

# COUNTY OF BUCKS

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## HUMAN SERVICES BLOCK GRANT

**FISCAL YEAR 2014 - 2015**

Robert G. Loughery, Chairman, Commissioner  
Charles H. Martin, Vice-Chairman, Commissioner  
Diane M. Ellis-Marseglia, LCSW, Commissioner

**COUNTY OF BUCKS HUMAN SERVICES BLOCK GRANT  
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## PART I: COUNTY PLANNING PROCESS

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The Bucks County Executive Planning Team is comprised of the following individuals: Department of Human Services Division Director, Administrator of Mental Health/Developmental Programs (MH/DP), MH/DP Fiscal Manager, Interim Director for Behavioral Health, Deputy Director of Behavioral Health, Deputy Director for Mental Health, Director of Intellectual Disability, Children and Youth Director, Children and Youth Quality Assurance Supervisor, Children and Youth fiscal staff, Bucks County Drug and Alcohol Commission (SCA) Director and Assistant Director along with fiscal staff, and community housing provider leadership from the Bucks County Opportunity Council.

The Executive Planning team worked throughout the year with critical stakeholder groups who supported the planning process through feedback and data collection. These groups included consumer and family groups such as PRO-ACT, service providers from every Department, and individual Department's (Children and Youth, MH/DP, ID, Drug/Alcohol) Board of Directors (which includes constituents from legal, education, recovery support, finance, consumers, youth, medical etc...). The Mental Health (MH) and intellectual Disabilities (ID) planning committees including the Community Satisfaction Team (CST) and providers were invited to provide feedback on our performance and outcomes. Information collected by the CST drives how the Department enhances, supplements, or eliminates programs as data indicates. The Community Support Program (CSP) also has input into the MH plan.

Additional input for Block Grant planning across systems involved participation by various Advisory Councils, Bucks County Drug/Alcohol Board of Directors, BC Department of Corrections, Juvenile Probation, Housing Providers, the Recovery community, Peer Specialists, Magellan Behavioral Health, and Bucks County Behavioral Health Services.

Further, the Bucks County Commissioners and the County Chief Operating Officer were informed throughout the process and completed a final review of the allocations and recommendations from the Executive Planning Team. The resolution for the Block Grant allocation was presented and approved publically at the Bucks County Commissioner's meeting held on June 18, 2014.

These stakeholder groups were provided an opportunity to participate in the planning process through multiple review/feedback meetings as well as strategic planning discussions related to future needs. In addition, our Children and Youth department sends out client surveys that provide an opportunity for family members to give feedback on the services received during the course of their involvement with the county.

Additional regular meetings held within the county that review service processes and outcomes that impact Block Grant planning include our: Integrated Children's Services Planning Committee, Children's Coordination Steering Committee, Children's Roundtable, and our Transition Age Youth (TAY) Subcommittee of the Children's Coordination Committee.

## PART I: COUNTY PLANNING PROCESS

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Each of these inputs helps guarantee services provided in the county are seriously considered and maintain the value of providing services in the least restrictive setting that meets the recipient's needs. The committees are empowered to consider individual cases where a resident's needs may not be being met within a particular program so that the situation may be resolved through program coordination and collaboration, seeking a shift in funding if needed between programs to meet a need. We are held accountable to that standard by our community partners and stakeholders.

As a result of these inputs, and last year's outcomes, some programmatic changes are being made for our 2014-15 Block Grant plan. For example, we have changed our Family Group Decision Making provider and anticipate increased usage in the coming year. Further, we anticipate additional FGDM participation from increased referrals from our drug and alcohol programs. Within our Children and Youth allotment our biggest reallocation is to cover needs for the Truancy diversion program which has had excellent direct and indirect outcomes.

Additional programmatic changes within departmental spending are noted within the individual sections of the Block Grant Plan.

## PART II: PUBLIC HEARING NOTICE

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Bucks County provided several avenues for public input into 2014-15 Block Grant planning including posting notice of the hearings on the official County website and announcements through the County's official Facebook page and Twitter feed.

Guidelines for the 2014-15 Block Grant were posted on the website along with the 2013-14 Block Grant Plan and an executive summary of services provided during the past through the block grant funding.

A public Hearing notice was posted in the Bucks County Courier Times and The Intelligencer, the two primary local newspapers. The notice announced that the County was holding public hearings on June 9<sup>th</sup> in Quakertown PA and June 10<sup>th</sup> in Bensalem PA. Both hearings were scheduled for 6:30 PM in an effort to increase attendance from the previous year's hearings which were held during the day and were sparsely attended. The notice included an invitation to provide comments in writing via email to the Department of Human Services (email address provided) for anyone who preferred to communicate using this method or was unable to attend the public hearing.

Quakertown and Bensalem were chosen as public hearing locations as they geographically represent the northern and southern parts of the county and are easily accessible.

In addition to posting notice of the hearing on the County website and in the local newspapers, each of the Human Service Departments in the county were provided flyers promoting the events which were posted in various county offices.

The public hearing in Quakertown on June 9<sup>th</sup> was facilitated by Bucks County's Department of Human Services Director and included participation from the Children and Youth Director, the Director of the Bucks County Drug and Alcohol Commission, The Deputy Director for Mental Health, the Deputy Director for Intellectual Disabilities, and the Director of the Bucks County Opportunity Council. The meeting was attended by six (6) members of the community and the following input was received from participants:

- Peer support is seen as a valuable and effective method of helping individuals in need and while the county Human Services system does use this method with some services it can be increased in other areas including truancy and homeless services. The gentleman making the remarks offered to help.
- Truancy services were recognized as a positive service in the community although it was pointed out that the focus on truancy does not always lead to enough services for the other needs the family may have.
- The National Alliance on Mental Illness (NAMI) representative at the meeting shared a program called Ending the Silence that has shown success in helping school districts and counties reduce stigma to mental illness in the critical age bracket of school age children. NAMI Bucks County is planning on increasing the program to be provided in every school district and was requesting support in this effort.
- A representative from Voice and Vision shared her perspective that while our Bucks County community is rich in religious organizations that provide supportive services to the community, there is much to do in the way of getting information out to the community and to educate people on what is available. We have to work better together, pool resources, acknowledge each other, and use our businesses and veteran groups better. She further suggested we consider the use of focus groups to learn better about the needs and services.

## PART II: PUBLIC HEARING NOTICE

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The public hearing in Bensalem on June 10<sup>th</sup> was facilitated by Bucks County's Department of Human Services Director and included participation from the Children and Youth Assistant Director, the Director of the Bucks County Drug and Alcohol Commission, The Deputy Director for Mental Health, the Deputy Director for Intellectual Disabilities, and the Assistant Director of the Bucks County Opportunity Council. The public hearing in was attended by thirteen (13) members of the community and the following input was received from participants:

- One member of the community requested information on the number of people served through MH/ID services in the community as well as how the Block Grant worked and that information was provided.
- A parent who attended the meeting shared her experiences with the Human Services system and pointed out the difficulties she has had accessing appropriate services for her son. She shared that her son is "high functioning" which sometimes causes him to be ineligible for needed services. Further she made us aware of the multiple intakes and processes that her child has had to endure. She reported that she has had to travel "over an hour, one way, for a 45 minute appointment" and has had difficulty scheduling because of the hours of providers being typically during daytime (work) hours. Saturday appointments have been available to her only every other month for one hour.

She further shared with us her frustration that while her son has gotten in trouble for drugs, because he is over 14 he can sign himself out of treatment. This mother painted a picture for our Human Services leaders of her difficulty accessing meaningful treatment for her son and family.

- A representative from Voice and Vision spoke about some of her observations of services in the community but raised the important question of "how do we work with those organizations in the community who are willing to help, how do we reach out and engage those services"? This was a consistent message in our hearing related to finding ways to best communicate and use our services that was have in the community that are only known about in small pockets of the population. The need to work collaboratively toward a continuum of care was a shared feeling of those in the room.
- A member of our Citizens Advisory Board for Children & Youth asked if the use of our programs, specifically multi-systemic therapy and drug and alcohol services as well as work with Intellectual Disabilities are linked up with keeping the children in the home and how foster parents are supported. Our Assistant Director for Children and Youth shared her thoughts on his questions about efforts to keep kids in their own homes and support foster parents when children are in need of out of home care.
- A representative of the National Alliance on Mental Illness (NAMI Bucks County) asked about crisis treatment related to alcohol and heroin and specifically asked about the availability of Narcan as a treatment option. Our Director for the Drug and Alcohol Commission shared with the group how treatment is occurring now pointing out that there is not a county wide ruling or acceptance of rescue medications and it depends on the department/municipality. She further detailed some of the work of the DA Commission. Finally in response to the heroin epidemic, one strategy is to encourage the use of rescue medications (Naloxone and Narcan), an issue currently under legislative consideration.

## PART II: PUBLIC HEARING NOTICE

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Following the Directors remarks, there was discussion about the heroine epidemic in Bucks County and how it is impacting every school district and neighborhood. One participant at the meeting shared that she had a neighbor die of a drug overdose recently and never would have predicted that her neighbor had a drug problem.

The need for continued education on the drug problem and a coordinated community response was reiterated in the meeting.

No email comments related to the Block Grant planning were received by the Human Services office.

Ad Content Proof

NOTICE OF HEARINGS  
COUNTY OF BUCKS  
HUMAN SERVICES  
DEPARTMENT

RECEIVED  
JUN 05 2014  
HUMAN SERVICES

County of Bucks Human Services Department Will hold two (2) public hearings on the Human Services Block Grant Plan - FY 2014-2015 Guidelines **only** - posted at the following website:

[www.buckscounty.org](http://www.buckscounty.org)

Public Input encouraged

Monday, June 9, 2014  
6:30 - 8:30 PM

Meeting Room  
Quakertown Branch Library  
401 West Mill Street  
Quakertown, PA 18951-1248

AND

Tuesday, June 10, 2014  
6:30 - 8:30 PM

Large Meeting Room  
Bensalem Branch Library  
3700 Hulmeville Road  
Bensalem, PA 19020-4449

(The Bucks County Free Library does not endorse or advocate the views of any group using our meeting or conference rooms).

For additional information or unable to attend please forward written comment to email: [jerubin@co.bucks.pa.us](mailto:jerubin@co.bucks.pa.us) Or call: 215-348-6203 or 215-348-6201  
11 Jn 1

3-007612006  
0006642840-01

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

June 01, 2014

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

LEGAL BILLING CO-ORDINATOR

COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Karen McGovern, Notary Public  
Tullytown Boro, Bucks County  
My Commission Expires Feb. 19, 2017  
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Affirmed and subscribed to me before me this 2nd day of June 2014 A.D.

# Bucks County, SS.

RECEIVED

JUN 26 2014

HUMAN SERVICES

NOTICE OF HEARINGS  
COUNTY OF BUCKS  
HUMAN SERVICES  
DEPARTMENT

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For additional information or unable to attend please forward written comment to email: [jerubin@co.bucks.pa.us](mailto:jerubin@co.bucks.pa.us) Or call: 215-348-6203 or 215-348-6201 11 Jun 1

Pat Vigneau Being duly affirmed according to law, deposes and says that he/she is the

Billing Manager

(Manager or Designated Agent)

of the COURIER TIMES INCORPORATED, Publisher of The Bucks County Courier Times, a newspaper of general circulation, published and having its place of business at Levittown, Bucks County, Pa.; that said newspaper was established in 1910; that securely attached hereto is a printed notice which is exactly as printed and published in said newspaper on

June 1, 2014

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

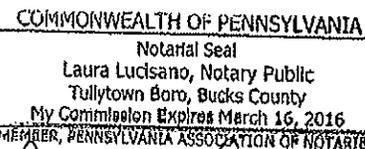
Pat Vigneau

Billing Manager

Affirmed and subscribed to me before me

This 26 th day of June 2014

A.D. 2014



Laura Lucisano

**PUBLIC NOTICE**

**NOTICE  
COUNTY OF BUCKS  
HUMAN SERVICES  
DEPARTMENT**

County of Bucks Human Services Department  
Will hold two (2) public hearings on the Human  
Services Block Grant Plan – FY 2014-2015  
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The Official Site of Bucks County, Pennsylvania

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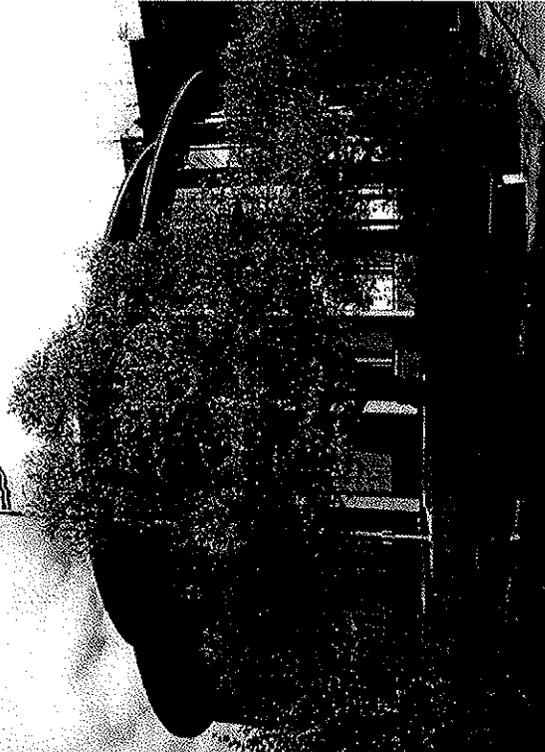
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## Quick Links

## Bucks County News

- Commissioners' Bi-Weekly Meeting At Langhorne's Today Inc. Features 41 Contract Approvals for 16 County Departments  
Jun 19, 2014
- Bucks County Recorder of Deeds Office to Offer Veterans Discount Cards At Two Upcoming Locations  
Jun 16, 2014
- Bucks County Recorder of Deeds Office to Offer Veterans Discount Cards At Two Upcoming Locations  
Jun 09, 2014
- Got Your Library Card? Commissioners Visit Quakertown Branch of the Bucks County Free Library  
Jun 05, 2014



## Bucks County Commissioners

Robert G. Loughery, Chairman  
Charles H. Martin, Vice-Chairman  
Diane M. Ellis-Marseglia, LCSW

On behalf of the Board of Bucks County

## Highlights

FY 2014 - 2015 Human Services Plan - Public Notice, Meeting Announcement and Plan Guidelines

