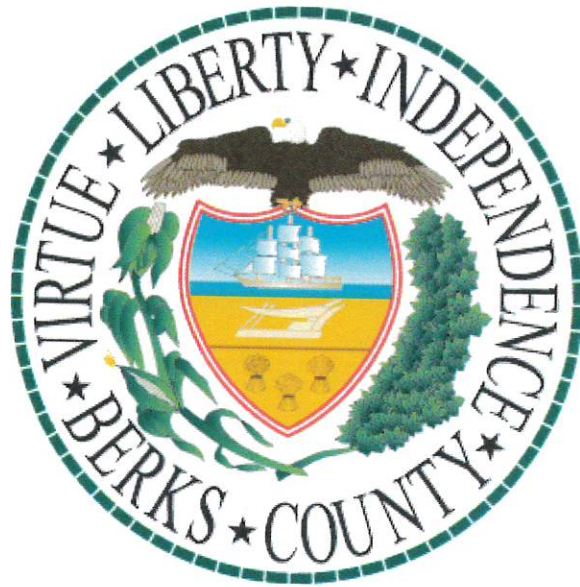




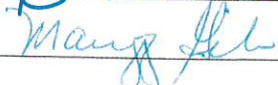
# Berks County Human Services Plan 2021-2022



Christian Y. Leinbach, Commissioner Chair  
Kevin S. Barnhardt, Commissioner Co-Chair  
Michael S. Rivera, Commissioner



**COUNTY COMMISSIONERS/COUNTY EXECUTIVE**

<i>Signatures</i>	<i>Please Print</i>	
	Pam Seaman, MPA	Date: 6/24/21
	Stanley J. Papademetriou	Date: 6/24/21
Attest: 	Maryjo Gibson, Chief Clerk	Date: 6/24/21

## Appendix B County Human Services Plan Template

The County Human Services Plan (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 instructed in the Bulletin 2021-01.

### **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: Pam Seaman (MH/DD Program) and Stanley J. Papademetriou (Single County Authority-Berks SCA).

The Planning Team consists of Mary Ertel (MH/DD Fiscal Officer), Carol Frazer (Berks Coalition to End Homelessness-Fiscal Manager), Greg Gerdeman (CASSP Coordinator), Tiffany Hunter (MH/DD Fiscal Manager), Sharon Ingraham (Berks SCA- Fiscal Manager), Jessica Jones (Berks County Area Agency on Aging- Deputy Director), Elise McCauley (Berks Coalition to End Homelessness-HMIS Director), Kathleen Noll (Berks SCA-Drug and Alcohol Assistant Administrator), Marisa Printz (SAM- Provider Relations Manager), Todd Reinert (Area Agency on Aging/MH/DD-Contracts Manager), Michele Ruano-Weber (MH/DD-Deputy Administrator), Andrea Rumberger (SAM-County Programs Service Line) Terri Salata, (SAM-Director of AE Support Services), 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 rosters 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 virtually via Microsoft Teams application, to solicit feedback regarding the Human Services needs throughout the County. These meetings were held on June 23 and June 24, 2021. Virtual meetings were held due to the continuing COVID 19 pandemic. Comments could be submitted verbally or in written form. In addition, each organization has multiple virtual meetings 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 participated in the planning process.

**Aging-Advisory Council Meetings** (bi-monthly)

**CSP 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). The HealthChoices and CASSP Advisory Committees are now a subset of the MH/DD Advisory Board.

**SCA-Board of Directors** meets monthly.

**Berks County Stepping- Up Initiative Core Steering Committee**-meets on a regular basis.

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 is 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 describe any substantial programmatic and funding changes being made as a result of last year's outcomes.

Money shifted within the categorical funding stream but it was less than 10% in any given area. The pandemic made spending base funds a challenge as less people were accessing services and families did not want staff in their homes. With that in mind, money was moved from MH to pay additional expenses in HSDF.

## **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 needed for non-block grant counties.

1. Proof of publication;
  - a. Please attach a copy of the actual newspaper advertisement(s) for the public hearing(s).
  - b. When was the ad published? June 10, 2021
  - c. When was the second ad published (if applicable)? June 10, 2021
2. Please submit a summary and/or sign-in sheet of each public hearing. Unique user summary submitted by IT Department for virtual meetings.

3. Meetings were held on June 23, 2021 and June 24, 2021, during the regularly advertised Commissioners Board Meeting, via a virtual format. List of registrants are attached for the respective meetings.

**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**

For each of the following, please explain how the county works collaboratively across the human services programs; how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities; and provide any updates to the county's collaborative efforts and any new efforts planned for the coming year. (Limit of 4 pages)

#### **Employment:**

The Berks County Committee on Increasing Opportunities for Individuals with Disabilities meets every other month through the Berks County WorkForce Development Board. Members from the education system, employers, MH/DD Program, and supportive employment providers meet to discuss strategies to assist individuals with disabilities in obtaining employment. A survey has been created to understand the barriers for individuals with disabilities to become employed. There are 3 versions of this document: one for the individual job applicant, one for the employer, and one for community partners.

Project Search is a partnership between OVR, the BCIU, MH/DD/SAM, Penn State Health St. Joseph, and Goodwill. This program was temporarily suspended due to COVID.

The Berks County MH/DD Program funds a supportive employment services to target individuals with mental illness and forensic involvement. The plan includes a partnership with Berks Connections/Pretrial Services.

COCA offers training for people to become Certified Recovery Specialists and some of the Treatment Court money goes to BCPS to provide employment services to Treatment Court participants.

The Berks Coalition to End Homelessness "Jobs Assistance Program" began in February of 2017. This program is funded through the CDBG Program with the City of Reading. The goal of this program is to assist individuals experiencing homelessness in the community and in local shelters to return to work. The BCEH Jobs Assistance Program focuses on creating and maintaining partnerships with other organizations in Berks County. These partnerships have created a network for sharing information about employment opportunities and job readiness programs that greatly benefits the clients this program serves. Organizations who have joined this network include: Hope Rescue Mission, Berks Connections Pre-Trial Services, Career Link, Mack Employment, Spherion Employment, Mary's Shelter, and the Alcon Corporation. The Jobs Assistance Program assists clients with transportation to job interviews, advice and counsel about available positions, and scheduling placement into job readiness programs. The Jobs Assistance Program works with approximately 40 new individuals per year.



## Housing:

The Berks 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, 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 Housing Plan is able to provide the Security Deposit payment, an ineligible expense from HUD resources; however, it is allowable through the 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.
- The impact of the COVID 19 Pandemic is evident in the reduced number of housed applicants within the Bridge Subsidy aspect of SAM's programs (long-term rental assistance) for the later part of FY 19/20 and continuing into FY 20/21. All SAM housing (rental assistance) programs have been accepting and approving applications throughout the pandemic and have been able to assist with both rental and utility arrears, security deposit payments and other similar one-time payments. However, the lack of available units (directly tied to the CDC Eviction Moratorium) has led to a significant number of approved applicants for monthly, on-going rental assistance, who have thus far been unsuccessful in securing housing. The expectation is that units will once again begin to be available once the CDC Eviction Moratorium ends, which is scheduled for 06/30/2021.
- Further collaboration is also evident in the implementation of three other tenant-based rental assistance programs operated by SAM, Inc., which are funded through the Pennsylvania Housing Affordability and Rehabilitation Enhancement Fund ("PHARE"), provided through the Pennsylvania Housing Finance Agency (PHFA). Through these three programs, SAM is able to both enhance services to the "rent-burdened" population and those individuals served through Forensic case management.
- 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 discussion 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, and other funding.

#### **a) Program Highlights:** (Limit of 6 pages)

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY20-21.

#### **Introduction-HealthChoices:**

**Introduction:** In the beginning of the pandemic, OMHSAS issued guidance on providing ambulatory services via telehealth. Community Care Behavioral Health (Berks HealthChoices Managed Care Organization) has tracked telehealth utilization with results showing that it has been used the most in outpatient mental health. While telehealth is provided in other levels of care, the volume is less for a variety of reasons. For some services such as Peer Support, consumers were not comfortable with telehealth and for others such as IBHS and Family Based, it was challenging to effectively provide services via telehealth. To mitigate financial losses incurred by providers, Berks HealthChoices and Community Care implemented Alternative Payment Arrangements (APA's) for all levels of care. These APA's served to maintain financial solvency for the providers and to date, remain in place.

**Social Rehabilitation:** Community Prevention Partnership's Drop-In Center, Circle of Friends, received Berks HealthChoices reinvestment funds to renovate and furnish a building. The new Center was operational in late February 2020; however, had to close shortly thereafter due to the pandemic. While closed, the Center had staff available during the week to connect consumers to community resources and provide daily care packages of food and other items. The center re-opened in April 2021 and from that time forward, additional programming could be provided as a result of the renovations.

**Inpatient Treatment:** Tower Behavioral Health, an inpatient psychiatric facility, opened in August 2020. As of now, there are two adult units (one for general acute and one for mood disorders) and one adolescent unit. A child unit is projected to be open later in 2021.

**Other Treatment/Ancillary Services:** DBT is available at four outpatient providers in the community in individual and group modalities. Several providers offering other levels of care have DBT embedded into their service delivery.

**Forensic Diversion Program:** A licensed 6 person, 24 hour staffed CRR that includes treatment services on site was developed with the first admission occurring in June 2021. The provider is PCS Mental Health and the target population focuses on forensically involved individuals with a serious mental illness that we are looking to divert from more restrictive levels of care such as forensic/civil state hospital admission or incarceration.



**Introduction-Base:** Berks County has a continuum of behavioral health programming and ancillary supports available to individuals. Protocol, including auditing and provider monitoring procedures, has been established by HealthChoices, commercial insurance, private funders, DHS, as well as by the County, to ensure the provision of quality supportive and treatment services by provider agencies and practitioners. The number of services delivered as a result of COVID 19 did decrease in most levels of programming with the main exception noted as Crisis Intervention.

**CCRI POMS:** Many of our providers were due for five-year CCRI revalidations, in addition to facilitating the CCRI enrollments for newly contracted providers throughout the Pandemic. Ongoing participation in OMHSAS' CCRI webinars has provided Berks County with ongoing encounter submission and reporting updates, including the incorporation of the Place of Service – Telehealth code for service delivery provided during the Pandemic. Resulting updates to the software system utilized by the County for the submission of encounter data allowed for an increased number of encounter submissions and the overall improvement in the rate of accepted encounters. Additionally, in FY 20-21, efforts have continued to be directed towards the HCSIS closures of MHX assignments for individuals who have initiated services in other counties and are enrolled in the Life Program.

**Respite:** Health Choices has awarded the County reinvestment dollars for mental health respite. Respite services are available for youth and adults, with a mental health diagnosis and MA eligibility, and these services can be in-home or out of the home. Hourly and daily services exist as well. In FY 21-22, the expansion of the current Respite delivery model to include Agency With Choice, a model in which the family selects the child's respite caregiver will be initiated. Additionally, a new Social Recreational provider is in the contract onboarding process to provide respite services in FY 21-22.

A County allocation for respite exists additionally for those individuals who may not be CCBH eligible. Respite services, such as most County funded services, are managed by a subcontractor, SAM, Inc., who maintains contracts with various mental health providers in the County who deliver the respite services. 33 individuals utilized this service in FY 19-20, and 19 total individuals (1 adult and 18 youth) have received respite services in FY 20-21.

**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, including bilingual Crisis services. Berks County's Crisis Intervention Services averaged 1,175 contacts per month in FY 19-20, and there has been an average of 32 involuntary hospital admissions per month.

The Crisis Intervention Department continues to support the community through texting services in addition to telephone, walk-in and mobile services. During the 19-20 Fiscal Year, the Crisis Department received more than 5,100 texts from 203 unique individuals, and a review of the data shows the primary topic of the texts received was Depression, followed by Anxiety/Worry.

The provider of Crisis Intervention Services for Berks County maintains accreditations with the American Association of Suicidology (AAS), as well as the Commission on Accreditation of Rehabilitation Facilities (CARF). In an effort to continue to deliver a quality service and to gain ongoing feedback about the service, various opportunities to evaluate the service are in place. FY 19-20 survey results related to satisfaction show that approximately 77% of persons/family members surveyed identified that, if needed, they would choose to work with the Crisis Intervention Department again, and 92% stated that during their engagement with the crisis staff, they were given information and options that were helpful to them. In

addition, the department also offers a survey to those interacted with via text, and the results show that 88% of users felt that the service was helpful, and 89% felt that they would use the texting service again.

Educational outreach to community stakeholders is completed as needed and requested to ensure an understanding of the role of the Crisis Interventionist/Delegate within the county. Because of COVID, outreach opportunities were limited. However, there was an opportunity to offer some education to the Community Advisory Council for Tower Behavioral Health, the new inpatient facility, as well as a suicide awareness event for a local school district.

