

# Berks County Human Services Plan 2014-2015



Christian Y. Leinbach, Commissioner Chair

Kevin S. Barnhardt, Commissioner

Mark C. Scott, Esq., Commissioner

## **I. COUNTY PLANNING PROCESS**

In conjunction with the Board of Commissioners, the following Department Heads have been involved in the appointment of the Planning Team: George M. Kovarie (CYS), Dr. Edward B. Michalik (MH/DD/AAA), George J. Vogel Jr. (SCA-Berks SCA) and Robert N. Williams, Chief Probation and Parole Officer.

The Planning Team consists of Sheila Arnold (MH/DD Fiscal Officer), Tiffany Bachert (MH/DD Fiscal Manager), Sheila Bressler, Child and Adolescent Service System Program Coordinator, (CASSP), Michelle Fronheiser (CYS Fiscal Operations Officer), Jeffrey Gregro (JPO), Mary Hennigh (MH/DD-Deputy Administrator Jessica Jones (Berks County Area Agency on Aging-Acting Deputy Director), Kathleen Noll (Berks SCA), Stan Papademetriou (Berks SCA), Todd Reinhart (Area Agency on Aging), Michele Ruano-Weber (MH/DD-Deputy Administrator), Wendy Seidel (CYS), and Jennifer Wang (Berks SCA Fiscal Manager).

The following individuals also assisted in the planning process: Gary Hawkins (Greater Reading Mental Health Alliance), Elizabeth Hemmings (Community Prevention Partnership Parent Partner), Kim McConnell (Family Guidance Center and Community Support Program), Lu Ann Oatman (Berks Encore), Bob Shuman (Greater Reading Mental Health Alliance), Sharon Parker (Berks Coalition to End Homelessness), and Thor Vasquez (Berks Community Action Program). These stakeholders were invited to and participated in meetings on 6/13/14, 6/16/14, 6/19/14 and 6/26/14 to provide input and direction into the planning document.

Individuals receiving services as well as providers of service were invited to the various three public meetings and given the opportunity to submit comments verbally at those public meetings or in writing. Please view sign-in sheets for a listing of stakeholders that attended these public forums.

There are no anticipated changes in the various funding streams assuming the amount remains the same as the 13-14 Fiscal Year.

## **II. PUBLIC HEARING NOTICE**

On June 13, 2014, a public meeting was held by the MH/DD Program regarding the Block Grant. There were 55 participants.

On June 19, 2014, a public meeting was held by the County Commissioners regarding the Human Services Block Grant. There were 20 participants.

On June 26, 2014 a public meeting was held by Children and Youth Services (CYS) regarding the Human Services Block Grant. There were 18 participants.

## **III. WAIVER REQUEST**

Berks County will not be requesting a waiver beyond the flexibility of 50% that is included within the Human Services Block Grant Plan for the Fiscal Year 14-15.

#### **IV. HUMAN SERVICES NARRATIVE**

The Berks County Human Services Planning Team is committed to trying to maintain the same level and quality of services for Berks County residents. The funding cuts that have occurred over the past ten years have limited the County's ability to move money across categorical funding streams.

#### **MENTAL HEALTH SERVICES**

The discussions in this section should take into account supports and services funded or to be funded with all available funding sources, including state allocations, County funds, federal grants, and HealthChoices claims monies, and Reinvestment funds.

#### **a) Program Highlights:**

**Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system.**

Crisis – Crisis Intervention and Emergency Services collects outcomes data regarding crisis calls, services offered to individuals, and the rate at which each service is offered. Crisis Interventionist engagement with Targeted Case Management (TCM) is monitored as well as consumer satisfaction. Survey results targeting satisfaction indicated that approximately 100% of persons/family members surveyed identified their level of satisfaction as either Very Satisfied or Satisfied. The Crisis Intervention Department tracks the reported reason for each crisis call received as well as the assessed reason for each call as determined by Crisis Interventionists. Non-hospital referrals and dispositions are also tracked. Individuals who are voluntarily or involuntarily examined and then discharged are followed up 100% of the time as long as they have viable contact information. Crisis Interventionists share information obtained with Case Management staff as applicable. To determine engagement efforts of Crisis Interventionists, all Crisis contacts with persons who were active with TCM Services at the time of the contact were reviewed. Data regarding engagement of TCM indicated that Crisis Intervention staff engaged TCM staff consistently where applicable. The average monthly engagement of TCM staff is 93%. Since the beginning of Fiscal Year 13-14 (07/01/13-04/01/14), the Crisis Department has averaged 886 contacts per month, 42 voluntary and 46 involuntary hospital admissions per month. Crisis also does outreach to law enforcement on a regular basis to develop working relationships, offer treatment and contact information for the Crisis Team.

TCM – Organizational Outcomes and Priorities for Targeted Case Management (TCM) Services in FY 2012-2013 identified a measureable outcome for TCM in the quality domains of Effectiveness, Efficiency, and Satisfaction. Outcomes and priorities focused on measuring the achievement of excellence in service provision to persons served, families, and other stakeholders. Priority was also given to the maintenance of accreditation, i.e. Commission on

Accreditation of Rehabilitation Facilities (CARF) and the American Association of Suicidology (AAS).

TCM outcomes data is collected through surveys, internal tracking databases, and through calls received via the SAM, Inc. Help/Complaint Line. Results indicate TCM met the goal for Effectiveness 98% of the time as only 2% of consumers had Inpatient admissions during this FY. The desired outcome of Service Plan completion within 30 days of case assignment 100% of the time was met 88% of the time. In the area of satisfaction, results indicated approximately 98% of persons/family members surveyed identified their level of satisfaction as either Very Satisfied or Satisfied. Approximately 1% of respondents were undecided regarding their level of satisfaction, while 1% expressed some level of dissatisfaction.

Community Hospital Integration Project Program (CHIPP) – Goals for collecting outcomes data for CHIPP consumers include ensuring a satisfactory quality of life, effectiveness of support services, and quality of individual support services received by participants. The OMHSAS CHIPP Replacement Protocol identifies the parameters for identifying and selecting candidates to fill available CHIPP slots. Data was collected through interviews with 24 CHIPP consumers in FY 12-13 and completed by members of the Berks County Consumer/Family Satisfaction Team. Consumers complete the surveys face-to-face, or by telephone based on their levels of comfort.

Over 92% of CHIPP consumers surveyed in FY 12-13 reported satisfaction with supports provided to them to manage daily living activities and medical needs, demonstrating a 2% increase from the previous year. Approximately 88% of CHIPP consumers in FY 12-13 indicated they received information about their specific mental health issues and medications, and reported comfort in seeking assistance from CHIPP staff regarding the aforementioned. Finally, in FY 12-13 over 96% of respondents reported believing they could recover, and felt supported by CHIPP staff in reaching their personal goals which also demonstrated an increase in this area.

Housing – The goal for the Berks County Mental Health/Developmental Disabilities (MHDD) / HealthChoices Housing Plan is for at least 75% of the individuals/families receiving rental assistance to be able to successfully maintain safe, decent and affordable housing both during and following the period of rental assistance provided by the program. We have been able to meet this goal of 75% in the last Fiscal Year 12-13 with plans to increase the number of individuals served. Results of the Supported Living matrix shows scores have improved from 68% to 75% with the measures in recovery increasing the most.

OP, PHP, Family Based – Collecting outcomes data for Outpatient, Partial Hospital, and Family Based service providers ensures the provision of quality base-funded services within the provider network, and to ensure the complement of providers is sufficient in meeting the needs of the base funded consumer population. Our data is collected based on self-reporting by providers, and requires adherence to guidelines set forth in the established performance standards monitoring processes. The scope of monitoring includes: sufficient staff and size for the program/service, culturally and ethnically diverse consideration, cultural competence, timely access to service and demonstration of appropriate clinical judgment, demonstration of cooperative community relationships, information sharing on service availability, clinical records maintenance, conflict resolution processes, and referral/transition planning. Additional data collected includes the number of base funded consumers present in each identified program/service on a quarterly

basis. There is consistent fluctuation in the number of consumers participating in base funded outpatient services, with the most significant decrease in the use of base funds occurring after the completion of a psychiatric evaluation. Fiscal Year 13-14 data to date:

Ten Outpatient providers averaged 25 assessments per provider for base funded consumers with a lapse of 7 days from the initial assessment to the first appointment. An average of 20 consumers continued treatment after the initial assessment and only 7 per provider continued after the Psychiatric evaluation.

Four Partial Hospitalization Program (PHP) providers averaged 2 base funded consumers each with 2 consumers each transitioning to outpatient providers from PHP. One consumer came to PHP from an Inpatient unit.

In FY 12-13, 3 children receiving Family Based Services at 2 providers demonstrated an average of 5 days of base funding needed prior to obtaining medical assistance, while FY 13-14 to date data for 3 children served indicated an average of 9 days of base funding needed prior to obtaining medical assistance and 13 days until they are accepted in HealthChoices.

Vocational/Employment Services – The goal of collecting employment and vocational rehabilitation outcomes data is to determine the average number of participants involved in the service, their frequency of participation in team meetings, and the rate of transition to competitive employment and/or education programs. Data is collected based on self-reporting by providers including areas of referrals received, employment placement, and requires adherence to guidelines set forth in the established performance standards monitoring processes. Results combined across three providers indicated a total of 83 program participants obtained competitive employment in FY 13-14 to date. Team meetings are held consistently each quarter, and were well attended by program participants and additional team members.

Psychiatric Rehabilitation – Mosaic House continues to maintain accreditation from the International Center for Clubhouse Development (ICCD) and a Psychiatric Rehabilitation license from the Office of Mental Health and Substance Abuse Services (OMHSAS). Comparing attendance from April 2013 to April 2014 the number of current members increased this past year by 65 for a total of 846 current members this year. Per the ICCD current members include anyone that has ever registered for membership. The number of active members decreased by 28 members. A total of 128 members were active this year. The members who are active are attending more often with the average daily attendance increasing by 5.77 resulting in an average of 49 per day this April. The total hours of service provided increased by 877.75 hours this April compared to last April. Transitional Employment opportunities increased with 2 in April 2013 and 5 in April 2014 as did the number of members in independent employment which increased by 4 as April 2013 there were 17 employed while April 2014 we had 21 employed. Members in supported employment (9), vocational training (2) and volunteer work (3) remained the same as last year and 13 members utilized the educational supports to attend college in 13/14 to date.

Student Assistance Program – Outcomes for the Student Assistance Program include the number of students that were linked to a treatment service such as outpatient services. There have been a total of 732 assessments at the end of quarter 3 for the 13/14 Fiscal Year. About 90% (661 students) who received a SAP assessment were admitted to at least one of the intervention or

treatment options. The total number of those opting out of further services is 71 with 41 or roughly 5% due to the student or parent refusing to have the student engage in services.

Social Rehabilitation – Circle of Friends (COF) provides mental health consumers with educational, recreational, and socialization opportunities as well as providing assistance to MH consumers in accessing basic services. Outcomes for Social Rehabilitation through COF in terms of provision of opportunities are measured through the results of an annual member survey administered to attending consumers, the number of activities/field trip opportunities, and the number of consumers participating in each activity. Outcomes for this program regarding the provision of assistance in accessing basic services are measured by the number of contact/meetings case management staff engages with consumers at COF, as well as data from the annual member survey. COF outcomes demonstrate an approximate 18% increase in service reauthorizations from FY 12/13 to FY 13/14 (through April 2014). Attendance also increased by approximately 4% between FY 12/13 and FY 13/14 as well. Outcomes demonstrate that consumers are participating in opportunities and activities and that such participation has increased within the last year. Additional outcomes obtained from the Consumer Action Committee (CAC) demonstrate an average of 10-12 consumers participated in planning activities, decorated, and clarified center regulations and fundraising rules, and an average of 7 case management staff meetings with consumers were held at COF on a weekly basis. The 2013 Member Survey reports that 95% of attendees report being better able to manage challenges with 100% able to speak to staff and be heard. 95% feel safe and welcomed with 90% stating that staff has been able to help with resources and contact information. Activities attendance included bowling 41%, flea marketing 41%, bingo 81%, pool tournaments 55%, fitness activities 55% and general socializing 95%.

**b) Strengths and Unmet Needs:**

**Provide an overview of the strengths and unmet needs for the following target populations served by the behavioral health system:**

Older Adults (ages 60 and above)

- Strengths: Berks County MH/DD and the Area Agency on Aging (AAA) continue to work collaboratively with the older adults in this County. Effective March 3, 2014, the MH/DD Administrator has been named the Executive Director of AAA. Staff from both agencies do outreach together when older individuals are identified as being in crisis or at risk physically and behaviorally. We are in the process of expanding this partnership by having our Supports Coordinators in IDD participating in joint trainings with the Aging staff. We also have key personnel from both departments meeting quarterly to identify Aging or IDD individuals in need of additional services from either department. Examples would be IDD clients with aging care givers with needs that could be addressed by the AAA or aging parents with adult children with IDD not identified in the IDD system. Two Certified Peer Specialists were trained to work with Older Adults this past year and offer services to senior residents of the Reading Housing Authority.

- Needs: Individuals diagnosed with Dementia are a growing concern due to limited supports and placement options as well as individuals with chronic physical health illnesses.