32nd Annual Bucks County

## Bucks County Election Information

## Unofficial Election Results

Board of Elections  
Department

Revision History, Version 11 modified May 31<sup>st</sup> at 9:03 pm

## Revision History of Health and Human Services

Delete

VERSION	LAST EDITED	BY	NOTES
<input type="checkbox"/> 11.0 Currently Published	31 May, 2014; 09:03 PM	Juliet Keichner	Write note
<input type="checkbox"/> 10.0 Previously Published	22 May, 2014; 01:27 PM	Juliet Keichner	Write note
<input type="checkbox"/> 9.0 Previously Published	22 May, 2014; 01:24 PM	Juliet Keichner	Write note
<input type="checkbox"/> 8.0 Previously Published	21 Oct, 2013; 11:15 AM	Juliet Keichner	Write note
<input type="checkbox"/> 7.0 Previously Published	10 Oct, 2013; 12:44 PM	Juliet Keichner	Write note
<input type="checkbox"/> 6.0 Previously Published	30 Sep, 2013; 01:43 PM	Juliet Keichner	Write note
<input type="checkbox"/> 5.0 Previously Published	30 Sep, 2013; 01:11 PM	Juliet Keichner	Write note
<input type="checkbox"/> 4.0 Previously Published	19 Jun, 2013; 11:51 AM	Rosanna Rivera	Write note
<input type="checkbox"/> 3.0 Previously Published	19 Jun, 2013; 11:47 AM	Rosanna Rivera	Write note
<input type="checkbox"/> 2.0 Previously Published	13 May, 2013; 12:24 PM	Rosanna Rivera	Write note
<input type="checkbox"/> 1.0 Previously Published	26 Mar, 2013; 08:27 PM	Rosanna Rivera	Write note
<input type="checkbox"/> 0.1 Initial Draft	26 Mar, 2013; 08:20 PM	Rosanna Rivera	Write note



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- ▶ [Row Officers](#)
- ▶ [Bucks County Election Information](#)
- ▶ [Bucks County Justice Center](#)

## Government

### Health and Human Services

The division of Health and Human Services is established to oversee the County administered programs delivering social services and health to residents of Bucks County. These programs include

- [Area Agency on Aging](#)
- [Children & Youth](#)
- [Health Department](#)
- [Mental Health/Developmental Programs](#)
- [and the County Nursing Facility, Neshaminy Manor](#)

The Human Services Divisional Office also has administrative oversight of four, quasi-County, agencies which include

- [Bucks County Workforce Investment Board](#)
- [Behavioral Health System](#)
- [Drug and Alcohol Commission](#)
- [and the Opportunity Council](#)

The Health and Human Services Divisional Office administers the Human Service Development Fund Grants (HSDG), the Homeless Assistance Program (HAP), and the Behavioral Health Services (BHS) under the Health Choices Program. It is staffed with an Administrator, Deputy Administrator, a Policy and Planning Specialist, and an Administrative Assistant.

The Divisional Office works collaboratively with public and private agencies to identify barriers and gaps in services, coordinate programming for efficient and effective service delivery and advocates with legislators and government offices for adequate funding to meet the needs of County residents.

The Bucks County Commissioners, along with the Bucks County Health and Human Services Division, are compiling a "wish list" of needs for local Non-Profit Organizations. For more information, click here to go to the [Non-Profit Wish List Page](#).

[PA Resources for Families - Information for all stages of a healthy life for you and your family.](#)

### NOTICE COUNTY OF BUCKS HUMAN SERVICES DEPARTMENT

The County of Bucks Human Services Department will hold two (2) public hearings on the Human Services Block Grant Plan - FY 2014-2015 FY 2014-2015 [Human Services Plan Guidelines](#) only)

#### Public Input encouraged:

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Published June 11, at 9:21 am (removed meeting notice)

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## Quick Links

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Jun 09, 2014
- **Got Your Library Card? Commissioners Visit Quakertown Branch of the Bucks County Free Library**  
Jun 05, 2014



### Bucks County Commissioners

Robert G. Loughery, Chairman  
 Charles H. Martin, Vice-Chairman  
 Diane M. Ellis-Mareglia, LCSW

On behalf of the Board of Bucks County Commissioners, welcome! Whether you're here to search for a park where you can enjoy recreational time with family, research human services, apply for a county position, read a news summary, or download an official form, we are *At Your Side*.

### Highlights

**Notice: The Public Information Counter at the Lower Bucks Government Services Building will be closed through Thursday, June 12, 2014. There will be no gun permits, passports, job applications or dog licenses available. We apologize for the inconvenience.**

**FY 2014 - 2015 Human Services Plan - Public Notice and Plan Guidelines**

### Bucks County Election Information

#### Unofficial Election Results

- Board of Elections Reapportionment
- Senator in the General Assembly
    - Map
  - Representative in the General Assembly
    - Map



REVIEWS

982 people reached

Boost Post

Bucks County Gov shared a link. Posted by Juliet Kelchner June 10

Second and final public meeting for the Human Services Block Grant tonight beginning at 6:30 pm at the Bensalem Library. http://www.buckscounty.org/government/HumanServices

Health and Human Services www.buckscounty.org The County of Bucks Human Services Department will hold two (2) public hearings on the Human Services Block Grant Plan -- FY 2014-2015

Like Comment Share

Write a comment...

85 people reached

Boost Post

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Health and Human Services www.buckscounty.org The County of Bucks Human Services Department will hold two (2) public hearings on the Human Services Block Grant Plan -- FY 2014-2015

Like Comment Share

Write a comment...

106 people reached

Boost Post

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 **BucksCountyGovt**  
@BucksCountyGovt 

Two Human Services Block Grant Hearings (14-15) scheduled next wk. June 9 (6:30-8:30 p.m. in Quakertown) and June 10 (6:30-8:30 in Bensalem)

← Reply ↻ Retweet ★ Favorite ... More

RETWEET 1

2:59 PM - 6 Jun 2014

Twitter  
June 6  
June 9<sup>th</sup> and June 10<sup>th</sup>

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 **BucksCountyGovt**  
@BucksCountyGovt 

First Public Meeting for the Human Services Block Grant tonight at Quakertown...  
[fb.me/31S2vDTRp](http://fb.me/31S2vDTRp)

← Reply ↻ Retweet ★ Favorite ... More

RETWEET 1

4:29 PM - 9 Jun 2014

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 **BucksCountyGovt**  
@BucksCountyGovt 

Second and final public meeting for the Human Services Block Grant tonight beginning at 6:30 pm at the Bensalem...  
[fb.me/6BYccUSy7](http://fb.me/6BYccUSy7)

← Reply ↻ Retweet ★ Favorite ... More

10:40 AM - 10 Jun 2014

# & STATE

## n 2 alumni

al. He began volunteering with itat for Humanity as an ergraduate, and helped build ses in Philadelphia and South ca. Since his graduation, he has eled to Borneo, Malaysia, Chile, Zealand, and Romania to build ses. He works as an engineer for Solar in Colorado.  
aylor exemplifies the spirit of ice that students cultivate while at nova," Kolb said.

— Laura McCrystal



Jim O'Neil Youth Football Camp at

ation trails," Jewell said in a ment.  
pewell Big Woods, part of the ylkill Highlands, is noted for its aants of the early American iron stry.  
ational Trails Day featured hikes, ational programs, bike rides, rehabilitation projects, festivals, lle trips, and trail dedications ss the country.  
r more information, go to t.americantrails.org.

— Inquirer staff

### MONTGOMERY COUNTY

## Vereb to lead Republicans

**NORRISTOWN** Montgomery County Republicans unanimously chose State Rep. Mike Vereb to a full, four-year term as chairman of the party, and former prosecutor Maureen Coggins as vice chair during a gathering last week at the Westover Country Club.

Robert Griffith was reelected secretary-treasurer, said John Kelemen, executive director of the county GOP party.

The vote was taken Thursday night at a meeting held every four years to elect officers that was attended by 451 committee people or their proxies, Kelemen said.

This will be Vereb's first full four-year term. He took over as chairman in December when his predecessor, Robert J. Kerns, resigned just before being arrested on charges including rape.

Coggins, who narrowly lost a bid last year for a county judgeship, and Vereb were the only candidates for their party positions.

Vereb said he was gratified for the support county Republicans showed him.

"We're ready to move ahead," he said.

On his immediate agenda, he said, is to "engage folks for the November election, and make sure we get areas, especially Republican areas, to come out and vote."

— Carolyn Davis

### BUCKS COUNTY

## Public input sought on plan for human services grants

**DOYLESTOWN** Bucks County's Human Services Department seeks public input this week on the use of its Human Services Block Grant Plan for the coming fiscal year.

The plan involves how best to use county services in areas including mental health, juvenile justice, and drug and alcohol treatment.

The first public hearing on the matter is scheduled for 6:30 to 8:30 p.m. Monday at the Quakertown Branch Library on Mill Street.

The second public hearing is scheduled for 6:30 to 8:30 p.m. Tuesday in the Bensalem Branch Library on Hulmeville Road.

For more information or to submit a written comment, send an e-mail to jerubin@co.bucks.pa.us or call 215-348-6203.

— Ben Finley

## PART III: WAIVER REQUEST

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The County of Bucks will not be requesting a waiver from the minimum expenditure level for any categorical area.

## MENTAL HEALTH SERVICES

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### Program Highlights:

Within the past year, Bucks County continued its focus of improving on individuals' access to behavioral health services and quality improvement in service delivery. We have seen an increase in the number of individuals that are finding the need to utilize services and are directing our efforts to ensure timely access to services and affording individuals the appropriate level of care. It can sometimes be more challenging to provide supports for individuals that have unique needs. We are striving to provide services utilizing the most culturally competent approaches. We have also been focusing on decreasing our reliance on longer-term treatment options, such as Residential Treatment Facilities (RTF) and Norristown State Hospital (NSH). We believe that a robust continuum of care and timely access to support services decreases the need for higher levels of care, thus supporting recovery and resiliency for individuals with behavioral health challenges.

There continues to be a variety of strengths that Bucks County draws upon in order to support an individual with a behavioral health disorder. We have a strong commitment to peer services, looking at creative ways to not only increase the numbers of peers who are working in the system but how peers support an individual's recovery journey. We have also collaborated with behavioral health partners to provide employment opportunities, which include hosting staff trainings for skill development. Another strength is the relationships that have been built in order to support individuals in the system. These include the criminal justice system, various county agencies (AAA, Children and Youth, Probation and Parole, etc.) and community partners.

There are also a variety of unmet needs that still exist within the County. Some issues that are consistent among age groups continue to be safe, affordable housing and the ever-increasing need for county-funded support services such as Outpatient, Psychiatric Rehabilitation, Assertive Community Treatment (ACT), Case Management, and Residential. Additional program highlights are included in the next section.

### Strengths and Unmet Needs:

The information below outlines the strengths and unmet needs that are specific to the various target populations served by the behavioral health system. Information incorporated into the identified strengths and unmet needs were obtained through feedback from each of the local Community Support Programs (CSP) in Bucks County:

#### Older Adults (ages 55 and above):

##### Strengths:

There is a strong partnership between the county offices of Area Agency on Aging (AAA), Mental Health/Developmental Programs (MH/DP), and Drug & Alcohol (D&A) to identify areas in which to collaborate in order to serve the older adult population.

The Senior Empowerment for Life Fulfillment (SELF) program is collaboration between the Bucks County Departments of MH/DP and AAA, which serves as a model in providing behavioral health services to the aging population.

Older adults have been trained and employed as Certified Peer Specialists.

The availability of dependable transportation for older adults to needed medical and psychiatric appointments through the Customized Community Transportation Connect Program (CCT Connect), as well as Bucks County Transportation (BCT).

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Mental health programs have continued to collaborate with community programs such as Meals on Wheels in order to specifically serve older adults who are isolated throughout Bucks County.

### Needs:

Increase awareness of risk for alcohol-related problems and accidental or intentional misuse of prescription drugs.

Address stigma that is associated with older adults accessing behavioral health services.

Increase the availability of mobile services for those who are unable to access traditional site-based behavioral health services.

Increase of the use peer specialists for the older adult population.

Offer more county wide educational opportunities for older adults, families and professionals within Bucks County, in order to communicate the benefits of mental health treatment and accessibility of services.

Increase the availability of housing for older adults within Bucks County in order to support the unique needs specific to this population.

### Adults (ages 18 and above):

#### Strengths:

The mental health system has developed strong relationships and collaborations with the D&A system, the criminal justice system, the managed care organization (MCO) Magellan Behavioral Health of PA (MBH), and provider agencies.

The behavioral health system has established a re-commitment to peer support services and has developed a plan to continue to move peer support forward in Bucks County.

Reorganizing the Community Support Program (CSP) of Bucks County has allowed for further stakeholder voice and has assisted in the growth of peer, provider, and county collaboration.

The Mental Health Department continues to improve access to Mental Health Residential Services.

The mental health system has developed a strong relationship with the Office of Vocational Rehabilitation (OVR), creating opportunities for individuals on disability to return to work with the support of job coaching.

#### Needs:

Greater availability of county funded resources for the increased numbers of individuals who are ineligible for Medical Assistance.

Enhanced quality behavioral health services for individuals with multi-system involvement.

Greater availability and diversity of affordable housing options outside of Bucks County Mental Health Residential Programs.

Increase public education in order to decrease the stigma associated with mental illness.

Continue to work with providers to incorporate trauma informed care within various services throughout Bucks County.

### Transition-Age Youth (TAY) – ages 18 through 26:

#### Strengths:

Strong leadership from the TAY workgroup, which defines the direction of program development, supports monthly MY LIFE Meetings and has created an information exchange network.

Expansion of the Transition to Independence Program (TIP), which is an empirically supported model to engage and support young adults in their future planning processes.

Development of a free standing Peer Support program for young adults and expansion of the role of CPS

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in the TIP program.

The ICCP (Interagency Case Conference Process) meeting supports providers in encouraging effective preparation for members to transition to recovery management as young adults.

Expansion of mental health housing for the TAY population.

### Needs:

Provide assistance to individuals to obtain his/her own resources (financial, emotional, and social) as well as available behavioral health services that address this age group's particular needs.

Continue to recognize young adult's access community services differently – more use of technology and social networking sites.

Greater understanding of the impact of trauma on a young person's life has an effect on his/her safety and relationships, which left unaddressed, hinder personal/emotional growth and recovery.

Increase awareness that there is a high rate of co-occurring substance use which frequently goes unrecognized by the young adult.

Increase community awareness education on mental illness for the TAY population through programs such as Youth Mental Health First Aid.

### Children:

#### Strengths:

Bucks County utilizes a System of Care (SOC) approach which has served as the conceptual and philosophical framework for systemic reform in children's behavioral health.

The Children's Coordination Steering Committee (CCSC) has created a strong collaboration with multiple systems in addressing the mental health needs of children, youth, and families.

Hi-Fidelity Family Teams is a program that has been an effective support to both parents and the youth.

Collaboration and communication with Children's Crisis Support Program, which connects with families while the child is inpatient.