**Outpatient bilingual** programming, including individual, family, and group therapy, as well as psychiatric, psychological and evaluative services, are offered by a fair number of providers. Ten providers are contracted to deliver County funded psychiatric outpatient treatment, thereby promoting choice. One provider agency, with bilingual capacity, delivers **Parent Child Interaction Therapy (PCIT)**. Two other agencies participated in the training pilot but retaining therapists and/or recruiting therapists with the required prerequisites has proven to be difficult. **DBT** is available at several outpatient providers in the community in individual and group modalities. Various specialty treatment modalities such as **EMDR and Mobile Psychiatric Rehabilitation** are also available. Particularly considering the Pandemic, **telepsychiatry** has been offered by many outpatient providers to increase access to psychiatric practitioners. Thirty-two (32) individuals (29 adults and 3 youth) were County funded recipients of Outpatient treatment in 19-20. The County also program funds a provider to deliver Outpatient services within **Abraxas' Detention facility**. Approximately, nineteen (19) youth per quarter in FY 19-20 have been seen by an outpatient therapist for an intake while detained, with the majority receiving ongoing clinical services. Additionally, each school district within the County, including two of the main local universities, have at least one licensed satellite outpatient provider onsite to deliver treatment services to students.

**Partial Hospitalization Programming (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. There are four providers in the County funded network. Ten (10) adults were County funded, albeit zero (0) at the acute level. One of the County's Youth contracted PHP providers can offer bilingual programming.

**FBMH** services are offered to youth ages 3-21 as an intensive level of treatment aimed at circumventing out of home placement that is provided in the home and community by a treatment team. Seven providers are in the community and Health Choices Network, and four are able to accept County funded youth. Two (2) youth were County funded in 19-20.

**Inpatient treatment** is offered at two local hospitals and one local emergency room has a specialized unit for those presenting with behavioral health concerns. Contracts exist with several out of county hospitals so as to afford choice and availability of beds for 302s.

**ACT** services for transition age youth, as well as adults, are available, which are community-based programs developed to serve individuals who have the most serious and persistent symptoms of severe mental illness. It is offered by two providers in Berks County, one of which also offers inpatient and partial, subsequently permitting step up and step-down movements in levels of care. **Zero (0)** individuals were County funded for ACT in 19-20's FY.

**CRR** treatment services are also available to both youth (**CRR HH**) and adults in Berks County. **CRR Youth Host Homes** offer youth an alternative to residential placement and permit the youth the ability to reside in a family environment while receiving treatment. **Adult CRR** is a viable step down from inpatient treatment for adults and permits the acquisition of life skills, such as medication compliance, and close monitoring that can be titrated, while in a less restrictive setting. Seventeen (17) adults were County funded in FY 19-20 for CRR. Five (5) youth were funded for Room and Board within CRR HH with County funds.

**Targeted Case Management (TCM)**: Case Management is available for both children, as well as adults, and one of the five case management entities in the Health Choices network offers a specialized unit able to offer services to justice-involved adults. Four providers are able to serve County funded individuals. There were a total of 435 individuals who received case management funded by County dollars in FY 19-20 versus 673 in FY 18-19. The decrease is most likely COVID attributable.

Berks County has a TCM program that was awarded an accreditation through the National Association for the Dually-Diagnosed (NADD) and was the first behavioral health program to receive the accreditation in the nation. This same provider is also CARF accredited

#### **Community Hospital Integration Project Program (CHIPP)**

There are (2) contracted provider agencies that serve CHIPP consumers thereby offering consumer choice. During the Fiscal Year 19-20, forty-four (44) 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-nine (39) CHIPP consumers in Fiscal Year 2019-2020 and completed by members of the Berks County Consumer Family Satisfaction Team (CFST). To protect CHIPP consumers due to Covid-19 concerns, members of the CFST completed the surveys by telephone.

Over 92% of CHIPP consumers surveyed in Fiscal Year 19-20 reported satisfaction with supports provided to them to manage daily living activities and medical needs, and approximately 80% 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. Likewise, in Fiscal Year 19-20, 74% of respondents reported believing they could recover and felt supported by CHIPP staff in reaching their personal goals.

#### **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 future aspirations. Outcomes for SAP include the number of students that were linked to a treatment service, such as Outpatient services. In FY 20 - 21, there were a total of 738 combined assessments completed by the three (3) County contracted SAP providers. 86% of the students who received a SAP assessment, participated with at least one of the interventions or options recommended, 10% did not participate, and 1% were unknown. In addition to student assessments, SAP providers offered collateral services to ensure student well-being. A total of 816 collateral contacts occurred in FY 20 - 21.

Student and parental refusals continue to constitute the majority of the reasons that service recommendations are not pursued. Fortunately, the number of students who can pursue recommended

outpatient services, if applicable, is greatly enhanced by the availability of licensed satellite outpatient providers, which are available in each of Berks County's school districts.

**Vocational/Employment Services:**

Berks County offers supportive services related to seeking and maintaining employment and the subsequent acquisition of vocational skills. Data collecting surrounding employment and vocational rehabilitation includes determining 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 19-20 indicated a total of 82 total participants involved in vocational/employment services funded by County dollars.

**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).

Thus far, during Fiscal Year 20-21, the Clubhouse has had 22 admissions and an average daily attendance (ADA) of 23 members. Due to COVID 19, Mosaic House has not been able to maintain the majority of Transitional Employment opportunities sites and currently supports only one member in this area. However, 7 members have maintained independent employment, 4 are involved in a supported employment situation, and 2 have participated in volunteer opportunities that have been organized and supported by the clubhouse. Clubhouse International postponed the accreditation site visit due to COVID restrictions but will conduct the review in July 2021.

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 program relocated in March 2020 to a larger, more conducive space. The managerial position at Hope Springs became vacant at the same time but was filled in September 2020. The manager and two full-time psychiatric rehabilitation workers are all working to earn the credits needed to sit for the CPRP 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 training provided by Drexel University, PAPRS, Reading Hospital, and local organizations.

Thus far, during Fiscal Year 2020-21, Hope Springs has had 18 admissions and an average daily attendance of five. They maintain two Transitional Employment opportunities for members, as well as support two members who have independent employment, and one who receives supported living services. They are conducting a self-study as part of the Clubhouse International accreditation process.

**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. There were service reauthorizations for 202 consumers for Fiscal Year 19-20, and new authorizations for 55 new consumers. 31,905 hours of consumer services were provided in FY 19-20. The average daily attendance was 49.4 consumers, with a monthly average of 121 consumers.

**Miscellaneous:**

Berks also has some other ancillary programs that contribute to the wellness of the community. **Parent Partner** is jointly funded by Community Care Behavioral Health, COCA and MH/DD, and the program this year has averaged services to six families monthly. The program pairs a Parent Partner who has firsthand experience with having a youth involved in one of the child serving systems. The Partner is a mentor, guide and support throughout the course of the child serving system involvement. 34 unduplicated families were served in FY 20 – 21.

**Kids Against Pressure** is an after-school program geared towards Latino Students in grades 3-5. The program is held weekly throughout the school year in five elementary schools in the city of Reading. The goals are to have the students develop skills in the following areas: Resiliency Skills/Self-esteem, Drug and Alcohol Education and Prevention, Conflict Resolution, Nutrition/Personal Hygiene, Managing Peer Pressure, Diversity, and Bullying. There were 20 active participants in FY 20 21, with an average of 3 new referrals each month.

A **Representative Payee** program is run by a local advocacy agency. 63 individuals were served in FY 20 21, up from 57 the prior year, who cannot manage their funds independently. An authorization is required for the service, as well as a mental health diagnosis, and adherence to program criteria.

**Berks NAMI** also has a number of local support groups, as well as NAMI National formalized programs available for Community residents. Other programs, such as book borrowing, are also available. The current membership consists of about 40 individuals.

**b) Strengths and Needs by Populations:** (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: Two Certified Peer Specialists (CPS), employed among two Peer Support Service (PSS) providers, are trained to be Certified Older Adult Peer Specialists (COAPS).

At least 12 prescribers and 23 clinicians, employed among 10 Outpatient Mental Health providers, participate with Medicare. Of these, 7 providers have sites in suburban areas of the county and 2 have rural sites, resulting in various areas throughout the county with little to no availability.

Berks County collaborates with the Berks Area Agency on Aging (AAA) Office to provide Community HealthChoices (CHC) trainings to Aging staff and Nursing Facilities (NFs), as well as provides resources on CHC and HealthChoices. In addition, Berks County attends quarterly CHC Partnership meetings, with participants from OMHSAS, OLTL and CHC MCOs. Staff from the MH/DD Program, Crisis Intervention Services, Mental Health Case Management and the Area Agency on Aging also work in close collaboration to address the needs of individual situations on a regular basis. The MH/DD Program participates in AAA Advisory Board Meetings and Elder Abuse Task Force and AAA also participates in the MH/DD Advisory Board Meetings, Suicide Prevention Task Force and DCORT as needed.

A MH Outpatient provider offers on-site Mobile Mental Health Treatment services at a Berks County Personal Care Home.

- Needs: Through the above-referenced collaboration with the AAA, Berks HealthChoices and Community Care plan to outreach to NF's to gauge any unmet mental health needs of residents as a result of the pandemic. Then setting up outpatient mental health services onsite at the NF's will be explored with HealthChoices providers who have Medicare credentialed staff. Skilled Nursing Facilities willing to admit individuals that require this level of care and have serious mental illness have been nearly impossible to locate. Individuals with these complexities often spend months either on inpatient psychiatric units or hospital medical units because facilities decline the referrals.

- **Adults (ages 18 to 59)**

- Strengths: Tower Behavioral Health, an inpatient psychiatric facility, opened in July 2020 and currently has two adult units (one for general psychiatric and one for mood disorders). Discussions were held with the facility on the need for an extended acute unit. However, Tower Behavioral Health ultimately decided that an EAC could not be developed due to the other units in the planning process.

Community Prevention Partnership's, Drop-In Center, Circle of Friends, opened their new Center in February 2020. After having limited on site service availability during the pandemic, when they fully re-opened in April 2021, the renovations (funded through Berks HealthChoices reinvestment) provided 3.5 times the space of their prior site. This additional space affords the Center the ability to increase the amount of programming and activities. There are areas for arts/crafts, pool and game room, exercise room, computer rooms, quiet space for stress reduction, and a larger kitchen and common area. Offices are now available for group sessions, meetings, and case management sessions. The renovated Center is ADA compliant with an elevator, wheelchair ramps and an ADA compliant bathroom with shower facility. Off-street parking and a small outdoor area are also available.

Berks Counseling Center continues to operate as an ICWC Program and contracts with Service Access and Management, Inc. for after-hours crisis intervention and Threshold Rehabilitation Services for site-based psychiatric rehabilitation as Designated Collaborative Organizations.

There are at least 12 prescribers and 23 clinicians, employed among 10 mental health community-based providers, who participate with Medicare. Of these, 7 providers have sites in suburban areas of the county and 2 have rural sites, resulting in various areas throughout the county with little to no availability.

Four PSS agencies served 484 adults ages 18-59 in FY19-20.

Needs: While there is only one mobile psychiatric rehabilitation provider, there is no waiting list nor access issues. At the present time, Acadia (managing partner of Tower Behavioral Health) is pursuing several options for Berks County to acquire additional EAC beds in the Southeast region.

- **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: Threshold's RTF-A became operational in July 2020 and to date, 11 Berks HealthChoices members have been served. While the capacity is 6, the current census is 4. Of the 7 discharges, most members went to live with family or friends and all but 1 struggled to adapt to the RTF-A program. Serving this population has been very challenging for Threshold as most members have long histories of RTF and Inpatient stays, with the RTF-A being their first community-based program. Therefore, this population can sometimes react inappropriately by going AWOL, using drugs, or exhibiting other behaviors. Berks HealthChoices and Community Care have worked extensively with Threshold on developing flexibility and allowing for the members to make mistakes without prematurely discharging them.

Twelve Certified Peer Specialists, employed among four Peer Support providers, have completed the YYA PSS training.

Needs: N/A

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

- Strengths: Tower Behavioral Health's inpatient facility opened an adolescent unit in February 2021 and projects opening a child unit later in 2021.

Holcomb Behavioral Health Systems began providing a specialized IBHS program at the Berks County Intermediate Unit (BCIU) in April 2021 in the pre-school classrooms. To date, 3 children have been served. Holcomb partners with the BCIU and families by providing support and consultation in the classroom and the home/community through a dedicated BSC and BHT. Holcomb and the BCIU collaborate on staff training and professional development to better address the behavioral dysregulation exhibited by these young children.



The Berks County HealthChoices network has 4 ABA providers located in Berks County and 12 in contiguous counties who serve children and adolescents from Berks County. Several of the latter group have sites in more than one contiguous county, thereby increasing their ability to serve Berks children and adolescents.

Community Care Behavioral Health Organization's (Community Care) multi-year Psychiatric Residential Treatment Facility (PRTF) Transformation Initiative Learning Collaborative continues. The initiative supports PRTFs in developing sustainable plans to enhance youth- and family-driven care and engagement, improve community-based integration, and ensure psychotropic medication education and monitoring with members and families. Stakeholder meetings are held monthly for providers to offer ongoing learning opportunities and discuss challenges in everyday practice. Fourteen Berks PRTF providers participate in this initiative.

Two PSS providers offer PSS services to individuals 14+ and two PSS providers offer PSS services to individuals 16+.

- Needs: There continues to be a need for additional families for CCR Host Homes.

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

- **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 PSS provider. WeSH leadership has also participated in Berks County's PSS Supervisor meetings to network with the community-based PSS providers.

Berks County, Community Care, and SAM Inc. CHIPP Coordinator hold monthly coordination meetings to develop diversion plans for individuals being treated in inpatient level of care who have been referred to WeSH. Various community-based level of care options are discussed with the team, member and families (if applicable). In FY19-20, of the 13 HealthChoices members referred to WeSH, 8 were diverted to community-based living arrangements and services; 2 are pending disposition plans while the other 3 were admitted to WeSH.

