program. As needs arise, the Crisis System contacts the Administrator or Deputies to obtain authorization for care service. Administrative Entity staff reaches out to provider agencies, when appropriate, to seek alternative placements to alleviate crisis situations.
 - Does your county provide mobile crisis?
Yes, Berks County provides Mobile Crisis Services through a contracted provider. The Director and Supervisory Staff have access to Demographic and Plan information in HCSIS to gain background information as well as SCO contact data when necessary.
 - If your county does provide mobile crisis, have the staff been trained to work with individuals who have an ID and/or autism diagnosis? Do staff who work as part of the mobile crisis team have a background in ID and/or autism?
The Crisis Provider has developed much of their own training utilizing a variety of resources. Shadowing and coaching of new staff is a large part

of their typical training. Formal training related to Autism has occurred but is limited. Their overall goal is to manage each situation on an individual basis since formal diagnostic information is usually not available. While staff members do not have a direct or extensive background in ID and/or autism, their agency does. This provides an additional resource when necessary.

- Is there training available for staff who are part of the mobile crisis team? The crisis provider requires staff to participate in training through various methods. The County is also willing to consider specific training related to supporting people with ID and/or autism upon request.
- If your county does not have a mobile crisis team, what is your plan to create one within your county's infrastructure? N/A
- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966. Policy is as follows:

| | |
|---|--|
| <p>Berks County MH/DD</p> <p>Policy & Procedure</p> | <p>Title: Emergency Services</p> |
| <p>Effective Date: 07/01/2016 Revision Date:</p> | <p>Approved by:</p> <p>Edward B. Michalik, Psy.D. MH/DD Administrator</p> |

Policy Statement: The Berks MH/DD Program will comply with Article III, Section 301 (d) (4) of the Mental Health and Intellectual Disability Act of 1966.

Purpose: To ensure a system for 24-hour Emergency Services is provided and available to the local system.

Responsibility: Berks County MH/DD will maintain a contractual agreement for the provision of Emergency Services, including a system to provide support to people requiring services and supports after hours.

Procedure:

- a. Berks County MH/DD Program will maintain a contract with Service Access and Management, Inc. for crisis intervention and management of all after-hour calls.
- b. Crisis Intervention Staff will answer phone calls, provide outreach and emergency services coverage to the Intellectual Disabilities System at all times. They will be available outside of normal business hours, 365 days per year. *It should also be noted that in situations requiring a crisis worker, one will be dispatched to the person's location to assist the individual, family or provider agency.*
- c. Upon receiving emergent calls, the Crisis Intervention Staff will make every attempt to manage the needs presented. This could involve working with caregivers or talking with provider staff.
- d. As additional assistance is needed, the Crisis Intervention Staff will contact the appropriate Service Coordination Organization, if known. If the SCO is not known, or unavailable, a representative from the Administrative Entity will be contacted directly. (A list of contacts will be maintained.)
- e. The SCO will be expected to manage the situation at hand and to make certain the necessary supports are in place to ensure the individuals health and safety.

- f. If additional assistance is required, the SCO will reach out to the Waiver Administration Staff for support.
- g. In the event, paid supports are necessary, the MH/DD Administrator or Deputies will be contacted to obtain authorization for the service to be provided.
- h. On the next business day after the emergency, the Waiver Administration Staff will ensure that SCO follow-up has occurred so longer-term support can be put in place.
- i. The County MH/DD Administrator and/or Deputies will be provided with updates at the weekly Waiver Administration Meeting or sooner in the case of high-risk situations.
- j. Annually, all Berks County SCO's will be required to submit a 24-Hour Crisis Policy, along with an updated staff listing. These documents will be submitted each July or upon a change to the document. Administrative Entity Staff will also provide the Crisis Intervention Program with updates to all contacts.

Administrative Funding: ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are person-centered trainers.

- Please describe the county's interaction with PA Family Network to utilize the network trainers with individuals, families, providers, and county staff.

The Program welcomes all resources available to strengthen and educate the local system. A relationship has been developed over the past year with the The PA Family Network and several training sessions were scheduled for families. Unfortunately, these were poorly attended, and several were cancelled due to low or no registrations. Efforts, however, will continue in the next fiscal year to further share information and explore ways to engage families.

- Please describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families.

Berks County makes every attempt to be both collaborative and community-minded to make information available to the community. Staff participates in many presentations throughout the year to share information related to the purpose of the system and ways to become connected. In the coming year, Berks County looks forward to enhancing their relationship with the PA Family Network and engaging with Self Advocates as One. Both groups will be welcomed into the County to assist with networking among families and self-advocates.

- Please describe the kinds of support do you need from ODP to accomplish the above?

Berks County will welcome ODP's support in development of these local resources. Additional training continues to be essential to teach people about the Lifecourse Tools and other efforts related to helping build Social Capital and developing richer opportunities within the community.

- Describe how the county will engage with the Health Care Quality Units (HCQU) to improve the quality of life for the individuals in your community.

The Health Care Quality Unit routinely presents on a variety of system and health topics. In the past, topics have included Overall Health, Wellness and Recovery, Fetal Alcohol Syndrome and the Fatal Four. This year the HCQU assisted in the creation of a dysphasia clinic to educate people about proper food consistencies. They also began completing a Health Risk Profile for all individuals transitioning into residential services. They are and continue to be, an integral part of the local system and an essential support to providers and individual teams.