Availability of respite services for children and families.

#### Needs:

Increased need for access to targeted respite support for children being discharged from Residential Treatment Facilities (RTF).

Ensure families connect with natural supports when youth are transitioning home after RTF placement.

Improved communication between the various levels of care regarding treatment and barriers to treatment, especially when a higher level of care is recommended.

Increase awareness of mental health stigma and bullying among educators, families, and children in schools.

### **Special/Underserved Populations**

#### Individuals transitioning out of state hospitals:

##### Strengths:

Development of community supports that has decreased the need for state hospital usage.

Increased community tenure for those discharged from the state hospital due to community supports.

The Community Support Plan (CSP) process is utilized with those who transition to the community from the state hospital, which brings opportunity to connect individuals with community supports and allow for transitional visits prior to discharge.

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### Needs:

Increased availability of specialized treatment supports (i.e. trauma, dialectical behavioral therapy (DBT), ACT, Clubhouses, etc).

Greater accessibility to housing options that provide skill building opportunities for individuals who have long stays within the state hospital.

### Co-occurring Mental Health/Substance Abuse:

#### Strengths:

Development of a detox/rehabilitation program which will also support coordination of care for individuals who have co-occurring mental health/substance abuse disorders.

The Outpatient Enhancement Initiative has created a strong collaboration among the behavioral health system in order to enhance the quality of outpatient services for individuals receiving co-occurring treatment.

The Co-Occurring Collaborative Workgroup brings together behavioral health providers to address the needs of the co-occurring population.

Recognition of the need for co-occurring treatment by the behavioral health system.

### Needs:

Increase availability of truly integrated mental health/substance abuse treatment.

Drug and alcohol detox/rehabilitation facilities that also provide personal care assistance for the older adult population.

Increase partnership between the behavioral health system and recovery houses within Bucks County, specifically those involved in the Recovery House Association.

Increase availability of residential and inpatient services that provide co-occurring treatment.

Increase availability of more co-occurring support groups such as Double Trouble.

### Justice-Involved Individuals:

#### Strengths:

Implementation of mobile crisis, which provides rapid response for individuals who may interface with law enforcement.

Training initiative for the criminal justice system including Crisis Intervention Team (CIT) for police, security officers, 911 dispatchers, etc. Another training provides a trauma informed care curriculum for correctional officers, probation officers, and law enforcement personnel.

The Severe Mental Illness (SMI) workgroup has developed a strong collaboration between the behavioral health system, County jail, probation officers and provider agencies. The purpose is to identify resources necessary for the successful release of individuals to the community.

The use of forensic peer specialists to assist with community reintegration for individuals released from jails.

#### Needs:

Greater availability of resources for individuals in the behavioral health system that have criminal justice involvement.

Increased community reintegration supports for individuals maxing out of state sentences.

Jail step-down options for treatment and residential support services.

Increase community awareness to address stigma for individuals with mental illness who also have criminal backgrounds (i.e. potential employers, property managers, etc).

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Continue to increase training of mental illness to staff who works in jails and probation/parole officers.

### Veterans/LGBTQI/Racial/Ethnic/Linguistic Minorities:

These are areas in which we struggle to provide adequate resources. More specifically unmet needs relate to the challenges that individuals experience such as being able to communicate with a clinician who speaks the same language. We are looking for stakeholder input to provide us with direction in how to address these unmet needs. One area of strength identified includes LGBTQI being addressed in the Bucks County Outpatient Enhancement Initiative. In a recent survey conducted, individuals receiving outpatient treatment indicated that services have been helpful in this area.

### Other:

#### Strengths:

Reorganization of the Bucks County Suicide Prevention Task Force. Subcommittees have been developed to address target populations and prevention opportunities.

Development of a regional extended acute care (EAC) program.

As noted, the initiatives below describe our efforts to improve access and enhance quality service delivery.

**Crisis** – In 2013, Bucks County received approval that our crisis reinvestment proposals were approved. The proposals are our attempt at enhancing the crisis services that serve adults throughout the County. Our intention is to move from a predominantly hospital-based service to one that is more mobile, in order to meet an individual's crisis needs "where they are". The first phase of our crisis enhancement involves the development of a mobile crisis team. Lenape Valley Foundation (LVF) has provided crisis services in Bucks County for over 37 years. Their experience in the behavioral health system, as well as their community partnerships, has afforded them expertise to provide mobile crisis services for the County. One of those partnerships includes their role as co-chair of the Crisis Intervention Team (CIT) Taskforce. On a daily basis, LVF staff collaborates with law enforcement to serve individuals in need of behavioral health services through mobile outreach. This partnership has diverted many individuals from the criminal justice system into more appropriate behavioral health services, and was successful in connecting individuals in need into treatment that may otherwise not have been engaged in services. LVF has also developed relationships with hospitals and provider agencies throughout the County, in order to link individuals to treatment options to avert future crisis situations. Staff remains engaged with individuals to ensure successful linkages is made.

On July 15, 2013, LVF implemented Mobile Crisis. This is the first step in enhancing crisis services throughout Bucks County. The service is available for the whole County and has been initially limited to Monday through Friday from 9:00 AM to 9:00 PM. Availability and the size of the team will grow as the need increases. We have already received very positive feedback from community members and police regarding situations in which the mobile team has been involved. Several high profile cases to which they've responded at the request of police departments have had positive results. LVF has received its licensure for mobile crisis. The next step is for LVF to contract with Magellan for mobile services in order to be reimbursed through HealthChoices.

It is our intention that the addition of Mobile Crisis supports will provide a rapid response in order to minimize and/or avoid the use of higher more disruptive levels of care. LVF is collecting data in order to

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address our identified outcomes:

Greater consumer satisfaction with the addition of licensed mobile crisis as individuals would be seen in his/her own environment.

Increase the use of peers in the system by expanding peer support in all elements of crisis services.

Increase coordination and collaboration with law enforcement.

Diversion from hospital-based crisis services.

The second phase to enhancing crisis services includes the addition of a Crisis Residential service. Crisis Residential is a voluntary, non-locked 10-bed program. While it will focus on stabilization and inpatient diversion, it also aims to create an opportunity for individuals to begin identifying strengths and resources that lead to recovery and resiliency. The goal is to have individuals discharged within an initial five-day authorized stay, with possible extensions of up to an additional five days, if necessary. Based on voluntary hospitalization rates, we anticipate the Unit will operate near full capacity throughout a full program year. Property on the Lower Bucks Hospital campus has been identified for new construction. Architectural plans have been developed, and LVF is working with the townships around zoning. We anticipate project completion by Spring/Summer 2015. The Crisis Residential program will be adjacent to a state-of-the-art crisis center that will encompass walk-in, telephone, warm line, and mobile services. The crisis center will be in close proximity to another county program, Gaudenzia's detox/rehab program. This will support coordination of care for individuals who have co-occurring mental health/drug and alcohol disorders. The Gaudenzia program will have the ability to do substance abuse assessments 24/7 for level of care determination thus allowing for easy access to needed services.

**Crisis Intervention Team (CIT)** - Bucks County CIT Task Force continues to provide the 40-hour trainings to law enforcement throughout Bucks County. As of April 2014, 215 officers participated in the 40-hour CIT class. The goal is to have 20% of each department trained in the 40-hour CIT class. Approximately 50% of departments have met and exceeded this goal. The CIT Task Force continues to present at the annual CIT International Conference. Currently, two task force members are trained in Mental Health First Aid. In October 2013, Mental Health First Aid training was offered to non-law enforcement police department personnel such as dispatchers, Community Service Officers, and office staff. In terms of outcomes, the CIT Task Force has developed a tracking form and is identifying outcomes. At implementation, several police departments were selected to participate in the outcomes study and are completing the tracking form on all behavioral health related calls. The task force will be identifying additional departments to participate in the study as well as refining outcomes.

**Bucks County Correctional Facility (BCCF) Training Initiative** - Bucks County Department of MH/DP, BCCF, LVF, and Penn Foundation have continued its training efforts for BCCF Correctional Officers (CO). The training is an overview of mental health disorders, co-occurring disorders, and intellectual disabilities. The training provides practical examples when assessing and engaging inmates who may have a mental illness or other challenges. It also provides a broad overview and understanding of involuntary mental health commitments. The training overview has been made a requirement for the Correctional Officer's (CO) annual mandatory trainings. The next training session will be offered in June 2014.

In 2013, staff from Bucks County MH/DP, Penn Foundation, and Bucks County Probation and Parole participated in a Train-the-Trainer event entitled "How Being Trauma-Informed Improves Criminal

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Justice System Responses” provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) GAINS Center/Policy Research Associates. The purpose of this training is for criminal justice professionals to increase their understanding and awareness of trauma-informed care help avoid re-traumatizing individuals and to increase safety for those involved with the criminal justice system. A trauma training for CO’s at BCCF was facilitated by the trainers who participated in the SAMHSA training. This training is anticipated to be provided to other correctional officers, probation officers, and law enforcement moving forward.

**Bucks County Suicide Prevention Task Force** – In 2013, the Bucks County Suicide Prevention Task Force was restructured. A Steering Committee was developed comprising of a group of dedicated community stakeholders. The Steering Committee, with the feedback from the Task Force, developed subcommittees. The subcommittees target various populations including Adults, Transition Age Youth, School Age Youth, Older Adults, Family Members, First Responders, and Professionals/Volunteers. Each subcommittee will focus on prevention/education and postvention. The task force will meet quarterly, and each subcommittee will update the task force on progress toward their identified goals. The Task Force provides feedback, resources, and support to the subcommittees. Other identified goals of the task force include collecting local statistics, developing and distributing a quarterly newsletter, and developing a website.

**Outpatient (OP) Enhancement Initiative** – The behavioral health system continues its efforts to improve the quality of OP services in Bucks County. In late 2013, the Child/Family Outpatient Enhancement Initiative was integrated with the Adult Outpatient Enhancement Initiative, thereby reducing redundancies and administrative burden while setting benchmarks/goals and continuing expectations of progress in all areas. With the merging of these initiatives, expectations of the providers were revised and implemented in early 2014. Some of the major changes included a restructuring of reporting requirements and frequency of provider meetings. In terms of quality of outpatient services, the initiative continues to focus on several critical elements. Progress in these areas is outlined below:

**Initial Access** – Agencies are expected to offer initial appointments within seven days of a request. The large behavioral health organizations now offer same day access. Providers are consistently meeting benchmarks for individuals accessing MH services. Priority access is given to individuals being discharged or released from a psychiatric hospital, drug and alcohol treatment facility, or criminal justice setting.

**Ongoing Access** – The MH providers showed marked improvement for follow-up appointments occurring within 30 days of the initial assessment in 2013. In 2014, specific attention will be paid to psychiatric evaluations for MH providers to occur within 10 days of the initial assessment. The providers also continue to monitor lengths of stay in treatment. Long lengths of stay are reviewed with the clinical supervisor after a certain number of therapy sessions have taken place. Groups are appropriately recommended as an alternative to individual treatment and other peer, community, self-help and natural supports are explored.

**Staff Competencies** – All providers are continuing to hire either staff that are already licensed or who have completed their course work and need supervisory hours to sit for licensure. Those who are hired as license eligible may require up to two years of clinical supervision hours, which is to be provided by the agency. Staff is expected to sit for their licensure exam once they have achieved their clinical

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supervision hours. Currently 61% to 93% of MH clinical staff is licensed with 75% to 100% of supervisory staff licensed. Agencies are continually encouraged to increase staff competencies in a variety of areas, including co-occurring D&A and intellectual disabilities, lesbian/gay/bisexual/transgender/questioning/intersex (LGBTQI), trauma, etc.

Supervision – Critical to the success of this system change initiative is the inclusion of clinical supervision. Components of successful supervision include regularly scheduled and documented supervision (group and individual) for all clinical staff, ongoing clinical and administrative oversight to include chart reviews, review of treatment planning components, and ongoing discussion of the utilization of peer support for those who might benefit from those services rather than continued outpatient therapy. The MH providers now have structured supervision for all clinicians at least twice a month. Some offer specialized supervision tracks such as co-occurring disorders and trauma informed care.

### Special initiatives as a part of the OP Initiative:

Peer Support – Part of OP Initiative includes the effort to raise expectations for employing peer support personnel in a variety of agency roles, including an alternative to long-term psychotherapy, when appropriate. In 2013, all agencies created plans for continued growth of Certified Peer Support (CPS) services, both embedded and fee-for-service. Additional information on CPS is included in the Peer Support description below.

Tobacco Cessation – As part of the expectations outlined in this initiative, providers are strongly encouraged to identify one individual within their agency to become certified as a tobacco treatment specialist. In 2012, each agency submitted applications to the Department of Health and was placed on the Approved Tobacco Cessation Registry. Once these applications were approved, contracting was completed with MBH for reimbursement of tobacco cessation services for Bucks County HealthChoices members. In 2013, training was provided to staff at four providers which included medical directors, psychiatrists, certified register nurse practitioners, nurse navigators, tobacco treatment specialists, and CEOs. The training provided agencies with information regarding available tobacco cessation pharmaceutical agents and recommended prescribing patterns. Emphasis was placed on the progress each agency was able to make in integrating tobacco awareness and tobacco treatment into the services they are delivering. Participants addressed their own efforts as agencies go smoke-free. There was discussion around the volume of referrals and members in active tobacco treatment, both in individual and group settings. Recommendations were offered on how to increase engagement and integration efforts.

Trauma – Providers have been aware for quite some time of the need to incorporate an individual's traumatic experience into how their mental health is understood, assessed, and treated. A number of providers had already begun to build a foundation for becoming competent in the area of providing trauma treatment. Agencies have created plans as to how they are integrating trauma-informed care and trauma treatment. All agencies have developed trauma workgroups, and three agencies are participating in formal trauma programs. The County's Trauma Steering Committee developed a member and staff survey, which will be shared with agency workgroups with the intention of incorporating the results into agency's work plans. The committee is also in the process of receiving feedback from agencies to decide next steps in supporting this effort.

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**Case Management Transformation Initiative (CMTI)** - Since its inception in 2007, the Bucks County CMTI continues to outline quality standards and guidelines for providing case management services to individuals in Bucks County. CMTI is the collaborative effort of Bucks County Behavioral Health System, Bucks County Mental Health/Developmental Programs (MH/DP), the Drug and Alcohol Commission, Inc., and Magellan Behavioral Health of PA, to develop these expectations and work with providers to meet and exceed overarching goals that include role clarification, training, retention rates, provider empowerment, provider accountability, models of care, and agency and administrative support. Supervisors from agencies providing case management services have been critical to the success of CMTI and have played a valuable role in the refinement of objectives and movement towards furthering the initiative. The CMTI training series is broken up into two levels and is described below:

### Level I –

CMTI Level I was facilitated in the Spring and Fall of 2013 and again in the Spring of 2014. The trainer brought her expertise in the field of social services to facilitate the basics of providing case management services: Empathy, Documentation, Recovery and Resiliency, Development, Systems Involvement, Trauma, the Human Brain, and Ethics and Boundaries. To support the discussion, a Certified Peer Specialist (CPS) brought her personal experience as a recipient of case management services to provide teachable moments and emphasize the importance of developing a trauma informed understanding and deeper sense of empathy during service delivery. There was a total of 34 staff trained, including 4 new case management supervisors. Agency representation included MH and D&A case management.