Representatives from the Berks County Jail System, Berks MH/DD Program, Public Defender's Office, District Attorney's Office, Service Access and Management, Adult Probation and Norristown State Hospital meet on a monthly basis to discuss individuals currently at the jail who are being referred for treatment or competency restoration to the forensic state hospital or those individuals currently admitted to the state hospital. This collaboration is essential for continuity of care and discharge planning.

Needs: Supported living services for individuals who have the financial means but not the adaptive living skills to support independent living is a need. Berks County currently has two extended acute care beds that serve as a diversion to the state hospital. Additional beds are needed. At the present time, Acadia (managing partner of Tower Behavioral Health) is pursuing several options for Berks County to acquire additional EAC beds in the Southeast region.

- **Individuals with co-occurring mental health/substance use disorder**

- Strengths: Tower Behavioral Health opened a co-occurring unit in June 2020. Since there are many consumers who are diagnosed with co-occurring disorders, this new unit will be of great benefit.

Community education, provider expectations and treatment interventions related to Medication Assisted Treatment continued for individuals with co-occurring disorders in Berks County.

Access to providers with co-occurring expertise is available across the continuum of care (Inpatient, Outpatient, ACT, Case Management, Center of Excellence).

The Opioid Coalition, a collaboration of many community organizations and partners, including MH/DD, HealthChoices, and Community Care, continues to meet monthly. The Coalition's focus remains to reduce stigma and provide resource and treatment information to individuals and families.

There are four Certified Recovery Specialist (CRS) providers, who employ 28 CRS. In addition, four CPS, employed among two PSS providers, are also CRS.

Needs: Berks HealthChoices and Community Care are developing strategies to increase the availability of intensive, ambulatory co-occurring treatment for adults. Strategies being considered include Berks Counseling Center's ICWC adding it to their current service delivery.

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

- Strengths: Five Certified Peer Specialists, employed among three Peer Support providers, have completed the Forensic PSS training. Partnership with the Berks County Criminal Justice Advisory Board and its membership.

Berks County continues to be dedicated to providing forensic diversion for individuals with mental illness or developmental disability across all intercepts. There is a strong partnership and involvement of the MH/DD Program in the Criminal Justice Advisory Board

and Re-Entry Coalition. Out of this partnership, many relationships have led to program planning and coordinated response as well as support and collaboration with police departments, the District Attorney's Office, the Public Defender's Office, the Berks County Jail System, Judges and Magisterial District Justices, pre-trial services, etc. In the paragraphs that follow are examples of processes or services that have been identified through these partnerships.

Berks County, Community Care and SAM Inc. Forensic Diversion Specialist hold biweekly coordination meetings to plan future treatment for forensic individuals being released from incarceration. Various community-based level of care options are discussed with the team, member and families (if applicable). In FY20-21, of the 28 HealthChoices members with a post-incarceration disposition plan, 19 (68%) were transitioned from jail to community-based living arrangements and services.

Monthly coordination of care meetings occur with representatives from the Berks County Jail System, Public Defenders Office, District Attorney's Office, Adult Probation, SAM Inc. Forensic Diversion Specialists, MH/DD Program and Norristown State Hospital. Coordination of care discussions occur regarding individuals with a history of mental illness. Areas of focus with Norristown representatives at the start of the meeting include relevant information for those individuals who are in process for admission to Norristown for competency restoration or treatment and progress and discharge planning for those currently at the facility. The SAM Forensic Diversion Specialist regularly participates in individual treatment team meetings with Norristown. The remainder of the meeting agenda addresses individuals currently at the Berks County Jail with mental health treatment needs and supports and services leading to successful release and avoidance of reincarceration. Berks County remains fully committed to the tenets of the national Stepping Up Initiative. Significant investment of time and resources has occurred throughout the past year on the further development of an integrated data platform that will use de-identified data to define difficulties that lead to individuals with serious mental illness being incarcerated as well as interventions and solutions (policies, procedures, services, etc.).

As noted above, the Berks MH/DD, HealthChoices and Community Care developed a 6-bed forensic Community Residential Rehabilitation (CRR) program operated by PCS Mental Health, which opened in June 2021 with the first admission. The target population for this program is forensically involved individuals with a serious mental illness that we are looking to divert from more restrictive levels of care such as forensic/civil state hospital admission or incarceration. This is a voluntary, clinically intense program that provides various levels of treatment and support; therapy, medication management, psychosocial rehabilitation, certified peer specialist services, etc. Average length of stay is longer in duration because of the chronicity of the disability for the target population.

Berks County has two forensic diversion specialists who respond to referrals at all levels of intercept. Both diversion specialists work closely with crisis intervention services who may receive initial contacts from referral sources to ensure the most appropriate response. The forensic diversion specialists also work closely with three forensic blended case managers who support individuals both in the community and in institutional settings. 17 apartments also continue to be available for forensically involved individuals

- Needs: N/A

- **Veterans**

Strengths: Two Certified Peer Specialists, employed with one Peer Support provider, have completed the Veteran PSS training.

Berks Counseling Center continues to target outreach to veteran's as part of the services that they provide under the Integrated Community Wellness Center (ICWC).

The Berks County MH/DD Programs collaborates with Berks County Veteran's Affairs on individual situations and as systems supporting each other's initiatives. Veteran's Affairs has a representative from their staff participate in the Berks County Suicide Prevention Task Force.

Berks County has a Veteran's Court. SAM Forensic Diversion Specialists are participate as a system partner to meet the needs of those identified for that process.

- Needs: N/A

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

- Strengths: A LGBTQI peer support training was recently developed by PA Peer Support Coalition, with support from DHS. Peer Support providers have been encouraged to have their CPS attend this training in FY21-22.

Community Care has developed LGBTQIA+ Performance Standards for all providers in all levels of care.

- **Racial/Ethnic/Linguistic Minorities (RELM) including individuals with Limited English Proficiency (LEP)**

Strengths: Four Certified Peer Specialists, employed among four Peer Support providers, are bilingual.

As of January 2020, 15 Berks County Outpatient (OP) MH providers have 137 bilingual and/or bicultural staff across multiple disciplines to serve individuals. This is monitored annually and provided to applicable human service agencies. Community Care's Provider Directory also lists providers with Spanish-speaking staff.

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).

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

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 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.

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

- Needs: N/A
- **Other (specify), if any** (including tribal groups, people living with HIV/AIDS or other chronic diseases or impairments, acquired brain injury, fetal alcohol spectrum disorders)
  - Strengths: Problem solving by teams inclusive of HealthChoices Staff (MH/DD and CCBH), SAM Forensic Diversion Specialists, Case Management, Supports Coordination, Community HealthChoices, Department of Health, hospital social workers occurs routinely for individuals who are challenged/impacted by other chronic diseases or traumatic brain injury, as well as mental illness or developmental disability.
  - Needs: N/A

**c) Strengths and Needs by Service Type:**

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

Yes    No

If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of plans to implement CLC trainings in FY21-22. (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.

Community Care will achieve the NCQA Distinction in Multicultural Health Care in FY21-22. This distinction focuses on race, ethnicity and linguistic disparities. The goals are to meet cultural and linguistic needs with appropriate services, while decreasing any disparities.

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

Yes    No

If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY21-22. (Limit of 1 page)

Berks HealthChoices evaluates 7- and 30-day follow-up from MH Inpatient (FUH) rates, including for racial and ethnic disparities.

After evaluating the Berks MY2019 rates, the following disparities were noted:

- Hispanic vs non-Hispanic: The 7- and 30-day penetration and utilization rates were higher for non-Hispanic; the 30-day utilization rate was statistically significantly higher. In addition, the 7- and 30-day FUH rates were both statistically significantly higher for Hispanic members.
- White vs Black: The 7- and 30-day FUH rates were both higher for White members; the 30-day FUH rate was statistically significantly higher. Regarding schizophrenia/psychosis (S/P) diagnoses, there were statistically significant higher rates of S/P diagnoses for Black members and the average length of stay (ALOS) in MH Inpatient was 1 day shorter for Black members for all diagnoses; however, the ALOS for Black members with a S/P diagnosis was 7 days shorter.

A Quality Improvement Plan (QIP) was submitted by Berks HealthChoices to OMHSAS in March 2021, which included the following monitoring and action steps to address racial and ethnic disparities:

- Annual evaluation of Penetration, Utilization and FUH rates.
- Berks HealthChoices and Community Care will educate providers on racial and ethnic disparity data.
- Community Care will complete Cultural Awareness Trainings with all of their staff by 12/31/21.
- Member complaints related to racial and ethnic access are reviewed immediately.
- Community Care High Risk Surveys are completed with members during each MH and SUD Inpatient admission to assess aftercare needs and barriers that may prevent a member attending a FUH appointment.

In February 2021, the Lehigh-Capital Regional Accountable Health Council (RAHC) was created and the Berks HealthChoices Program Director is a participant. The purpose of the RAHC is to serve as a platform for regional strategic planning to improve health outcomes across the region. Health equity zones have been identified, one of which being the City of Reading. The RAHC will develop interventions to address the root causes of these disparities through the creation of a Regional Health Transformation Plan.

Regarding telehealth, from 3/15/20-12/31/20, of all members who received services, 74% of Hispanic members and 70% of White and Black members did so via telehealth. Telehealth utilization will be reviewed with providers at least semi-annually.

**Does the county currently have any suicide prevention initiatives?**

Yes    No

If yes, please describe the initiatives. If no, counties may 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". The Task Force has been operational since 2016. A web page - <http://www.ruokberks.com/> is maintained to improve outreach to the community.

In person activities for the Task Force were severely limited during the pandemic. However, a resiliency video was created for School Districts to play for their students upon their return to school in the Fall of 2020. This was a joint partnership with the United Way of Berks County and the Berks County Intermediate Unit. In addition, the Task Force participated in 3 Virtual Walks/5K Runs to benefit ruOK Berks, Boyertown Rotary, Penn State University and Kutztown NAMI. In addition, Wellness materials and give-aways were given to school districts upon request.

Several Task Force Participants were trained to become trainers for the Question, Persuade, and Refer Curriculum (QPR). In addition, 50 participants were able to be trained in Adult Mental Health First Aid in a virtual environment.

Suicide prevention PSA's were created for radio spots on 3 radio stations including the local Spanish station. These PSA's targeted military, youth, Latino, middle age men, and the elderly. Likewise, billboards advertising the ruOK Campaign and text line were displayed during Mental Health Awareness month. Prior PSA's were played on cable television during Suicide Prevention month in September of 2020. In addition, Suicide Prevention Crisis/Text Line signs have been placed in all City garages.

Currently, the Task Force is working with Threshold to have a Wellness Mural painted on the back of the Mosaic Clubhouse Building.

## Employment First

The *PA Act 36 of 2018 The Employment First Act* requires county agencies provide services and supports to individuals with a disability to support competitive integrated employment for individuals with a disability who are eligible to work under Federal or State law. For further information on the Employment First Act 36 of 2018, see the [Employment-First-Act-three-year-plan.pdf](#).

1. Please provide the name and contact information for your county employment point of contact.  
Name: Bobbie Jo Hafer                      Email address: [bhafer@sam-inc.org](mailto:bhafer@sam-inc.org)
2. Please indicate if your county follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):  
 Yes  No
3. Please complete the following table for all county mental health office-funded, community-based supported-employment services.



**County MH Office Supported Employment Data**

Please complete all columns below with data from FY 19-20. If data is not available for a category, please list as N/A. If data is available, but no individuals were served in a category, please list as zero. Data likely available from Supported Employment vendors/providers. Additional information that the county/vendor has on the population served can be included in the notes section (for example 50% of the Asian population served speaks English as a Second Language or number served for ages 14-21 includes juvenile justice population).

<b>Data Requested</b>	<b>County Response</b>	<b>Notes</b>
Total Number Served	57	
# served ages 14 up to 21	0	
# served ages 21 up to 65	57	
# of male individuals served	31	
# of females individuals served	26	
# of non-binary individuals served	0	
Non-Hispanic White	26	
Hispanic and Latino (of any race)	23	
Black or African American	6	
Asian	0	
Native Americans and Alaska Natives	0	
Native Hawaiians and Pacific Islanders	0	
Two or more races	1	
# of individuals served who have more than one disability	5	
# of individuals served who have more than one disability	Same as above	
# working part-time (30 hrs. or less per wk.)	8	
# working full-time (over 30 hrs. per wk.)	8	
Lowest earned wage	\$7.25	
Highest earned wage	\$13.50	
# receiving employer offered benefits; (i.e. insurance, retirement, paid leave)	5	

**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 the Office of Mental Health and Substance Abuse Services (OMHSAS) planning efforts, and OMHSAS is an integral partner in its implementation.