- Please describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.

The HCQU assists in numerous ways. They are active participants in the Positive Practices Committee, the Human Rights Committee, Employment First Workgroup and any other complex case discussions related to health, wellness and risk. Their information, data and observations are extremely helpful in development of the quality plan and basic system oversight. The HCQU is also helpful in turning any system concerns or needs into training for providers or individual teams.

- Please describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals in your program.

Berks County contracts with the Advocacy Alliance to implement the IM4Q Program locally. They are responsive to the needs of the program and generate all necessary information related to their findings and recommendations. They work closely with the Berks County AE IM4Q Coordinator, who in turn, uses the information received to develop and monitor the local Quality Plan.

- Please describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc.

Berks County has an excellent provider network that provides a full array of services and supports. The Dual Diagnosis Treatment Team in the County continues to be a tremendous support in helping provider agencies deal with complex behavioral health

issues. The local Positive Practices Committee has also been instrumental in providing suggestions to Teams and helping them problem-solve difficult and “at-risk” situations. ODP has been a great support in these efforts, often participating in meetings. Moving forward, additional support and local training would certainly assist to move the process even further. Local providers, like in other areas of the state, continue to deal with challenging situations related to severe trauma, fetal alcohol syndrome and at times autism. Locally, Berks County is also supporting more and more people with fragile medical conditions. The HCQU has been an immense support but more needs to be done to support these individuals, their families and the local provider network.

- Please describe how can ODP assist the county’s support efforts of local providers?

Any training efforts or resources that ODP can provide will be welcomed. With the numerous high-risk situations, along with an aging population, providers face the challenge of training and maintaining high quality staff. The more support ODP and the AE can offer to Providers, the higher quality their supports will be for the individuals supported by the program.

- Please describe what risk management approaches your county will utilize to ensure a high-quality of life for individuals.

Positive Practices Meetings are held monthly to review individual complex needs and to help teams that may be struggling. The goal is to provide creative solutions and to support residential caretakes. Providers, the HCQU and ODP Regional Staff attend these meetings. Discussion is active and is helpful to all who attend. Berks County has a Dual Diagnosis Treatment Team (DDTT) for high risk individuals with severe psychiatric needs. They provide staff training and teach individuals how to live more successfully in a community setting.

- Please describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.

As LifeCourse and the Family Network training sessions develop, information related to risk management activities can be shared. This may also be done with the assistance of the provider network as well as through the various local workgroups and community presentations.

- Please describe how ODP can assist the county in interacting with stakeholders in relation to risk management activities?

The Berks AE remains a willing to partner and we welcome ODPs assistance in this area. Additional detailed discussion would be helpful to gain further clarification of the expectation within this area. Until then, the Berks AE will continue to explore and monitor risk throughout the local system. Action will be taken as necessary and the AE will work cooperatively with ODP in all situations.

- Please describe how you will utilize the county housing coordinator for people with autism and intellectual disability.

Berks County has an extensive Housing Program with an emphasis on curbing issues related to homelessness. The AE participates in the Berks Coalition to End Homelessness and interacts as necessary with the Housing Director. Information in turn is shared with system provider agencies. Many of them also participate in the Coalition. This collaborative relationship will continue throughout the next plan year.

- Please describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

Berks County participates in SPIN 911, a program between the Human Services System and the Berks County Emergency Services. Supports Coordinators discuss the program with individuals and families, throughout the year, and offer to assist with their registration of information with the County 911 System. On an annual basis, they are asked to provide updates to their profiles, which are maintained by the 911 Center. In the event of an emergency, workers would then be aware of any special or complex concerns within the home.

Participant Directed Services (PDS):

- Please describe how your county will promote PDS (AWC VF/EA) services including challenges and solutions.

Berks County currently has a high usage of Person Directed Supports. The AE continues to ensure the SCOs are offering both models of Person Directed Supports when assisting families/individuals with choice of service and provider.

- Please describe how the county will support the provision of training to SCO's, individuals and families on self-direction.

Berks County introduced the use of a Supports Broker and continues to share information about the usefulness of this service. As the message spreads of the purpose and integral role they can play in a person's Team, the more people may utilize Person Directed Supports. Regarding the high numbers of people currently self-directing their services, the County may consider additional training opportunities to support families, individuals, SCOs and the AWC provider.

- Are there ways that ODP can assist you in promoting/increasing self-direction?

Any information or training assistance that ODP can provide in this area will be greatly appreciated. The Berks AE welcomes the Partnership with the Regional and State Offices.

Community for All: ODP has provided you with the data regarding the number of individuals receiving services in congregate settings.

- Please describe how the county will enable these individuals to return to the community.

Over the past few years, Berks County assisted several people residing in congregate settings to transition to community placements. Most recently the AE facilitated Benjamin Class Members to move due to the closure of Hamburg Center. The AE also pays close attention to people residing in Nursing Homes and Private ICF's. Program Staff will continue to maintain this as a priority and will assess the needs of individuals residing in such settings. In addition, education will occur with the local provider network to identify their needs related to supporting people in the community with complex medical needs.