### Level II –

CMTI Level II was facilitated twice throughout 2013 by an experienced trainer and a CPS. The Level II training had a stronger focus on case management for individuals who have a co-occurring mental health and drug and alcohol disorder and incorporates Stage of Change Theory and a 2½-day focus on Motivational Interviewing. Level II was highly interactional and included case review, role plays, and open discussion. Service participants who joined the training provided perspective from those receiving services and supported case managers in thinking about their own approach to providing services. In 2013 there were nine staff trained including one case management supervisor and there were an additional ten staff and three supervisors trained in mid-April 2014.

During 2013, there was significant change within the CMTI supervisory workgroup including agency, County, and Magellan staff. Due to these changes, the group restructured the workgroup meetings to help make them more meaningful and productive. Together the group established four goals for the upcoming year, which include coordinating physical health and behavioral health, increasing case manager's competencies as team leaders around the coordination of the various systems, increasing the CM's ability to engage participants who present challenges, and increasing appropriate referrals. These goals are designed to enhance the work currently being done and elevate case managers' skills. The database developed last year will be one of the tools to aid with tracking outcomes.

**Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) Outreach Access Recovery (SOAR)** – Bucks County began its implementation of SOAR in Fall 2012. Agency staff was trained in completing the SOAR Application Process for adults who are homeless or at risk of homelessness, have a mental illness and/or co-occurring substance use disorder, and do not receive

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benefits. Those trained represented agencies from mental health (MH), drug & alcohol (D&A), and the criminal justice system. In October 2013, an abridged SOAR training was provided to 15 staff from Adult Probation & Parole and Bucks County Corrections. The purpose of this training was for staff to familiarize themselves with the process, identify potential referrals, and further assist individuals on their caseloads currently in the process. One agency staff also attended a web-based SOAR training. A SOAR Leadership committee has been established to oversee the process and track and review outcomes. Committee members consist of representatives from MH, D&A, Corrections, Social Security Administration (SSA), Bucks County Community and Business Development, and community providers. The leadership committee meets every other month to review the status of applications submitted along with how many are approved/denied. It is also an opportunity to discuss and troubleshoot challenges affecting the process with the expectation of improving the successful approval of applications.

Outcomes data is being collected by a statewide system developed specifically for SOAR by the Substance Abuse Mental Health Services Administration (SAMHSA). The Online Application Tracking (OAT) System is able to track how many applications are filed, time frames for various steps in the process, and how many applications are approved/denied. Information is entered into the OAT system by agency staff once a final determination has been received from SSA. In 2014 the SOAR Leadership committee will start to compare data in the OAT system as this is the first full year data has been collected in OAT. The committee also identified a goal to achieve 70% positive approval for SOAR submitted applications within 44 days of submission for 2014. The committee meets quarterly to review the OAT data for progress toward the identified goals. It is also an opportunity to discuss and troubleshoot challenges affecting the process with the goal of improving the successful approval of applications.

**Employment** – The Bucks County Department of MH/DP has continued its efforts to promote employment opportunities. In Fall 2012, a 2½-day Career Planning Workshop was provided for five individuals and their teams. This person centered approach to planning allowed the focus person to develop a career portfolio that uncovered interests, strengths, and plans to move forward with a future of their choosing. In January 2013, Networks for Training and Development, Inc. led the final session of the Career Planning Workshop. Later in June 2013, Networks repeated this training, which focused on Transition Age Youth (TAY). Each Career Planning Workshop resulted in participants developing a career portfolio that targeted interests, strengths, and plans to move forward with a future of their choosing.

The MH Employment Workgroup continues to meet on a monthly basis. Recent efforts included increasing participation that has resulted in new membership of additional mental health providers and the Office of Vocational Rehabilitation.

Throughout 2013, the workgroup achieved the following successes:

- Agencies have hosted Work Incentives Training in the southern end of Bucks County. Additionally information on accessing work incentive training from the Disability Rights Network of PA is repeatedly shared with Bucks County stakeholders.
- A provider in Central Bucks held a successful resource fair, which resulted in over 40 individuals, family members and other providers gathering resources and information to assist in accessing employment and post-secondary opportunities.

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- In October 2013, the Department of MH/DP, along with the MH Employment Workgroup, spearheaded the signing of a County Proclamation for National Disability Employment Awareness Month.
- In October 2013, the annual Advancing in Recovery Conference featured international speaker Carol Blessing from Cornell University who spoke on "Contributions, Citizenship, and Paths to Employment". Ms. Blessing also presented her person centered framework to planning which included Six Steps to Employment. Over 200 people attended this event which was held at Delaware Valley College.
- An employment brochure highlighting information related to volunteerism, employment, education and the many pathways to achieving employment is being printed for distribution.

In order to prioritize next steps for the Employment Workgroup, the December 2013 monthly meeting was facilitated by a staff member of Networks for Training and Development. There was agreement that much work is still needed in order to make supported employment information readily available to individuals within the behavioral health system. Since this meeting, workgroup members have identified various opportunities for participation in information fairs throughout the county and many participate as an agency representative. This workgroup is also committed to hosting a fair in each area of the county over the course of next year.

MH/DP staff continues to develop the supported employment referral database. Basic data for all supported employment referrals has been tracked for the full calendar year 2013. In fiscal year (FY) 12/13, 73 referrals were received which was an increase from FY 11/12. Year to date for FY 13/14, 95 referrals have been received. Additional elements have been added to the database in order to monitor outcomes and supported employment activities across providers. Information gleaned from the database will inform this Department on which agencies are successfully promoting supported employment among individuals they support and how quickly people are connected to employment. We anticipate as the database evolves information will further inform this Department on what is needed to fully integrate supported employment Evidenced-Based Practices across Bucks County.

**Peer Support** – Efforts continue to bring peer support to the community behavioral health system in Bucks County. As of August 2013, over 85 peers have been certified in Bucks County. Twelve behavioral health agencies are currently employing peers in the capacity of Certified Peer Specialist (CPS), Certified Recovery Specialist (CRS), and Peer Specialist. A few programs receive county funding as not all programs are eligible for HealthChoices Reimbursement. Below are some highlights of diverse peer programs and training opportunities provided in Bucks County:

Mental Health and Intellectual Disabilities (MH/ID) – Indian Creek Foundation serves individuals with a dual diagnosis of MH/ID in their outpatient clinic. Two years ago, an individual with an intellectual disability completed the CPS class in Bucks County and has been providing specialized CPS services. The agency has also recently hired an additional CSP to support their peer efforts. Indian Creek received their enrollment for CPS and is in the process of contracting with Magellan for reimbursement through HealthChoices.

Tobacco Cessation – Family Service Association employs a part-time CPS in their tobacco cessation program. This CPS also runs Whole Health Peer Support groups which focuses on 10 wellness domains.

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Certified Recovery Specialist (CRS) – CRS services began through The Council of Southeastern PA as of July 2013. CRSs must take a mandated number of hours of course work to qualify them to sit for their licensing examination through the PA Certification Board. CRSs work with individuals with substance use and co-occurring disorders to assist them with their recovery goals.

Behavioral Health Advocate for the Homeless – Bucks County's efforts to prevent and eliminate homelessness has been supported by an individual with the lived experience of homelessness. This individual participates in the Housing Continuum of Care – Bucks County (HCoC-BC) and has provided numerous hours of street outreach, shelter in reach, and assistance with Bucks County's Code Blue and the annual Point in Time count. This peer has been connecting individuals to shelters/housing and support services and utilizes his experience to make recommendations for change to the HCoC-BC.

Wellness Recovery Action Planning (WRAP) – In April 2013, approximately 22 people were trained including peers working as CPSs and others interested in developing their own WRAP. This was also a prerequisite for individuals who participated in the CPS training in August 2013. Some providers have shown an interest in having more peers trained as WRAP facilitators in order to continue to expand WRAP throughout the county.

Community Hospital In Reach – During calendar year 2012, a promising practice of utilizing peers to support individuals that transition from inpatient settings to the community began at Brooke Glen Behavioral Health Hospital. While this was valuable for the individuals who decided to meet with the Magellan and County peers, the County was unable to determine if this resulted in an individual connecting to either outpatient clinical services or peer support in the community. We believe peers connecting with individuals in an inpatient setting could play a positive role in the future and ultimately help increase an individual's community supports and resources, thus decreasing the need for higher levels of care.

Senior Empowerment for Life Fulfillment (SELF) - The SELF program was initiated in July 2009 and is co-funded between the county departments of MH/DP and Area Agency on Aging (AAA). It is a community based program serving individuals 60 years of age or older who experience mental health and/or drug and alcohol challenges but are not connected to traditional behavioral health supports. SELF utilizes a team approach that includes medication management, clinical interventions, case management and peer support. The team works with each individual to improve their quality of life by connecting him/her to needed supports. Peer support plays a key role in helping individuals achieve their goals. A strength based needs assessment is completed by the CPS to assist individuals in developing recovery goals. The CPS engages directly with each individual in their home or out in the community and works with them in understanding their rights and explaining various community resources, while empowering them throughout their recovery journey.

There are a number of other peer support programs and initiatives in Bucks County including peer drop-in programs, crisis support, homeless outreach, forensic peer support, post-secondary education support, and peers connected with both outpatient clinical services and rehabilitative support programs. Services are delivered in both program settings and in the community or homes of participants. Peers are either embedded in a program or they are in free-standing peer programs. Services are primarily delivered in a one on one setting, but some programs do offer groups.

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In an effort to move peer support forward and honor the history of the peer movement, Bucks County hosted a peer support seminar on April 30, 2013. Following this event, Bucks County hosted two strategic planning sessions which have been the basis for developing the oversight structure of Peer Support planning. The sessions were a collaborative effort of the Bucks County Behavioral Health System, Bucks County Department of MH/DP, Bucks County Drug and Alcohol Commission, Inc., Magellan, and peers and supervisors from mental health and substance abuse providers as well as one provider from intellectual disabilities. These planning sessions provided an opportunity to not only recognize and identify goals of the County Coordination Committee for Peer Support, Peer Development Network (PDN), and the Peers Supervisor committees, but also identify new leadership across each committee and processes for future communication and collaboration. Moving forward, the Coordination Committee will utilize feedback from the PDN and Supervisors Committees into the work plan of the county in order to better integrate and link peers to all aspects of the behavioral health system.

**Extended Acute Care (EAC)** – As the capacity at Norristown State Hospital has been reduced and access more strictly limited, increasing numbers of individuals are experiencing extended stays in acute inpatient units and/or rapid recycling for brief stays within a relatively short period of time. In general, these individuals present with complex issues and are in need of a more comprehensive approach. When Philadelphia State Hospital closed in 1990, the Philadelphia Mental Health Program developed EACs. These units were intended to serve individuals who were not responding to traditional acute inpatient treatment and needed extended treatment in an inpatient setting.

The overall goal for the EAC is to provide an alternative for extended inpatient service to a state hospital. The Counties are interested in reducing the overall length of an inpatient stay by improving the quality of the treatment provided. EAC is intended to provide individuals with substantial histories of acute and long-term inpatient care with a safe therapeutic environment focused on long-term needs. It is anticipated that this model will enhance the quality of life of the individuals it serves and facilitate recovery.

The southeastern suburban counties have identified Brooke Glen Behavioral Health Hospital as the provider for the new Regional EAC. Brooke Glen is currently in the process of working toward its goal of developing the EAC. Current objectives include working through the zoning process, hiring of staff, and contracting with the managed care organizations and counties. It is anticipated that the EAC will open in late 2014.

**Housing/Residential Supports** – The Bucks County Department of MH/DP oversees and provides base funding towards 240 residential slots including Community Residential Rehabilitation (CRR), Supportive Living Programs (SLP), respite, and a Long Term Structured Residential (LTSR) program. In addition to these programs receiving MH base dollars, many programs also utilize Housing and Urban Development (HUD) Section 811, Shelter Plus Care, Supported Housing, Pennsylvania Housing Finance Agency (PHFA) Low Income Housing Tax Credit Exchange Funds, Project Based Section 8, Community Development Block Grant Funds, and Bucks County Housing Trust Funds to support these projects. Also included in Bucks County's housing continuum are 15 residential slots within 5 different regional programs located outside of Bucks County. Each program focuses on supporting specialized populations and is a combination of CRR, SLP, and LTSR programs.

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In FY 13/14, MH/DP staff worked collaboratively with our community partner agencies to improve accessibility to Mental Health Residential Services. In Fall 2013, the Centralized Referral Database for Mental Health Residential Services was launched providing a streamlined process to more efficiently serve eligible individuals in need of supported MH residential programming. As of February 2014, the Centralized Referral Database has fully integrated all outstanding referrals from the seven provider agencies that provide residential services. By centralizing all of the referrals into one database, MH/DP has been able to identify individuals most in need of MH residential services. Currently, we have over 90 individuals in Bucks County waiting for supported MH housing. By prioritizing individuals with the highest needs, including transition age youth, forensic, and individuals who are homeless, we've been successful in transitioning individuals from inpatient hospitals, prisons, and shelters into homes and apartments in the community. This also allows us to focus on service development needs and further examine program occupancy rates and increase program efficiencies.

The Residential Directors from our partner agencies meet monthly with MH/DP staff to identify ways to improve the centralized residential referral process and housing options in Bucks County. The MH Department is committed to working together with our community liaisons to improve access, quality, and the array of residential and housing support programs. Together we are working towards identifying ways to transition individuals currently living in programs that provide lower levels of support to more independent housing options in their community. Recent meetings have focused on the centralized residential referral process, community integration, and incident reporting. At present, this group is assisting in the development of a residential staff survey through Voice and Vision, Inc. from a staff perspective. This includes what helps individuals make connections to his/her community, what barriers individuals encounter that hinder them from making connections, and what education/training staff need to effectively support individuals living at the residence where they work.

In January 2014, MH/DP staff met with representatives from OMHSAS and an Office of Mental Health consultant assisting the State and Counties of Pennsylvania in regards to the Olmstead Act. The Olmstead Plan for the Pennsylvania State Mental Health system was developed to reflect the Commonwealth's decision to end the unnecessary institutionalization of adults who have a serious and persistent mental illness. Further planning around real choice and integration of residential and community housing supports must be addressed in each county. It is anticipated that further Olmstead planning guidelines will be forthcoming this spring. We are continuing to work with the consultant in order to develop Bucks County's response to the Olmstead Act.