Adults (ages 18 and above)

- Strengths: There are numerous services available for this age group: Inpatient, Partial Hospitalization, Outpatient, Case Management, Site Based and Mobile Psychiatric Rehabilitation, CRR, Social Rehabilitation, ACT and Peer Support. We are planning to work with the Southeast MHA to bring WRAP training to Berks County this coming Fiscal Year. Telepsychiatry has assisted with decreasing long wait times for seeing a Psychiatrist.
- Needs: Access to Physical and Behavioral Health, especially Psychiatrists, remains an ongoing need especially for those individuals coming into services for the first time, individuals with complex medical problems or individuals from a prison setting.

Transition-age Youth (ages 18-26)

- Strengths: Berks continues to have a Transition Age Youth ACT team that accepts individuals aged 16 to 26. This program has a limited amount of housing attached to the program in the form of Phoenix House. The County CASSP Coordinator arranges meetings between MH/DD and CYS twice a year to review cases of youth aging out of the Children's systems to plan for continued care and a smoother transition into adult services, should they be needed.
- Needs: Housing for this age group continues to be an ongoing issue, especially for those individuals diagnosed with Autism that are no longer able to stay in their family home due to increased needs and the family being unable to manage behaviors. Transition-age youth often do not have the life-skills to live independently, especially those that have spent many years in residential treatment facilities. Increasing numbers of youth have complicated physical health issues as well, such as diabetes, obesity, etc.

Children (under 18) Counties are encouraged to also include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports in the discussion.

- Strengths: There is a continuum of services for this age group: Inpatient, Partial Hospitalization, Family Based, BHRS, Case Management, and ACT (ages 16-18). Outpatient services are offered at Provider Agencies and numerous school satellite locations throughout the County with a concentration of satellites in the Reading School District. Student Assistance Programs are offered in all school districts in the County. Base funds pay for Inpatient, Partial, Family Based and Outpatient services. Families are linked to the County Assistance Office to determine eligibility for medical insurance. Our CASSP Coordinator is very active with homeless and run-away youth, teen pregnancy, the education system and such community organizations as United Way.

- Needs: Housing for homeless and run-away youth as well as housing and supports for children with intense needs such as Autism that are involved in both the MH/DD and CYS systems.

**Identify the strengths and unmet needs for the following special/underserved populations. If the county does not serve a particular population, please indicate.**

Individuals transitioning out of state hospitals

- Strengths: Project Transition, Threshold CRR, Case Management and Peer Support and the two ACT teams have been the resources most used by individuals leaving Wernersville State Hospital (WeSH). Dialectical Behavioral Therapy which is offered at WeSH is now offered by three agencies in the community to maintain continuity of treatment at discharge from WeSH. Individuals can choose which agency they would like to receive services at upon discharge.
- Needs: Housing with supports remains a need for individuals transitioning back to community life especially those with complex or chronic physical health issues.

Co-occurring Mental Health/Substance Abuse

- Strengths: There are several programs in the County that provide dual treatment and housing opportunities for both men and women. A recent reinvestment plan allowed for the development of a Certified Recovery Specialists Program.
- Needs: Additional training for Certified Recovery Specialists to maintain sufficient numbers for staffing.

Justice-involved individuals

- Strengths: Service Access and Management Forensic Unit offers supports, assessments, assistance with filling out medical assistance applications, etc. We have a licensed outpatient satellite for children in detention. The County MH/DD Program has a Forensic Diversion Program that has assisted in diverting individuals from the justice system, utilized unsecured bail as a means to ensure participation in treatment programs and assisted in releasing individuals from incarceration through the forensic housing program.
- Needs: Individuals are released with 3 days of medication and if they are willing to be involved with the SAM Forensic team, they have a 2 week prescription for medications. Access to psychiatrists for medication management is an ongoing issue along with housing.

Veterans

- Strengths: The Program has reached out this past year to strengthen our relationship with the local Veterans Administration in Lebanon, PA as Berks County is in their catchment area. County representatives participated in a full day program the VA offered to highlight their MH and D & A services and in turn we invited the VA team to present their services at a local Provider meeting here in Berks County. The local Director of Veterans Affairs is now a part of the Human Services training held quarterly in the County.

- Needs: Improved coordination between our Crisis Department and the VA to assist with the transfer of Veterans in Emergency Rooms to Inpatient Units in a timely manner.

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

- Strengths: There are two support groups for the LGBTQI community in Berks County. Planned Parenthood runs a group called Spectrum and Co-County Wellness runs a group for all ages called Take Pride.
- Needs: More education is needed for schools, providers and the community at large due to housing evictions and bullying that occurs to these consumers.

Racial/Ethnic/Linguistic minorities

- Strengths: Berks County has a large Latino population. The majority of Berks County Providers are proactive in hiring bilingual bicultural staff for both front line and therapist positions. Community Care Behavioral Health has developed a list of these providers so they can easily offer a choice of providers to consumers.
- Needs: Spanish speaking Psychiatrists and Psychologists are more difficult to find and fewer providers are able to offer these services in Spanish.

Other, if any (please specify) Dual Diagnosed MH/DD

- Strengths: Dually diagnosed MH/DD consumers are generally involved in multiple services to manage both their MH and DD requirements.
- Needs: Some MH/DD individuals with complex MH behaviors are resistive to MH treatment which, in turn, has resulted in multiple inpatient hospital stays, state hospital or state center admissions or incarceration. Providers also become unwilling to accept these individuals at time of discharge or release resulting in loss of housing.

**c) Recovery-Oriented Systems Transformation:**

**Describe the recovery-oriented systems transformation efforts the county plans to initiate in the current year to address concerns and unmet needs.**

**For each Transformation Priority provide:**

- **A brief narrative description of the priority**
- **A time line to accomplish the transformation priorities**
- **Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).**
- **A plan/mechanism for tracking implementation of priorities.**

1. Physical Health(PH)/Behavioral Health(BH) Project –

- This Project is designed to provide health assessments and screenings for our Serious Mentally Ill (SMI) population, 18 years old and older, who are experiencing a co-morbid physical health condition. Services will be offered at either an on-site primary care location or through a mobile team, both capable of

focusing on wellness and prevention. The goal is to provide comprehensive health assessments and standardized screenings for our most vulnerable population, consumers with acute and chronic physical health issues. The plan is to integrate PH and BH treatment, utilizing prevention (diet, exercise, yoga, etc.), increasing communication with families and natural supports, and focusing on recovery using evidence based recovery initiatives (Personal Medicine, Power Statements, Decision Support, etc.). The provider chosen to participate in this project is a licensed psychiatric clinic that offers mental health and drug and alcohol services as well as our transition aged Assertive Community Treatment Team. Services will be available in the office and in the community by a mobile, multidisciplinary integrated care team. Staff for the program will include an MD as the medical director, an MD or CRNP as the Primary Care Provider, a Psychiatrist, an RN as a Wellness Support Specialist, a Health Home coordinator, Health Navigators and mental health clinicians and support staff.

- The Project is currently underway. Hiring is complete and staff members attended training the week of June 9<sup>th</sup>. Once the training is complete, the group will begin to see clients.
- Reinvestment money was used to start the program which will be funded for a two year period with the expectation that HealthChoices PH and BH funds will sustain the program once it is up and running independently. The expectation is that between 200-250 consumers will be served each year with 95% of these individuals having HealthChoices insurance.
- The following data will initially be reported monthly: Demographic information; Consumers' personal and family physical health history; Consumers' current physical health measures. (A key task of the project is developing a disease registry specific to the population served as part of the overall patient registry.) Consumers' behavioral health measures to include diagnosis, utilization of behavioral health supports and behavioral health hospitalizations; physical health hospital admissions and readmissions and consumer surveys.

It is hoped that having this service available to SMI consumers with both chronic and acute PH issues in addition to their BH and/or D/A concerns will improve the quality and longevity of their lives and address the needs identified across all appropriate age groups and demographics.

## 2. Dual Diagnosis Treatment Team (DDTT) –

- This is a voluntary, community-based direct care service that provides intensive supports that are primarily focused on crisis intervention, hospital diversion and community stabilization. The team provides integrated case management, medication monitoring and management, and behavioral assessment to institute a comprehensive behavioral support plan. The DDTT team focuses on the whole person while working with the individual, their family, providers, community and natural supports to teach everyone the skills to manage symptoms and behaviors that place the consumer at risk. Services are strengths based; recovery oriented and addresses the “whole person” with positive approaches. DDTT includes an initial assessment, Functional Behavioral Analysis, crisis/safety planning and

services (24/7), evidence based treatment as deemed appropriate (i.e.: CBT, DBT, etc.) and recovery planning and coordination with physical health providers. Treatment planning will include evidence based and best practices. Team members will include a Program Director, Psychiatrist, Pharmacist, Behavior Specialist, Nurse, Recovery Coordinator and administrative assistant. Length of service will be 12 -18 months with an average of 12 months expected. Goals are to maintain high risk consumers in the community; provide ongoing assessments with treatment as delineated in the individuals' plans; symptom education to the consumer and care givers; teach everyone involved symptom management through direct clinical services; build and maintain linkages involving the consumer and provide individualized support, advocacy, coordination and training to support the consumer so they can succeed in the community.

- We are in the process of working with our BH MCO, CCBHO in reaching out to other counties in order to form a partnership to sponsor a DDTT team. Once another County is identified it will take several months to start the program.
- Reinvestment money will be used for start up expenses and the service will be billed as a HealthChoices supplemental service.
- Outcome measures that will need to be reported monthly to the county include: the number of emergency room visits and inpatient admissions as a result of psychiatric emergency or crisis; the number of consumers who are able to obtain/maintain safe and affordable housing in the community; length of time the consumer maintains their housing in the community; number of crisis services and satisfaction with the delivery of this program through consumer satisfaction surveys. If involved in the criminal justice system reports will be required for the number of new arrests and notice of any re-arrests.

After reviewing the success of this program in other counties and extensive consultation with CCBH and the provider that supports this program, the County sought feedback from our MH and IDD providers, CSP Executive Staff and the MH/DD Advisory Board and all support the development of a DDTT team in Berks County.

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**INTELLECTUAL DISABILITY SERVICES**

**Describe the continuum of services to enrolled individuals with an intellectual disability within the county. For the narrative portion, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. For the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditure should be included for both base/block grant and waiver administrative funds.**

Berks County Human Services Plan 2014-2015-Final Revision

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Supported Employment	56	60
Sheltered Workshop	18	17
Adult Training Facility	14	14
Base Funded Supports Coordination	510	540
Residential (6400)	10	10
Life sharing (6500)	6	6
PDS/AWC	42	42
PDS/VF	0	0
Family Driven Family Support Services	0	0

The categories listed above are not comprehensive of how Base Funds are utilized in Berks County. The program has a large number of individuals authorized for transportation services via Base Funds, which is second only to the number of consumers served in Base Funded Employment. In addition, 42 (non duplicative) individuals received Base Funded Home & Community Habilitation, 4 individuals received companion services, 4 individuals received a family aide, and 19 individuals received overnight respite. The number of people served in Home & Community Habilitation and those receiving respite more than doubled from last year in part due to the fact that during this past fiscal year we authorized requested services rather than reserve Base dollars for emergencies. We have tried to be proactive in providing habilitation and respite services to families in an effort to prevent emergency situations.

**Supported Employment: Describe the services provided, changes proposed for the current year, and identify a proposal for supporting growth of this option. Please add specifics regarding the Employment Pilot if your County is a participant.**

Services provided include job coaching when individuals are being assisted in finding a job or job support when they are learning the skills they need to perform or maintain their job. Sometimes a person can be in both phases when a person already has a job but is also searching for a better job. People move back and forth between phases. Plans to work on increasing the number of individuals, who are receiving transitional work services and moving toward competitive employment, are included in the 2013-2015 Quality Improvement Plan for the Berks County MH/DD Program. As of the end of the 3<sup>rd</sup> Quarter, there were 63 individuals who receive Transitional Work Services through Base (5) and Waiver (58). The plan will be to work with Supports Coordinators, Pre-vocational providers, and Transitional Work providers in order to develop plans to help individuals to move from Pre-Vocational Employment Services to

Transitional Work Services in efforts to move toward individuals becoming competitively employed.

The current Quality Management (QM) goal with employment is to increase the number of People with Supported Employment services who have a job. At the end of the 3<sup>rd</sup> Quarter, data showed that an average of 86% of the individuals in Employment Services have a job. This is up from 80% at the beginning of the QM plan year.

The Program's requirements for the Employment Pilot Coalition are met through collaborative efforts with The Office of Vocational Rehabilitation and the Berks County Intermediate Unit in support of the Project Search Program. The local Project Search is housed within a local manufacturing company. This program allows students in their last year of high school to receive training and work experience in a variety of functions within the manufacturing setting with hopes that by graduation they will have gained the work skills that will give them a competitive edge in the market. This program continues to grow in the number of participating students. The Program continues to meet requirements for the Employment Pilot Coalition via continued collaboration with the Berks County Transition Coordinating Council. The Council has representation from local School Districts, the Berks County Intermediate Unit, Office of Vocational Rehabilitation, and local Supported Employment agencies. The Employability Expo was held March 24, 2014 at The Crowne Plaza in Wyomissing, PA.