HOMELESS ASSISTANCE PROGRAM SERVICES

Please describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction by answering each question below. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Berks County has a well-developed Continuum of Care (CoC) system. In Reading, Berks Coalition to End Homelessness, Inc. is both the CoC and HMIS Lead for Service Providers of Berks County. One of the main processes to assist the homeless is through Coordinated Entry Services. The Coordinated Entry System (CES) facilitates the coordination and management of resources and services through the crisis response system. CES allows users to efficiently and effectively connect people to interventions that aim to rapidly resolve their housing crisis. CES works to connect the highest need, most vulnerable persons in the community to available housing and supportive services equitable. BCEH, Inc. implemented Coordinated Entry in November of 2017. Additionally, those experiencing a crisis relating to housing or other needs can call 2-1-1 to access services and have a referral made for the appropriate agency.

In Berks County, the CoC has 26 programs, 16 Permanent Housing projects, 8 Transitional Housing projects, 1 HMIS project and 1 CoC Planning project. Over 375 people were served by bridge housing and rental assistance combined, and 411 individuals had access to case management in 2018 through HAP funding. There are over 52 beds (HMIS) devoted to the chronically homeless. There is a stability rate of over 60%.

Above the mentioned programs, Berks County has a well-coordinated Emergency Solutions Grant Program that served over 800 households with children in order to achieve long term housing stability.

In 2017, Berks County created a jobs program that caters to assisting homeless men and women living in the streets or in emergency shelter, to connect with employment

opportunities. This is part of the BCEH, Inc. Street Outreach Program, called the Jobs Assistance Program. Collaboration between BCEH, Inc. exists with the Reading Hospital, and their street medicine team.

At the local shelters, there is a day center that acts as a services hub and enables men and women to receive meals, shower, do laundering, and have access to a case manager with the ability to perform an assessment for eligible services.

In 2019, the unaccompanied Youth under 18 were able to be provided with an emergency shelter with stays available up to 21 days in the program. This is a priority for Berks County to develop this type of housing for this underserved population. One youth shelter and one family shelter in the area provide drop-in centers for the youth for additional supportive services. There are two emergency shelters in the area that accept families with children, and a multitude of shelters that have transitional housing programs for families.

HAP funded programs play a vital role in filling the gaps in service that other funding sources may not be able to meet. This is especially the case for families and individuals that do not meet the HUD definition of homelessness who are in need of rental assistance to prevent homelessness.

Bridge Housing:

- Please describe the bridge housing services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of bridge housing services?
- Please describe any proposed changes to bridge housing services for FY 19-20.
- If bridge housing services are not offered, please provide an explanation.

The Men's Bridge House is a residential service program. Direct Services are provided through the development and implementation of an individual service plan. Sobriety is the focus. Services include substance abuse treatment, employment counseling, HIV/Aids education, family planning education, financial counseling, nutrition education and job training. Berks Coalition to End Homelessness evaluates the program through yearly audits on site, review of financial records and review of performance outcomes through the HMIS computer system.

Easy Does It, Inc. has proposed to use their bridge housing funding for their facilities at 1300 Hilltop Rd, Leesport, PA instead of their Walnut Street Bridge Housing. Funding is remaining the same.

There are no other changes outside of the above requests for Bridge Housing.

Case Management:

- Please describe the case management services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of case management services?
- Please describe any proposed changes to case management services for FY 19-20.
- If case management services are not offered, please provide an explanation.

Case Management is provided through several different service providers. Usually, a case manager performs a comprehensive assessment. The services provided are intended to link the clients to services including treatment for mental health or chemical dependency, family or individual counseling, job skills and job training programs, nutrition counseling and HIV/AIDS education classes. Many case managers will connect individuals with applications for medical assistance, food stamps, child care subsidies, cash assistance, or applications for social security and disability. Victims of Domestic and family violence are given education and advocacy and emotional support. Self-sufficiency is key for all clients in supportive programs, with the end goal being that the client will be self-sufficient to the best of their ability. BCEH currently monitors the program through yearly audits on site, review of financial records, and review of performance outcomes through HMIS.

Family Promise has proposed \$5,000.00 to be moved from their case management funds, to Innovative Supportive Housing (U-Turn) to assist clients and the employment of personnel.

There are no other changes outside of the above requests for Case Management.

Rental Assistance:

- Please describe the rental assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of rental assistance services?
- Please describe any proposed changes to rental assistance services for FY 19-20.
- If rental assistance services are not offered, please provide an explanation.

Several service providers in Berks County offer a rental assistance program for those who are currently homeless or facing homelessness. Rental Assistance provides funds to clients to prevent eviction, to rapid re-housing, as well as the case management portion of those assisting clients with a housing crisis. Counselors do a complete assessment to determine housing status, client's income and expenses, and assist the client in determining all available resources. Clients are required to attend financial workshops or budget education classes. BCEH currently monitors the program through

yearly audits on site, review of financial records, and review of performance outcomes through HMIS.

There are no changes being proposed for Rental Assistance funded through HAP.

Emergency Shelter:

- Please describe the emergency shelter services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of emergency shelter services?
- Please describe any proposed changes to emergency shelter services for FY 19-20.
- If emergency shelter services are not offered, please provide an explanation

Due to decreases in funding, Berks County is not using HAP funding for Emergency Shelter Services.

Innovative Supportive Housing Services:

- Please describe the other housing supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of other housing supports services?
- Please describe any proposed changes to other housing supports services for FY 19-20.
- If other housing supports services are not offered, please provide an explanation of why services are not offered.