Even with limited additional funds, Bucks County was able to do some expansion last fiscal year. Within the past year, a provider utilizing base funding expanded their services to include the addition of seven residential slots that support three female transition age youth and four adult males needing a moderate level of support. Another provider, through Community Hospital Integration Projects Program (CHIPP) funding from FY 13/14, was able to expand their program adding two single handicap accessible bedrooms.

With the growing number of individuals being referred to the residential waiting list and the increasing number of individuals identified as either homeless or at risk of homelessness who have a serious and persistent mental illness, the need to increase the availability and diversity of housing support programs

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is apparent. Presently, Bucks County also provides funding to a small number of creative housing supports listed below:

- **Forensic Peer Support and Transitional Housing**  
Penn Foundation has a forensically trained Certified Peer Specialist to address permanent housing needs with the goal of increasing stable housing, employment opportunities, and reducing recidivism rates to either inpatient settings or prison for individuals with serious mental illness and/or co-occurring disorders.

- **Housing First**

This program is an evidence-based housing intervention that provides immediate access to permanent housing, case management, treatment services, and other community based supports for individuals and families, including those with a mental health or addiction problem. It combines housing supports with other community based services to create a network of support for individuals with a history of homelessness and housing instability. This program is dedicated to individuals residing in the Family Services Association's Bucks County Homeless Shelter and works collaboratively with behavioral health providers in the community and MH/DP.

- **Shared Living**

The Shared Living Program is managed by the Bucks County Housing Group (BCHG) who works in partnership with community behavioral health providers to create roommate matches and support individuals to access safe and affordable housing in Bucks County. BCHG negotiates leases, supports the landlord-tenant relationship, and ensures participants are effectively budgeting and paying their housing expenses. Currently, staff from MH/DP and BCHG has been meeting with behavioral health providers to review the application process and creatively look at ways to increase access and the success of roommate matches.

- **PATH Program**

This program assists people who have a serious and persistent mental illness and/or co-occurring substance abuse disorder who are homeless or in imminent danger of becoming homeless in order to obtain or maintain the housing of their choice.

With regard to collaboration with other housing entities, this Department participates in the Housing Continuum of Care of Bucks County (HCoC-BC), which is a broad community stakeholder group. The group focuses its efforts towards the prevention and elimination of homelessness throughout Bucks County. The Department's collaboration with the Office of Community and Business Development and mental health providers as part of the HCoC-BC has resulted in several providers receiving HUD Continuum of Care Grants. At this time, there are active grants which support both Transitional Supportive Housing and Permanent Supportive Housing including a portion of operating expenses. These grants have the capacity to serve up to 24 individuals at any given time and are spread amongst 3 different programs across the county. With the recent HUD grant renewal for the county, another agency was given the opportunity to apply and is awaiting grant approval for a long term rental assistance project in the upper region of the county.

MH/DP staff participates on a number of HCoC-BC subcommittees and co-chairs the Local Housing Options Team (LHOT). This committee brings together representatives of organizations serving

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individuals with behavioral health challenges as well as multiple special needs. The Department anticipates this committee will have an increasing role with informing the behavioral health system on specific housing needs and plan development in Bucks County.

On January 29, 2014, MH/DP staff participated in the annual Point in Time (PIT) survey. This national count is an effort to capture the number of sheltered and unsheltered individuals and families who are homeless on a single night. This year's count identified 524 individuals who are homeless in Bucks County, of which, 69 single adults or adult couples, unaccompanied youth, and adults in families with children were identified as having a serious mental illness. Of these individuals, 60 were over the age of 25. Additionally, 72 people were identified as having substance use issues, of which, 60 were over the age of 25. There was also involvement of the Behavioral Health Advocate for the Homeless, who is a peer with a lived experience of homelessness. In addition to the annual Point in Time count, this person participates in the HCoC-BC and has provided numerous hours of street outreach, shelter in reach, and assistance with Bucks County's Code Blue. This peer has been connecting individuals to housing options and support services and utilizes his experiences to make recommendations for change to the HCoC-BC.

In order to gain stakeholder input and plan for needed housing options, MH/DP staff is collaborating with the Community Support Program (CSP) of Bucks County in the development of a housing forum. This forum planned for late May 2014 will identify the current availability of housing related resources and begin brainstorming potential development.

Moving forward, the Department will work towards developing a comprehensive Housing Plan which will further outline plans and solutions in the following way:

- Identify availability of all safe and affordable housing and develop strategies to meet the increasing need.
- Determine needed supports for individuals to live in the community with appropriate and desired support services.
- Examine the needs of priority groups including transition age youth, forensic, veterans, older adults, and/or medically fragile.
- Identify gaps in community based clinical and rehabilitative services that will support greater housing success and decrease higher levels of treatment.
- Identify all potential leveraged funding sources such as HealthChoices Reinvestment funding and grant opportunities.
- Increase collaboration with community partners in order to inform the housing plan.

**Children's Services** – The Child and Adolescent Service System Program (CASSP) in Bucks County has utilized a "System of Care" (SOC) model as the organizational philosophy and framework in creating clinical and natural supports. The SOC model involves partnership across county and private agencies, providers, families, and youth for the purpose of improving access and expanding the array of coordinated community-based, culturally competent services and supports for children and youth with a serious emotional disturbance and their families. The SOC approach has served as the conceptual and philosophical framework for systemic reform in children's behavioral health. In Bucks County, this is demonstrated through the development of our Integrated Children's Service Plan and the ongoing initiatives we have implemented for children, adolescents, and young adults. The intent of CASSP and the Children's Coordination Steering Committee (CCSC) efforts in Bucks has been to build and expand

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upon the progress achieved in addressing the mental health needs of children, youth, and families. Through collaboration and comprehensive planning with key stakeholders, we strive to utilize resources, which reduce the impact of substance abuse and mental illness in our communities.

Transition to Independence Progress Model (TIP) – Children that transition to the adult system present unique challenges. In order to support young adults in obtaining their goals, the Behavioral Health System has partnered with Access Services to provide the Transition to Independence Process (TIP) Program in Bucks County. TIP is an empirically supported model developed to work with young people experiencing a diagnosis of severe mental illness, emotional, and/or behavioral difficulties. More information can be found at [www.TipStars.org](http://www.TipStars.org). TIP works to engage and support young people ages 16-26 in their own futures planning process across five transition domains; Educational Opportunities, Living Situation, Employment and Career, Community Life Functioning, and Personal Effectiveness and Wellbeing.

TIP provides a great deal of flexibility and works to engage young people through relationship development, person-centered planning, and a focus on the young person's future. Services and supports are tailored to be accessible, appealing, non-stigmatizing, and developmentally appropriate, and will build upon strengths to support the young people in pursuing their goals across the five transition domains. It works to ensure that a safety net of support including informal and formal key players in the young person's life will be in place. The program maintains an outcome focus and involves young people, parents, and community partners at the practice, program, and community levels. In the event of a crisis situation, the TIP Team is available 24 hours/day, 365 days/year to individuals receiving TIP support.

The TIP program now supports 55 individuals, and efforts continue to examine the waitlist and triage referrals to ensure appropriate interim supports and services are maintained. This includes the use of CPSs to work with individuals receiving TIP. Staff is scheduled to attend a three-day training in June 2014, facilitated by Dr. Rusty Clark the purveyor of the TIP model. Services continue to include access to CPSs, access to community events and resources, support with emergency housing and respite, training of staff, and age appropriate events to build social skills and peer connections. The TIP on-call crisis phone has helped to divert inpatient hospitalizations and helped to connect many youth with mental health resources and natural supports.

Bucks County Living in Family Environments (LIFE) Program – The Bucks County LIFE Program provides information and referral for the entire county. Activities include providing resources related to family support such as collaborations, social networking pages, training resources, newsletters, training schedules, sibling support groups, social skills groups, and socialization events. Thus far in FY 13/14, 184 families have been served by Bucks County LIFE. Oversight for Bucks LIFE is through the Assistant Director. This individual provides supervision, support, case review, and training to the Bucks County LIFE Administrative Case Management Coordinator and the two full-time Family Support Specialists. The Family Support Specialists hours were recently increased to allow them to be more involved in parent trainings and community events. A recent addition to the LIFE Program is a full-time CPS, a role designed to provide direct support to youth by assisting them and guiding them in navigating the child/youth serving systems. The CPS also focuses on empowering and educating adolescents to work with the school and agencies that support them in order to gain skills to thrive within their community. The goal is to provide support to 20 youth.

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Respite – The Bucks County Respite Program is a service offered through Child and Family Focus, Inc. that provides short-term, temporary care to families who need an interval of relief from the daily challenges of caring for a child with an emotional, behavioral, and/or developmental need. Families are eligible for service by living in Bucks County with a child aged 3-21 with a mental health diagnosis. An assessment is conducted at the time of referral to determine the level of respite support needed. Families typically receive six months of continued respite services. These services include in or out-of-home care for a child by a trained and approved respite care provider under guidance and supervision of full-time respite staff.

Respite services are targeted to serve children, youth, and families with a high level of behavioral health needs and risk. In 2013, the Bucks County Respite Program served 159 children from 127 families. There has been growth in the number of children and families served through this program with the number of children served through in-home or overnight respite. We are currently requesting an extension in the reinvestment proposal to continue throughout FY 14/15.

**Stakeholder Involvement** – The principles and values of the Community Support Program (CSP) are the cornerstone for service delivery and development within the adult mental health system. These principles espouse that services are person centered, empowering, offer choice, and focus on strengths. Access to service is flexible and services should be culturally competent. Services should be coordinated with other supports and meet an individual's special needs. Services should be based in the community while maximizing the use of natural supports. Providers of mental health services should be accountable to people who utilize services and include consumers and families in planning, development, implementation, monitoring and evaluating services. CSP, across Pennsylvania, has taken shape in most counties through the development of CSP committees. In Bucks County, this committee was developed in 1992; however, a few years ago, we saw a dramatic decline in membership. In April 2013, the Bucks County Department of MH/DP, in collaboration with stakeholders from the three Base Service Units (BSU), worked to redesign CSP in Bucks County. Each BSU facilitated a kickoff meeting to reintroduce the idea of CSP to constituents in Bucks County. By October 2013, three localized CSP committees were developed throughout the County. Regular monthly meetings were established in which individuals come together to exchange information and formulate ideas about how the larger community can coordinate resources in order to offer needed services and supports to individuals who experience mental health and co-occurring challenges and to identify opportunities where people in recovery can contribute in building a better community. Recent activities of the CSP committees have included identifying goals which have resulted in the development of subcommittees. Some of the subcommittees that have been identified include addressing housing and homelessness, advocacy, and youth education around stigma. As CSP continues to grow, Bucks County plans to accomplish these goals by involving the CSP Committees as community stakeholders to inform the Block Grant process and obtain input into development of services, projects, and other initiatives within the Bucks County continuum of care.

In June 2014, the CSP committees were given the opportunity to provide feedback and input to the Block Grant document. Bucks County staff facilitated information gathering sessions at each of the CSP committee meetings to gain input of the County's strengths and unmet needs for targeted populations. Feedback from these sessions has been included in this document and will be used to further enhance

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and develop services.

Also in 2013, the County, Magellan, and the Voice and Vision Consumer/Family Satisfaction Team (C/FST) rejuvenated the process for consumer satisfaction surveys. The goal of C/FST is to obtain feedback through surveys from individuals, families, and focus groups to ensure that programs and services are effective and recovery/resiliency-focused. County liaisons, in collaboration with Voice and Vision C/FST, facilitate a workgroup for planning and coordination of all survey projects. Thus far, FY 13/14 projects have included a survey for members and staff of outpatient treatment services and individuals/families who attended the 2014 Resiliency Conference. Other projects in development include surveys targeting drug and alcohol services and adult residential staff. A random sample survey is also in development which will target a broad spectrum of individuals and families to track ongoing progress toward change as a result of County initiatives. Once implemented, the random sample survey will be completed ongoing throughout the year moving forward. Outcomes from these surveys will be utilized in the enhancement of the Bucks County continuum of care. The County is also responsible for quarterly and annual reporting to the State of all survey follow-up, outcomes, and cross survey trends.

The above illustrates Bucks County's efforts to enhance behavioral health services. We continue to strive to utilize evidence-based practices and promising practices in order to support the varied and complex needs of individuals.