**Base Funded Supports Coordination: Describe the services provided, changes proposed for the current year, and how transition services from the ICF/ID and other facility based programs will be supported.**

Supports Coordination services continue to be offered to any individual regardless of their eligibility for Medical Assistance. Services include activities such as referrals and monitoring visits which continue without interruption when medical assistance is inactive. Consumers receive supports coordination services while they are in various settings such as hospitals, prisons, ICF/ID programs and state centers. Ongoing support to consumers in these settings proves to be valuable in assisting them to re-integrate back into the community if desired. Supports coordinators track all efforts made to re-integrate these consumers back into the community on a referral tracking spreadsheet which is shared with ODP when placements are difficult. There are no changes proposed for the current year. The Program continues to move individuals from base funding to waiver funding once they become eligible for Medical Assistance and once waiver capacity becomes available. This number is larger this year because it includes all the people who are being billed to the County for Base Supports Coordination. Last year's number didn't include the individuals in the waiver who may go into nursing home or psychiatric/medical hospitalization who cannot be billed under TSM at that time.

**Life sharing Options: Describe the services provided and identify how you propose to support growth of this option.**

The Berks County Life Sharing Committee, consisting of a Provider, SCO, AE and Regional representatives has seen a significant increase in the number of individuals who are receiving Lifesharing Services (previously known as Family Living) in Berks County. The MH/DD Quality Management (QM) Plan included an outcome to increase the number of individuals receiving this service from 85 to 87 people during the 2013-2014 plan year. Our QM plan

includes educating individuals as to what the service is and creating opportunities for people to experience living with someone in the community. This allows individuals to make an informed choice. Increasing the number of people who are receiving Lifesharing Services, which is the most inclusive and most cost effective of community residential services, continues as an objective in the 2013-2015 Quality Improvement Plan.

**Cross Systems Communications and Training: Describe your current efforts and changes proposed for the current year. Explain how collaboration incorporates risk management and avoidance of State Center and/or State Hospital admissions.**

Berks County continues to work with the Health Care Quality Unit (HCQU) to provide educational trainings for staff and providers. We are planning joint trainings with Supports Coordination staff and the Area Agency on Aging staff to cross train both agencies staff on the specific needs of aging IDD individuals. We also continue to work with our Managed Care Organization, Community Care Behavioral Health, to research the possibility of bringing a Dual Diagnosis Treatment Team (DDTT) to Berks County utilizing Reinvestment funds. This team would work with those individuals dually diagnosed with IDD and Behavioral Health (BH) who have required multiple BH hospitalizations. DDTT has been used with great success in other Counties, reducing the number of inpatient BH hospitalizations for these dually diagnosed individuals which in turn would reduce the risk for State Hospital/Center admissions.

**Emergency Supports: Describe how individuals will be supported in the community if no waiver capacity is available within the County capacity commitment. Provide details on your County's emergency response plan including: how your County meets emergency needs of individuals outside of normal work hours; does your County "reserve" any base dollars to meet emergency needs; what is your County's emergency plan in the event an individual needs emergency services, residential or otherwise, whether identified during normal work hour or outside of normal work hours.)**

The Program triages waiver capacity by regularly reviewing the cases the SCO brings to its attention. Individuals with an emergency PUNS receive priority. Other factors considered include: family situation – including the impact on caregiver employment so as to prevent job loss for the wage earners who have no other supports; the age of the caregiver, level of care required – multiple physical and mental health issues co-existing with ID diagnosis that increases the challenge in care; and availability of other funding sources such as EPSDT, OVR, and other waivers to ensure that the Program is the payer of last resort. Base Funding is used to provide services to protect/ maintain the Health and Safety of individuals until waiver funding becomes available. The Intellectual Disabilities Services in Berks County serves approximately 1707 individuals as of this writing. A majority of these individuals receive multiple services resulting in an estimated duplicated count of individuals served. There are a significant number of individuals that qualify for the Prioritization of Urgency of Needs for Services (PUNS) Category of Critical (184) as well as the PUNS Category of Emergency (211). Recent high school graduates who are currently not served or underserved total 24.

The 24/7 Emergency Line is operated by a provider for Crisis Services. Any calls for IDD emergencies are directly referred to the Director of IDD Services.

**Administrative Funding: Describe the maintenance of effort to support the base or block grant funded services, as well as the functions of the Administrative Entity Operating Agreement.**

The County Program actively remains the Administrative Entity for the waiver programming that occurs. Weekly meetings are scheduled with all staff that have a role in the AE monitoring process. Topics discussed include: SCO Updates, Capacity Management, Risk Management/Positive Practices, Quality Management, Incident Management, IM4Q, Waiver Management, Capacity Management, Transfers, Fair Hearings, and Eligibility Determination.

There is a monthly fiscal review to examine funding that is utilized and any base funds that will not be used by an individual are reallocated for use by other consumers receiving base funds.

**HOMELESS ASSISTANCE PROGRAM**

**Describe the continuum of services to homeless and near homeless individuals and families within the county. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.**

Berks County has a well-developed Continuum of Care System (CoC). This system is best explained through the HUD model and contains the array of services needed to support persons who are homeless. In many communities across the country, there exists a linear model where people experiencing homelessness are expected to progress through the four levels of care. The reality is much more complicated. No longer does Berks County automatically place people in Emergency Shelter first. Individuals, especially families experiencing sudden homelessness after a previously stable history, can be placed directly in permanent housing with some support services, rather than taking up critical Emergency shelter space.

In Berks County, the current CoC has 26 programs: 12 Permanent Housing projects, 10 Transitional Housing projects, 2 Supportive Service Programs, 1 HMIS project, and 1 CoC Planning Project. Over 400 people were served by these housing programs in 2013. There are 62 beds dedicated to the chronic homeless. Berks County has a 81% housing stability rate. We have increased the income in 52% of program participants. In addition to the CoC Programs, Berks County has a well-coordinated Emergency Solutions Grant Program serving over 78 households with children last year to achieve housing stability.

Currently, there is no shelter or emergency housing for intact families nor is there a shelter for homeless and runaway youth. Both are projects that are currently being examined.

	Estimated/Actual Individuals served in FY 13-14 (Numbers based on 9 months of data, July-March)	Projected Individuals to be served in FY 14-15
Bridge Housing	138	190
Case Management	285	359
Rental Assistance	399	420
Emergency Shelter	0	0
Other Housing Supports	0	0

**Bridge Housing: (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)**

The Men’s Bridge House is a residential service program. Direct Services are provided through the development and implementation of an Individualized Service Plan. Sobriety is the main focus. Services include substance abuse treatment, employment counseling, HIV/AIDS education, family planning education, financial counseling, nutrition education, and job training. The County evaluates the program through 6-month audits on site, review of financial records, and review of performance outcomes through the HMIS computer system.

**Case Management: (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)**

Case Management is provided through a number of different service agencies. The case manager performs a comprehensive assessment. The services provided are intended to link the clients to services including treatment for mental health or chemical dependency, family or individual counseling, job skills and job training programs, nutrition counseling and HIV/AIDS education classes. Survivors of domestic violence are given education and advocacy, and emotional support. Self-sufficiency is the key for all individuals. All programming is geared toward seeing people become independent. The County evaluates the program through 6-month audits on site, review of financial records, and review of performance outcomes through the HMIS computer system.

**Rental Assistance: (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)**

Rental Assistance provides the pass-through funds to individuals to prevent eviction as well as the Case Management portion of those assisting clients with a housing crisis. Counselors do a complete assessment to determine housing status, income and expenses, and assist the person in determining all available resources. Individuals are required to attend financial workshops and

budget education classes. The County evaluates the program through 6-month audits on site, review of financial records, and review of performance outcomes through the HMIS computer system.

**Emergency Shelter: (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided).**

Due to decreases in funding, there is no funding provided for Emergency Shelter Services.

**Other Housing Supports: (describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided)**

There is no funding provided for this category.

Effective July 1, 2014, The Berks Coalition to End Homelessness (BCEH), Inc. will assume sub-grantee status of the HAP funding. In 2008, BCEH applied for nonprofit corporation status and its 501 (c) (3). They are the lead applicant for HUD in Berks County and the organization that maintains the local HMIS data base. The HMIS has been operational under their leadership since 2004. In addition, the BCEH administers the Emergency Solutions Grant on the part of the City of Reading and the County of Berks. This consolidated approach will result in more comprehensive planning and allocation distribution across the homeless continuum of services.

### **CHILDREN AND YOUTH**

**Briefly describe the successes and challenges of the county's child welfare system and how allocated funds for Child Welfare in the Human Services Block Grant will be utilized in conjunction with other available funding (including those from the Needs Based Budget) to provide an array of services to improve the permanency, safety and well-being of children and youth in the county.**

Inasmuch as the block granted funds were moved from Berks County's special grant allocation (formerly act 148 funds) the programming from special grants resources continues, less 10%. These funds, in conjunction with our state, federal and county matching resources all contribute to sustaining the required array of services necessary to address the needs of our client populations.

Block grant funding goes to Truancy reduction services, Multisystemic Therapy, Family Group Decision Making, and housing. These services will continue to be provided to the client systems involved in Child Welfare in an attempt to keep children in their home of origin at all costs or to reunify them with family as quickly as possible should out of home care be warranted for their safety or well being.

**Identify a minimum of three service outcomes the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2014-15. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any**

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**benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to yield no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.**

<b>Outcomes</b>		
Safety	<ol style="list-style-type: none"> <li>1. Children are protected from abuse and neglect.</li> <li>2. Children are safely maintained in their own home whenever possible and appropriate.</li> </ol>	
Permanency	<ol style="list-style-type: none"> <li>1. Children have permanency and stability in their living arrangement.</li> <li>2. Continuity of family relationships and connections if preserved for children.</li> </ol>	
Child & Family Well-being	<ol style="list-style-type: none"> <li>1. Families have enhanced capacity to provide for their children's needs.</li> <li>2. Children receive appropriate services to meet their educational needs.</li> <li>3. Children receive adequate services to meet their physical and behavioral health needs.</li> </ol>	
<b>Outcome</b>	<b>Measurement and Frequency</b>	<b>All Child Welfare Services in HSBG Contributing to Outcome</b>
Children are safely maintained in their own home whenever possible and appropriate.	Measured through Petition reviews recommending out of home placement, AS400 query indicating percentage of children in out of home placement. Measured monthly.	All services contribute to this outcome.
Children have permanency and stability in their living situations	Measured through AS400 query indicating number of moves (for children in out of home care) as well as query indicating the number of children removed from their home of origin. Measured monthly. Additionally, Berks County data packages indicate we continue to do better than similar size counties and the State in the areas of permanency and stability for children.	All services contribute to this outcome.
Continuity of family	Measured monthly in	All services contribute to this

relationships and connections if preserved for children.	number of FGDM conferences held as well as the number of placements avoided.	outcome.
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For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.

Program Name:	Family Group Decision Making
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

- **Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.**

As defined on the California Evidence Based Clearinghouse, “*FDGM* is an innovative approach that positions the “family group” as leaders in decision making about their children’s safety, permanency, and well-being. Agency decision-making practices that are planned and dominated by professionals and focused narrowly on children and parents can deprive those children and parents of the support and assistance of their family group — and can deprive agencies of key partners in the child welfare process. *FGDM* recognizes the importance of involving family groups in decision making about children who need protection or care, and it can be initiated by child welfare agencies whenever a critical decision about a child is required. In *FGDM* processes, a trained coordinator who is independent of the case brings together the family group and the agency personnel to create and carry out a plan to safeguard children and other family members. *FGDM* processes are not conflict-resolution approaches, therapeutic interventions or forums for ratifying professionally crafted decisions. Rather, *FGDM* processes actively seek the collaboration and leadership of family groups in crafting and implementing plans that support the safety, permanency and well-being of their children.

Berks has seen promising outcomes with the use of FGDM. We have utilized the practice not only for active CYS cases, but also for diversionary purposes with JPO,

MH/IDD and D/A. For 2013, Berks conducted 70 FGDM conferences. Of those, 29 cases have been closed, 9 children had their Dependency status with the Court terminated, and 15 children were returned home from an out of home placement.

- **If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.**

**Complete the following chart for each applicable year.**

	<b>13-14</b>	<b>14-15</b>
Target Population	Any	Any
# of Referrals	193	225
# Successfully completing program	70	95
Cost per year	\$368,928	\$339,852
Per Diem Cost/Program funded amount	\$368,928	\$339,852
Name of provider	Berks County CYS	Berks County CYS

- **If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.**

Program Name:	Alternative to Truancy Program
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Please indicate the status of this program:

<b>Status</b>	<b>Enter Y or N</b>		
Continuation from 2013-2014	<b>Y</b>		
New implementation for 2014-2015	<b>N</b>		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	<b>N</b>		
Requesting funds for 2014-2015 (new, continuing or expanding)	<b>Y</b>	<b>New</b>	<b>Continuing</b>
			<b>Expanding</b>
		<b>X</b>	

- **Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.**

The Truancy Remediation Program is designed to work with families and youth to increase school attendance and/or participation in career oriented activities. The program uses a case management model as the framework for addressing truancy issues with students and their families. The program staff works with families to assess and address the underlying causes of lack of attendance and implement plans for sustained change.