Currently there is one agency that offers innovative supportive housing services in Berks County. Family Promise has served unaccompanied, homeless and at-risk youth since 2011. The program offers permanent housing solutions, host home connections, case management and a drop-in center for youth. Additionally, services include a place to shower, cook, and launder clothes. New to U-turn in 2018, are supervised permanent housing units, and host home connections, which pairs host home parents and youth for periods of 3-6 months at a time under the guidance and supervisions if FPBC staff. The U-Turn program addresses the needs of the youth in the community, which is an underserved and at-risk population in Berks County.

A proposed change has been made by Family Promise for HAP funds for Innovative Supportive Housing Services, in the amount of \$5,000.00 to be used toward their U-Turn program; we will be funding this in the amount of the previous amount for their case management.

The Berks Coalition to End Homelessness (The CoC of Berks County), works closely with the staff of Family Promise of Berks County. A monitoring visit for the Emergency Solution Grant was conducted on March 28, 2019 and a HAP

monitoring was conducted on May 22, 2019. Both produced positive results. Family Promise is targeting the underserved clientele of Berks County through their U-Turn Program, namely, homeless Youth from ages 19-22. This program provides supportive housing and services for a population where resources are limited throughout the County.

Homeless Management Information Systems:

- Describe the current status of the county's Homeless Management Information System (HMIS) implementation. Does the Homeless Assistance provider enter data into HMIS?

A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Berks County HMIS is currently fully operational and implemented since 2004. We are able to utilize it to generate HUD required reports and it meets the needs of our service providers very well. Currently, all HAP providers are entering data into HMIS except for a domestic violence service provider that is prohibited by law from doing so.

SUBSTANCE USE DISORDER SERVICES (Limit of 10 pages for entire section)

This section should describe the entire substance use service system available to all county residents regardless of funding sources.

Berks County supports a full continuum of drug and alcohol prevention, intervention, treatment, and recovery support services. Funding from the Department of Human Services, the Department of Drug and Alcohol Programs (DDAP), HealthChoices, the Berks County Commissioners as well as an array of other grant funding is used to provide a full continuum of drug and alcohol treatment and recovery services to the people of Berks County. All treatment services are provided by DDAP licensed facilities. Treatment services include; Withdrawal Management, Medically-Managed Intensive Inpatient Services Opioid Treatment services, Clinically Managed, High-Intensity, Residential services, Partial Hospitalization, Intensive Outpatient, and Outpatient services. Treatment related, and recovery services include; Case Management, Recovery Management and Recovery Housing. The Berks SCA monitors local contracted facilities at least once annually and/or as the need occurs. Berks County has established a multiple point of entry system for accessing both assessment and treatment services. A majority of residents in Berks County, requiring public funding, access assessment services for entry into treatment at the Treatment Access and Services Center (TASC), Berks County's licensed Central Intake Unit. However, Berks County also allows residents to directly access publicly funded assessment and treatment services at any of the local contracted outpatient or detoxification providers.

Additionally, inmates at Berks County Prison and the Community Reentry Center can receive assessment services through SCA-contracted treatment programs at the prison. This multiple point of entry system allows for more immediate treatment access assessments and decreases the need for waiting lists.

Please provide the following information:

1. Waiting List Information:

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

**Use average weekly wait time

There are no waiting lists at this time for individuals to access treatment.

2. Overdose Survivors' Data: Describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in your county. Indicate if a specific model is used.

The Berks SCA utilizes a Certified Recovery Specialist Model as the means of outreach and engagement for those individuals who have experienced an opioid overdose. The two local hospital Emergency Rooms (ER) have agreed to link opioid overdose survivors with Certified Recovery Specialists (CRS). CRS are on site 24 hours per day, 7 days per week at the larger of the two hospitals and are on call 24 hours per day, 7 days per week for the other hospital. The Berks SCA contracts with the Treatment Access and Services Center (TASC) to provide outreach and engagement to opioid overdose survivors through CRS services. All CRS employed by TASC are people in personal long term recovery.

| # of Overdose Survivors | # Referred to Treatment | # Refused Treatment | # of Deaths from Overdoses |
|--------------------------------|--------------------------------|----------------------------|-----------------------------------|
| 68 | 28 | 40 | 95 |

3. **Levels of Care (LOC):** Please provide the following information for your contracted providers.

The following chart includes both SCA contracted providers as well as HealthChoices providers. Only those providers with preliminary ASAM designations from the Department of Drug and Alcohol programs are included in the chart. There are 20 Inpatient Non-Hospital and Halfway House providers that HealthChoices and/or the SCA contracts with that do not yet have a preliminary ASAM designation.

| LOC ASAM Criteria | # of Providers | # of Providers Located In-County | # of Co-Occurring/Enhanced Programs |
|-------------------|----------------|----------------------------------|-------------------------------------|
| 4 WM | 4 | 0 | N/A |
| 4 | 2 | 0 | 2 |
| 3.7 WM | 28 | 2 | N/A |
| 3.7 | 19 | 0 | 19 |
| 3.5 | 52 | 2 | 11 |
| 3.1 | 20 | 0 | 0 |
| 2.5 | 6 | 1 | 0 |
| 2.1 | 33 | 4 | 2 |
| 1 | 63 | 9 | 4 |

4. **Treatment Services Needed in County:** Provide a brief overview of the services needed in the county to ensure access to appropriate clinical treatment services. Include any expansion or enhancement plans for existing providers or any use of HealthChoices reinvestment funds for developing new services.