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

**SUPPORTIVE HOUSING ACTIVITY** *includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base-funded projects and others that were planned, whether funded or not. Identify program activities approved in FY20-21 that are in the implementation process. Please use one row for each funding source and add rows as necessary. (However, do not report collected data (columns 3, 4 & 5) for the current year, FY20-21, until the submission of next year's planning documents.)*

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 FY19-20 (only County MH/ID dedicated funds)	Projected \$ Amount for FY21-22 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Targeted BH Units	Term of Targeted BH Units (e.g., 30 years)	Year Project first started
<b>Beacon House</b>	HC Reinvestment	N/A	N/A	2	2	2	20	2010
<b>East Lancaster Avenue</b>	HC Reinvestment, bank loan, grant from Federal HOME Program	N/A	N/A	4	4	4	30	2012
<b>Big Mill</b>	HC Reinvestment and bank loan	N/A	N/A	12	12	12	15	2016







Totals													
Notes:													

5. Housing Support Services (HSS) for Behavioral Health		<input checked="" type="checkbox"/> Check if available in the county and complete the section.											
HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.													
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ FY19-20	Projected \$ FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Staff FTEs in FY19-20	Year Project first started						
	HC Reinvestment	\$26,195	\$200,000	93	200	1.50	FY 08/09						
	PHARE 2018	\$15,449	\$1,000	34	10	1.50	FY 17/18						
	PHARE 2020	N/A	\$15,000	N/A	100	1.50	FY 20/21						



Totals													
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, and other allowable costs.													
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Average Contingency Amount per person	Year Project first started						
	HC Reinvestment	\$66,118	\$150,000	59	100	\$2,000	FY 08/09						
	PHARE 2018	\$8,928	\$2,000	24	10	\$1,600	FY 17/18						
	PHARE 2020	N/A	\$10,000	N/A	50	1.50	FY 20/21						
Totals													
Notes													

7. Other: Identify the Program for Behavioral Health		<input type="checkbox"/> Check if available in the county and complete the section.				
<b>Project Based Operating Assistance (PBOA)</b> is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; <b>Fairweather Lodge (FWL)</b> is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; <b>CRR Conversion</b> (as described in the CRR Conversion Protocol), <b>other</b> .						
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 FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Year Project first started
<b>Totals</b>						
<b>Notes</b>						

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

1. Provide a brief summary of the progress made on the priorities listed in the FY20-21 plan.
  - a. **Hearing Voices**-Due to the COVID-19 pandemic restrictions, no trainings were provided in FY 20-21 as this is an in person training;the annual goal was deferred to FY 21-22.
  - b. **Mental Health First Aid**-A total of four virtual trainings occurred during this fiscal year. The target audience were providers for the elderly, community human services providers, and community college staff. In total, 55 individuals received this training.
  - c. **Stepping Up Initiative**-The Forensic CRR/Treatment Program through PCS Mental Health, LLC moved from development to implementation with the first person admitted in June 2021. All funding resources available through the Retained Earnings Plan were expended and the program was licensed by OMHSAS and credentialed by Community Care Behavioral Health as a supplemental service under HeathChoices. During FY 20-21, Threshold acquired a new property to be utilized as a fully staffed CRR. All renovations needed for the location have been completed and they are in the process of licensing through OMHSAS. Openings for the CRR will be considered for individuals with mental illness discharging from jail or Norristown State Hospital as will other individuals in need of this level of care. The MH/DD Program received funding from OMHSAS to pilot an employment program through Berks Connections PreTrial Services (BCPS) targeting individuals with mental illness and forensic involvement. The program began in July 2020 and served 21 individuals.
  - d. **Individuals in Need of Long Term Care**-Discussions continued with Tower Behavioral Health about the potential for an Extended Acute Unit as a consideration for one of the final units in the ramp up of their capacity at the new facility. Tower Behavioral Health/Acadia executives have recently indicated they are no longer able to consider use of their facility for extended acute because of the current discussions for another location where development of an Extended Acute Unit is being considered are underway and the needs of Berks County residents could potentially be included as plans advance.

**e. Priority 5-N/A**

2. Based on the strengths and needs reported in section (b), please identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY21-22 at current funding levels. For **each** transformation priority, please provide:
  - A brief narrative description of the priority including action steps for the current fiscal year.

- A timeline to accomplish the transformation priority including approximate dates for progress steps and priority completion in the upcoming fiscal year. Timelines which list only a fiscal or calendar year for completion are not acceptable and will be returned for revision.
- Information on the fiscal and other resources needed to implement the priority. How much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding and any non-financial resources.
- A plan mechanism for tracking implementation of the priorities.

### 1. Anti-Stigma Initiatives

Continuing from prior year  New 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. 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.

MH/DD wants to ensure that individuals continue to have access to this training. Announcements are made at least semi-annually at both the Berks County MH/DD and HealthChoices Provider meetings to solicit interest in this experiential training. Outreach is also completed with community-based organizations (i.e., police departments, Berks County Human Service agencies, etc.).

**Timeline:** A goal has been established to provide two trainings annually (a training typically consists of 6-10 participants depending on the agency size and staff availability).

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

**Tracking Mechanism:** Course evaluations are provided at the end of the training. The Berks County HealthChoices Quality Officer reviews, tracks and shares attendance and feedback with the Berks County contracted Behavioral Health Managed Care Organization via a Facilitator Report.

- **Successful Prevention, Early Detection, Intervention, and Retention in Treatment (SPEDTAR) for Substance Use Disorders**

Continuing from prior year  New Priority

**Narrative including action steps:** Due to the pervasiveness of alcohol and other drug abuse (AOD) in PA, and in particular within the HealthChoices population, OMHSAS developed this Performance Improvement Project (PIP) to significantly slow (and eventually stop) the growth of Substance Use Disorder (SUD) prevalence among Health Choices members while improving outcomes for members with SUD by taking a systematic and person-centered approach. Community Care is developing educational alcohol- and opioid-specific toolkits for individuals and families, as well as an anti-stigma campaign.

The five performance indicators include: Follow-Up After High-Intensity Care for Substance Use Disorder, SUD-related Avoidable Readmissions, MH-related Avoidable Readmissions, Psychosocial Intervention and Pharmacotherapy for Opioid Use Disorder (OUD) and Psychosocial Intervention and Pharmacotherapy for Alcohol Use Disorder (AUD).

**Timeline:** The (PIP) will extend from 2021 through 2023, including a final report due in 2024. Annual goals have been established.

**Fiscal and Other Resources:** There are no fiscal costs associated with this PIP. Existing Community Care and HealthChoices staff will work together to achieve the goals.

**Tracking Mechanism:** Aggregate and Berks-specific data will be monitored quarterly. Community Care will submit quarterly and annual reports to OMHSAS.

## 2. Mental Health First Aid

Continuing from prior year  New Priority

**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. There continues to be high interest from the public to receive this training.

**Timeline:** Completion June 30, 2022

**Fiscal and Other Resources:** Money will be requested in the Retained Earnings Plan for unused mental health funds from FY 20-21.

**Tracking Mechanism:** Sign-In Sheets and Course Evaluations.

## 3. (Identify Priority) Stepping Up Initiative/Forensic Diversion

Continuing from prior year  New Priority

### **Narrative including action steps:**

Advancing the key measures of the Stepping Up Initiative and forensic diversion from incarceration continue to be a priority in Berks County. Over the past year, efforts have continued to clean up data sources, narrow definitions defining measures, etc. to ensure the integrity of data matching into our integrated data platform. Efforts continue underway for a data dashboard with access to de-identified data that will be available to system partners/stakeholders for use in identifying priorities for resources and policies and procedures at the various intercepts.

The forensic employment project through BCPS will continue during fiscal year 21-22 utilizing Block Grant funding. The PCS Mental Health Services CRR with integrated treatment services and supports will also continue admissions utilizing HealthChoices funding for eligible members and Block Grant funding for county funded individuals. Discussions are underway with our community partner, Berks Counseling Center (BCC), regarding the possibility of purchasing a building to move some of

the 17 forensic apartments together under one roof. Supporting individuals across multiple locations through assorted lease arrangements remains a challenge.

**Timeline:**

The Program is expecting the Stepping Up Data Dashboard be available for system partners/stakeholders by the end of September 2021. Use of the dashboard for it's intended use will occur thereafter. Forensic services through PCS Mental Health Services and BCPS are up and running and will continue throughtout FY 21-22. Further discussions will occur in the first quarter of FY 21-22 with BCC regarding advantages that would become available with purchasing a building.

**Fiscal and Other Resources:**

HealthChoices administrative resources have been utilized for time/reimbursement of the data consultant to continue managing completion of tasks for the data dashboard. Block Grant funding will support BCPS forensic employment services. HealthChoices and block grant funding will be utilized for PCS Mental Health Services. A retained earnings plan will be submitted if the decision is made to move a portion of the forensic diversion apartments into one location.

**Tracking Mechanism:**

Completion of tasks in the Data Driven Justice Strategic Plan  
Authorization and utilization data for specific services  
Retained Earnings Plan submission

**4. (Identify Priority) Individuals in Need of Long Term Care**

Continuing from prior year  New Priority

**Narrative including action steps:**

Tower Behavioral Health, an inpatient psychiatric facility located in Berks County, serves adults and adolescents as well as children in the upcoming months. By serving children to adult populations, it lessens the need to place consumers out of county for inpatient mental health services. This in-county location also affords better coordination on discharge planning and potentially decreases length of stays.

Efforts are underway through Acadia (managing partner of Tower Behavioral Health) in pursuing several options for Berks County to acquire additional EAC beds in the Southeast region.

**Timeline:**

Planning for EAC is underway and will hopefully come to fruition in CY 2022.

**Fiscal and Other Resources:**

EAC is a covered service in the HealthChoices Program.

**Tracking Mechanism:**

**e) Existing County Mental Health Services**

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

<b>Services By Category</b>	<b>Currently Offered</b>	<b>Funding Source (Check all that apply)</b>
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
Partial Hospitalization - 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
Assertive Community Treatment (ACT) or Community Treatment Team (CTT)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence-Based Practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Telephone Crisis Services		
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input 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 Rehabilitation 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 checked="" type="checkbox"/> County <input 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
Behavioral Health Rehabilitation Services for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient Drug & Alcohol (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient Drug & Alcohol Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Respite	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Residential Treatment Facility (RTF)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
RTF-A	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment

Note: HC= HealthChoices

**f) Evidence-Based Practices (EBP) Survey\*:**

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-101 Base-0	TMACT BCC- Supervision and Observation	Berks HC and MCO	Annual	Yes-Tower  No-BCC	Yes	
Supportive Housing	Yes	HC-95 Base-35	Combination of Monthly submission to County and Supervision and Observation	County	Monthly	No	Yes	HC Reinvestment  All fidelity measures are being followed
Supported Employment	Yes	Base-64	Internal agency reviews	Agency	Monthly			Include # Employed-22
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Yes	HC-984 Base-46	PHQ9	Agency	Initial Plan and Updates	No	Yes	
Illness Management/ Recovery	Yes		OQ45	Agency	Quarterly	Yes	Yes	HC unable to determine distinct members served due to service not tracked by specific billing codes  Base- Attended IMR group
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	Yes	HC-15 Base-4	Supervision and chart reviews	Agency	Ongoing	No	No	
Multisystemic Therapy	Yes	HC-50	TAM-R and SAM-R	MST Institute	Quarterly	No	Yes	
Functional Family Therapy	No							
Family Psycho-Education								



\*Please include both county and HealthChoices funded services.

**To access SAMHSA's EBP toolkits visit:**

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

**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-316 Base-40	
Compeer			
Fairweather Lodge			
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	HC-555	
CPS Services for Transition Age Youth (TAY)	Yes	HC-103	
CPS Services for Older Adults (OAs)	Yes	HC-58	
Other Funded CPS- Total**			
CPS Services for TAY			
CPS Services for OAs			
Dialectical Behavioral Therapy	Yes	HC-1,028	
Mobile Medication	Yes	HC-58	Mobile Therapy only
Wellness Recovery Action Plan (WRAP)		Base - 94	
High Fidelity Wrap Around			
Shared Decision Making	Yes	HC-749	
Psychiatric Rehabilitation Services (including clubhouse)	Yes	HC-216 Base 12	
Self-Directed Care			
Supported Education			
Treatment of Depression in OAs	Yes	HC-644 Base- 2	
Consumer-Operated Services			
Parent Child Interaction Therapy	Yes	HC-5 Base - 0	
Sanctuary	Yes	HC-188 Base- 0	
Trauma-Focused Cognitive Behavioral Therapy	Yes	Base-0	HC unable to determine distinct #
Eye Movement Desensitization and Reprocessing (EMDR)	Yes		HC unable to determine distinct #
First Episode Psychosis Coordinated Specialty Care			

Other (Specify) ABA	Yes	HC-252	Count reflects ABA in BHRS; although ABA is provided in other levels of care, it does not have a separate procedure code to identify members who receive ABA in those services.
---------------------	-----	--------	---

\*Please include both county and HealthChoices funded services.

\*\*Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.

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

**<https://www.samhsa.gov/ebp-resource-center>**

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

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

An individual with lived mental health recovery experience who has been trained by a Pennsylvania Certification Board (PCB) approved training entity and is certified by the PCB.

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

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

<b>Total Number of CPSs Employed</b>	<b>34</b>
<b>Number Full Time (30 hours or more)</b>	<b>23</b>
<b>Number Part Time (Under 30 hours)</b>	<b>11</b>

**i) Involuntary Mental Health Treatment**

1. During CY2020, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
  - No, chose to opt-out for all of CY2020
  - Yes, AOT services were provided from \_\_\_\_\_ to \_\_\_\_\_ after a request was made to rescind the opt-out statement
  - Yes, AOT services were available for all of CY2020
  
2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY2020 (check all that apply):
  - Community psychiatric supportive treatment
  - ACT
  - Medications
  - Individual or group therapy
  - Peer support services
  - Financial services
  - Housing or supervised living arrangements
  - Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
  - Other, please specify: \_\_\_\_\_
  
3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY2020:
  - How many written petitions for AOT services were received during the opt-out period?  
 \_\_\_\_\_  
 0
  - How many individuals did the county identify who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c))?  
 \_\_\_\_\_  
 0

Please complete the following chart with the number served and administrative costs of AOT and IOT. Please complete all cells in the chart. If services are available in your county, but no one has been served in the year, enter 0. If services are not available in your county, enter N/A.