The program was developed out of concern by local community leaders that enough was not being done in Berks County to address the high truancy rates being reported to the Department of Education each year. At the time (2010 data), Berks County was 5<sup>th</sup> in the state with the highest reported rates of Truancy. The community recognized the larger social impact that school attendance played on the health of the community and proposed a plan to address the issue.

Truancy Remediation works toward:

- increased school success and achieve academic goals through effectively and efficiently using individualized, consumer-centered, family-focused services
- identifying objectives, strengths, needs, and preferences toward reaching those goals
- building partnerships with school staff, service providers, and other supports and resources in the community
- involving family, friends, or other people important to you and your child in reaching your goals

### **Services and Activities**

**Assessment:** Assessment of family life domains that impact the families ability to support consistent school attendance.

**Advocacy:** Provides advocacy for students/parents with-in the school and other community systems when appropriate to support the student's success.

**Coordinating and Monitoring Services:** Assists the family with locating and being referred to needed services to support the family's success. Staff continues to monitor progress in services and with school and provide support/intervention as appropriate.

**Empowerment:** Encourages families and students to take charge of their own lives and futures and place an emphasis on their ongoing success.

### **Population:**

SAM attempts to service all school aged referrals. Priority is given to school aged youth under 15. Youth referred ages 15 and over, and/or youth whose guardian was not notified of the referral to SAM by the referral source, will be assessed and services will be provided as space become available. Priority will be given to ALL referrals whose guardians were made aware and agreed to the referral to SAM.

- **If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.**

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	All compulsory school age children	All compulsory school age children
# of Referrals	177 (97 successful intakes)	250 (135 successful intakes)
# Successfully completing program	50 (of the 97 successful intakes)	75 (of the 135 successful intakes)
Cost per year	\$212,468	\$219,000
Per Diem Cost/Program funded amount	\$212,468	\$219,000
Name of provider	Service Access Management	Service Access Management

- **If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.**

Program Name: Multisystemic Therapy (MST)

Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
			X	

- **Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.**

Multisystemic Therapy (MST), is a Model Program as identified by the Blueprints for Healthy Development website. MST has also been endorsed by SAMHSA, Crime Solutions and OJJDP. It is an intensive family and community based treatment model which targets youth between the ages of 12-17 who are displaying serious anti-social behaviors. The majority of you referred to the program are at risk for out of home

placement. The service is delivered in the community in collaboration with the youth, the family, and all other relevant child serving systems. The goal is to empower families to build a safe and healthy environment for their child thus avoiding the need for out of home placement. Youth and families are identified for the program through assessments such as the Youth Level of Service (YLS) used in the juvenile justice system, and clinical, psychological and psychiatric assessments conducted on youth in the delinquency and dependency systems. Youth and families are also identified through probation officer and CYS caseworker interactions with families while observing them in their homes and the community. MST has been in Berks County since September of 2007 and has been a highly successful program regularly meeting benchmarks established.

Outcomes for MST have been positive. In 2013, 93.75% of children referred by JPO remain in their home, 87.5% have no new arrests, and 90.63% are working or in school. The target goal for these outcomes is 90%. Successful completion of the MST program occurs in 87.5% for JPO and 80% for CYS.

- **If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.**

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	Children ages 12-17	Children ages 12-17
# of Referrals	85	100
# Successfully completing program	87.5%	90%
Cost per year	\$115,109	\$210,000
Per Diem Cost/Program funded amount	\$59	\$60
Name of provider	Community Solutions	Community Solutions

- **If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.**

MST funds were underutilized in 13/14 mostly due to Community Solutions effective evaluation system which assured most referrals are MA funded. It is anticipated this will continue and therefore, funds were transferred to BHSI of the block grant in which spending was higher. Staff turnover at Community Solutions also contributed to underutilization as they were a therapist short for a period of time. Staffing has stabilized so this is not anticipated to be an issue for the upcoming fiscal year. In addition, more referrals are anticipated for FY 14/15 now that there is no longer a waiting list due to stable MST staffing.

Program Name:	Housing Grant
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)	Y	New	Continuing	Expanding
			X	

- **Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.**

Berks County CYS utilizes housing money as a diversionary program to avoid out of home placements. The funds are used to pay for rent/security deposits, to pay a variety of utility bills, to pay for fumigation/extermination fees, and other housing related activities. Funds from other community based organizations are always utilized prior to using these housing funds.

Many of the situations in which this funding is utilized is emergent in nature. Often families are facing immediate eviction or eviction in the very near future. With the help of these funds, CYS is almost always able to avoid removal of children from their homes due to eviction or lack of their parent’s ability to pay for necessary utilities etc.

Any family involved with the Agency may utilize these funds.

- **If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.**

**Complete the following chart for each applicable year.**

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	13-14	14-15
Target Population	Any family involved with CYS	Any family involved with CYS
# of Referrals	26	33
# Successfully completing program	n/a	n/a
Cost per year	\$15,000	\$20,000
Per Diem Cost/Program funded amount	Varies	Varies
Name of provider	Berks County CYS	Berks County CYS

- **If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.**

- Please provide a brief description of successes and challenges and how Block Grant funds will be used in conjunction with Special Grants.

Block grant funds have been successful in providing housing to prevent placements of children, to continue to fund the Truancy intervention program in Berks, and to fund out evidence based MST and FGDM programs. All of these services have assisted Berks in preventing out of home placements of children as well as helping to reunify children with their parents. The Block Grant funds are used in conjunction with our special grant funds to continue to provide as many evidence based programs as possible to maintain childrens' safety and well being in their homes and prevent placements of children as well as to reunify children quickly to either their parents or other relatives. Berks will be stressing the use of evidenced based programming this year and moving forward by increasing the use of MST, FGDM and our new Nurturing Parenting program.

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- In order to better understand how more clients can be served with less funding, please explain how costs for Family Group Decision Making are calculated.  
FGDM funding is calculated based on salaries and benefits of the staff in that unit. Since staffing levels have remained the same, we can provide more services without increased funding. There were several unsuccessful referrals and we are working to streamline the process and increase success rates with the already established staff. We are also further opening the use of this service as a diversionary method to CYS intervention to more outside community agencies (JPO, MH/IDD, etc.).

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### **DRUG AND ALCOHOL SERVICES**

Berks County supports a full continuum of drug and alcohol prevention, intervention, treatment, and recovery support services. Funding from the Department of Public Welfare, 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; Inpatient Hospital services including detoxification and residential treatment, Inpatient Non-Hospital services including detoxification, residential treatment and halfway housing, Partial Hospitalization, Intensive

Outpatient, Outpatient, Case Management, Medication Assisted Treatment, 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 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. Due to limited SCA funding, beginning in March 2014, individuals in need of SCA funding for Inpatient Non-Hospital Residential treatment were placed on a waiting list. Since March 2014, on average 3-5 individuals are waiting for this level of care with an average wait of 4-7 days. Additionally, approximately 15 individuals per month are denied entry or continued stay into this level of care due to insufficient funding. Unspent CYS MST money in the amount of \$75,000 was transferred to BHSI in June of 2014.

The Berks SCA coordinates with the County Human Services system by participating on the planning and review committee for the County Human Services Block Grant. The Berks SCA also provides trainings to County Human Services Departments regarding drug and alcohol services and supports the Child and Adolescent Service System Program (CASSP) and the Parent Partner Program. Additionally, the Berks SCA works with HealthChoices to identify gaps in service and develop programming through Reinvestment funding.

During the past year, there has been an increase in clients admitted to SCA-funded treatment services who report their primary drug of choice as synthetic marijuana. This population is challenging for treatment providers as at this time there is no treatment protocol specifically for this drug. Additionally, the County's Drug and Alcohol Central Intake Unit reports that they are beginning to see more people using PCP.

#### Services for Older Adults (ages 60 and above)

- Services Provided - While there are currently no services designed specifically for adults ages 60 and above, this population has access to the entire continuum of care described above. BHSI funding in this plan supports Inpatient Hospital Services, Inpatient Non-Hospital Services, all Outpatient Services, and Medication Assisted Treatment. Act 152 funding from this plan supports Inpatient Non-Hospital Services only.
- Unmet Needs – Comprehensive outpatient services in various rural areas of Berks County

#### Services for Adults (ages 18 and above)

- Services Provided – Adults 18 and above have access to the entire continuum of care. BHSI funding in this plan supports Inpatient Hospital Services, Inpatient Non-Hospital Services, all Outpatient Services, and Medication Assisted Treatment. Act 152 funding from this plan supports Inpatient Non-Hospital Services only.
- Unmet Needs: 1) Services that include child-care for single fathers.  
2) Comprehensive outpatient services in various rural areas of Berks County.

- 3) The ability to provide more residential services (funding increase).

Services for Transition Age Youth (ages 18-26)

- Services Provided - The Caron Foundation provides an Inpatient Non-Hospital Treatment Program for young adults ages 20-25; however at this time this program is not funded by BHSI or Act 152 funds. Additionally this population has access to the entire continuum of care. BHSI funding in this plan supports Inpatient Hospital Services, Inpatient Non-Hospital Services, all Outpatient services, and Medication Assisted Treatment. Act 152 funding from this plan supports Inpatient Non-Hospital Services only.
- Unmet Needs: 1) Services that include child-care for single fathers.  
2) Comprehensive outpatient services in various rural areas of Berks County.  
3) The ability to provide more residential services (funding increase).

Services for Adolescents (under age 18)

- Services Provided – Adolescent specific services are available throughout the continuum of care and include Inpatient Non-Hospital Residential treatment, Partial Hospitalization, Intensive Outpatient, and Outpatient Services. BHSI funding in this plan supports Inpatient Non-Hospital Residential treatment and all Outpatient Services. Act 152 funding in this plan supports Inpatient Non-Hospital Residential treatment.
- Unmet Needs: 1) Comprehensive outpatient services in various rural areas of Berks.  
2) Increased capacity for adolescent co-occurring treatment.

Services for Individuals with Co-occurring Psychiatric and Substance Use Disorders Services Provided –

- Services Provided- for adults and adolescents with Co-occurring Disorders include Inpatient Non-Hospital Residential Treatment, Intensive Outpatient and Outpatient treatment, and integrated Student Assistance Program assessments. BHSI funding from this plan supports all of the aforementioned services. Act 152 funding from this plan supports Inpatient Non-hospital Services. HSDF (Drug and Alcohol) supports Outpatient services. Additionally, the Berks SCA in conjunction with the Berks County Mental Health Developmental Disabilities Program supports an eight bed recovery house for homeless adult males with co-occurring disorders.
- Unmet Needs: 1) Comprehensive co-occurring outpatient services in various rural areas of Berks County.  
2) Increased capacity for adolescent co-occurring treatment.  
3) The ability to provide more co-occurring residential services (funding increase).

Services for Criminal Justice Involved Individuals

- Services Provided - This population has access to the entire continuum of care. BHSI funding in this plan supports Inpatient Hospital services, Inpatient Non-Hospital Services, all Outpatient services, and Medication Assisted Treatment. Act 152 funding from this plan supports Inpatient Non-Hospital Services only. Additionally, the Berks SCA supports several specialized programs for individuals in the criminal justice system

including; treatment and recovery services for Treatment Court participants, psycho-educational groups and outpatient treatment on site at the Berks County Jail and at the Berks County Re-entry Center, cognitive behavioral groups for high risk offenders, assessment and treatment services for offenders accepted into the Restrictive Intermediate Punishment Program, and criminal justice specific Recovery Housing.

- **Unmet Needs:** 1) Comprehensive outpatient services in various rural areas of Berks.  
2) The ability to provide more residential services (funding increase).

#### Services for Veterans

- **Services Provided** – Drug and Alcohol services accessed through the Veterans Administration are all veteran specific. Berks County has a Veterans Treatment Court that partners with the Veteran Administration to insure justice involved veterans receive appropriate treatment services. Additionally this population has access to the entire continuum of care including. BHSI funding in this plan supports Inpatient Hospital Services, Inpatient Non-Hospital Services, all Outpatient Services, and Medication Assisted Treatment. Act 152 funding from this plan supports Inpatient Non-Hospital Services only.
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#### Services for Racial/Ethnic/Linguistic Minorities

- **Services Provided** – All treatment services throughout the continuum of care are available to individuals who are Spanish-speaking only. Additionally through a contract with the Berks Deaf and Hard of Hearing Services, the SCA provides for sign language interpreters for those clients in outpatient treatment protocols who are in need of this service. BHSI funding in this plan supports Inpatient Hospital services, Inpatient Non-Hospital Services, all Outpatient services, and Medication Assisted Treatment. Act 152 funding from this plan supports Inpatient Non-Hospital Services only.
- **Unmet Needs:** 1) Comprehensive outpatient services in various rural areas of Berks.  
2) The ability to provide more residential services (funding increase).