As illustrated by the Levels of Care chart above, Berks County has inpatient non-hospital services and all outpatient protocols available within the county. However non-hospital services are only available for English speaking adults. It would be ideal to have inpatient for adolescents, women with children and individuals who are Spanish speaking within Berks County. However both the SCA and HealthChoices contract for these services to insure that all individuals have access to the clinically appropriate level of care.

In addition to treatment services the SCA supports 129 recovery housing beds in Berks County, including beds for special populations such as dual diagnosis, Spanish speaking, women and women with children. Both the SCA and HealthChoices fund the necessary behavioral health services for individuals residing in Berks County recovery housing.

With regard to expansion of services the SCA is planning to open a Community Recovery Center in fiscal year 2019/2020. The Recovery Center (RC) will offer opportunities for mutual aid support; provide educational events to develop and strengthen recovery assets; and create an atmosphere for positive and mutually beneficial socializing and fellowship. The philosophy of the RC acknowledges that there are many pathways to recovery and will embrace a holistic approach to programming. Services will include educational programs, support groups, information and referral services, wellness programs, and socialization activities and will be designed to meet the needs of culturally diverse populations. The RC will offer a tranquil environment where both individuals in recovery and family members will have access to a wide range of health-related and wellness resources. Following the best practice of peer-led support programming, the RC staffing will include two certified recovery specialists (CRS) with personal experience and training in recovery from substance use disorders. The CRS staff will act as a focal point of contact and oversight of a wide variety of information, education, and wellness services. Funding to establish this Community Recovery Center was received from the Berks County District Attorney's Office, Department of Human Services and Berks County Mental Health/Developmental Disabilities Program.

In another expected expansion, the Reading Hospital, one of the two hospitals in the county has partnered with Acadia Healthcare to build a behavioral healthcare facility in Berks County. This facility will provide inpatient psychiatric care for children, adults and seniors, as well as offer counseling for substance abuse disorders. This facility is expected to open in 2020.

- 5. Access to and Use of Narcan® in County:** Include what entities have access to Narcan®, any training or education done by the SCA and coordination with other agencies to provide Narcan®.

In July 2015, the Berks SCA established a naloxone distribution program for Berks County residents while the Berks County District Attorney provided naloxone to all county police departments. The SCA has a standing order from our partner physician to obtain and distribute naloxone. In November 2017, through a grant from the Pennsylvania Commission on Crime and Delinquency, the SCA was designated as the Centralized Coordinating Entity in Berks County for distribution of naloxone to first responders. In this capacity, the SCA works in partnership with the District Attorney's office to replace expired naloxone for all Berks County police departments. During calendar year 2018, the SCA has distributed over 800 two-dose boxes of Narcan® to community members, schools, treatment agencies, shelters, and first responders. Prior to distributing naloxone to any individual or agency, the Berks SCA provides an opioid overdose training on how to recognize and respond to an opioid overdose, including how to use Narcan®. The SCA provides outreach and education programs to promote community understanding of the importance of naloxone as an overdose prevention strategy.

6. **County Warm Handoff Process:** Provide a brief overview of the current warm handoff protocols established by the county. Include information on any challenges with implementation.

Berks County's Warm Hand Off program was implemented in December 2015 in partnership with our local hospitals and Community Care Behavioral Health, our managed care partner. While overdose survivors are a priority population, the Berks SCA offers Warm Hand Services to individuals presenting to the ER with any substance use issue. When an overdose survivor is revived or an individual presents in the emergency room with a substance related issue, hospital personnel discuss CRS services with the individual. With proper consent from the individual, hospital personnel contact the CRS for an immediate response. If the person refuses to speak with the CRS, the hospital ER personnel provide the individual with information about CRS services.

As CRS are on site at Reading Hospital, a face-to-face meeting with the individual occurs immediately. When the CRS is contacted by Penn State St. Joseph Hospital, a face-to-face meeting occurs within 30 minutes. If it is apparent the individual needs detoxification services, an immediate referral to a detoxification unit is made. If the individual is not in need of immediate detoxification, the CRS arranges for a level of care assessment, referral to treatment, and authorization of treatment funding. If the client is engaged during normal business hours, the client is seen that day, if client engagement occurs during off-hours, the client can be seen the next business day. With the client's consent to participate in service, the CRS maintains regular contact with the client during all phases of the treatment/recovery process including: before entering treatment, during all levels of treatment and following the completion of the prescribed course of treatment. Additionally, the CRS assists the individual in developing a Recovery Plan. The Recovery Plan is client-driven and outcomes based and focus on recognizing and removing barriers to treatment as well as identifying supports to enhance recovery.

The information in the following table is for calendar year 2018 and represents both overdose survivors and those seen in local emergency rooms with a substance related issue. We cannot provide information about the number of people completing treatment as we can only track the people who are funded for treatment through the SCA. Due to HIPPA and confidentiality concerns, our hospitals only report de-identified information to us regarding individuals who receive a Warm Hand Off. Therefore, we cannot track individuals who enter treatment through a Warm Hand Off with a funding source other than SCA funding.