	<b>AOT</b>	<b>IOT</b>
Number of individuals subject to involuntary treatment in CY2020	N/A	0
Inpatient hospitalizations following an involuntary outpatient treatment for CY2020		N/A
Number of AOT modification hearings in CY2020	N/A	
Number of 180-day extended orders in CY2020	N/A	N/A
Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2020	N/A	N/A

**j) CCRI Data reporting**

The Department requires the County/Joinder to submit a separate record, or "pseudo claim," each time a Member has an encounter with a Provider. An encounter is a service provided to a Member. This would include, but not be limited to, a professional contact between a Member and a Provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and Subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the Department with accurate and complete encounter data. The Department's point of contact for encounter data will be the County/Joinder and not other Subcontractors or Providers. It is the responsibility of the County/Joinder to take appropriate action to provide the Department with accurate and complete data for payments made by County/Joinder to its contractors and Providers. The Department will validate the accuracy of data on the encounter.

File/Report Name	Description	Date Format Transfer/Mode	Due Date	Reporting Document
837P Reporting	Reports each time consumer has an encounter with county/provider. Format/data based on HIPAA compliant 837P format	ASCII files via FTP	Due within 90 calendar days of the county/joinder accepting payment responsibility; or within 180 calendar days of the encounter	HIPAA implementation guide and addenda, PROMISE™ Companion guides.

Have all available claims paid by the county/joinder during CY 2020 been reported to the state as a pseudo claim?  Yes  No

**k) Categorical State Funding-FY 20-21 (ONLY to be completed by counties not participating in the Human Services Block Grant)** N/A

**1. Does the county currently receive state funds for Respite services?**

Yes  No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

**2. Does the county currently receive state funds for Consumer Drop-in Centers?**

Yes  No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

**3. Does the county currently receive state funds to be used for the Direct Service Worker Initiative?**

Yes  No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

**4. Does the county currently receive state funds to support the Philadelphia State Hospital closure?**

Yes    No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

**5. Does the county currently receive state children's funds to support the closure of the Eastern State School & Hospital?**

Yes    No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

**6. Does the county currently receive state funding for the Mayview Children's Unit Closing?**

Yes    No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

**7. State Categorical Funding Chart (ONLY to be completed by counties not participating in the Human Services Block Grant)   N/A**

<b>State Categorical Funding</b>			
Please complete the following chart below for all funding received. Funding expended can be estimated for fourth quarter expenditures of FY 20-21. If no funding received for a line, please indicate with n/a. These numbers will be compared to the county Income and Expenditure Reports when received to ensure accuracy.			
<b>Program</b>	<b>Funding Received FY 20-21</b>	<b>Funding Expended FY 20-21</b>	<b>Balance of funds</b>
<b>Respite Services</b>			
<b>Consumer Drop in Center</b>			
<b>Direct Service Worker initiative</b>			
<b>Philadelphia State Hospital Closure</b>			
<b>Eastern State School &amp; Hospital</b>			
<b>Mayview Children's Unit Closing</b>			
<b>Student Assistance Program</b>			

**INTELLECTUAL DISABILITY SERVICES**

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

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

With that in mind, please describe the continuum of services to registered individuals with an intellectual disability and autism within the county. In a narrative format, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. In completing the chart below regarding estimated numbers of individuals, please include only individuals for whom Base or HSBG funds have been or will be expended. Appendix C should reflect only Base or HSBG funds except for the Administration category. Administrative expenditures should be included for both base and HSBG and waiver administrative funds.

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

**Individuals Served**

	<i>Estimated Number of Individuals served in FY 20-21</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 21-22</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	24	0.014%	19	0.012%
Pre-Vocational	0	0%	0	0%
Community participation	6	0.003%	10	0.006%
Base-Funded Supports Coordination	449	0.259%	449	0.259%
Residential (6400)/unlicensed	5	0.003%	3	0.002
Lifesharing (6500)/unlicensed	3	0.002%	3	0.002%
PDS/AWC	114	0.066%	100	0.058%
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. ODP is strongly committed to competitive integrated employment for all.

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

Berks County is fortunate to work with several agencies that provide employment supports. All are trained in the Discovery and Customized Employment Model. The AE continues to assist provider Leadership to ensure they remain abreast of best practices in this area. The Berks AE also continues to collaborate with The Office of Vocational Rehabilitation and the Berks County Intermediate Unit in support of a Project Search Program. The local Project Search previously re-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 continues to be proud of this project that allows participating students with Intellectual Disabilities and/or Autism to graduate with some unique skills and a competitive edge in the market. All involved hope to again rejuvenate this Program that was unfortunately interrupted during the last year.

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 many 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. Several presentations on this topic occur throughout the year, including the opportunity to talk directly with school psychologists. Without a doubt this helps to create a more robust transition experience for students and families. Lastly, the Berks AE had 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. The grant for this program just expired. 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 upon graduation. The AE has staff representation on the Reading/Muhlenberg Vo-Tech Service Occupations Advisory Committee as well.

- Please identify changes in the 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.

The Berks County Developmental Disability System continues to be committed to the Governor’s Employment First Policy. Administrative Entity Program staff works closely with the Office of Vocational Rehabilitation (OVR) and other local community partners to increase opportunities for transition age youth and adults. Teams are, and will continue to be encouraged, to assist individuals in transition from Pre-Vocational Programs to Transitional Work Services and eventually toward competitive employment. In cooperation with the Supports Coordination Organizations, the AE will continue to ensure tracking of OVR referral timeframes and that all people requesting authorization for Employment Supports exhaust



Office of Vocational Rehabilitation funding first. Once this occurs, the Berks AE will prioritize these authorization requests for Human Services Block Grant (Base) Funding.

All local employment agencies, along with OVR and local SCOs, will continue to participate in a local Employment First Workgroup. This will continue to serve 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. Berks County is very committed to moving forward with Employment First opportunities and 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.

- Please add specifics regarding the Employment Pilot if the county is a participant.

Berks County is no longer an Employment Pilot but had participated in past years.

### **Supports Coordination:**

- Please describe how the county will assist the supports coordination organization (SCO) to engage individuals and families to explore the communities of practice/supporting families model using the life course tools to link individuals to resources available in the community.

Berks County currently has five local Supports Coordination Organizations. In order to ensure consistency and expectations, information is shared through emails, meetings and training opportunities. Frequent provider meetings and monthly SCO meetings are held to further discuss the County's commitment to efforts which promote Employment, build Social Capital, Supporting Families, Wellness and Risk Mitigation. In the past year, much of the discussion has been focused on risk management and mitigation, as well as, the COVID-19 virus and related system changes. This effort to manage the collective understanding of system changes and priorities has been at the forefront of all SCO and Provider discussions. In the coming year, the Berks AE will begin to explore the development of a Supporting Families Collaborative and all SCOs supporting Berks County will be encouraged to participate.

- Please describe how the county will assist supports coordinators to effectively engage and plan for individuals on the waiting list.

Through a relationship with the PA Family Network, the Berks AE will share information related to Charting the LifeCourse and other training topics with families. The Berks AE also plans to develop a local Supporting Families Collaborative. To date, this effort has not been feasible due to the tremendous workload within the AE. As able, the AE will attempt to 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 in order to create their vision for a "good life".

- Please describe the collaborative efforts the county will utilize to assist SCOs with promoting self-direction.

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 others 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 whenever possible, to support these family-centered efforts.

### **Lifesharing and Supported Living:**

- Please describe how the county will support the growth of Lifesharing and Supported Living as an option.

Berks County has had a strong Life Sharing Program for many years. This service is always encouraged prior to authorization of residential services. In the coming year, the Berks AE will work to develop options for Supported Living. At this time, no local providers are offering the service but internal planning has begun for this expansion. The AE believes in the importance of this service choice and will encourage and support its development.

- Please describe the barriers to the growth of Lifesharing and Supported Living in the county.

Aside from the barriers created by the Pandemic and staffing, the AE has seen a tremendous change in referrals for residential habilitation services. Due to the nature of the service, most Lifesharing Providers are not able to accommodate the complexities of such referrals. In regard to Supported Living, this is a relatively new service and the priorities of the past year have made it difficult for Providers to develop new programs.

- Please describe the actions the county found to be successful in expanding Lifesharing and Supported Living in the county despite the barriers.

Through relationships with Provider Leadership, along with support and training, the Berks AE will work with the local network to develop options for Supported Living.

- Please explain how ODP can be of assistance to the county in expanding and growing Lifesharing and Supported Living as an option in the county.

As more intensive training needs arise for Supported Living and/or Lifesharing, the AE will request assistance from the ODP Northeast Region. ODP's support and assistance is always appreciated.

### **Cross-Systems Communications and Training:**

- Please describe how the county will use funding, whether it is HSBG or Base funding, to increase the capacity of the county's community providers to more fully support individuals with multiple needs, especially medical needs.

The Dual Diagnosis Treatment Team is the most active way that Berks County is having an effect on 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 provider representatives, local nursing staff, the HCQU and other system stakeholders, complex case reviews are completed and thoughtful recommendations are shared with individual teams. In regard to complex medical cases, the Berks AE has placed a strong focus on educating the local system on the "Fatal Four".

In general, Base Funding is used to provide supports such as Respite, Companion, In-Home & Community Support, 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 natural supports or 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's 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 DD/A diagnosis that increase the challenge in care; and availability of other natural supports or 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 joint AE/SCO Meetings. 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.

- 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 families paradigm.

As discussed in previous sections, the Berks AE, actively participates in the several local transition and employment groups. Throughout the year, AE representatives participate in promotional events, resource fairs and conduct presentations for the purpose of educating school districts and the community in general, about how to become involved in the local Service System.

- 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 enable individuals and families to access community resources, as well as formalized services and supports through ODP.

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. 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 the county's emergency response plan including:
  - Does the county reserve any base or HSBG 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 the 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 Deputy to obtain authorization for care services. Administrative Entity staff reaches out to provider agencies, when appropriate, to seek alternative placements to alleviate crisis situations.

- Does the county provide mobile crisis services?

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 in order to gain background information as well as SCO contact data when necessary.

- If the county does provide mobile crisis services, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?

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.

- Do staff who work as part of the mobile crisis team have a background in ID and/or autism?

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.

- Is 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 the county does not have a mobile crisis team, what is the county's plan to create one within the county's infrastructure?

Berks County does have a mobile crisis team.

- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

The Berks County Policy is attached.

<b>Berks County MH/DD</b>	Title: Emergency Services
<b>Policy &amp; Procedure</b>	
Effective Date: 07/01/2021 Revision Date:	Approved by:  Pam Seaman, MPA MH/DD Administrator

**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 Waiver Administration Meeting for all 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 had been developed in the previous year with PA Family Network and several training sessions were scheduled for families. The Berks AE looks forward to expanding this effort in the next fiscal year to further share information and explore ways to engage families.

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

Berks County makes every attempt to be both collaborative and community-minded in order to make information available. 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 the "front door" experience and will look to incorporate LifeCourse concepts. A member of the AE Support Services Team recently completed the LifeCourse Ambassador Program and plans to work with other team members to more effectively accomplish this goal.

- Please describe the kinds of support the county needs 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 coach teams in the use of Lifecourse Tools. Assistance in the development of a local Supporting Families Collaborative is also welcomed. To date, the high numbers of people supported by the AE along with the increased pressures of the Pandemic made it challenging to engage in this endeavor. The Berks AE is now in a position to move forward.

- Please describe how the county will engage with the Health Care Quality Units (HCQUs) to improve the quality of life for individuals in the county's program.

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, Fatal Four as well as the creation of a dysphasia clinic in order to educate people about proper food consistencies. 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. Throughout the Pandemic, the Berks AE held weekly Provider discussions and the HCQU was an active participant in every meeting.

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

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, and other reasons.

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 could certainly assist to move this 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 and will continue efforts to support these individuals, their families and the local provider network.

- Please describe how ODP can assist the county's support efforts of local providers.

Any and all 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. At this time, due to the Pandemic, Berks County Providers are struggling to fully open their Programs due to staffing shortages. Conversations and support continue to be offered to all agency leadership.

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

Positive Practices Meetings are held in order to support individual complex needs and to help teams that may be struggling. The ultimate goal is to provide creative solutions and to support residential caretakes. AE Staff, 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 intensive staff support, and teach individuals how to live more successfully in a community setting. Additionally, the HealthChoices Program has been in discussion with a Family Based Provider regarding creation of a team with expertise in dually diagnosed youth who are heading toward residential treatment facility placement or stepping down from that level of care to support the viability of individuals remaining with families. Planning also occurs on an annual basis with Berks County Children and Youth Services, AE and SCO staff for individuals with developmental disability who are in CYS custody.