**Recovery Oriented Services** – Sustained recovery from the illness of addiction requires a more holistic and long-view that includes recovery supports before during and after completion of the acute treatment phase. There are numerous community-based services available in the community to strengthen individuals as they enter recovery. In addition to a full continuum of formal addiction treatment services, Berks County has a history of offering recovery support at numerous points along the recovery process. These services include:

- Pre-Recovery groups. Supportive groups offered prior to engagement with formal treatment that are designed to educate and prepare individuals for treatment services as well as to begin to identify potential obstacles to participating in treatment or engaging in sustained recovery.
- Intensive Case Management. Structured services that help individuals with multiple life stress issues by identifying and prioritizing needs, matching them with appropriate local resources and guiding them through the service delivery process.
- Recovery Support Specialist. Services recently implemented to assist individuals establish necessary connections with available supports and resources in the community that will facilitate initiation and on-going engagement in the recovery process. The

individuals who provide this service have received their Certified Recovery Specialist credential from the Pennsylvania Certification Board.

- Transitional/Recovery Housing. Housing service available for those in early recovery that require a safe, supportive and substance free living environment as the individuals solidify their recovery. Residents are able to seek and maintain employment while receiving Case Management and peer-to-peer services. No treatment services are offered on-site at the houses, but most residents attend community-based outpatient treatment services. These houses also provide social and recreational opportunities as well as educational workshops to address various issues common for those early in the recovery process.
- Early Recovery Support Groups. The Berks SCA provides funding to each contracted outpatient provider to offer a post-treatment service that makes available the necessary guidance, assistance and encouragement to clients as they transition from treatment and become established in their personal recovery program.
- Mindfulness Risk-Reduction Education. The Berks SCA will soon begin to provide this service to residents of the various local transitional/recovery houses. Mindfulness training can be very useful to those in recovery as one learns effective tools to deal with stress and stressful situations, to combat feelings and urges to use drugs and alcohol and to overall improve decision-making skills.
- Throughout the continuum of services offered, clients are strongly encouraged to become actively involved in community recovery support programs. Berks County is fortunate to have a robust and vibrant 12-Step community with over 200 various fellowship meetings weekly, as well as numerous other non-12-Step recovery supports in the county.

In addition to the above-mentioned direct recovery support services, there are numerous community-based services available in the community to bolster individuals as they enter recovery. These “indirect” recovery supports include such services as employment and educational programs, as well as medical, social and housing services to mention a few.

For Fiscal Year 2014/2015, Department of Public Welfare categorical funds comprise about 20% of the Berks SCA’s funding for treatment and recovery services. These categorical funds include an Act 152 allocation of \$286,344, a Behavioral Health Special Initiative (BHSI) allocation of \$914,374, and Human Services Development Fund monies specified for drug and alcohol of \$47,400 totaling \$1,248,118 which includes \$180,106 of Administrative Costs.

#### **Inpatient Non Hospital**

- BHSI Funds - \$480,313 serving 246 individuals.
- Act 152 - \$243,394 serving 125 eligible individuals.

#### **Inpatient Hospital**

- BHSI Funds - \$12,616 serving 4 individuals.

#### **Partial Hospitalization**

- BHSI Funds - \$112,224 serving 100 individuals.

**Outpatient/IOP**

- BHSI Funds - \$105,295 serving 245 individuals.
- HSDF Funds (Drug & Alcohol) - \$47,400 serving 101 individuals.

**Medication Assisted Therapy**

- BHSI Funds - \$66,770 serving 71 individuals.

Total BHSI treatment funds for FY 13-14 are \$777,218.

Outcomes

The following outcomes are tracked:

- The number of individuals receiving services through DPW funds.
- The number of units paid for through DPW funds.
- Levels of Care utilized.
- The number of days between assessment and admission to services.

It is estimated that for FY 2013/14, a total of 800 unique individuals will receive services through DPW funds in the following levels of care:

**Inpatient Non-hospital** (Includes Detoxification, Residential and Halfway House services) – 346 individuals received a total of 4,018 days of treatment. The average number of days between assessment and admission to Inpatient Non-Hospital care was 1 day, however since March the wait for this level of care has increased.

**Inpatient Hospital** (Includes Detoxification and Residential services) – 4 individuals received a total of 22 days of treatment. The average number of days between assessment and admission to Inpatient Hospital care was 0 days.

**Partial Hospital** – 100 individuals received a total of 5,195 hours of treatment. The average number of days between assessment and admission to Partial Hospital treatment was 12 days. There is only one facility that provides this level of care resulting in a longer time between assessment and admission than for other levels of care.

**Outpatient/Intensive Outpatient** – 331 individuals received a total of 5,064 hours of treatment. The average number of days between assessment and admission to Outpatient care was 8 days.

**Medication Assisted Therapy** – 71 individuals received methadone dosing and a total of 512 hours of treatment. The average number of days between assessment and admission to Medication Assisted Therapy was 8 days.

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

	Estimated / Actual Individuals served in FY 13-14 (Numbers based on 9 months of data, (July-March))	Projected Individuals to be served in FY 14-15
Adult Services	272	565
Aging Services	1,319	1,400
Generic Services	277	315
Specialized Services	1,571	1,244

No changes are proposed for the current year in any of the funding categories. The numbers above only reflect services funded with HSDF money. The prior plan submissions may have counted individuals from additional funding streams.

**Adult Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.**

Individuals served under the Adult Services cost center are between the ages of 18 and 59 years of age and are receiving services including transportation, service planning and case management, homemaker, adult day care and home-delivered meals.

Services provided: Adult Home Delivered Meals, Adult Homemaker services, Service Planning and Case Management in rural Berks County, Transportation for a disabled individual to attend day program, and Case Management related to Budget Counseling Services.

There are 15 individuals on the waiting list to receive Meals On Wheels services for the Under 60 population.

Providers: Budget Counseling Center-Case management - \$20,675, Prospectus-transportation for physically disabled individual - \$1,000, Berks Encore-Meals on Wheels for individuals under the age of 60 - \$26,600, Boyertown Multi-Service Unit-case management and budget counseling - \$16,000, and Advantage Home Care-homemaker services - \$4,000.

565 individuals are anticipated to be served with an allocation of \$68,275.

**Aging Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.**

Individuals served under the Aging Services cost center are aged 60 years and over. The cost center utilized for this population is the Information and Referral Services. Individuals receive assistance with all aspects relating to the senior population including but not limited to Social Security, Medicare, food and housing assistance, personal care, tax preparation assistance,

socialization and recreation services. Services provided: Information, Referral, and the APPRISE Health Insurance Counseling Program.

Provider: Berks Encore - \$41,000

1,400 individuals are anticipated to be served with an allocation of \$41,000.

**Generic Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.**

Individuals served under the Generic Services include individuals who cross-over two or more of the categorical cost centers including Adult, Aging, D/A, Children & Youth, MH/DD Programs.

Services provided: Case Management services for individuals with HIV, home visits and child development information for low income mothers, and Mental Health and D/A counseling for individuals of all ages without access to insurance.

315 individuals are anticipated to be served with an allocation of \$99,031.

Providers: Co-County Wellness-case management for HIV - \$19,066, Community Prevention Partnership-life skills training for young mothers in Nurse Family Partnership - \$20,565, Family Guidance Center-counseling - \$12,000, Council on Chemical Abuse-counseling-\$47,400.

**Specialized Services: Describe the services provided, the changes proposed for the current year, and the estimated expenditures for each service provided.**

Clients served under the Specialized Services cost center include those services which are outside of the Adult, Generic or Aging guidelines or is defined as a new service or combination of services designed to meet the unique needs of a client population that are unmet by the current categorical programs.

Services provided: Wellness Program for seniors and disabled adults at six of the low-income housing units in the City of Reading, funding for the Child Sexual Abuse Forensic Interviewer at the Children's Alliance Center, and Youth Prevention entitled "Life Skills Training", an evidence based curriculum.

Providers: Berks Visiting Nurse-Wellness Program - \$25,000, Children's Alliance Center of Opportunity House-forensic interviewer - \$47,311, Council on Chemical Abuse-Life Skills Training - \$9,000.

1,244 individuals are anticipated to be served with an allocation of \$81,311.

**Interagency Coordination: Describe how the funding will be utilized by the County for planning and management activities designed to improve the effectiveness of county human services.**

A Board that includes representatives from the Public Utilities Commission, First Energy, UGI and numerous local human services providers organize and assist in sponsoring a "BeWise About Human Services" Training Event. This event provides human services and utility education and networking opportunities to health and social service agencies who promote

access, awareness and outreach to consumers in need in Berks County. A wide variety of “train the trainer” workshops are offered including subjects on Medicare, Social Security and Aging issues, LIHEAP, Mental Health & Developmental Disabilities, Department of Public Welfare, Children and Youth Services, Public Housing Assistance, Weatherization Assistance, Child Care Information Services, Telephone and Water issues. The day is offered for a minimal charge to case workers from all of the County’s Human Services Agencies and includes a lunch with panel discussions.

The event last year drew 247 case workers from approximately 44 Human Services Agencies.

The estimated portion to HSDF for this project is \$2,500 for FY 14/15.

Funding is also provided to CYS for their annual “Operation Safe Kids” Training Conference for case workers, parents, educators and Law enforcement. The topic was “Surviving Childhood Trauma”. There were 223 individuals who registered for this conference.

Please note that all HSDF programs are not funded for the requested budgeted amount. Additional funding would allow for additional individuals/families to be served thereby decreasing the need for placement or institutional care.

The estimated portion to HSDF for this project is \$500 for FY 14/15.

**APPENDIX A**

**Fiscal Year 2014-2015**

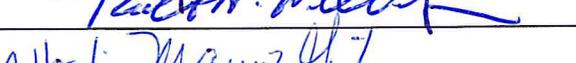
**COUNTY HUMAN SERVICES PLAN**

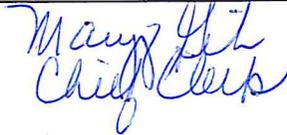
**ASSURANCE OF COMPLIANCE**

**COUNTY OF BERKS**

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

**COUNTY COMMISSIONERS/COUNTY EXECUTIVE**

Signatures	Printed Name	Date
	Christian Y. Leinbach	6/19/14
	Kevin S. Barnhardt	6/19/14
	Mark C. Scott	6/19/14
	Carl E. Geffken	6/20/14
	Dr. Edward B. Michalik	6/20/14
	George J. Vogel	6/20/14
	George M. Kovarie	6/23/14
	Robert N. Williams	6/23/14

Attest:   
 Chief Clerk

**APPENDIX C-1 - BLOCK GRANT COUNTIES**  
**HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

**Directions:** *Using this format for Block Grant Counties, provide the county plan for allocated Human Services fund expenditures and proposed numbers of individuals to be served in each of the eligible categories:*

**Estimated Clients** – Please provide an estimate of the number of clients to be served in each cost center. Clients must be entered for each cost center with associated

**HSBG Allocation** - Please enter the total of the counties state and federal HSBG allocation for each program area (MH, ID, HAP, C&Y, D&A, and HSDF).

**HSBG Planned Expenditures** – Please enter the planned expenditures for the Human Services Block Grant funds in the applicable cost centers. The HSBG Planned Expenditures **must equal** the HSBG Allocation.

**Non-Block Grant Expenditures** – Please enter the planned expenditures for the Non-Block Grant allocations in each of the cost centers. Only MH and ID non-block grant funded expenditures should be included. This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.

**County Match** - Please enter the planned county match expenditures in the applicable cost centers.

**Other Planned Expenditures** – Please enter planned expenditures from other sources not included in either the HSBG or Non-Block Grant allocations (such as grants, reinvestment, etc.) in the cost centers. *(Completion of this column is optional.)*

**Block Grant Administration** - Counties participating in the Human Services Block Grant will provide an estimate of administrative costs for services not included in Mental Health or Intellectual Disability Services.