Warm Handoff Data:

| | |
|----------------------|-------|
| Number Served | 1,064 |
|----------------------|-------|

| | |
|------------------------------------|---------|
| Number Entering Treatment | 644 |
| Number Completing Treatment | Unknown |

Please identify Challenges with Warm Handoff Process Implementation:

Berks County had few problems in implementing our Warm Hand Off program. At the Reading hospital, the chairman of the Reading Hospital Department of Emergency Medicine, worked tirelessly with Reading Hospital’s administration and the SCA to initiate the program. Due to our successes at the Reading Hospital, we were able to work with the other area hospital, Penn State St. Joseph Hospital, to implement Warm Hand Off services at their emergency department as well. The continuous challenge for our successful Warm Hand Off Program is funding for sustainability.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures (please refer to the HSDF Instructions and Requirements for more detail).

Dropdown menu may be viewed by clicking on “please choose an item”.

Copy and paste the template for each service offered under each categorical, ensuring each service aligns with the service category when utilizing Adult, Aging, Children and Youth, or Generic Services.

Adult Services: Please provide the following:

Program Name: Berks Encore and Boyertown Multi-Service Unit Meals on Wheels <60

Description of Services: The Adult Home Delivered Meal program provides a hot, nutritionally balanced meal that meets ½ of the recommended daily allowance to a limited population under the age of 60. This population is diagnosed with chronic conditions and/or disabilities that prevent them from preparing a meal and/or shopping for the food necessary to prepare that meal. Meals are provided on an emergency, short-term or long-term basis depending on need. Additional money will be targeted in this category as the need has increased over the past few years.

Service Category: Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes. Each client is served a minimum of one but no more than two meals daily, up to 7 days a week.

Adult Services: Please provide the following:

Program Name: Berks Community Action Program

Description of Services: Funds provide budgeting and housing services to individuals that are accessing rental assistance or are in danger of becoming homeless. The goal is to obtain and maintain housing. The services are provided to assist the consumer with spending priorities in an attempt to reduce recidivism in seeking future services.

Service Category: Housing - Activities to enable persons to obtain and retain adequate housing. The cost of room and board is not covered.

Adult Services: Please provide the following:

Program Name: Boyertown Multi Services Center

Description of Services: This program provides case management, information and referral to individuals who reside in rural Berks County. Case managers connect individuals with the support that they need to mitigate homelessness, loss of heat, and fuel. Case managers provide direct assistance with the completion of various applications such as LIHEAP, Rent Rebate, and Public Assistance as well as determine eligibility for programs such as their Food Panty. Application Assistance, eligibility, and referrals are also made for such programs as the Dollar Energy Grant, Social Security, and Transportation.

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

Aging Services: Please provide the following:

Program Name: N/A

Description of Services:

Service Category:

Children and Youth Services: Please provide the following:

Program Name: N/A

Description of Services:

Service Category: Please choose an item.

Generic Services: Please provide the following:

Program Name: Co-County Wellness

Description of Services: This program provides case management for individuals with HIV. The primary goal is community-based case management services to ensure linkage to appropriate resources throughout the life span.

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

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

Adult Aging CYS SUD MH ID HAP

Generic Services: Please provide the following:

Program Name: Community Prevention Partnership

Description of Services: Case Management for first-time low-income parents. The goal is to develop self-sufficiency and provide education regarding parenting skills.

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

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

Adult Aging CYS SUD MH ID HAP

Generic Services: Please provide the following:

Program Name: Family Guidance Center

Description of Services: Counseling to low income adults who have no insurance regarding depression, anxiety, and emotional and physical abuse.

Service Category: Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functioning.

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

Adult Aging CYS SUD MH ID HAP

Generic Services: Please provide the following:

Program Name: Council on Chemical Abuse

Description of Services: Dual diagnosis counseling (MH/D/A)-Counseling services are offered to individuals who have both a mental health and drug/alcohol diagnosis but do not have access to insurance. This service is provided by providers who are dually licensed to treat both disorders simultaneously.

Service Category: Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functioning.

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

Adult Aging CYS SUD MH ID HAP

Specialized Services: Please provide the following: (Limit of 1 paragraph per service description)

Program Name: Opportunity House-Children's Alliance Center

Description of Services: This funds a portion of the salary for a child sexual abuse forensic interviewer. This position requires specific forensic interviewer training. Interviews are conducted in a child friendly atmosphere with the goal to minimize trauma of the victim.

Specialized Services: Please provide the following: (Limit of 1 paragraph per service description)

Program Name: Council on Chemical Abuse

Description of Services: This funds a portion of the Youth Prevention Skills Training and Education-Life Skills Training (LST), an evidence-based substance abuse and violence prevention curriculum which is presented at the middle school level in five Berks County school districts.

Interagency Coordination: (Limit of 1 page)

If the county utilizes funds for Interagency Coordination, describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain both:

- How the funds will be spent (e.g. salaries, paying for needs assessments, etc.).

A Board that includes representatives from the Public Utilities Commission, First Energy, UGI and numerous human services providers organize and assist in sponsoring a "Be Wise about Human Services" training event. Funds are utilized to support this event. There were a total of 310 participants representing 82 different community agencies during 18-19 fiscal year event.

- How the activities will impact and improve the human services delivery system.