# Recovery-Oriented Systems Transformation

Initiative	Brief Narrative	Time Line	Funding	Monitoring
<p><b>Crisis Services:</b></p> <p>Mobile Crisis</p>	<p>We are continuing to roll out Mobile Crisis throughout the county. We anticipate this service supporting our efforts to engage individuals to access the behavioral health system.</p>	<p>Reinvestment plan submitted Plan approved License application submitted Team orientation Implementation July 15, 2013 Currently in process of expanding hours to 24 hours/5 days a week</p>	<p>Reinvestment HealthChoices County Base</p>	<p>Outcomes have been identified and will be monitored by MH/DP and MBH. Outcomes include hospitalization rates, average response time as well as connecting individuals to ambulatory services.</p>
<p>Crisis Residential</p>	<p>The development of a Crisis Residential facility will be the next step to enhancing our crisis continuum. This 10-bed program will focus on stabilization and inpatient diversion. The current crisis provider is in the process of identifying potential sites.</p>	<p>Reinvestment plan submitted Plan approved – 2/13 Architectural plans developed Capital campaign initiated License application to be submitted – Fall 2014 Implementation anticipated Summer/Fall 2015</p>	<p>Reinvestment HealthChoices County Base Agency fundraising</p>	<p>Outcomes have been identified and will be monitored by MH/DP and MBH.</p>
<p><b>Forensic:</b></p> <p>Crisis Intervention Team (CIT)</p>	<p>We continue to train law enforcement in the CIT model. We continue to work towards our goal of 20% of officers being CIT trained. Our next goal is to provide the Youth-CIT to officers who are currently trained. We currently have 245 officers CIT trained.</p>	<p>40-hour training – 4/14 – 30 additional officers were trained</p>	<p>County Base</p>	<p>The CIT Taskforce meets monthly to identify areas for improvement in the continued roll-out of CIT. Pre and post tests are provided to participants to ascertain specific improvements and enhancements to training modules.</p>
<p>Correctional Officers Training</p>	<p>MH/DP, the county jail and local providers have collaborated to</p>	<p>Initial training 1/13 – 5/13 Next scheduled training 6/14 –</p>	<p>County Base</p>	<p>Representatives from MH/DP and the county jail meet</p>

## Recovery-Oriented Systems Transformation

	<p>provide ongoing training for Correctional Officers on mental health disorders, co-occurring disorders and intellectual disabilities. The training provides practical examples when assessing and engaging inmates who might have a mental illness or other challenges.</p>	<p>12/14 A trauma-informed training for correctional officers has also been added. We anticipate the next training being scheduled for Fall 2014</p>	<p>regularly to identify areas for improvement and training opportunities.</p>
<p><b>Outpatient Services:</b></p> <p>OP Enhancement Initiative</p>	<p>The behavioral health system made a commitment to improve the quality of OP services in both MH and D&amp;A providers. Rate increases were provided with the understanding that specific areas would be addressed in order to provide timely access and ongoing attention to clinical services.</p>	<p>FY 12/13 – improve and enhance Initial Access, Ongoing Access, Staff Competencies, and Supervision FY 13/14 – Continue to build Peer Support, Improve Access to Psychiatric Evaluations, Physical Health/Behavioral Health Coordination, Use of APA Standards in Psychiatric Evaluations</p>	<p>HealthChoices County Base</p> <p>Agency liaisons meet bi-annually with providers to gauge improvements and address challenges. Bi-annual meetings with all participating providers are held to share experiences and identify challenges.</p>
<p>MH/ID Psychiatric OP Services</p>	<p>This plan is to develop a service model for outpatient that will meet the needs of this dual population. The goal is enhance existing outpatient services to deliver quality evaluations, medication management, treatment planning, and behavioral health supports for individuals with intellectual disabilities and co-occurring mental health diagnoses.</p>	<p>10/13 – Kick-off 1/14 – Implementation for 2 provider agencies FY 14/15 – expansion to include 2 additional provider agencies</p>	<p>Outcomes have been identified and will be monitored by MH/DP, BHS and MBH.</p>

## Recovery-Oriented Systems Transformation

<p><b><u>Case Management:</u></b> Case Management Transformation Initiative</p>	<p>CMTI is the collaborative effort of Bucks County Behavioral Health System, Bucks County Mental Health/Developmental Programs (MH/DP), the Drug and Alcohol Commission, Inc., and Magellan Behavioral Health of PA to outline quality standards and guidelines for providing case management services to individuals in Bucks County.</p>	<p>Ongoing Initiative</p>	<p>County Base</p>	<p>Bucks County's CFST annual surveys to ensure goals are met and redefined as needed. This FY's goals include physical health/behavioral health integration.</p>
<p>Supplemental Security Income (SSI)/ Social Security Disability Insurance (SSDI) outreach Access Recovery (SOAR)</p>	<p>Agency staff were trained in completing the SOAR Application Process for adults who are homeless or at risk of homelessness, have a mental illness and/or co-occurring substance use disorder, and do not receive benefits.</p>	<p>Ongoing Initiative</p>	<p>HealthChoices County Base</p>	<p>A SOAR Leadership Committee has been identified and tracks outcomes. Outcomes also tracked through the state-wide OAT system. Outcomes include a goal of 70% positive approval for applications within 44 days of submission.</p>
<p><b><u>Peer Support:</u></b></p>	<p>The Mental Health Association of Southeastern Pennsylvania (MHASP) operates the only free-standing CPS program in Bucks County. MHASP now employs 4 CPS. As of August 2013, there were 85 trained CPS throughout Bucks County. Currently there are 12 behavioral health agencies employing CPS.</p>	<p>Peer Celebration and Seminar – 4/13 CPS Training – 8/13 Strategic planning sessions Re-organization of oversight committees including the County Coordination Committee, the Peer Development Network Committee and the Supervisors' Committee</p>	<p>Reinvestment HealthChoices County Base</p>	<p>County and MBH staff review records and provide recommendations to organizations providing CPS.</p>

# Recovery-Oriented Systems Transformation

<p><b><u>Children's Services:</u></b> Transition to Independence Process (TIP)</p>	<p>TIP works to engage young people through relationship development, person-centered planning, and a focus on the young person's future. Services and supports are tailored to be accessible, appealing, non-stigmatizing, and developmentally appropriate, and will build upon strengths to support the young people in pursuing their goals across five transition domains.</p>		<p>Training – 11/12 Implementation – 1/13 Competency-based on-site Training – 6/13 The next training is scheduled for June 2014</p>		<p>Reinvestment HealthChoices County Base</p>		<p>Outcomes have been identified and will be monitored by MH/DP, BHS and MBH.</p>
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## INTELLECTUAL DISABILITY SERVICES

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Bucks County has long provided an array of supports and services for its citizens with Intellectual Disabilities (ID).<sup>1</sup> Recognizing that many individuals with an ID diagnosis are identified early in their lives and that the diagnosis is life long, Bucks County was at the forefront of developing and delivering supports to individuals in their family's home. By so doing, we have been able to prevent the need for more costly out-of-home placements. We believe it is imperative that we continue to ensure delivery of services and supports in the least restrictive manner, which ensures health and safety while enabling a family to maintain their loved one in their home for as long as possible.

Personal relationships are established between individuals, their families and service providers when in-home services and supports are delivered in the family home. These relationships have resulted in an increased interest by individuals and their families in Lifesharing (formerly known as Family Living). Lifesharing is a supportive service model in which one or two individuals with ID reside in a family's home in the community. The 'family' unit may be a single man or woman, a traditional family, a single parent family, etc., regardless of the configuration, the model is predicated on the idea that those living in the home are part of an interdependent and reciprocal relationship built on respect and understanding.

In addition to forming lasting relationships, in-home supports have also provided individuals and their family, Supports Coordinators and caregivers, an opportunity to truly know one another and to work together to determine an individual's need and how best to support the identified need in the least restrictive setting when the need for out of home placement occurs.

A life of citizenship and contributing to the community at large is also strongly encouraged. To be a part of the community, individuals need to be engaged thus, we promote employment, volunteerism and the use of generic community resources.

### **County Planning Process**

In an effort to prevent gaps in service between the times an individual finishes school, we have been working with Supports Coordinators in an effort to support the education system in collaboratively engaging students' meaningful transition planning at age 14. We are in the process of developing transition materials for school-aged youth and their families to use as resources during the school transition years. We will be working with the newly identified Early Reach Coordinator from the Office of Vocational Rehabilitation (OVR) in an effort to bridge the gap between school and work. In addition, we will continue to work with schools in an effort to enhance their knowledge of ID job coaching services, as there is a disconnect between school and the adult-serving system. ID system relies on natural workplace support to promote full inclusion of the individual with ID in the community of the workplace with access to job coaches for training or retraining needs – not intensive, daily hands-on support that many individuals have while in school.

In Fiscal Year (FY) 2009-2010, capacity management became the management tool for the two Federal Medicaid Waivers for individuals with ID - the Person Family Directed Supports (P/FDS) Waiver and the

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<sup>1</sup> ID is defined as significantly sub-average general intellectual functioning (an IQ of 70 or below) that is accompanied by significant limitations in adaptive functioning in at least two of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety. The onset must occur before the individual's twenty-second (22) birthday.

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Consolidated Waiver (CW). Capacity management replaced the traditional model of funding allocations tied to a total number of people to be served. Within the traditional model, we could present the Office of Developmental Programs (ODP) with documentation that we could support more people within the amount of money that they had allocated and acquire additional capacity to serve more individuals. The traditional model also allowed the County to set rates for each service a provider offered to individuals. Given our historical knowledge of providers, the individuals they served and the costs associated with providing services to individuals, we were able to maintain providers' solvency and ensure quality care in a cost effective manner.

The current method of capacity management requires us to manage a certified capacity in each of the waivers. We no longer receive waiver allocations to manage. Our waiver capacity as of June 3, 2014 for FY 2013-2014, is four hundred fifty-two (452) people in the P/FDS Waiver and six hundred thirty-six (636) people in the Consolidated Waiver. In addition, the capacity management model has also seen the advent of state set rates for services. In many cases, rates have significantly increased while others have been reduced to the point where many providers, most especially residential providers, are increasingly reluctant to serve individuals with an ID diagnosis and co-occurring behavioral health challenges.

Capacity management requires strong stakeholder input which is the result of collaboration, communication and cooperation between ID Department staff and the Directors from the Supports Coordination Organizations. Department staff meets with Supports coordination Organizations to review the waiting list (known as Prioritization of Urgency of Need for Services - PUNS), discuss individual circumstances and prioritize needs to ensure expeditious management of any capacity vacancy. To be identified for enrollment in a specific waiver, an individual's need must be able to be met within the specific waiver, and they must be on the waiting list in the Emergency category.

As of June 3, 2014, we have twenty-two (22) individuals who will be graduating in June 2014, that are in need of supports through the P/FDS Waiver. In addition, there are five (5) young adults aging out of Early Periodic Screening Diagnosis and Treatment (EPDST) who are in need of the Consolidated Waiver due to their complex medical needs. In addition, there are three (3) young adults aging out of Residential Treatment Facilities who are unable to return home that are in need of the Consolidated Waiver before the end of the calendar year.

In FY 2014-2015, we are currently aware of forty-one (41) individuals who will graduate and will be in need of services to meet their needs. Of the 41, twenty-nine (29) individuals will need supports through the P/FDS Waiver and twelve (12) will need the Consolidated Waiver. Of the 12 in need of the Consolidated Waiver, five (5) are individuals who currently receive personal care supports through the EPSDT program. Their supports range from high frequency nursing to home health aide services. In addition, two (2) individuals are in Children and Youth custody in out of home placements and cannot return home. One (1) is in an Approved Private School and cannot return home. Finally, one is in a Residential Treatment Facility (RTF) due to intense behavioral health support needs. The remaining three (3) individuals live at home and their needs are too great to be met within the P/FDS Waiver and thus, they need the Consolidated Waiver.

Managing the needs of graduates is compounded by managing the needs of individuals who reside at home with their caregivers and receive, in some cases, no support. Often times, these are individuals whose families have managed without the system, but when a need arises in those situations, it is often due to an unforeseen emergency with the primary at-home caretaker and the situation can become the primary priority for the capacity management team.

## INTELLECTUAL DISABILITY SERVICES

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During FY 2013-14, we have seen a surge in intakes of individuals over the age of 40 whose families have never requested services or supports and whose parents are quite elderly and in some cases, have passed away and their siblings are assisting them in the intake process. In many of these cases, the families are looking for some support in their homes to maintain their son/daughter/sibling in their current living arrangement. In other cases, the families are in need of residential services for their loved one. There are currently seven (7) people in the intake process, who will, likely be eligible for services in this category.

Supports Coordination Organizations (SCO) are responsible to oversee Family Support Services (FSS) funds, which are used to address the short-term needs of individuals not enrolled in a waiver. While overseen by the SCO, the funds are ultimately authorized by the Department. All other base funds have been allocated to over one hundred eighty (180) unique individuals in a variety of supports and services. Base funded supports and services include employment, sheltered workshops, transportation, adult training facilities, supported living, home-based supports, and residential services. Some of the individuals supported through the base allocation have been enrolled in the ID system for many years; however, they are not eligible for service through the Federal Medicaid Waiver due to lack of documentation of an ID diagnosis prior to age 22.

With the advent of state set rates in FY 2009-2010 and systematic cuts to our base allocation, we have had a significant fiscal impact on our ability to serve individuals with base funding. We have seen double digit percentage increases to the cost of services since the advent of state set rates. Such increases significantly impact the number of people that we can serve with base funds, as we are unable to alter or renegotiate the rates set by the ODP.

### Base Intellectual Disability Services

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Supported Employment	59	41
Sheltered Workshop	21	18
Adult Training Facility	8	8
Base Funded Supports Coordination	290	290
Residential (6400)	17	17
Life sharing (6500)	1	0
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Services	84	84

*In addition, it should be noted that 40 adults are served with base funding in a variety of residential placements that do not fit into any of the categories listed above.*

## INTELLECTUAL DISABILITY SERVICES

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### Supported Employment

Supported Employment services include job finding and job support. Job finding includes assisting an individual with searching for a job, preparing a resume, reaching out to potential employers, preparing for an interview and any additional tasks which may assist the individual in obtaining community employment. Job support includes assisting the individual with learning job tasks, and ongoing support to help maintain community employment.

Bucks County MH/DP is dedicated to supporting individuals in their desire to become competitively employed in their own communities. We are committed to the ODP Employment Initiative. We have promoted employment as the goal upon graduation since the 1980's. We continue to support the growth of supported employment services for individuals in various venues throughout the year. We strive to ensure employment is the forefront of planning with individuals, families, Supports Coordinators, school systems and providers working with transition age youth. In addition, as part of the Individual Support Plan process, we continuously promote and encourage teams to explore employment options with individuals who receive traditional day supports on at *least* an annual basis.

The ID Coordinator of Individualized Support Services has been identified as the Administrative Entity's (AE) Employment Point Person. The Coordinator is an active member of the local Transition Coordination Council (TCC), Right to Education Task Force, and participates in multiple cross system events, i.e. various school district Expos, Employment Fairs (in which students and potential employers come together), the Bucks County Intermediate Unit (BCIU) Post Secondary Expo, Parent Forums and various training sessions. The ODP Employment Initiative is discussed regularly at meetings with provider organization directors, during routine meetings with employment providers, and at SCO Director Meetings. The Coordinator stays up-to-date with state initiatives and developments regarding employment by attending the PA Transition Conference and PA Disability Employment Summit (PADES) annually. The AE staff collaborates with the Mental Health Program staff on a number of employment and transition related activities.

Department staff continues to be actively involved in the development of initiatives set forth by the Supported Employment Leadership Network (SELN), a nationwide network of states dedicated to better support employment outcomes for all individuals with ID. The Coordinator is also involved in the PA Association of People Supporting Employment First (APSE) which is dedicated to ensuring integrated employment for people with disabilities. The Work Incentives Planning and Assistance Program (WIPA) has returned this year and the Coordinator will continue to be involved in advisory meetings to ensure that Social Security and Supplemental Security Income (SSI) recipients are educated on the benefits they may continue to receive while working.

We work collaboratively with the Office of Vocational Rehabilitation (OVR) and have developed processes to ensure employment is an option for all individuals. OVR has a satellite office located within the Department. Both in concert with OVR and independent of, we have provided trainings for individuals, families, Supports Coordination Organizations, School Transition Coordinators, School Social Workers, teachers and providers. Historically, if OVR had been unable to fund an individual for employment services, we were able to refer the individual directly to the employment provider of their choice, for job development to commence. This is no longer an option, due to our lack of available base funds and no available waiver capacity. This is further evidence of our need to coordinate opportunities to meet directly with students and their families in concert with their school teams, to ensure an understanding of our employment services and ensure transition activities in schools are focused on real

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jobs, not simply, job rotations. In addition, we are striving to foster an enhanced understanding of the role Supports Coordinators need to play in the development of the goals of a transition age youth's Individualized Education Plan to ensure readiness for employment upon graduation. The current ODP issued Employment Supplement is a tool all Supports Coordinators complete with transition age youth, as well as those individuals participating in pre-vocational programs. The supplement aids in the discussion of employment as an option and to assist an individual and his/her family to identify employment capacities/interests. OVR has recently announced their Early Reach Initiative, which will provide information and consultation to youth, their families, school personnel, and community agencies; department staff is looking forward to working with OVR on this initiative to reach students as early as age 14 to better prepare for their transition to community employment once they leave school.