**\*Use the FY 13-14 Primary Allocations for completion of the Budget\* If your county received a supplemental CHIPP allocation in FY 13-14, include those funds in your FY 14-15 budget.**

**APPENDIX C-1 - BLOCK GRANT COUNTIES  
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

<b>County: Berks</b>	<b>ESTIMATED CLIENTS</b>	<b>HSBG ALLOCATION (STATE AND FEDERAL)</b>	<b>HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</b>	<b>NON-BLOCK GRANT EXPENDITURES</b>	<b>COUNTY MATCH</b>	<b>OTHER PLANNED EXPENDITURES</b>
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	0		0		0	
Administrator's Office			565,993		17,714	
Administrative Management	3,708		746,892		23,378	
Adult Developmental Training	0		0		0	
Children's Evidence Based Practices	0		0		0	
Children's Psychosocial Rehab	0		0		0	
Community Employment	107		128,091		4,009	
Community Residential Services	42		2,227,165		66,030	
Community Services	1,010		353,262		11,057	
Consumer Driven Services	0		0		0	
Crisis Intervention	4,307		1,226,171		38,379	
Emergency Services	590		793,663		24,842	
Facility Based Vocational Rehab	6		66,500		0	
Family Based Services	3		18,423		577	
Family Support Services	0		0		0	
Housing Support	20		977,340		92,532	
Other	0		0		0	
Outpatient	486		362,508		11,346	
Partial Hospitalization	17		43,634		1,366	
Peer Support	0		0		0	
Psychiatric Inpatient Hospitalization	4		29,089		911	
Psychiatric Rehabilitation	25		217,784		5,909	
Social Rehab Services	211		184,802		563	
Targeted Case Management	520		818,574		25,621	
Transitional and Community Integration	0		0		0	
<b>TOTAL MH SERVICES</b>	<b>11,056</b>	<b>0</b>	<b>8,759,891</b>	<b>0</b>	<b>324,234</b>	<b>0</b>

**APPENDIX C-1 - BLOCK GRANT COUNTIES  
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

<b>County: Berks</b>	<b>ESTIMATED CLIENTS</b>	<b>HSBG ALLOCATION (STATE AND FEDERAL)</b>	<b>HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</b>	<b>NON-BLOCK GRANT EXPENDITURES</b>	<b>COUNTY MATCH</b>	<b>OTHER PLANNED EXPENDITURES</b>
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**INTELLECTUAL DISABILITIES SERVICES**

Admin Office			1,214,001		31,205	
Case Management	540		333,916		8,966	
Community Residential Services	16		861,707		23,139	
Community Based Services	199		1,020,367		27,399	
Other	89		58,907		1,581	
<b>TOTAL ID SERVICES</b>	<b>844</b>	<b>0</b>	<b>3,488,898</b>	<b>0</b>	<b>92,290</b>	<b>0</b>

**HOMELESS ASSISTANCE SERVICES**

Bridge Housing	190		113,500			
Case Management	359		90,621			
Rental Assistance	420		206,165			
Emergency Shelter	0		0			
Other Housing Supports	0		0			
<b>TOTAL HAP SERVICES</b>	<b>969</b>	<b>0</b>	<b>410,286</b>		<b>0</b>	<b>0</b>

**CHILDREN & YOUTH SERVICES**

Evidence Based Services	325		533,164		16,688	
Promising Practice	0		0		0	
Alternatives to Truancy	250		212,353		6,647	
Housing	33		19,393		607	
<b>TOTAL C &amp; Y SERVICES</b>	<b>608</b>	<b>0</b>	<b>764,910</b>		<b>23,942</b>	<b>0</b>

**APPENDIX C-1 - BLOCK GRANT COUNTIES  
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

<b>County: Berks</b>	<b>ESTIMATED CLIENTS</b>	<b>HSBG ALLOCATION (STATE AND FEDERAL)</b>	<b>HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</b>	<b>NON-BLOCK GRANT EXPENDITURES</b>	<b>COUNTY MATCH</b>	<b>OTHER PLANNED EXPENDITURES</b>
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**DRUG AND ALCOHOL SERVICES**

Inpatient non hospital	371		723,707			
Inpatient Hospital	4		12,616			
Partial Hospitalization	100		112,224			
Outpatient/IOP	245		105,295			
Medication Assisted Therapy	71		66,770			
Recovery Support Services	0		0			
Case/Care Management	0		0			
Other Intervention	0		0			
Prevention	0		0			
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	<b>791</b>	<b>0</b>	<b>1,020,612</b>		<b>0</b>	<b>0</b>

**HUMAN SERVICES AND SUPPORTS**

Adult Services	565		68,275			
Aging Services	1,400		41,000			
Generic Services	315		99,031			
Specialized Services	1,244		81,311			
Children and Youth Services	0		0			
Interagency Coordination			500			
<b>TOTAL HUMAN SERVICES AND SUPPORTS</b>	<b>3,524</b>	<b>0</b>	<b>290,117</b>		<b>0</b>	<b>0</b>

<b>COUNTY BLOCK GRANT ADMINISTRATION</b>			257,928		0	
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<b>GRAND TOTAL</b>	<b>17,792</b>	<b>0</b>	<b>14,992,642</b>	<b>0</b>	<b>440,466</b>	<b>0</b>
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14,872,334

436,701

120,308

3,765

**PROOF OF PUBLICATION NOTICE**  
**SUMMARY OF PUBLIC HEARING**

BERKS CO. COMMISSIONERS  
BERKS CO SVC. CENT., PURCHASIN  
633 COURT ST, 13TH FL  
READING, PA 19601

No.0000402935

Page 1 of 1

**Proof of Publication of Notice in Reading Eagle**

Under Act No. 587, Approved May 16, 1929.

Commonwealth of Pennsylvania,  
County of Berks

} SS:

Lynn Schittler, Assistant Secretary, READING EAGLE COMPANY, of the County and Commonwealth aforesaid, being duly sworn, deposes and says that the READING EAGLE established January 28, 1868 is a newspaper of general circulation published at 345 Penn Street, City of Reading, County and State aforesaid, and that the printed notice or publication attached hereto is exactly the same as printed and published in the regular edition and issues of the said READING EAGLE on the following dates, viz.:

Reading Eagle Sunday, June 01, 2014, A.D.

Affiant further deposes that this person is duly authorized by READING EAGLE COMPANY, a corporation, publisher of said READING EAGLE, a newspaper of general circulation, to verify the foregoing statement under oath, and affiant is not interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statements as to time, place, character of publication are true.

Lynn Schittler  
Lynn Schittler

Sworn to and subscribed before me on this day of June 02, 2014

Ann L. Liptak  
Notary

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
Ann L. Liptak, Notary Public  
City of Reading, Berks County  
My Commission Expires Oct. 2, 2016

Legal Assistant  
The County of Berks, through the MH/DD Program, will conduct the 2014-2015 MH/DD CSP Block Grant Public Meeting on Friday, June 13, 2014 commencing at 9 AM at the Trinity Lutheran Church, 527 Washington St, Reading, PA. Registration and Breakfast will start at 8:15 AM. If you are unable to attend but wish to comment please direct correspondence to Edward B. Michalik, Psy.D., MH/DD Program Administrator, 633 Court Street, 15th Floor, Reading PA 19601

ATTEST: Maryjo Gibson, Chief Clerk

## Block Grant Public Meeting

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Presentation to the Berks County  
Mental Health & Developmental  
Disabilities Advisory Board,  
CSP and Providers  
Friday, June 13, 2014

## History

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- o The Commonwealth had 7 line item categoricals that it would pass to the Counties.
- o Money could only be spent in a specific category and no local flexibility was permitted.
- o The Public Welfare Code and Fiscal Code was amended in 2012 to allow for consolidation and flexible funding.

## Funding Combined under the Block Grant

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- o Mental Health Base Funds
- o Intellectual Disabilities Base Funds
- o Human Services Development Fund
- o Homeless Assistance Program
- o Behavioral Health Services Initiative
- o Act 152 Drug and Alcohol Funds
- o Child Welfare Special Grants

## Pilot Program

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- o Berks County was approved to be one of twenty pilot sites in fiscal year 2012-2013.
- o Since that time, 10 additional Counties have opted to participate in this Project.

## County Planning and Needs Assessment Team

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- o The Berks County team consists of representatives from Juvenile Probation, Child Welfare, CASSP, Mental Health/Developmental Disabilities, and the Drug/Alcohol Single County Authority.
- o Advocates and Providers have the opportunity to review and comment on the Human Services Block Grant Plan.

## **BLOCK GRANT IMPLEMENTATION**

### Mental Health/Developmental Disabilities Allocation Projections

	<b>FY 14-15</b>
MH	\$9,811,408
DD	\$3,488,898
<b>Totals</b>	<b>\$13,300,306</b>

### Mental Health/Developmental Disabilities Allocation Projections

- MH funds encompass Administrative Case Management, Blended Case Management, Vocational Rehabilitation, CHIPP, SAP, Community Support, Community Employment, Social Rehabilitation, CRR, Parent Partner, Housing, Medication, Out-patient, Family Based, Partial Hospitalization Program, Crisis, and Emergency Services
- DD funds encompass Respite, Transportation, Habilitation, Supports Coordination, Community Living Homes, Family Living, and Vocational Services.

### Human Services Development Funds Allocation Projections

<b>FY 14-15</b>
\$322,352

HSDF encompasses Aging, Adult Services, and Specialized Services.

### Human Services Development Funds Allocation Projections

- o Currently this money funds homemaker services, wellness services, home delivered meals, information and referral services, case management services, child abuse interventions, and drug/alcohol treatment for those without insurance, budget counseling and prevention activities.

### Homeless Assistance Program Allocation Projections

<b>FY 14-15</b>
\$455,873

HAP encompasses Bridge Housing, Rental Assistance, and Case Management.

### Behavioral Health Services Initiatives Projections (Drug and Alcohol Treatment Services)

<b>FY 14-15</b>
\$842,788

BHSI encompasses the entire Continuum of D/A care including: Inpatient, Outpatient, Recovery supports, and Client related Services.

### ACT 152 Allocation Projections (Drug and Alcohol Treatment Services)

<b>FY 14-15</b>
\$357,930

ACT 152 encompasses D/A non-hospital residential programs.

### Special Grants Allocation Projections

<b>FY 14-15</b>
\$764,910

Special Grants encompasses Multisystemic Therapy, Truancy, Family Group Decision Making, and Housing.

### County Human Services Plan

- o Plan will be submitted to DPW by July 7, 2014
- o The planning process will be comprehensive and will include all county level human service systems as well as constituency groups of each of these departments.
- o The focus will be on identifying local needs and developing strategies and goals to implement quality cross system services to meet the need.

### HealthChoices

<b>FY 14-15</b>
\$ 81,000,000

HealthChoices is not included in the Block Grant – this is a separate funding stream that includes:

- Mental Health services
- Drug & Alcohol services
- Reinvestment Plans

### HealthChoices

- o Mental Health Funds cover:
  - Inpatient, Residential Treatment Facilities, CRR, Partial Hospitalization Program, Family Based, Behavioral Health Rehabilitative Services (BHRS or Wrap Around), Outpatient, Blended Case Management, Assertive Community Treatment Teams, Peer Support, Psych Rehab/Clubhouse and Crisis Services.

### HealthChoices

- o Drug & Alcohol Funds cover:
  - Inpatient Detoxification, Treatment, Non-Hospital Rehabilitation, Halfway House, Outpatient, Intensive Outpatient, Methadone Maintenance, D & A Level of Care Assessment, Targeted Case Management.

### HealthChoices

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- Reinvestment Projects
  - HealthChoices funds that are not spent on treatment may be used for:
    - Start up costs for in-plan services
    - Supplemental services that have been demonstrated to achieve cost-effective alternatives to in-plan services
    - Non-medical – Purchase or renovation of a facility, housing development

### HealthChoices

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- Reinvestment Projects
  - Plans for the use of these funds must be submitted to and approved by OMHSAS.
- Reinvestment Projects – examples of past projects includes:
  - Permanent Supportive Housing
  - Assertive Community Treatment Teams for Adults and Transition Aged Youth

### HealthChoices

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- Reinvestment Projects – examples of past projects includes:
  - Housing for Transition Aged Youth – Phoenix House
  - Consumer Advocacy Center – Greater Reading Mental Health Alliance (GRMHA)
  - Respite Care
  - Enhanced Recovery Support Services
  - Drug & Alcohol Targeted Case Management
  - Forensic Assessment/Diversion

### Your Input

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- Today as part of the planning process you have the opportunity to comment on what you believe are unmet needs across the human service systems in Berks County.
- Or if you have comments that you would like to submit at a later time, you may do so in writing to the MH/DD Program.

### Questions

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Human Services Block Grant County Lead:

*Edward B. Michalik, Psy. D.*

Berks County MH/DD Administrator  
633 Court Street, 15<sup>th</sup> floor  
Reading, Pa 19601  
610-478-3271  
[emichalik@countyofberks.com](mailto:emichalik@countyofberks.com)

2014-2015  
County of Berks MH/DD and CSP  
Block Grant Public Meeting  
Friday  
June 13, 2014

Opening Remarks-Dr. Edward B Michalik-Within the Block Grant the Commonwealth has 7 line item categoricals that are passed to the Counties. Prior to the Block Grant Project, money could only be spent in a specific category and no local flexibility was permitted. Berks County was approved to be one of twenty pilot sites in FY 2012-2013 participating in the Block Grant Project. Since that time, 10 additional Counties have opted to participate in this Project.

The 2014-2015 Block Grant will be submitted on July 7, 2014 to the Department of Public Welfare. The planning process will be comprehensive and will include all County level human services system except the Berks County Area Aging Association. This meeting will focus on identifying local needs and developing strategies and goals to implement quality cross system services to meet the needs of the citizens of Berks County.

Funding Combined Under the Block Grant:

- Mental Health Base Funds
- Intellectual Disabilities Base Funds
- Human Services Development Fund
- Homeless Assistance Program
- Behavioral Health Services Initiative
- Act 152 Drug and Alcohol funds
- Child Welfare Special Grants
  - Includes MST Grant-funds transferred to Council on Chemical Abuse
    - 40-45 consumers can now get treatment that they previously could not receive due to the flexibility of the Block Grant Project.