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

During the past year, the Berks AE hosted virtual training related to people with ID and/or Autism interacting with the Forensic and Community System. With the assistance of ASERT and several local Police Departments, training forums were held. Day one sessions targeted the Berks County Juvenile Probation Office and Children and Youth Services. Day two focused on individuals, families and other caretakers. This was an extremely successful endeavor that will continue and attempt to expand in some manner. Planning of this effort continues to occur.

- 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 welcomes ODPs assistance in this area. The Provider Risk Screening Process continues to be a robust process within the County and rich discussions routinely held. Actions will continue to be taken as necessary and the AE is willing to work cooperatively with ODP in all situations.

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

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 who 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 Smart 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. In regard to the Pandemic, Berks County continues to remain in close contact with the Provider Network. Frequent virtual meetings are held, sharing of resources and group problem-solving have been at the forefront and will continue into this Plan Year. All local providers have developed and continue to update their Emergency Plans. The AE will continue to review and discuss these plans as system and Appendix K requirements change.

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

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

A large number of Berks County participants and families currently chose and use 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. In addition, the Supports Broker option is being used more. Information about all service options will continue to be shared with SCOs and in turn, will be discussed in individual team meetings.

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

Berks County introduced the use of a Supports Broker Services a few years ago and as a result, this is a routine part of service discussions. In regard to Person Directed Services, in general, there is a high number of people currently self-directing their services. Over the

past year, the County has been successful with virtual events and training. If the need arises, the County would certainly consider additional training opportunities to support families, individuals and SCOs better understand this topic.

- Are there ways that ODP can assist the county in promoting or 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 ODP Regional and State Offices.

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

- Please describe how the county will enable individuals in congregate settings to return to the community.

Over the past few years, Berks County assisted many people to transition from congregate settings into community placements. The AE also pays very close attention to people residing in Nursing Homes, Residential Treatment Facilities 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. 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. The Berks Coalition to End Homelessness (BCEH) is both the CoC and HMIS Lead for Service Providers of Berks County. The CoC is comprised of 39 programs: 16 permanent housing projects, 13 transitional housing projects, 1 HMIS project, and 1 CoC Planning project and several emergency shelter programs. Over 260 people were served by bridge housing and rental assistance combined for the 2020/2021 year, and over 150 individuals had access to case management in 2020/2021 through HAP funding. There are over 50 beds (per HMIS) devoted to the chronically homeless. Some numbers of individuals assisted are lower than previous years. This variation in data was caused by the COVID-19 pandemic. During this funding year, BCEH implemented an emergency shelter for individuals and families; over 400 individual clients were served (funded by ESG CV and HAP CARES). BCEH will be implementing a family shelter program through hotel vouchers. This program will be run on a much smaller scale than the program BCEH ran in 2020/2021. The program is intended to meet the need of clients caused by the COVID-19 eviction crisis.

Coordinated entry processes help Berks County prioritize assistance based on the vulnerability of people who need assistance. BCEH implemented a Coordinated Entry program in November of 2017. 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 individuals with the highest need in the community to available housing and supportive services in an equitable way. Additionally, those experiencing a crisis related to housing or other needs can call 2-1-1 to access services and have a referral made for the appropriate agency.

Berks County has a well-coordinated Emergency Solutions Grant Program that served over 600 households with children in the past year in order to achieve long term housing stability.

In 2017, Berks County created an employment program that focuses on assisting individuals who are living in the streets or in emergency shelter with searching for employment. This is part of the BCEH Street Outreach Program, called the Jobs Assistance Program. BCEH continues to collaborate with the Reading Hospital, and their Street Medicine team.

An emergency shelter was created in 2019 for unaccompanied youth under the age of 18. Youth are able to stay for up to 21 days in this program. This type of program is a priority for Berks County, as unaccompanied youth are a historically underserved population. Two local shelters offer drop-in centers for youth to access additional supportive services. There are two emergency shelters in the area that accept families with children, and several shelters in the area 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 specifically 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 Services:**

- Please describe the bridge housing services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of bridge housing services? Please provide a brief summary of bridge housing services results.
- Please describe any proposed changes to bridge housing services for FY 21-22.
- If bridge housing services are not offered, please provide an explanation of why services are not offered.

The Men's Bridge House is a residential service program that focuses on support for individuals experiencing substance abuse issues. Direct services are provided through the development and implementation of an individualized service plan. Services that are offered 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 annual on-site audits, reviews of financial records, and reviews of performance outcomes through HMIS.

Safe Berks, a local shelter for people fleeing domestic and/or sexual violence, is receiving HAP funding for a bridge housing program. This specific bridge housing will serve some of Berks County's most vulnerable individuals.

### **Case Management:**

- Please describe the case management services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of case management services? Please provide a brief summary of case management services results.
- Please describe any proposed changes to case management services for FY 21-22.
- If case management services are not offered, please provide an explanation of why services are not offered.

Case management services are provided through several different service providers. Case managers perform a comprehensive assessment with each client. The services provided are intended to broker services to clients. These services include: 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, SNAP benefits, child care subsidies, cash assistance, or applications for social security and disability. Victims of domestic and family violence are given education, advocacy tools, and emotional support. BCEH currently monitors the case management program through yearly on-site audits, review of financial records, and review of performance outcomes through HMIS.

### **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 provide a brief summary of rental assistance services results.
- Please describe any proposed changes to rental assistance services for FY 21-22.
- If rental assistance services are not offered, please provide an explanation of why services are not offered.

The US Treasury has made over 30 million dollars of rental assistance funding available in Berks County as a response to the COVID-19 pandemic. This funding availability has made the need for rental assistance temporarily obsolete until 2023 or 2024. HAP funds have been reallocated for needed services in Berks County that have not been previously addressed. When the funding for rental assistance from the US Treasury has ended we will reassess the original use of these funds for rental assistance.

### **Emergency Shelter:**

- Please describe the emergency shelter services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of emergency shelter services? Please provide a brief summary of emergency shelter services results.

- Please describe any proposed changes to emergency shelter services for FY 21-22.
- If emergency shelter services are not offered, please provide an explanation of why services are not offered.

Due to the COVID-19 pandemic, local shelters reduced shelter capacity to allow social distancing for clients and staff. This left an unmet need in our community. BCEH implemented a new temporary shelter program utilizing local hotels that sheltered individuals and families. There are very few shelter beds for intact families with children over the age of 12, male single parents, or two parent households. This model allowed families to stay together during an extremely traumatic time in their lives. BCEH was able to provide shelter to over 400 unique individuals.

BCEH will be implementing a smaller version of this program in 2021/2022. There is an unmet need for families to have access to emergency shelter. This program will provide case management for families so that they can be quickly placed into permanent supportive housing programs, or rental properties of their own.

#### **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 provide a brief summary of other housing supports services results.
- Please describe any proposed changes to other housing supports services for FY 21-22.
- If other housing supports services are not offered, please provide an explanation of why services are not offered.

Berks County is not using HAP funding for Innovative Supportive Housing Services.

#### **Homeless Management Information Systems:**

- Please describe the current status of the county's implementation of the Homeless Management Information System (HMIS). Does every 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's HMIS is currently fully operational and has been implemented since 2004. HMIS is utilized to generate reports required by HUD and it meets the needs of service providers. Currently, all HAP providers are entering data into HMIS with the exception of 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.

Please provide the following information:

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, 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.

**1. Waiting List Information:**

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

\*Average weekly number of individuals

\*\*Average weekly wait time

2. **Overdose Survivors' Data:** Please describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in the county. Please indicate if a specific model is used and provide the following data for the State Fiscal Year 2019-2020.

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 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. The information in the following chart is for fiscal year 19/20. **Note: there were 6 overdose survivors willing to accept a referral to substance use disorder treatment, but could not be placed due to needing to be hospitalized for medical issues.**

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
88	24	Warm Hand Off – CRS referring directly from Emergency Department	60

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

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	6	0	1
4	3	0	1
3.7 WM	37	1	14
3.7	27	0	11
3.5	77	2	17
3.1	30	0	10
2.5	8	0	2
2.1	33	5	12
1	54	8	3



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

As illustrated by the Levels of Care chart above, Berks County has inpatient non-hospital services and outpatient protocols available within the county. Beginning in July 2021, there will be no drug and alcohol partial programs within the county. Due to the number of treatment hours required by ASAM, the one partial provider in the county decided they could no longer provide the service. During FY 2021/2022 the SCA will work with Berks County out-patient providers to try to re-establish this level of care within the county. Additionally, non-hospital services are only available for English speaking adults and there is a statewide lack of capacity for inpatient adolescent services. 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. As the opioid crisis continues, access to Medication Assisted Treatment is vital. The SCA currently provides methadone and buprenorphine.

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. Additionally Berks County has a Community Recovery Center, operated by the SCA. The RISE (Recovery Information, Support and Education) Center is normally open 6 days per week and is staffed by Certified Recovery Specialists. Additionally numerous support groups offering different paths to recovery meet at the RISE Center regularly and wellness groups and other activities are offered at the center. Due to Covid 19 restrictions, the RISE Center has not hosted support or wellness groups since March 2020 and was opened for individuals by appointment. It is expected that the Center will fully reopen in FY 2021/2022.

At this time, there are no plans in Berks County to use HealthChoices reinvestment funds to develop any new substance use disorder services.

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

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, we work in partnership with the District Attorney's office to replace expired naloxone for all Berks County police departments. During fiscal year 2019/2020, the SCA has distributed almost 1,000 two-dose boxes of Narcan® to community members, schools, treatment agencies, shelters, and first responders. However, the number of doses distributed during fiscal year 19/20 decreased

almost 10% when compared to the previous fiscal year, due to Covid-19 restrictions on in person trainings. 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. Additionally the SCA provides Narcan® for individuals with an opioid use disorder and their family and the Emergency Department of the Reading Hospital, Addiction Medicine (A MAT clinic), New Directions Treatment Services (An outpatient treatment provider who offers MAT), Treatment Access and Services Center (Berks County's Drug and Alcohol Central Intake Unit) and several private physicians.

6. **County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county including challenges with the warm handoff process implementation.

Berks County's Warm Hand Off program was implemented in 2015 in partnership with our local hospitals and HealthChoices, 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 as soon as possible. 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 and referral to treatment. If the client is engaged during normal TASC 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 course of treatment. Additionally, the CRS assists the individual in developing a Recovery Plan. The Recovery Plan is client-driven based and focuses on removing barriers to treatment as well as identifying supports to enhance recovery.

The information in the following table is for fiscal year 2019/20 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. 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. **Note: there were 53 people served by the Warm Hand Off program who were willing to accept a referral to substance use disorder treatment, but could not be placed due to needing to be hospitalized for medical or psychiatric issues.**

**Warm Handoff Data:**

<b># of Individuals Contacted</b>	<b>1,131</b>
<b># of Individuals who Entered Treatment</b>	<b>576</b>
<b># of individuals who have Completed Treatment</b>	<b>Unknown</b>

**HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND (HSDF)**

Please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures for the following categories. (Please refer to the HSDF Instructions and Requirements for more detail.)

***Dropdown menu may be viewed by clicking on "Please choose an item." Under each service category.***

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.

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: **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.

**Adult Services:** Please provide the following:

Program Name: **Caregivers America**

Description of Services: This program provides chore services for consumers under the age of 60.

**Service Category:** Homemaker - Activities provided in the person's own home by a trained, supervised homemaker if there is no family member or other responsible person available and willing to provide the services, or relief for the regular caretaker.

**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: **District Attorney's Office-Children's Alliance Center**

Description of Services: This funds 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 239 virtual participants. A total of 31 organizations registered information in the virtual Resource Guide.

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

The goal of this conference is to educate the work force within the County. We were satisfied with the number of attendees and number of unique agencies in the virtual forum. Workshops included: Utilities panel regarding Home Energy Assistance, Weatherization Programs, Homeless students, Food Insecurity, Medication Assisted Treatment, Autism, Housing, Human Trafficking, LGBTQ, and COVID Resources. There will be no expenditure in this area for this fiscal year as the conference will be held via a virtual format for a second time.

**Other HSDF Expenditures – Non-Block Grant Counties Only**

If the county plans to utilize HSDF funds for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder services, please provide a brief description of the use and complete the chart below.

Only HSDF-allowable cost centers are included in the dropdowns.