As previously stated, we are in the beginning stages of working with the Early Reach Coordinator. Over the next year, we will be hosting in concert with Supports Coordination Organizations a number of Family Forums focused on employment for transition aged youth and their families.

### **Base Funded Supports Coordination**

Supports Coordination is the primary link for individuals in the ID system. While other services and supports may change over time the role of the Supports Coordinator is a constant in the lives of the individuals we support. Supports Coordinators represent and advocate for individuals by way of their functions of locating, coordinating and monitoring needed services and supports. These functions can include assisting the individual in gaining access to needed medical, social, educational, and other services through natural supports, generic community resources, and monitoring those services along with the services and supports delivered through the ID system. The Department's support of the ODP's business practice of an individual's choice of SCO has resulted in an expansion of our business relationship to eight Supports Coordination Organizations over the past year; three of those Organizations are located within Bucks County. The Department's ID Director of Supports Coordination works with each Supports Coordination Organization to ensure they are meeting the requirements and responsibilities of the individuals we support, as defined by the ODP and federal and state regulations.

State set rates and the cuts to our base allocation continue to fiscally challenge our ability to meet the needs of individuals. This is compounded by the inability to bill Medical Assistance, (MA) for the Supports Coordination costs of: transportation, for SC related service to MA eligible individuals who reside in Intermediate Care Facility for Intellectual Disabilities (ICF/ID), for transitional services when individuals are moving from an ICF/ID and for other "unanticipated" emergencies

To add to the already overburdened Base budget in July 2013, the Department of Public Welfare implemented an interim process for the Adult Protective Services (APS) Act (Act 70 of 2010), a program created for the prevention, detection, reduction and elimination of abuse, neglect, exploitation and abandonment for Pennsylvanians with disabilities between the ages of 18 and 59. APS cases involving adults who reside in the community or who are homeless and are not currently known to the ID system may require the use of base funds to provide for any immediate needs, including but not exclusive to Supports Coordination, while we determine their eligibility.

Historically, the Department has reinforced an expectation for Supports Coordination Organizations to monitor and oversee all individuals regardless of the funding source. To that end, the team (individual, family, Supports Coordinator, caregivers, providers) employ the same standards, aka: Best Practice, for all individuals. This ongoing strategy has allowed the Department and the Supports Coordination

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Organizations to best support each individual while taking into account the supports and services from all available funding sources. Because we have reinforced this high level of expectation of service and engagement for all individuals, the Supports Coordinator, along with Department staff, have a more intimate knowledge of each person's gifts, talents and needs so that during an unanticipated emergency or a transition phase, like the aforementioned ICF/ID transitions, the overall activities allow for a seamless process. Unexpected complications, which can often increase cost, are avoided by reinforcing this standard.

The Department staff also work to ensure that all individuals eligible for MA are assisted in enrolling with and maintaining their MA. Enrollment can start at the initial ID Intake/Registration and continues with the support of the individual's Supports Coordinator. Enrollment in the MA program is crucial to the individual for numerous reasons (for example; enrollment in Waiver is predicated on MA financial eligibility and, as mentioned earlier, Supports Coordination services for individuals enrolled in MA are paid for through Pennsylvania's MA program, thus reducing the reliance on base funds for the cost of their service). Department staff is active in ongoing tracking of individuals who are not enrolled or are disenrolled in MA. Providing assistance in enrolling and maintaining eligibility in the MA system further supports our Department in ensuring that base fund cost for Supports Coordination are properly disbursed and reimbursed when all other eligible resources are exhausted.

### **Life sharing Options**

Lifesharing, the second initiative promoted by ODP, supports individuals with ID to live with qualified unrelated adults (known as Lifesharers) who provide support to individuals in the Lifesharer's home. Lifesharing is about living and sharing life experiences with supportive people who form a caring household. Lifesharing is recognized as both a close personal relationship and a place to live. Lifesharers offer individuals the opportunity to be part of a caring household, and to participate in community life. Lifesharers and individuals are carefully matched, and supported by qualified professionals to achieve the person's desired outcomes. Birth families are strongly encouraged to be part of the matching process, and continue to have close relationships with their children who choose a Lifesharing option.

The ID Consumer Services Coordinator has been identified as our Lifesharing Point Person and is actively involved in the Statewide Lifesharing Coalition and the Southeast Regional Lifesharing Coalition meetings. In addition to weekly Waiver Capacity Management meetings, staff meets bi-weekly to discuss individuals who are on the statewide waiting list (PUNS) for residential services, including Lifesharing. Since January 2013, we have had a 37% increase in number of Bucks County consumers receiving Lifesharing services. The growth in this service has been mainly from individuals and their families who previously received home-based supports.

Lifesharing continues to be discussed regularly at both our Supports Coordination Director meetings and provider meetings. Updates are given, based on information obtained at Lifesharing regional and statewide meetings. Provider Residential Directors and other agency personnel are also encouraged to attend these regional and statewide meetings.

The ID Consumer Services Coordinator conducts Lifesharing trainings for Supports Coordinators. The trainings focus on an understanding of Lifesharing and the importance of the SC role in promoting the model to individuals and their families. Lifesharing informational sessions for individuals/families have also been held, in order to increase their understanding of this service alternative. We will continue to engage in these educational efforts with Supports Coordinators, individuals and families, in order to

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support the growth of this service option in Bucks County.

Individual Support Plans (ISP) is reviewed for compliance with Chapter 51 requirements, to ensure that Lifesharing is always considered first as a residential option. It is discussed with everyone in need of residential services including individuals graduating, as well as with those who are aging out of other child serving systems and are in need of residential supports.

As a County, we have had some beautiful situations occur in Lifesharing. Individuals have become integral members of these caring households, and have developed long-term (and in some instances life-long) relationships with the host families with whom they reside.

We are proud of our commitment to Lifesharing and the nurturing relationships that can develop within such relationships and will continue to promote it as an option for individuals to consider.

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

Department staff participates on three committees targeted at coordinating children's services. The first is the Bucks County Children's Executive Steering Committee consisting of Department Heads from Children and Youth (C&Y), the Juvenile Probation Office (JPO), the Bucks County Drug and Alcohol Commission, Bucks County Behavioral Health, MH/DP, and Magellan Behavioral Health. The charge of this group is to oversee all children's services to ensure seamless service delivery to children and their families. The Committee is further charged to ensure that identified service gaps for children are remediated.

The second committee is the Children's Coordination Steering Committee (CCSC), which is the County's cross systems planning team. This committee is comprised of staff from the aforementioned agencies. The committee works to develop strategies and recommendations to advance systems improvement. The committee's purpose is defined, *"...to support the healthy development of families and communities through a child serving system that is integrated, efficient, effective, holistic and inclusive of parents, youth and providers."* An overall goal of the committee is working to reduce the placement of youth in residential treatment facilities through the development of community-based alternatives and individualized planning process. In addition, the committee members are working to strengthen a person-centered planning culture which includes peer support, community and natural support and promoting youth leadership opportunities.

The third committee is the Integrated Children's Case Planning Committee. This committee meets monthly to review cases involving children with multi-system needs. The committee reviews criteria, such as the length of stay of a child at a residential treatment facility, weak medical necessity and individuals with multiple restraints. Those youth who have barriers to discharge are reviewed more intensely, along with transition age youth. All committee members brainstorm to help develop strategies for removing systems' barriers to enable children to return to their homes and communities more quickly with the services and supports they need.

The ID Children's Services Coordinator (CSC), works specifically with children who are diagnosed with both mental health and intellectual disabilities, and receive behavioral health services. She works collaboratively with ID service provider agencies, non-ID service providers, families and Care Managers to ensure the child with multi-systems needs is holistically supported. In addition, she is the ID point person for Bucks County children with an ID diagnosis who reside in residential treatment facilities,

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those whose parents/treatment teams are recommending RTF level of care, and for youth who are transitioning back to the community from a residential treatment facility. In addition, she is the primary contact for Supports Coordinators who are working with families and their children who are receiving Behavioral Health Rehabilitation Services (BHRS) within the family home, or are identified as needing those services. She has a particular focus on transition age youth, working with teams to identify the strengths and needs of the youth. This is essential to understanding and planning for the supports and services an individual will need to ensure a smooth and seamless transition into the adult system.

The ID Children's Services Coordinator interacts with the Behavioral Health (BH) and MH Children's Services staff and participates in many of the multi-systems meetings, workgroups and committees with the aforementioned agencies. This collaboration may also include SCOs, Voice & Vision, school districts, the BCIU, along with a number of community behavioral health provider agencies and non-clinical service provider agencies. Some of the routine meetings attended by the ID CSC are: Interagency Team meetings for children residing in residential treatment facilities, or receiving Behavioral Health Rehabilitation Services (BHRS) in their home; Magellan Children's Regional meetings; transition age youth meetings; the Early Intervention/Mental Health Collaborative; and Hi-Fi Family teams.

Bucks County has been and remains steadfastly committed to improving the lives of individuals with an ID diagnosis who have co-occurring mental health challenges. To that end, the ID Unit has forged a solid working relationship with Bucks County Behavior Health and Magellan Behavioral Health.

Staff works collaboratively with the aforementioned entities to find creative approaches to addressing some of the challenges inherent when multiple systems are involved. We work diligently to collaborate, resolve and stabilize situations before inpatient treatment becomes necessary. We have found that many of the local psychiatric inpatient hospitals are reluctant to accept patients with an ID diagnosis, due to their lack of expertise in working with individuals with an ID diagnosis. To that end, through our collaborative working relationship, when an inpatient commitment has been necessary, Magellan has been willing to authorize inpatient treatment at a non-network hospital to ensure the best possible treatment outcomes.

To help prevent the need for inpatient treatment, Bucks County has been at the forefront of collaborative efforts with community based mental health treatment providers, to ensure care is available locally for individuals dually diagnosed with a mental health challenge and ID (MH/ID).

Individuals with MH/ID have more trouble accessing mental health services than individuals without an ID diagnosis. In addition, individuals with ID may have significant challenges such as issues with group home living, lack of control over one's life, employment barriers, and social challenges. This situation can lead to feelings of isolation. Individuals with MH/ID need more assistance and education about how to communicate their mental health symptoms and their medication side effects.

Magellan has worked to increase the network of psychiatrists available to treat individuals with MH/ID. Psychiatrists are beginning to assess an individual through the use of psycho-social evaluations. Medication management emphasizes improved coordination of physical health care as untreated physical health concerns exacerbate or mimic symptoms of mental illness.

Individual and group therapy options have also increased for individuals diagnosed with MH/ID. Therapists are learning to use less traditional models of therapy such as art, music, exercise, and role playing. More clinicians are being trained in Trauma Informed Care.

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In addition, Magellan has been integral in working with community based mental health providers to ensure that there are Certified Peer Specialists (CPS) with skills to work with individuals with MH/ID.

Over a year ago, one individual with MH/ID successfully completed the course work to become a CPS. She currently provides CPS supports to individuals with ID through a community based mental health treatment provider. This individual has sponsored activities to promote independence, provided recovery coaching on personal wellness goals, sponsored monthly peer support groups, educational activities, and opportunities to build peer relationships.

The ID Residential Coordinator co-chairs the MH/DP Behavior Health Workgroup. This cross-systems workgroup has been in existence for over ten (10) years and is charged to improve the behavior health services and outcomes for individuals with MH/ID.

The following is a list of a few of the accomplishments over the last few years:

- Increasing the capacity of the MH system to serve individuals in the DP system.
- Standardized the Social Emotional Environmental Plan (SeePlan) Criteria and provided training to Bucks County supports coordinators and providers.
- Revised the SeePlan to meet the new criteria as mandated by ODP. The revisions included information about recovery and trauma informed care.
- Collaborated with a well regarded psychiatrist with expertise in working with individuals with MH/ID. He continues to provide training to local psychiatrists treating individuals with MH/ID.
- Provided accredited training for community-based psychiatrists and MH professionals to better treat individuals with MH/ID.

The Workgroup also wrote and received approval for a reinvestment proposal from OMHSAS. The plan is to develop a service model for outpatient care that will meet the needs of individuals with MH/ID. The goal is to enhance existing outpatient services to ensure quality psycho/social assessment, improved medication management and treatment planning for individuals MH/ID. The initiative began in January 2014 and will continue for two years. Indian Creek and Penn del Mental Health Center were chosen to participate in year one. (Penn Foundation and Lenape Valley Foundation are expected to participate in year two beginning in January 2015.)

A psychiatrist with expertise in working with individuals with MH/ID has begun to work directly and through tele-psychiatry with two local community based psychiatrists to hone their skills in diagnosis and treatment for individuals with very complex psychiatric presentations.

Each provider has hired a care coordinator, whose role is to coordinate the psychiatric evaluations, behavior assessments, and ensure the collection of data and work in collaboration with the individual and his/her support team.

Through our collaborative cross system efforts we work to reduce risk while working to ensure individuals receive the quality care and supports they need to maintain their health and safety.

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### **Emergency Supports**

As previously stated, our reliance on the Federal Medicaid Waiver programs to address the needs of Bucks County citizens with an ID diagnosis cannot be understated. With only 180 individuals receiving regular and consistent base funded services/supports, it is essential that we receive increased waiver capacity to meet the needs of the individuals on the Prioritization of Urgency of Need for Service (PUNS) waiting list.

Without increased capacity, we will not be able to address the needs of our 2014 graduates. In addition, there are currently thirty-eight (38) individuals in the P/FDS waiver that are in need of enhanced supports that cannot be met within the cap. Also, there are individuals who are living at home with aging caregivers who are in need of the Consolidated Waiver, as they need to move from their family home due to their caretakers age/health condition(s).

In addition to the 180 individuals supported with base funds, these funds are also used as match funds for the Federal Medicaid Waiver administrative dollars to support our AE Oversight responsibilities outlined in the Operating Agreement between the Department and ODP. Waiver administration demands adherence to the Administrative Entity Operating Agreement (AEOA). Our robust approach to management helps to ensure we are aware of individuals and their needs in a timely manner. This ensures we are managing the waiver capacity both effectively and efficiently. Waiver capacity management is only one aspect of AEOA, which was described in greater detail earlier in this document. Maintenance of our base allocation is essential to ensure the continuation of the aforementioned essential functions/supports necessary for the continued operation of the ID program.