Block Grant Implementation:

- **MH/DD Allocation Projections**
  - Totals \$13,300,306
  - Do not anticipate additional funding.
  - Do not anticipate unspent money.
- **HSDF Allocation Projections**
  - This the first year of the MH/DD Program managing these funds.
  - HSDF funds have been cut 50%.
  - Total \$455,873.00
- **HAP Allocation Projections**
  - Totals \$455,873
  - As of July 1, 2014 money will be managed by the Berks Coalition to End Homelessness.
  - Current Providers:
    - Berks Community Action Program-Budget Counseling Center

- Berks Counseling Center
  - Berks Women in Crisis
  - Council on Chemical Abuse
  - Easy Does It
  - Family Promise
  - Opportunity House
  - YMCA Aftercare Program
- **Act 152**
  - Totals \$357,930
  - Encompasses D&A non hospital residential programs.
- **Special Grants**
  - Totals \$764,910
  - Encompasses:
    - Multisystemic Therapy
    - Truancy
    - Family Group Decision Making
    - Housing

The Block Grant enables us to move funds from one department to another to serve the most people possible with the funding the County gets as a whole. There was a meeting this past week with Children and Youth Services (CYS) and the Council on Chemical Abuse (COCA) and as a result, a transfer of funds is being arranged for next week. CYS will transfer \$75,000.00 to COCA to assist with funding services.

Dr. Michalik invited Mr. George Vogel, COCA Executive Director, to share his thoughts on the Block Grant process. Mr. Vogel stated that he had discussions with George Kovarie, CYS regarding the transfer of funds and is pleased to report that the flexibility which the Block Grant affords the County will enable COCA to serve 40-45 more people this fiscal year with which \$75,000.00 being transferred from the MST line item to COCA for BHSI.

Dr. Michalik requested that meeting participants discuss current strengths and needs of the Mental Health, Developmental Disabilities and Substance abuse systems at their tables. Each group was asked to compile a list of strengths and needs after a period of discussion. Each table shared their lists at the conclusion of the discussion period.

Group Discussion resulted in the following lists:

***Strengths:***

- Some Base is available to consumers who are not CCBH Eligible.
- Supportive Living was added to the HealthChoices Housing Reinvestment Plan.
- Mobile Psych Rehab funded through Community Care Behavioral Health (CCBH).
- A good response to assist consumers' in crisis using BASE Funding.
- The merging of Mental Health Services with Family Practice.
- The Berks County MH/DD Program office is always open to suggestions.
- Berks County involves providers and consumers in the decision making process.
- The HealthChoices Program has been an asset in Berks County.

- Mosaic House.
- Peer Specialist and Peer Support programs.
- The ACT Program and Residential programs.
- Block Grant flexibility regarding funding.
- The County has developed programs that are recovery oriented.
- Programs are consumer driven.
- There are good programs available for D&A consumers.
- Investment at all levels within the County.
- Collaborative efforts with CCHB, CYS and JPO.
- Cohesive planning and discussion.
- Innovative and forward thinking.
- Flexible Funding within the Grant.
- Comprehensive continuum of care.
- Competent staff across providers.
- Coordinative and good relationship with the courts.
- Good provider network.
- Creative Planning .
- Supportive Commissioners.
- School System integration.
- Access to adult and child advocates.
- Peer Specialist programs.
- Programs are helpful and compassionate.
- Even support groups.
- Educational Programs like WRAP and NAMI trainings.
- Mobile Psychiatric Rehabilitation.
- Recover Peer Specialists offer support for D&A.
- D&A Housing.
- Out of Network Services available through HealthChoices when needed
- Community and Professional Trainings

***Needs:***

- Additional options to communicate with youth and adults who are in Crisis.
- More capacity needed for shelter programs.
- Additional Drop-in-Centers needed.
- Additional Respite providers for children in IDD needed.
- Consider a stronger presence of Outpatient Commitments.
  - Perhaps a team approach to monitor and enforce
- CRR or RTF needed for transitional age youth
  - Program will need more supervision than the current CRR Program provides.
- Better working relationship with Berks Medical Assistance Office.
- Case Management services should be more efficient and expeditious.
- There should be more communication with the providers.

- Community education needed to collaborate between providers.
- Truancy services should be more guided with more focus on awareness and prevention.
- More services for consumers to get Inpatient Mental Health Services before their situation escalate to an Involuntary Commitment.
- More timely services for Veterans.
- Crisis Response should have to go to every call made to the Crisis Department.
- More Cross-System education.
- More Autistic Services.
- Additional Dual Diagnosis and MH/DD Programs in community and within the current housing programs.
- Individualized person Driven Treatment Plans.
- Berks County needs more Medication Clinics.
- Additional Psychiatric Services needed, especially Spanish speaking psychiatrists.
- Berks County needs to develop programs for consumers who live in outlying areas.
- Additional Diversion programs for MH/DD and D&A consumers that are going to prison.
- Consumer education regarding recovery and new medications.
- Additional Peer Support programs needed.
- Consolidation of funding streams.
- Lack of continuity of care.
- D&A funding cuts-treatment is too short.
- Lack of recovery beds within the D&A System.
- Need additional training with in the D&A System.
- MA Capacity.
- Additional Housing access is needed for Dual Diagnosis Consumers.
- Preventative Services.
- Youth and adult employment services funding, job coaching, long term supports.
- Social skills and cultural competency training for both employers and employees.
- Parent education and Case Management for D&A consumers.
- Better communication between County Programs, Schools and parents.
- Earlier sharing of unused money.
- Better collaboration with the Case Management Providers and the County Assistant office.
- Education for prison employees and guards.
- Transportation.
- State regulations are not recovery driven.
- Only 2 EAC beds for the County at Phillhaven.
- Lack of tie in from schools to all of our systems.
- Prevention services in schools.

**PROOF OF PUBLICATION NOTICE**  
**SUMMARY OF PUBLIC HEARING**

## Block Grant Public Meeting

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Presentation to the Berks County  
Mental Health & Developmental  
Disabilities Advisory Board,  
CSP and Providers  
Friday, June 13, 2014

## History

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- o The Commonwealth had 7 line item categoricals that it would pass to the Counties.
- o Money could only be spent in a specific category and no local flexibility was permitted.
- o The Public Welfare Code and Fiscal Code was amended in 2012 to allow for consolidation and flexible funding.

## Funding Combined under the Block Grant

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- o Mental Health Base Funds
- o Intellectual Disabilities Base Funds
- o Human Services Development Fund
- o Homeless Assistance Program
- o Behavioral Health Services Initiative
- o Act 152 Drug and Alcohol Funds
- o Child Welfare Special Grants

## Pilot Program

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- o Berks County was approved to be one of twenty pilot sites in fiscal year 2012-2013.
- o Since that time, 10 additional Counties have opted to participate in this Project.

## County Planning and Needs Assessment Team

---

- o The Berks County team consists of representatives from Juvenile Probation, Child Welfare, CASSP, Mental Health/Developmental Disabilities, and the Drug/Alcohol Single County Authority.
- o Advocates and Providers have the opportunity to review and comment on the Human Services Block Grant Plan.

## **BLOCK GRANT IMPLEMENTATION**

**Mental Health/Developmental Disabilities Allocation Projections**

	<b>FY 14-15</b>
MH	\$9,811,408
DD	\$3,488,898
<b>Totals</b>	<b>\$13,300,306</b>

**Mental Health/Developmental Disabilities Allocation Projections**

- MH funds encompass Administrative Case Management, Blended Case Management, Vocational Rehabilitation, CHIPP, SAP, Community Support, Community Employment, Social Rehabilitation, CRR, Parent Partner, Housing, Medication, Out-patient, Family Based, Partial Hospitalization Program, Crisis, and Emergency Services
- DD funds encompass Respite, Transportation, Habilitation, Supports Coordination, Community Living Homes, Family Living, and Vocational Services.

**Human Services Development Funds Allocation Projections**

<b>FY 14-15</b>
\$322,352

HSDF encompasses Aging, Adult Services, and Specialized Services.

**Human Services Development Funds Allocation Projections**

- Currently this money funds homemaker services, wellness services, home delivered meals, information and referral services, case management services, child abuse interventions, and drug/alcohol treatment for those without insurance, budget counseling and prevention activities.

**Homeless Assistance Program Allocation Projections**

<b>FY 14-15</b>
\$455,873

HAP encompasses Bridge Housing, Rental Assistance, and Case Management.

**Behavioral Health Services Initiatives Projections (Drug and Alcohol Treatment Services)**

<b>FY 14-15</b>
\$842,788

BHSI encompasses the entire Continuum of D/A care including: Inpatient, Outpatient, Recovery supports, and Client related Services.

**ACT 152 Allocation Projections  
(Drug and Alcohol Treatment Services)**

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<b>FY 14-15</b>
\$357,930

ACT 152 encompasses D/A non-hospital residential programs.

**Special Grants Allocation Projections**

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<b>FY 14-15</b>
\$764,910

Special Grants encompasses Multisystemic Therapy, Truancy, Family Group Decision Making, and Housing.

**County Human Services Plan**

---

- o Plan will be submitted to DPW by July 7, 2014
- o The planning process will be comprehensive and will include all county level human service systems as well as constituency groups of each of these departments.
- o The focus will be on identifying local needs and developing strategies and goals to implement quality cross system services to meet the need.

**HealthChoices**

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<b>FY 14-15</b>
\$ 81,000,000

HealthChoices is not included in the Block Grant – this is a separate funding stream that includes:

- Mental Health services
- Drug & Alcohol services
- Reinvestment Plans

**HealthChoices**

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- o Mental Health Funds cover:
  - Inpatient, Residential Treatment Facilities, CRR, Partial Hospitalization Program, Family Based, Behavioral Health Rehabilitative Services (BHRS or Wrap Around), Outpatient, Blended Case Management, Assertive Community Treatment Teams, Peer Support, Psych Rehab/Clubhouse and Crisis Services.

**HealthChoices**

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- o Drug & Alcohol Funds cover:
  - Inpatient Detoxification, Treatment, Non-Hospital Rehabilitation, Halfway House, Outpatient, Intensive Outpatient, Methadone Maintenance, D & A Level of Care Assessment, Targeted Case Management.

**HealthChoices**

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- Reinvestment Projects
  - HealthChoices funds that are not spent on treatment may be used for:
    - Start up costs for in-plan services
    - Supplemental services that have been demonstrated to achieve cost-effective alternatives to in-plan services
    - Non-medical – Purchase or renovation of a facility, housing development

**HealthChoices**

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- Reinvestment Projects
  - Plans for the use of these funds must be submitted to and approved by OMHSAS.
- Reinvestment Projects – examples of past projects includes:
  - Permanent Supportive Housing
  - Assertive Community Treatment Teams for Adults and Transition Aged Youth

**HealthChoices**

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- Reinvestment Projects – examples of past projects includes:
  - Housing for Transition Aged Youth – Phoenix House
  - Consumer Advocacy Center – Greater Reading Mental Health Alliance (GRMHA)
  - Respite Care
  - Enhanced Recovery Support Services
  - Drug & Alcohol Targeted Case Management
  - Forensic Assessment/Diversion

**Your Input**

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- Today as part of the planning process you have the opportunity to comment on what you believe are unmet needs across the human service systems in Berks County.
- Or if you have comments that you would like to submit at a later time, you may do so in writing to the MH/DD Program.

**Questions**

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Human Services Block Grant County Lead:

*Edward B. Michalik, Psy. D.*

Berks County MH/DD Administrator  
633 Court Street, 15<sup>th</sup> floor  
Reading, Pa 19601  
610-478-3271  
[emichalik@countyofberks.com](mailto:emichalik@countyofberks.com)

BERKS CO. COMMISSIONERS  
BERKS CO SVC. CENT., PURCHASIN  
633 COURT ST, 13TH FL  
READING, PA 19601

Legal Classified

The County of Berks will conduct a Public Meeting concerning the Human Services Block Grant on Thursday, June 19, 2014 during the regular scheduled Commissioners' Meeting, commencing at 10:00 AM. Berks County Services Center, 13th Floor, Commissioners' Boardroom, 633 Court Street, Reading, Pennsylvania. If you are unable to attend but wish to comment please direct correspondence to Edward B. Michalik, Psy.D., MH/DD Program Administrator, 633 Court Street, 15th Floor, Reading PA 19601

{ No.0000402943

Page 1 of 1

**Proof of Publication of Notice in Reading Eagle**  
Under Act No. 587, Approved May 16, 1929.

Commonwealth of Pennsylvania,  
County of Berks

} SS:

Beverly Boyer, Assistant Secretary, READING EAGLE COMPANY, of the County and Commonwealth aforesaid, being duly sworn, deposes and says that the READING EAGLE established January 28, 1868 is a newspaper of general circulation published at 345 Penn Street, City of Reading, County and State aforesaid, and that the printed notice or publication attached hereto is exactly the same as printed and published in the regular edition and issues of the said READING EAGLE on the following dates, viz.:

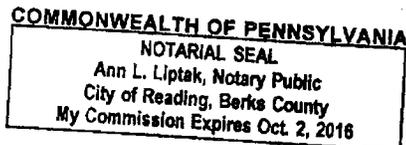
**Reading Eagle Monday, June 09, 2014, A.D.**

Affiant further deposes that this person is duly authorized by READING EAGLE COMPANY, a corporation, publisher of said READING EAGLE, a newspaper of general circulation, to verify the foregoing statement under oath, and affiant is not interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statements as to time, place, character of publication are true.