Category	Allowable Cost Center Utilized
Mental Health	
Intellectual Disabilities	
Homeless Assistance	
Substance Use Disorder	

***Note: Please refer to Planned Expenditures directions at the top of Appendix C-2 for reporting instructions (applicable to non-block grant counties only).***

## 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.

## **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.

**Appendix C**  
**Human Services Block Grant Proposed Budget and Service Recipients**

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	2		\$ 1,457		\$ 43	
Administrative Management	2,573		\$ 699,494		\$ 20,776	
Administrator's Office			\$ 544,897		\$ 16,183	
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	58		\$ 84,199		\$ 2,501	
Community Residential Services	70		\$ 3,299,814		\$ 161,850	
Community Services	300		\$ 622,625		\$ 18,492	
Consumer-Driven Services						
Emergency Services	1,454		\$ 695,373		\$ 20,653	
Facility Based Vocational Rehabilitation	5		\$ 51,356		\$ 144	
Family Based Mental Health Services	3		\$ 19,423		\$ 577	
Family Support Services						
Housing Support Services	147		\$ 1,445,075		\$ 42,919	
Mental Health Crisis Intervention	2,181		\$ 1,267,301		\$ 36,044	
Other						
Outpatient	1,200		\$ 139,361		\$ 4,139	
Partial Hospitalization	13		\$ 43,712		\$ 1,298	
Peer Support Services			\$ 9,712		\$ 288	
Psychiatric Inpatient Hospitalization	6		\$ 57,122		\$ 1,697	
Psychiatric Rehabilitation	15		\$ 102,613			
Social Rehabilitation Services	200		\$ 311,489			
Targeted Case Management	750		\$ 395,261		\$ 11,739	
Transitional and Community Integration						
<b>TOTAL MENTAL HEALTH SERVICES</b>	<b>8,977</b>		\$ <b>9,790,284</b>		\$ <b>339,343</b>	

**INTELLECTUAL DISABILITIES SERVICES**

Administrator's Office			\$ 808,763		\$ 24,020	
Case Management	449		\$ 410,512		\$ 7,488	
Community-Based Services	200		\$ 1,067,196		\$ 31,696	
Community Residential Services	9		\$ 605,487		\$ 17,983	
Other	96		\$ 51,173		\$ 1,520	
<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	<b>754</b>		\$ <b>2,943,131</b>		\$ <b>82,707</b>	



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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
<b>HOMELESS ASSISTANCE SERVICES</b>						
Bridge Housing	85		\$ 100,000			
Case Management	1,012		\$ 127,886			
Rental Assistance						
Emergency Shelter	252		\$ 182,400			
Innovative Supportive Housing Services						
Administration			\$ 45,587			
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	<b>1,349</b>		\$ <b>455,873</b>		\$ -	\$ -

<b>SUBSTANCE USE DISORDER SERVICES</b>						
Case/Care Management	213		\$ 77,000			
Inpatient Hospital	9		\$ 17,641			
Inpatient Non-Hospital	265		\$ 582,912			
Medication Assisted Therapy	50		\$ 98,481			
Other Intervention	125		\$ 10,000			
Outpatient/Intensive Outpatient	163		\$ 133,986			
Partial Hospitalization	24		\$ 21,040			
Prevention	1,000		\$ 141,353			
Recovery Support Services	300		\$ 226,550			
Administration			\$ 180,108			
<b>TOTAL SUBSTANCE USE DISORDER SERVICES</b>	<b>2,149</b>		\$ <b>1,489,071</b>		\$ -	\$ -

<b>HUMAN SERVICES DEVELOPMENT FUND</b>						
Adult Services	308		\$ 117,250			
Aging Services						
Children and Youth Services						
Generic Services	176		\$ 105,000			
Specialized Services	590		\$ 65,602			
Interagency Coordination			\$ 3,000			
Administration			\$ 31,500			
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	<b>1,074</b>		\$ <b>322,352</b>		\$ -	\$ -
<b>GRAND TOTAL</b>	<b>14,303</b>		\$ <b>15,000,711</b>		\$ <b>422,050</b>	\$ -

**Proof of Publication Notices  
Attendance Rosters  
Power Point**

PHILADELPHIA GROUP

**AFFIDAVIT OF PUBLICATION**

390 Eagleview Blvd. • Exton, PA 19341 • 345 Penn St. • Reading, PA 19601

**BERKS COUNTY SERVICES CENTER  
ATTN: PURCHASING DEPT**

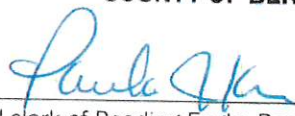
**633 COURT ST, 13TH**

**FLOOR  
READING, PA 19601**

**Attention:**

**STATE OF PENNSYLVANIA,  
COUNTY OF BERKS**

**Legal Classified**

The undersigned , being duly sworn the he/she is the principal clerk of Reading Eagle, Reading Eagle Digital, published in the English language for the dissemination of local or transmitted news and intelligence of a general character, which are duly qualified newspapers, and the annexed hereto is a copy of certain order, notice, publication or advertisement of:

The County of Berks, through the MH/DD Program, will conduct the fiscal year 2021/2022 Human Services Block Grant Public Meeting on Wednesday, June 23, 2021 at 9:00 a.m. Participation will be held via Microsoft Teams Live, and public comments will be submitted on the Q&A feature of the Live meeting. Instructions will be posted at <http://www.countyofberks.com/online meetings>. If you are unable to attend but wish to comment please direct correspondence to Pam Seaman, MH/DD Program Administrator, 633 Court Street, 8th Floor, Reading PA 19601

**BERKS COUNTY SERVICES CENTER**

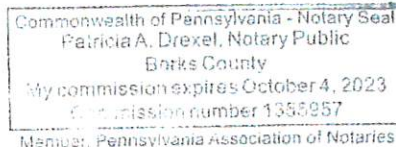
**Published in the following edition(s):**

Reading Eagle 06/10/21  
Reading Eagle Digital 06/10/21

ATTEST: Maryjo Gibson,  
Chief Clerk  
RE June 10 A-1

Sworn to the subscribed before me this 6/16/21.

  
Notary Public, State of Pennsylvania



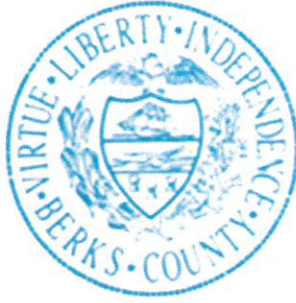
**Advertisement Information**

Client Id: 1333533

Ad Id: 2174605

PO:

Sales Person: PRC307



*Cordially invites you to our*

**Human Services  
Block Grant Meeting**

**June 23, 2021**

**9:00 AM**

Join us for this opportunity for interested individuals to ask questions and offer comments on the human services delivery system for the County of Berks.

**This meeting will be held electronically  
via Microsoft Teams Live.**

**RSVP** no later than **June 21, 2021**  
via email [tevens@countyofberks.com](mailto:tevens@countyofberks.com)  
along with your name, agency and agency role.  
The meeting link and call in information will be sent  
to you by reply email.

## Attendees 6/23/21

## Email

Attendees 6/23/21	Email
+1215570****	
+1484332****	
+1570294****	
+1610478****	
+1610777****	
+1717304****	
teamsvisitor:712a69cc3e4041b4ace7162ea9b0f168	Anonymous
teamsvisitor:74a335df80f54867aa96ade30fa29be5	Anonymous
teamsvisitor:a99fc80c29784e0a9c5a919e85ce5064	Anonymous
teamsvisitor:dcf693020e824e3294f16a65bf552853	Anonymous
Andrea Rumberger	arumberger@sam-inc.org
Audra Nihart	anihart@accessservices.org
Berger, Heather	hberger@countyofberks.com
Bonnie Triebig	btrieb@berksc.org
Chris Axford	caxford@berksc.org
Dorsey, Rebecca	rdorsey@countyofberks.com
Encarnacion, Jonathan	encarnacionj@upmc.edu
Ertel, Mary	mertel@countyofberks.com
Evans, Tracy	tevans@countyofberks.com
Gregro, Jeffrey	jgregro@countyofberks.com
Hunter, Tiffany	thunter@countyofberks.com
IS Production	isproduction@countyofberks.com
James Trupp	jamestrupp@grmha.org
Kathy Noll	knoll@cocaberks.org
Kimberly McConnell	kmccconnell@familyguidancecenter.com
Lee, Stephanie	stephanie.lee@towerhealth.org
Lorena Keely	lkeely@sam-inc.org
Marisa Printz, LSW Provider Relations Manager	mprintz@sam-inc.org
Rebecca Bieber L.S.W.	rbieber@justiceworksyouthcare.com
Ruano Weber, Michele	mruanoweber@countyofberks.com
Sarra Molina	smolina@sam-inc.org
Seaman, Pamela	pseaman@countyofberks.com
Singley, Lydia	lsingley@countyofberks.com
Stanley Papademetriou	spapademetriou@cocaberks.org
Steven Young	syoun@sam-inc.org
Terri Salata	tsalata@sam-inc.org





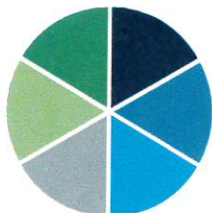
**COUNTY OF BERKS, PENNSYLVANIA**  
Mental Health/Developmental Disabilities Program

Christian Y. Leinbach, Chair  
Kevin S. Barnhardt, Vice Chair  
Michael S. Rivera, Commissioner

Pam Seaman, MPA, Administrator

**FY20/21  
Block Grant Public Meeting  
June 23, 2021**

1



**HUMAN SERVICES BLOCK GRANT FUNDS**

Since 2012, Berks County has participated as a Block Grant County allowing for greater flexibility in the use of the state funds in these areas

- Mental Health Community-Base Funded Service
- Behavioral Health Services Initiative
- Intellectual Disabilities Community Based Services
- Act 152 of 1988 Drug and Alcohol Services
- Homeless Assistance Program Funding
- Human Services Development Funding

2

**FISCAL YEAR 2020 - 2021**

Many challenges occurred across the board for service delivery because of the continued experience of the pandemic


- State program areas (OMHSAS, ODP, OCDEL, DDAP) sought Federal Waivers to allow for flexibility in service delivery
- Providers responded with flexible, adaptive & creative measures to meet the needs of those they already supported and new referrals
- Early Intervention Services delivered services remotely capitalizing on the Coaching Model which is already the recommended service delivery model
- Mental Health Services and Drug/Alcohol services were offered primarily through telehealth; although some levels of care offered in person and telehealth or virtual platforms
- Developmental Disabilities services were delivered remotely for Day Programs. Community Living Homes were impacted substantially due to illness of residents and staff

3

**FISCAL YEAR 2020 - 2021**

- Funders created alternative payment arrangements and enhanced service rates to keep providers financially functional because of the changes in service delivery
- Federal and State funds also became available during the pandemic to address specific areas such as eviction:
  - ERAP (Emergency Rental Assistance Program) because of the influx of these dollars, use of block grant allocations for HAP as planned were reallocated

4



**BLOCK GRANT IMPLEMENTATION**

5

**CONSOLIDATED PLANNING PROCESS**

On an annual basis, the Berks County MH/DD Program organizes a leadership team to evaluate the strengths and needs of human services touched by Human Services Block Grant Funds. This information is received from various sources and collected throughout the year including input from service utilizers, family members and advocates. The leadership team includes membership from:

- Single County Authority
- Developmental Disability Community
- Mental Health Community
- Health Choices
- Homeless Assistance Program

6

Despite all those efforts, prior years funding experiences did not carry through in Fiscal Year 20/21

FISCAL YEAR 2020/2021

Many program areas saw decreases in the number of individuals accessing services and the volume of service requested

Our fiscal forecast for Block Grant Funding through the end of June indicates a strong likelihood that some funding from 20/21 will need to be returned to the state

7

MH/DD ALLOCATION PROJECTIONS

People Served in FY19/20:  
MH – 8402  
DD – 786

MH Funds encompass: ACT, Peer Support, Blended Case Management, Vocational Rehabilitation, CHIPP, SAP, Community Support, Social Rehabilitation, CRR, Respite, Psychiatric Rehabilitation, Parent Partner, Housing, Medication, Outpatient, Family Based, Partial Hospitalization, Crisis, Emergency Services, Forensic Diversion, Vocational Employment, Inpatient

DD Funds encompass: Supports Coordination, In Home and Community Services, Respite Services, Companion, Transportation, Community Participation Supports (CPS-Day Supports), Employment Supports, Residential Habilitation (Community Homes and Life Sharing)

8

HUMAN SERVICE DEVELOPMENT FUNDS – HSDF ALLOCATION PROJECTIONS

988 in FY19/20

FY20/21 \$322,352

Currently HSDF funds: Homemaker Services, Wellness Services, Home Delivered Meals, Case Management Services, Child Abuse Interventions, Drug/alcohol treatment for those without insurance, Budget Counseling, Prevention Activities

9

HOMELESS ASSISTANCE PROGRAM (HAP) ALLOCATION PROJECTIONS

HAP Funds:

- Bridge Housing
- Rental Assistance
- Case management

Served: 504 in FY19/20

FY20/21 \$455,873

10

BEHAVIORAL HEALTH SERVICES INITIATIVES (BHSI) PROJECTIONS & ACT 152 - ALLOCATION PROJECTIONS (DRUG & ALCOHOL TREATMENT SERVICES)

Behavioral Health Services Initiatives	
FY20-21	\$ 974,141
Opioid Use Disorder	
FY20-21	\$ 157,000
ACT152	
FY20-21	\$ 357,930

\* Clients served FY19/20 – 3055

BHSI encompass:

- Inpatient
- Outpatient
- Recovery Supports
- Client Related Services
- Prevention

ACT 152 encompasses D&A non-hospital residential programs. \* Includes Act 152 and BHSI

11


THE CONTINUING OPIOID CRISIS


- In 2020, there were 134 overdose deaths in Berks County – a new record high for overdose deaths in Berks County
- Narcan Kits – in FY19/20, 236 Narcan kits were distributed to community members
- Blue CARES – law enforcement partnering with Recovery Specialists to intervene with overdose survivors. In FY19/20 there were 87 encounters

1131 – Warm Hand Offs in FY19/20    629 – People accepting treatment

12

**Human Service Block Grant Categorical Reallocation**

 **FY20-21**

 **A small portion of MH funding moved to HSDF**

13

13

**FY19-20 retained earnings funded the following:**

- **Windmill Forensic Project**  
Funds were used for diversion treatment/residential service program start up. The target population focus is individuals with a serious mental illness and forensic involvement.
- **Suicide Prevention Activities**
  - ✓ Billboards
  - ✓ Mural
  - ✓ Public Service Announcements (PSAs)
  - ✓ Parking Garage Signage