The goal of this conference was to educate the work force within the County. The number of attendees and number of unique agencies continues to grow. Workshops included: Utilities panel regarding Home Energy Assistance, Overview of Medical

Insurances, Legal documents and the Elderly, Employment Training panel, Stigma of Addiction, Personal Financial Management, Temporary rental assistance services, PA Migrant Education Program, Mental health presentation on a Certified Community Behavioral Health Clinic, and General Public/personal safety.

Appendix D Eligible Human Services Cost Centers

Mental Health

For further detail refer to Cost Centers for County Based Mental Health Services Bulletin (OMHSAS-12-02), effective July 1, 2012.

Administrative Management

Activities and administrative functions undertaken by staff in order to ensure intake into the county mental health system and the appropriate and timely use of available resources and specialized services to best address the needs of individuals seeking assistance.

Administrator's Office

Activities and services provided by the Administrator's Office of the County Mental Health (MH) Program.

Adult Development Training (ADT)

Community-based programs designed to facilitate the acquisition of prevocational, behavioral activities of daily living, and independent living skills.

Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT)

ACT is a SAMHSA-recognized Evidence Based Practice (EBP) delivered to individuals with Serious Mental Illness (SMI) who meet multiple specific eligibility criteria such as psychiatric hospitalizations, co-occurring mental health and substance use disorders, being at risk for, or having a history of, criminal justice involvement, and at risk for, or having a history of, experiencing homelessness. CTT services merge clinical, rehabilitation and support staff expertise within one delivery team.

Children's Evidence Based Practices

Practices for children and adolescents that by virtue of strong scientific proof are known to produce favorable outcomes. A hallmark of these practices is that there is sufficient evidence that supports their effectiveness.

Children's Psychosocial Rehabilitation Services

Activities designed to assist a child or adolescent (e.g., a person aged birth through 17, or through age 21 if enrolled in a special education service) to develop stability and improve capacity to function in family, school and community settings. Services may be delivered to the child or adolescent in the home, school, community or a residential care setting.

Community Employment and Employment-Related Services

Employment in a community setting or employment-related programs, which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry.

Community Residential Services

Care, treatment, rehabilitation, habilitation, and social and personal development services provided to persons in a community-based residential program which is a DHS-licensed or approved community residential agency or home.

Community Services

Programs and activities made available to community human service agencies, professional personnel, and the general public concerning the mental health service delivery system and mental health disorders, in order to increase general awareness or knowledge of same.

Consumer-Driven Services

Services that do not meet the licensure requirements for psychiatric rehabilitation programs, but which are consumer-driven and extend beyond social rehabilitation services.

Emergency Services

Emergency-related activities and administrative functions undertaken to proceed after a petition for voluntary or involuntary commitment has been completed, including any involvement by staff of the County Administrator's Office in this process.

Facility-Based Vocational Rehabilitation Services

Programs designed to provide paid development and vocational training within a community-based, specialized facility using work as the primary modality.

Family-Based Mental Health Services

Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home.

Family Support Services

Services designed to enable persons with SMI, children and adolescents with or at risk of Serious Emotional Disturbance (SED), and their families, to be maintained at home with minimal disruption to the family unit.

Housing Support Services

Services provided to mental health consumers which enable the recipient to access and retain permanent, decent, affordable housing, acceptable to them.

Mental Health Crisis Intervention Services

Crisis-oriented services designed to ameliorate or resolve precipitating stress, which are provided to adults or children and adolescents and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships.

Other Services

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Outpatient Treatment-oriented services provided to a consumer who is not admitted to a hospital, institution, or community mental health facility for twenty-four hour a day service.

Partial Hospitalization

Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents with SED who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

Peer Support Services

Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 1, 2006.

Psychiatric Inpatient Hospitalization

Treatment or services provided an individual in need of twenty-four hours of continuous psychiatric hospitalization.

Psychiatric Rehabilitation

Services that assist persons with long-term psychiatric disabilities in developing, enhancing, and/or retaining: psychiatric stability, social competencies, personal and emotional adjustment and/or independent living competencies so that they may experience more success and satisfaction in the environment of their choice, and can function as independently as possible.

Social Rehabilitation Services

Programs or activities designed to teach or improve self-care, personal behavior and social adjustment for adults with mental illness.

Targeted Case Management

Services that provide assistance to persons with SMI and children diagnosed with or at risk of SED in gaining access to needed medical, social, educational, and other services through natural supports, generic community resources and specialized mental health treatment, rehabilitation and support services.

Transitional and Community Integration Services

Services that are provided to individuals who are residing in a facility or institution as well as individuals who are incarcerated, diversion programs for consumers at risk of incarceration or institutionalization, adult outreach services, and homeless outreach services.

Intellectual Disabilities

Administrator's Office

Activities and services provided by the Administrator's Office of the County Program. The Administrator's Office cost center includes the services provided relative to the Administrative Entity Agreement, Health Care Quality Units (HCQU) and Independent Monitoring for Quality (IM4Q).

Case Management

Coordinated activities to determine with the individual what services are needed and to coordinate their timely provision by the provider and other resources.

Community Residential Services

Residential habilitation programs in community settings for individuals with intellectual disabilities or autism.

Community-Based Services

Community-based services are provided to individuals with intellectual disabilities or autism who need assistance in the acquisition, retention, or improvement of skills related to living and working in the community and to prevent institutionalization.

Other

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Homeless Assistance Program

Bridge Housing

Transitional services that allow individuals who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently.