*Beverly Boyer*  
Beverly Boyer

Sworn to and subscribed before me on this day of June 09,  
2014

*Ann L. Liptak*  
Notary



ATTEST: Maryjo  
Gibson, Chief Clerk

2014-2015  
County of Berks  
Block Grant Public Meeting/Commissioners Board Meeting  
Thursday  
June 19, 2014

Prior to the Block Grant the Commonwealth had a 7 line item categorical that was passed to the Counties. The money could only be spent in a specific category and no local flexibility was permitted.

In FY 2012-2013 Berks County was approved to be one of twenty pilot sites participating in the Block Grant Project. Since that time, 10 additional Counties have opted to participate in this Project. Commissioner Leinbach and Commissioner Barnhardt stated during the last County Commissioner Board Meeting in Harrisburg that there are an additional 11 Counties waiting to enter the Block Grant Program. However, at this time it is not possible due to current Legislation. It was also noted by the Commissioners that all 30 counties participating in the Block Grant are pleased and voiced the success of the block grant and its flexibility. In FY 2012-2013 the Block Grant enabled the County 20% flexibility between programs and in FY 2013-2014 the Block Grant enabled the County a 25% flexibility rate.

The 2014-2015 Block Grant will be submitted on July 7, 2014 to the Department of Public Welfare. The planning process will be comprehensive and will include all County level human services systems. The MH/DD Program office in collaboration with CSP held one of three public meetings on Friday, June 13, 2014 at Trinity Lutheran Church. The second meeting is this Commissioners Board Meeting being held today at 10am in the Commissioners Board Room, in the County Services Center. The third meeting will be held at noon on Thursday, June 26<sup>th</sup> at Children and Youth, 9<sup>th</sup> Floor Conference Room in the County Services Center.

Funding Combined Under the Block Grant:

- Mental Health Base Funds
- Intellectual Disabilities Base Funds
- Human Services Development Fund
- Homeless Assistance Program
- Behavioral Health Services Initiative
- Act 152 Drug and Alcohol funds
- Child Welfare Special Grants
  - Includes MST Grant-funds transferred to Council on Chemical Abuse of \$75,000.00
    - 40-45 consumers can now get treatment that they previously could not receive due to the flexibility of the Block Grant Project.
    - CYS had the unspent \$75,000 due to more consumers within Berks County being eligible for Medical Assistance funding.

Block Grant Implementation:

- MH/DD Allocation Projections
  - Totals \$13,300,306

- Dr. Michalik stated there may be no additional funding within the State Budget for MH/DD Allocations in fact there could be additional cuts of between 5 % and 10%.
- Do not anticipate unspent money.
- HSDf Allocation Projections
  - Upon Mary Henry Moss's retirement the Board of Commissioners decided that the MH/DD Program will assume responsibility to manage the HSDf Allocations.
  - HSDf funds have been cut 50%.
  - Total \$322,352.00
- HAP Allocation Projections
  - Totals \$455,873
  - As of July 1, 2014 the Board of Commissioners decided the HAP allocations will be managed by Berks Coalition to End Homelessness.
- BHSI and Act 152
  - ACT 152 total \$357,930
  - BHSI total \$842,788.00
  - The Council on Chemical Abuse manages the BHSI and ACT 152 Allocations.
  - George Vogel stated without the flexibility of the Block Grant funding between these line items many consumers would not be receiving services.
  - Mr. Vogel, Executive Director of Council on Chemical Abuse indicated the profound success of his program due to the implementation of the Block Grant.
  - Consumer and Stakeholder comments:
    - Jodi Holland, Executive Director of Easy Does It.
      - Berks County is geared toward helping citizens improve lives through the availability of diverse treatment options.
    - Kristin, current resident at Easy Does It (EDI).
      - State that the Easy Does It residential program as enabled her to return to school and given her the ability to reestablish a relationship with her 4 year old daughter.
      - The EDI staff cares and has helped her work not only on her addiction but also her behaviors that led to her addiction.
    - Jamie Guest, Housing Director, YMCA of Reading
      - The funding that she receives through Council on Chemical Abuse enables her to provide services to Homeless Consumers and Consumers who are receiving treatment for Substance Abuse Disorders.
      - Consumers are able to receive treatment and learn how to change their lives to become productive members of society and obtain employment and housing of their own.
    - Lee, Recovering Addict who received services through the YMCA.
      - May 2011 Lee started his recovery. He currently attends support groups and has used what he has learned to obtain his GED and employment.
      - Lee is employed by the YMCA which he state helps him remain sober.
    - George Vogel, Executive Director, Council on Chemical Abuse
      - Mr. Vogel Announced that the YMCA will be managing the programs and funding of the soon to be opened of Camp Joy.
        - Camp Joy will be a 20 bed facility to serve consumers in recovery with Drug and Alcohol Addictions.

- Special Grants
  - Totals \$764,910
  - Encompasses:
    - Multisystemic Therapy
    - Truancy
    - Family Group Decision Making
    - Housing

Conclusion:

Dr. Michalik announced that if additional comments need to be submitted the deadline is July 3, 2014. All comments can be directed to Dr. Michalik at the MH/DD Program or emailed to [emichalik@countyofberks.com](mailto:emichalik@countyofberks.com).

**PROOF OF PUBLICATION NOTICE**  
**SUMMARY OF PUBLIC HEARING**

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Legal Classified Due public notice is hereby given that Berks County Children and Youth Services will conduct an Advisory Board Meeting on Thursday, June 20, 2014 at 12:00 Noon in the 9th floor conference room, Berks County Services Center, 633 Court Street, Reading, PA 19801. The purpose of the hearing is to accept public comment regarding the 2014 - 2015 Block Grant.

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## BLOCK GRANT PUBLIC MEETING

Presentation to the Berks County Children and Youth  
Services Advisory Board and Citizens of Berks County  
June 2014

### FUNDING COMBINED UNDER THE BLOCK GRANT

- ▶ Mental Health Base Funds
- ▶ Intellectual Disabilities Base Funds
- ▶ Human Services Development Fund
- ▶ Homeless Assistance Program
- ▶ Behavioral Health Services Initiative
- ▶ Act 152 Drug and Alcohol Funds
- ▶ Child Welfare Special Grants

### PILOT PROGRAM

- ▶ Berks County was approved to be one of twenty pilot sites in fiscal year 2012-2013.
- ▶ Since that time, additional Counties have opted to participate in this Project.

### COUNTY PLANNING AND NEEDS ASSESSMENT TEAM

- ▶ The Berks County team consists of representatives from Juvenile Probation, Child Welfare, CASSP, Mental Health/Developmental Disabilities, and the Drug/Alcohol Single County Authority.
- ▶ Advocates and Providers have the opportunity to review and comment on the Human Services Block Grant Plan.

### SPECIAL GRANTS ALLOCATION PROJECTIONS

FY 14/15
\$764,910

Special Grants encompasses Multisystemic Therapy, Truancy, Family Group Decision Making, and Housing.

### COUNTY HUMAN SERVICES PLAN

- ▶ Plan will be submitted to DPW by July 7, 2014
- ▶ The planning process will be comprehensive and will include all county level human service systems as well as constituency groups of each of these departments.
- ▶ The focus will be on identifying local needs and developing strategies and goals to implement quality cross system services to meet the need.

## QUESTIONS

Human Services Block Grant County Lead:

*Edward B. Michalik, Psy. D.*

Berks County MH/DD Administrator

633 Court Street, 15<sup>th</sup> floor

Reading, Pa 19601

610-478-3271

[emichalik@countyofberks.com](mailto:emichalik@countyofberks.com)

**County Citizen's Advisory Board Meeting**  
**June 26, 2014**

Present: Michele Ruano-Weber, George Kovarie, Michelle Fronheiser, Wendy Seidel, Melissa Haydt, Ben Rodgers, Larry Sundberg, Lindsay Johnson, Lissette Carcausto, Sheila Bressler, Tamara Smith, Mark Reuben, Barbara Werner, Christine Gonzalez, Veronica Seitzinger, Marie Erlandson, Lynn Millar,

1. **Welcome and Introductions:** Marie Erlandson

Veronica read a letter to the board that was received from Jo Miller's husband, Tom Herman.

There were two new board members present, Larry Sundberg and Tamara Smith and four agency interns.

2. **Approval of Minutes:** Marie Erlandson

The minutes for the Berks County Children and Youth Services Citizen's Advisory Board Meeting for May 22, 2014 were approved as sent.

3. **Block Grant** – George Kovarie

Berks County is one of thirty counties across Pennsylvania that is involved in the block grant. The first year Berks was accepted and this is our third year in a block grant environment. Funding of the block grant includes these services but it encompasses a number of human services. Elements of our money is included in this. It was originally a pilot that was approved for the fiscal year 2012-2013 and since then additional counties are participating in this. The county planning and needs assessment team includes Juvenile Probation, Child Welfare, COCA, AAA, MH/DD and CASSP. Advocates and providers have the opportunity to review and comment on the human services block grant and to do so you can contact Michele Ruano Weber to see a copy of that or to otherwise access that before its submission on July 7, 2014. The total allocation in the block grant for all those programs is a little over 6 ½ hundred thousand dollars. One of the elements to point out here is the MST program. The folks there have been pretty good at refinancing those services through behavioral health so MH/DD pays for that through the community. We're coming to the end of the fiscal year and don't want to return this money and so with reasonable projections about what we will actually spend between now and the end of the fiscal year we were able to extract \$75,000 and move it to where we know it can be used right away and there's a back log for the Council on Chemical Abuse. We transferred \$75,000 to the COCA account. We can be flexible about the money. That is probably the most significant improvement we see as a result of block grant participation. The plan is going to be submitted by July 7, 2014. Michele Ruano-Weber from MH/DD has been driving this and coordinating it. If you have any specific questions or want to see the plan Michele can furnish that to you. For this coming year for year 3 you have a lot more flexibility you can take 50% and move it somewhere else.

It's a lot of money for us too but we're just in a much higher scale and the temptation to not raise taxes in an election year and siphon this money off to pay an otherwise liability that may pressure the raise of taxes.

4. **Children's Alliance Center** – Melissa Haydt

The Children's Alliance Center is a multidisciplinary approach to child abuse sexual abuse investigation. The planning committee for the Children's Alliance Center was started in 1999. In 2004 the Children's Alliance Center opened. It comes under the umbrella of Opportunity House. Forensic interviews for sexually abused children are conducted at the Children's Alliance Center and the referrals either come from law enforcement or from Children and Youth. Our forensic interviewer will conduct a forensic interview with the detective and Children and Youth observing and sometimes a prosecutor. Children and Youth and the detectives will have a copy on a CD of the interview. All of the interviews are expunged from our system within 90 days. There was a new interview system installed and is working nicely. Twice a month we have a multidisciplinary investigative team meeting to discuss each and every case coming through to the Children's Alliance Center. In terms of moving forward we are looking at a new location. What we would like to be doing at the new location are medical exams and have Children and youth and detectives housed there so that everything is in 1 location and we're going to have Allison Hill there 1 day a week for evaluations and counseling. Last year we did 460 forensic interviews. This year, so far, we have done about 160. This number will probably go up because of the change in laws. We have been able to secure 2 major donors for the center. We have the most restrictive laws in the country when it came to the definition of child abuse.

5. **Executive Director's Report:** George Kovarie

We're coordinating training with the state so that our supervisors and all of our staff become familiar with what they have to implement. Most of which is going to be January 1, 2014.

The needs based plans and budget to the state is due August 15 and we have no state budget yet. You have all been hearing the state is in the hole a few billion dollars. That's a lot of money that they have to carve out of our tentative allocation that we got this spring. There is a whole host of new child abuse amendments now that speak to and around all of that what is going on around Jerry Sandusky including broadening of the definition of child abuse and perpetrators. In our county we expect a reasonable assessment of the increase of services. County match draws down much larger sums of money and so we have to be able to see where the state is going to put their money in our services and all the other services that we rely on. July 11, 2014 is our Public Hearing and for those board members who can attend we would appreciate it. It is also the opportunity for public input. We incorporate that into our final recommended plan. How much property tax money do we have to come up with in order to support these now new mandates? County directors all over the state are saying we need some relief. There's

going to be a funding showdown as a result of what the particulars the state budget is and whether or not counties can meet these new mandates.

4. **Old Business:** Veronica Seitzinger

Gary Fronheiser and Veronica met with Commissioner Leinbach and requested a meeting with the president judge. This meeting will take place on July 29, 2014 to discuss further the parent attorney issue. The 1 thing that hit me is the idea of the parent attorneys having an office but perhaps being under the jurisdiction of the public offender's office. The accessibility for these parents to the attorneys is vital.

The issue with is what we have seen in the news media. There's an awful more that goes on behind the scenes and that is unfortunate that it got a life of its own with Dan Kelly's misrepresentation with the facts. Commissioner Barnhart states he can't support this without somebody showing data and justification we would like to have 5 plus a staff member. You have to come to me first quarter of the year and justify why you need this and I'll try to advocate for you but once you get into the fall forget it.

5. **New Business:** Veronica Seitzinger

6. **Adjournment:** Veronica Seitzinger

THE NEXT MEETING will be held our public meeting on **July 11, 2014** at 10:00 a.m. at the Berks County Services Center, 9<sup>th</sup> Floor Conference Room