**Retained Earnings Plan**

14

14

**FEEDBACK HIGHLIGHTS ON LAST YEAR'S PLAN**

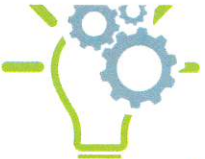
<p><b>System Strengths:</b></p> <ul style="list-style-type: none"> <li>■ Comprehensive and well funded reinvestment housing plan</li> <li>■ Comprehensive continuum of services</li> <li>■ Transition Aged Youth focused services</li> <li>■ Outpatient MH services in all school districts &amp; community college</li> <li>■ MAT Access, COE, Opioid Task Force</li> </ul>	<p><b>System Needs:</b></p> <ul style="list-style-type: none"> <li>■ Supported Housing Services</li> <li>■ Extended Acute Services</li> <li>■ Additional Medicare Providers</li> <li>■ Expansion of Service Providers for co-occurring disorders</li> </ul>
--	---

15

15

**FORWARD CONSIDERATIONS**


- Ideas regarding Program Gaps/Services
- Programmatic needs in a post-pandemic environment
- Mental health concerns post-pandemic
- State budget moving forward
- Status of Retained Earning Plan



16

16

**PAM SEAMAN, MPA, ADMINISTRATOR**  
pseaman@countyofberks.com



Berks County MH/DD Program  
633 Court Street, 8<sup>th</sup> Floor  
Reading, PA 19601  
610-478-3271

17

17



PHILADELPHIA GROUP

**AFFIDAVIT OF PUBLICATION**

390 Egleview Blvd. • Exton, PA 19341 • 345 Penn St. • Reading, PA 19601

**BERKS COUNTY SERVICES CENTER  
ATTN: PURCHASING DEPT**

**633 COURT ST, 13TH**

**FLOOR  
READING, PA 19601  
Attention:**

**STATE OF PENNSYLVANIA,  
COUNTY OF BERKS**



The undersigned \_\_\_\_\_, being duly sworn the he/she is the principal clerk of Reading Eagle, Reading Eagle Digital, published in the English language for the dissemination of local or transmitted news and intelligence of a general character, which are duly qualified newspapers, and the annexed hereto is a copy of certain order, notice, publication or advertisement of:

**Legal Classified**

The County of Berks will conduct a Public Hearing concerning the Human Services Block Grant for FY 2021/2022 on June 24, 2021 at 10:00 a.m. at the Commissioners' Meeting. Participation will be held via Microsoft Teams Live, and public comments will be submitted on the Q&A feature of the Live meeting. Instructions will be posted at <http://www.countyofberks.com/online meetings>. If you are unable to attend but wish to comment please direct correspondence to Pam Seaman, MH/DD Program Administrator, 633 Court Street, 8th Floor, Reading PA 19601

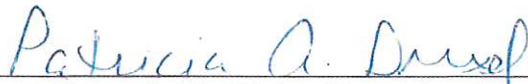
ATTEST: Maryjo Gibson,  
Chief Clerk  
RE June 10 A-1

**BERKS COUNTY SERVICES CENTER**

**Published in the following edition(s):**

Reading Eagle 06/10/21  
Reading Eagle Digital 06/10/21

Sworn to the subscribed before me this 6/16/21.

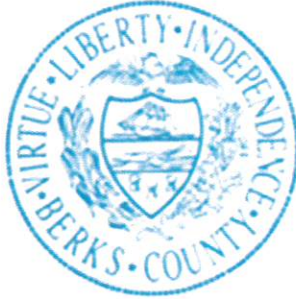


**Notary Public, State of Pennsylvania**

Commonwealth of Pennsylvania - Notary Seal  
Patricia A. Drexel, Notary Public  
Berks County  
My commission expires October 4, 2023  
Commission number 1355957  
Member, Pennsylvania Association of Notaries

**Advertisement Information**

Client Id: 1333533      Ad Id: 2174603      PO:      Sales Person: PRC307



*During Commissioners Meeting*

## Human Services Block Grant Meeting

**June 24, 2021**

**10:00 AM**

Join us for this opportunity for interested individuals to ask questions and offer comments on the human services delivery system for the County of Berks.

**This meeting will be held electronically via Microsoft Teams Live during the regularly scheduled Commissioners Meeting.**

**RSVP no later than June 22, 2021**

via email [tevens@countyofberks.com](mailto:tevens@countyofberks.com)

along with your name, agency and agency role.

The meeting link and call in information will be sent to you by reply email.

**Row Labels****Attendee 6/24/21**

17 Anonymous

Andrea Rumberger  
Christi Weitzel  
David Frey  
Dennis Adams  
Elizabeth Monick  
Grazyna Nykiel  
Heather Berger  
IS Production  
Jami Geist  
Jennifer Harvan  
Jennifer Viveiros  
Jill Troutman  
Karen Fairchild  
Katie Hetherington Cunfer  
Kelli Rosenberger  
Kelly Crum  
Kristin Scheffler  
Laura Mealia  
Laura Mursch  
Lorena Keely  
Lydia Singley  
Marisa Printz  
Martin Moyer  
Mary Ertel  
Nicole Kacmar  
Patrice Gangemi  
Robert Ganter  
Staci Moore  
Steven Young  
Tami Hildebrand  
Thomas McNelis  
Tiffany Hunter  
Todd Reinert  
Tracy Evans

**Event Team Member**

Barbara Lopez  
Brian Gottschall  
Charles Brantman  
Christian Leinbach  
Christine Sadler  
Cody Kauffman  
Dennis Adams

Elizabeth Kraft  
Grazyna Nykiel  
Heather Berger  
Jessica Blausler  
Jessica Weaknecht  
Jonn Hollenbach  
Justin Loose  
Kathy Noll  
Kevin Barnhardt  
Lori Schneider  
Mary Buerer  
Mary Kozak  
Maryjo Gibson  
Michael Rivera  
Michele Ruano Weber  
Pamela Seaman  
Ronald Seaman  
Stephanie Weaver  
Timothy Smith  
Tracy Evans

---

**Grand Total**





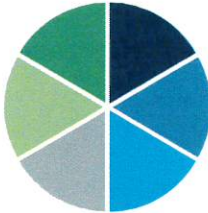
**COUNTY OF BERKS, PENNSYLVANIA**  
Mental Health/Developmental Disabilities Program

Christian Y. Leinbach, Chair  
Kevin S. Barnhardt, Vice Chair  
Michael S. Rivera, Commissioner

Pam Seaman, MPA, Administrator

**FY20/21**  
**Block Grant Public Meeting**  
**June 24, 2021**

1



**HUMAN SERVICES BLOCK GRANT FUNDS**

- Mental Health Community-Base Funded Service
- Behavioral Health Services Initiative
- Intellectual Disabilities Community Based Services
- Act 152 of 1988 Drug and Alcohol Services
- Homeless Assistance Program Funding
- Human Services Development Funding

Since 2012, Berks County has participated as a Block Grant County allowing for greater flexibility in the use of the state funds in these areas

2

**FISCAL YEAR 2020 - 2021**

Many challenges occurred across the board for service delivery because of the continued experience of the pandemic


- State program areas (OMHSAS, ODP, OCDEL, DDAP) sought Federal Waivers to allow for flexibility in service delivery
- Providers responded with flexible, adaptive & creative measures to meet the needs of those they already supported and new referrals
- Early Intervention Services delivered services remotely capitalizing on the Coaching Model which is already the recommended service delivery model
- Mental Health Services and Drug/Alcohol services were offered primarily through telehealth; although some levels of care offered in person and telehealth or virtual platforms
- Developmental Disabilities services were delivered remotely for Day Programs. Community Living Homes were impacted substantially due to illness of residents and staff

3

**FISCAL YEAR 2020 - 2021**

- Funders created alternative payment arrangements and enhanced service rates to keep providers financially functional because of the changes in service delivery
- Federal and State funds also became available during the pandemic to address specific areas such as eviction:
  - ERAP (Emergency Rental Assistance Program) because of the influx of these dollars, use of block grant allocations for HAP as planned were reallocated

4



**BLOCK GRANT IMPLEMENTATION**

5

**CONSOLIDATED PLANNING PROCESS**

On an annual basis, the Berks County MH/DD Program organizes a leadership team to evaluate the strengths and needs of human services touched by Human Services Block Grant Funds. This information is received from various sources and collected throughout the year including input from service utilizers, family members and advocates. The leadership team includes membership from:

- Single County Authority
- Developmental Disability Community
- Mental Health Community
- Health Choices
- Homeless Assistance Program

6

Despite all those efforts, prior years funding experiences did not carry through in Fiscal Year 20/21

FISCAL YEAR 2020/2021

Many program areas saw decreases in the number of individuals accessing services and the volume of service requested

Our fiscal forecast for Block Grant Funding through the end of June indicates a strong likelihood that some funding from 20/21 will need to be returned to the state

7

### MH/DD ALLOCATION PROJECTIONS

People Served in FY19/20:  
MH – 8402  
DD – 786

MH Funds encompass: ACT, Peer Support, Blended Case Management, Vocational Rehabilitation, CHIPP, SAP, Community Support, Social Rehabilitation, CRR, Respite, Psychiatric Rehabilitation, Parent Partner, Housing, Medication, Outpatient, Family Based, Partial Hospitalization, Crisis, Emergency Services, Forensic Diversion, Vocational Employment, Inpatient

DD Funds encompass: Supports Coordination, In Home and Community Services, Respite Services, Companion, Transportation, Community Participation Supports (CPS-Day Supports), Employment Supports, Residential Habilitation (Community Homes and Life Sharing)

8

### HUMAN SERVICE DEVELOPMENT FUNDS – HSDF ALLOCATION PROJECTIONS

988 in FY19/20

FY20/21 \$322,352

Currently HSDF funds: Homemaker Services, Wellness Services, Home Delivered Meals, Case Management Services, Child Abuse Interventions, Drug/alcohol treatment for those without insurance, Budget Counseling, Prevention Activities

9

### HOMELESS ASSISTANCE PROGRAM (HAP) ALLOCATION PROJECTIONS

HAP Funds:

- Bridge Housing
- Rental Assistance
- Case management

Served: 504 in FY19/20

FY20/21 \$455,873

10

### BEHAVIORAL HEALTH SERVICES INITIATIVES (BHSI) PROJECTIONS & ACT 152 - ALLOCATION PROJECTIONS (DRUG & ALCOHOL TREATMENT SERVICES)

Behavioral Health Services Initiatives	
FY20-21	\$ 974,141
Opioid Use Disorder	
FY20-21	\$ 157,000
ACT152	
FY20-21	\$ 357,930

\* Clients served FY19/20 – 3055

BHSI encompasses:

- Inpatient
- Outpatient
- Recovery Supports
- Client Related Services
- Prevention

ACT 152 encompasses D&A non-hospital residential programs. \* Includes Act 152 and BHSI

11


### THE CONTINUING OPIOID CRISIS

- In 2020, there were 134 overdose deaths in Berks County – a new record high for overdose deaths in Berks County
- Narcan Kits – in FY19/20, 236 Narcan kits were distributed to community members
- Blue CARES – law enforcement partnering with Recovery Specialists to intervene with overdose survivors. In FY19/20 there were 87 encounters


1131 – Warm Hand Offs in FY19/20      629 - People accepting treatment

12

**Human Service Block Grant Categorical Reallocation**



**FY20-21**



**A small portion of MH funding moved to HSDF**

13

13

FY19-20 retained earnings funded the following:

- **Windmill Forensic Project**  
Funds were used for diversion treatment/residential service program start up. The target population focus is individuals with a serious mental illness and forensic involvement.
- **Suicide Prevention Activities**
  - ✓ Billboards
  - ✓ Mural
  - ✓ Public Service Announcements (PSAs)
  - ✓ Parking Garage Signage

**Retained Earnings Plan**

14

**FEEDBACK HIGHLIGHTS ON LAST YEAR'S PLAN**

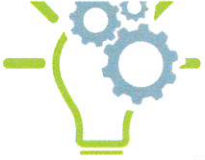
<p><b>System Strengths:</b></p> <ul style="list-style-type: none"> <li>■ Comprehensive and well funded reinvestment housing plan</li> <li>■ Comprehensive continuum of services</li> <li>■ Transition Aged Youth focused services</li> <li>■ Outpatient MH services in all school districts &amp; community college</li> <li>■ MAT Access, COE, Opioid Task Force</li> </ul>	<p><b>System Needs:</b></p> <ul style="list-style-type: none"> <li>■ Supported Housing Services</li> <li>■ Extended Acute Services</li> <li>■ Additional Medicare Providers</li> <li>■ Expansion of Service Providers for co-occurring disorders</li> </ul>
--	---

15

15

**FORWARD CONSIDERATIONS**


- Ideas regarding Program Gaps/Services
- Programmatic needs in a post-pandemic environment
- Mental health concerns post-pandemic
- State budget moving forward
- Status of Retained Earning Plan



16

16

**PAM SEAMAN, MPA, ADMINISTRATOR**  
pseaman@countyofberks.com



Berks County MH/DD Program  
633 Court Street, 8<sup>th</sup> Floor  
Reading, PA 19601  
610-478-3271

17

17