Case Management

Case management is designed to provide a series of coordinated activities to determine, with each individual, what services are needed to prevent the reoccurrence of experiencing homelessness and to coordinate timely provision of services by the administering agency and community resources.

Rental Assistance

Payments for rent, mortgage arrearage for home and trailer owners, rental costs for trailers and trailer lots, security deposits, and utilities to prevent and/or end homelessness or possible eviction by maintaining individuals and families in their own residences.

Emergency Shelter

Refuge and care services to persons who are in immediate need and are experiencing homelessness; e.g., have no permanent legal residence of their own.

Innovative Supportive Housing Services

Other supportive housing services outside the scope of existing Homeless Assistance Program components for individuals and families who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Substance Use Disorder

Care/Case Management

A collaborative process, targeted to individuals diagnosed with substance use disorders or co-occurring psychiatric disorders, which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs to promote self-sufficiency and recovery.

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

A licensed residential facility that provides 24-hour professionally directed evaluation, care, and treatment for individuals with substance use disorder in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, or school functioning. Rehabilitation is a key treatment goal.

Inpatient Non-Hospital Detoxification

A licensed residential facility that provides a 24-hour professionally directed evaluation and detoxification of an individual with a substance use disorder.

Inpatient Non-Hospital Halfway House

A licensed community-based residential treatment and rehabilitation facility that provides services for individuals to increase self-sufficiency through counseling, employment and other services. This is a live in/work out environment.

Inpatient Hospital

Inpatient Hospital Detoxification

A licensed inpatient health care facility that provides 24-hour medically directed evaluation and detoxification of individuals diagnosed with substance use disorders in an acute care setting.

Inpatient Hospital Treatment and Rehabilitation

A licensed inpatient health care facility that provides 24-hour medically directed evaluation, care and treatment for individuals with substance use disorder with co-existing biomedical, psychiatric and/or behavioral conditions which require immediate and consistent medical care.

Outpatient/Intensive Outpatient

Outpatient

A licensed organized, non-residential treatment service providing psychotherapy and substance use/disorder education. Services are usually provided in regularly scheduled treatment sessions for a maximum of five hours per week.

Intensive Outpatient

An organized non-residential treatment service providing structured psychotherapy and stability through increased periods of staff intervention. Services are provided in regularly scheduled sessions at least three days per week for at least five hours (but less than ten).

Partial Hospitalization

Services designed for those individuals who would benefit from more intensive services than are offered in outpatient treatment programs, but do not require 24-hour inpatient care. Treatment consists of the provision of psychiatric, psychological and other types of therapies on a planned and regularly scheduled basis at least three days per week with a minimum of ten hours per week.

Prevention

The use of social, economic, legal, medical or psychological measures aimed at minimizing the use of potentially addictive substances, lowering the dependence risk in susceptible individuals, or minimizing other adverse consequences of psychoactive substance use.

Medication Assisted Therapy (MAT)

Any treatment for addiction that includes a medication approved by the U.S. Food and Drug Administration for opioid addiction detoxification or maintenance treatment. This may include methadone, buprenorphine, naltrexone, or vivitrol.

Recovery Support Services

Services designed and delivered by individuals who have experience with substance-related disorders and recovery to help others initiate, stabilize, and sustain recovery from substance use disorder. These services are forms of social support not clinical interventions. This does not include traditional 12 step programs.

Recovery Specialist

An individual in recovery from a substance-related disorder that assists individuals in gaining access to needed community resources to support their recovery on a peer-to-peer basis.

Recovery Centers

A location where a full range of Recovery Support Services are available and delivered on a peer to peer basis.

Recovery Housing

A democratically run, self-sustaining and drug-free group home for individuals in recovery from substance related disorders.

Warm Handoff

Direct transfer of overdose survivors from the Emergency Department to a drug treatment provider.

Human Services Development Fund

Administration

Activities and services provided by the Administrator’s Office of the Human Services Department.

Interagency Coordination

Planning and management activities designed to improve the effectiveness of county human services.

Adult Services

Services for adults (persons who are at least 18 years of age and under the age of 60, or persons under 18 years of age who are the head of an independent household) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education,

protective, service planning/case management, transportation, or other services approved by DHS.

Aging

Services for older adults (persons who are 60 years of age or older) include: adult day service, assessments, attendant care, care management, congregate meals, counseling, employment, home delivered meals, home support, information and referral, overnight shelter, personal assistance service, personal care, protective services, socialization/recreation/education/health promotion, transportation (passenger), volunteer services or other services approved by DHS.

Children and Youth

Services for individuals under the age of 18 years, under the age of 21 years who committed an act of delinquency before reaching the age of 18 years, or under the age of 21 years who was adjudicated dependent before reaching the age of 18 years, and requests retention in the court's jurisdiction until treatment is complete. Services to these individuals and their families include: adoption services, counseling/intervention, day care, day treatment, emergency placement services, foster family services (except room & board), homemaker, information and referral, life skills education, protective services and service planning.

Generic Services

Services for individuals that meet the needs of two or more populations include: adult day care, adult placement, centralized information and referral, chore, counseling, employment, homemaker, life skills education, service planning/case management, and transportation services.

Specialized Services

New services or a combination of services designed to meet the unique needs of a specific population that are difficult to meet within the current categorical programs.