Recognizing emergencies can occur anytime day or night our Department's on-call line is available to citizens in need. If the emergency involves an individual with an ID diagnosis a call to a DP staff person will be made to coordinate a response to the situation.

### **Administrative Funding**

The County continues to support the positions necessary to meet compliance with the Administrative Entity Operating Agreement as outlined above. Therefore, the continued use of base funds to match the federal administrative dollars to maintain the quality of the program is essential.

#### **Quality Management:**

The ID Services Department has utilized quality management for two decades. In 1994, the ID Department partnered with key stakeholders (self-advocates, advocacy organizations, providers and Supports Coordination Organizations) to champion the use of quality management within the local system through training, demonstration projects, and by providing technical assistance.

In 1995, this partnership evolved into one of the first Quality Councils in the state ID system. The Bucks County Quality Council (Council) attracted stakeholders who were already aware of quality management. Some had started integrating quality improvement processes in their organizations, and those who had not were exploring the concept. Membership includes Advocates and Self-Advocates, executive directors, and upper management staff from providers (two of whom hold leadership positions in the two major provider associations), representatives from Supports Coordination Organizations, and the local Independent Monitoring for Quality (IM4Q) organization. The Council is linked to the education, behavioral health, early intervention and child welfare systems through inter-

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agency committees, in addition to standing subcommittees and ad-hoc work groups. Members represent organizations that, combined, provide service to 80% of the registered population. The Council became a model of effective stakeholder collaboration, serving either an advisory or operational role in several process improvement systems change and best practice initiatives including:

- Everyday Lives Training and Pilot Projects (Employment, Person-Centered Planning).
- Development of Provider/Support Coordination Organization Quality Management Plan template and guidelines.
- Identification of Key Performance Factors that, prior to the transition to state contracts, were appended to provider contracts (performance-based contracting).
- Management of the Person-Centered (Participant-Directed) Support pilot project, which demonstrated the implementation and administration of Agency With Choice and Fiscal Agent support and funding concepts.
- Decreasing the average time of referral to residential placement from over six months to under sixty days. Note - this process improvement initiative was implemented by the Council as a Six Sigma training and pilot project. Additional note – since the advent of Waiver Capacity Management referral to residential is through an alternative process.
- Improving timeframe compliance with the review and authorization of Individual Service Plan (ISP) Annual Review Updates from 20% to over 80%.
- Strategies to address the ODP priority goals, *The Elimination of Restraint* and *The Elimination of Individual-to-Individual Abuse*. Restraints have declined in three consecutive years.
- Communication Support projects. The Council partnered with the local IM4Q agency to strategically plan and implement four (4) projects over a six (6) year period. The two (2) primary objectives of these projects were to:
  1. Develop and demonstrate a model to reliably collect responses to the satisfaction and quality of life questions in the Essential Data Elements Survey Tool from people who do not verbally communicate. Note - approximately 40% of persons with ID in structured residential services do not verbally communicate.
  2. Increase communication supports to people who need them. Objectives of both projects were achieved.

The IM4Q agency delivered a model to reliably collect Essential Data Elements data to the State IM4Q Steering and Management Committees; the demonstration project was expanded to include additional Administrative Entities and the local IM4Q team provided training and technical support to the new pilot projects. Among individuals who need communication support, the percentage using augmented or other formal communication support increased from 22% to 83%.

In 2008, the Council, in consultation with the Quality Management Lead from the ODP, assessed the quality framework originally developed in 1999, resulting in core changes to the quality management structure. In 2009, the new quality framework identified two separate entities:

- A. Quality Leadership Board comprised of local self-advocates (with dedicated support to prepare for, and participate in, Board meetings), executive directors from IM4Q, Support Coordination Organizations and provider organizations, the Administrative Entity (AE) Administrator, Fiscal

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Officer and Quality Management Director. All members have several years of training and experience implementing a variety of quality management models. Members representing providers and Support Coordination Organizations have the authority to commit financial and human resources from their organizations.

The role of the Board is to provide guidance and direction to ensure the Council acts within the scope of AE authority. Board responsibilities include a quarterly meeting in which the emerging issues from government agencies, provider and advocacy associations are presented and assessed for potential impact on local quality improvement initiatives. The Board also sets the direction for the annual Quality Improvement Plan (QIP) and has approval authority over it and provides guidance to the Council in operationalizing the QIP Action Plan.

- B. Quality Council comprised of Provider Residential and Day Service Directors, SCO Supervisors, staff representatives from provider and SCO Quality Councils and/or Risk Management Committees, AE Department Management staff, representative(s) from Local Family and Self-Advocacy Organizations. Other content or subject matter experts are recruited for sub-committee work when necessary.

The role of the Quality Council is to develop strategies to achieve ODP and local quality improvement priorities. Design and implementation strategies are determined by consensus. Content experts from outside the Quality Council are recruited when necessary to assist in the design of improvement strategies, specific action plans and/or measurement strategies. Responsibilities of the Quality Council include oversight of the QIP Action Plan, reviewing and assessing monthly improvement data, and making or recommending changes in the Action Plan based on performance data.

### Data Management and Analysis:

The Home and Community Services Information System (HCSIS) contains millions of demographic, service, financial, and other descriptive data points. Most, but not all of these data points are made available to the AE in the form of *HCSIS Extracts*. The ID Department immediately saw the business intelligence potential inherent in extracts and was an enthusiastic "early adopter" of this technology. The Department's Information Technology (IT) staff have worked closely over the years with state IT staff and Vendor (Deloitte Consulting) to refine the functionality of extracts, to make them more useful and, in doing so, have revealed and resolved data issues impacting the integrity of reports used by AE's and the ODP.

The ID Department has a mature system of managing HCSIS extracts through a series of procedures executed by program and IT staff, transforming data into useful knowledge. Processed extract data is warehoused in a SQL server. The user interface is an organized listing of static and drill through reports, known internally as the *Staging Area*, that are available to credentialed ID Department Managers via their desktop browser. Generally, these reports support many of the Department's oversight responsibilities from the AE Operating Agreement, such as Individual Service Plan (ISP) timeframe compliance and monitoring service claims against expected utilization. More specifically, a significant number of reports have been and continue to be developed to fill the information gap between those listed directly within HCSIS, and the knowledge necessary to operationally fulfill standing and ad-hoc requirements.

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Several reports that support quality are created to measure Quality Improvement Plan goals, such as the *Supports Coordination (SC) Action to Service Note Entry* report and the *Lifesharing and Employment* tracking queries in the *Financial Raw* report (described later in this section). Additional reports are created for Department Managers who use them to identify instances of impending timeframe noncompliance, such as the *SC Monitoring Frequency* report (by Supports Coordination Organization, Supports Coordinator, fund source, compliance or trended) and the exception report, *ISP Not Submitted to AE by Deadline* (for authorization, revision and available by SCO, SC, Provider, service location, individual) and to discover potential health and safety risks, such as SC Monitoring Reports containing the answer YES to the Question, "Are special diets being followed?" and available by individual, provider service location, Supports Coordination Organization and specific Supports Coordinator.

The Staging Area contains a multitude of other reports that are currently in use or under development. Below is a general listing of the knowledge areas supported by the Staging Area, included to provide a sense of the variety and scope of the ID Department's data management and analysis capacity.

- Administrative Entity Operational Monitoring Process (AEOMP) performance data.
- User definable *Exception Reports* based on noncompliance derived from self-assessment or AE Oversight compliance monitoring.
- Total Incidents, normalized per person served and trended over three years.
- Target Incidents (Neglect, Individual-to-Individual Abuse, Restraint).

Drill-through options are available on most reports, providing the granularity based on the requirements identified by Department staff responsible for specific oversight or management tasks.

The *Financial Raw* report is more precisely described as a set of queries, the output of which supports core AE oversight functions related to fiscal, utilization, quality improvement and provider monitoring processes. The report is actually a massive "raw" data pull from the warehoused PROMISe payment file and HCSIS Extract data, which is then queried according to the specific business question(s) of the user. The ID Department considers this report essential to assuring compliance with AE Operating Agreement requirements and to monitor Block Grant assurances, such as fiscal Maintenance of Effort (MOE).

The ID Department's capacity to leverage data from a variety of sources to effectively manage complex programmatic and fiscal requirements is widely known and respected by other AE's. They are frequently consulted by other AE's for technical assistance in the use of HCSIS extracts. A March 2013 demonstration of the Staging Area was the catalyst for collaboration between four neighboring AE's to share data strategies and technical skills.

### Administrative Operating Agreement Assurance:

The Intellectual Disabilities Department continually monitors compliance with the Administrative Entity (AE) Operating Agreement (see below, *AE Operating Agreement Responsibilities*). Performance is audited monthly using sampling methodology and customized "compliance indicator reports". In addition, an annual Self-Assessment is conducted by Department staffs who apply the same Monitoring Tool the ODP uses to measure AE compliance. Finally, AE compliance with the AE Operating Agreement is assessed externally by ODP during the annual AEOMP. All noncompliance identified during that process is remediated within 30 days. A Corrective Action Plan addressing systemic and procedural interventions to improve specific areas of noncompliance is then developed, submitted to ODP and, upon their approval, implemented. Implementation of the Corrective Action Plan is verified by the ODP

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prior to the next annual AEOMP. Note that while AE Operating Agreement requirements are specific to Waiver funded services, where applicable, the Department applies the same oversight procedures to Base funded services.

### AE Operating Agreement Responsibilities:

- Ensure Participant Waiver records are secure, protected from unauthorized access and retained as required.
- Monitoring to ensure individuals being identified for enrollment into the Waiver are assigned a category of need for services in accordance with the Department's policy and Prioritization of Urgency of Need for Services (PUNS) form.
- Ensuring that individuals being identified for enrollment into the Waiver having an emergency need, receive preference in Waiver enrollment before those having a critical or planning need.
- Ensuring fair hearing and appeal rights are explained to new waiver enrollees.
- Providing written notice to Waiver participants when the AE makes determinations to deny, suspend, terminate or reduce a Waiver service or Waiver service request, in accordance with the needs assessment and/or the approved Waiver.
- Implementing Departmental decisions, e.g., Bureau of Hearing and Appeals decisions.
- Evaluation and reevaluation of level of care as specified in the approved Waiver.
- Providing individuals being identified for enrollment into the Waiver who are likely to be determined eligible for an ICF/ID level of care, with choice between home and community based and institutional services (Service Delivery Preference).
- Qualifying Waiver providers, using the qualification criteria outlined in the current approved Waiver, with the exception of qualification for Supports Coordination Organizations (SCO's).
- Monitoring of Waiver providers, excluding Supports Coordination Organizations, and using a standard tool and process developed by the ODP. Ensuring that information on participant direction is provided to new waiver enrollees.
- Reviewing and approving Individual Support Plans (ISPs) in accordance with the ODP policies and procedures and making authorization determinations about Waiver-funded services using criteria established by ODP.
- Conducting Incident Management activities in accordance with ODP standards.
- Intake and eligibility determinations for individuals seeking enrollment in the ID system.
- Provide technical assistance to business partners necessary to ensure Operating Agreement compliance.
- Support Providers as needed with the resolution of claims for authorized services.

## HOMELESS ASSISTANCE SERVICES

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### Homeless Assistance General Overview

The need for housing/homeless assistance for individuals and families continues to rise. There is no longer a stereotype of who or what that person or family looks like. Every situation is unique and it includes those with mental health issues, drug and alcohol concerns and the person who lost their job and has been unable to find employment with a livable wage. There has been an increase in the number of households that despite securing one or two jobs after being unemployed; earn less than they previously did with one job. Housing/homeless needs are concerns that Bucks County continues to work on. While using the HUD guidelines, our identified Continuum of Care will work together to develop a consistent approach to all facets of homelessness.

Bucks County's homeless assistance programs are described below. It should be noted that additional emergency shelter and housing support services are described in the Children and Youth Services section of the Block Grant plan as those funds are administered through our Child Welfare Services program.

### **Bucks County Opportunity Council, Inc. (BCOC)**

	Estimated/Actual Individuals Served in FY 13-14	Projected Individuals to be served in FY 14 -15
Bridge Housing	36	36
Case Management	1,566	1,566
Rental Assistance	458	458
Emergency Shelter	0	0
Other Housing Supports	0	0

### **Bucks County Housing Group, Inc. (BCHG)**

	Estimated/Actual Individuals Served in FY 13-14	Projected Individuals to be served in FY 14 -15
Bridge Housing	39	39
Case Management	1,189	1,189
Rental Assistance	503	503
Emergency Shelter	0	0
Other Housing Supports	0	0

### **BRIDGE HOUSING PROGRAM**

The Bridge Program is a subsidized housing program for homeless families and Youths aging out of the Foster Care System, who reside in Bucks County. The purpose of the program is to provide housing and case management for families who are transitioning from homelessness and dependency to permanent housing.

This ultimate goal of independence is attained through participation in education and training programs with a career emphasis, while being employed on a part time or full time basis; depending upon the circumstances.

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The Bridge Program is administered by Bucks County Children and Youth Social Services Agency. Case Management for client families is provided by Children and Youth, Bucks County Housing Group and Bucks County Opportunity Council with the goal of strengthening families. A maximum of fifteen (15) families at any one time can be accommodated by the program. The length of time in the program is usually 12 – 15 months.

The Bridge Housing Program is a result of a collaborative effort by various public and private social services agencies with the mutual goals of moving families from homelessness and dependence on the social services system to permanent housing.

### **Program Objectives:**

1. Family unit is maintained or appropriate family members are reunited
2. Achieve safe affordable housing
3. Secure full-time employment is achieved by all appropriate family members, a balanced budget is achieved utilizing housing and/or child care subsidy; or a balanced budget is achieved except for a childcare subsidy
4. Secure full-time livable wage employment with a balanced budget without subsidies. Family achieves full self-sufficiency and permanently leaves human services systems

### **Bridge Program Outcomes to date for 2013-2014**

#### **Participants BCOC**

2013-2014

- 21 Families participated in the Bridge program from July 1, 2013 to March 31, 2014 –
- 13 Families started in the Bridge program before July 1, 2013
- 8 Families were assigned during July 1, 2013 to March 31, 2014
- Average length of service is eighteen (18) months
- Projected- 16 Families in Program through June 30, 2014

#### **Participants BCHG**

2013-2014

- BCHG Served 7 families (9 adults) from July 1, 2013 to March 31, 2014
- 5 (6 adults) BCHG Bridge clients started in the Bridge program prior to July 1, 2013
- 2 BCHG Families (3 adults) were assigned from July 1, 2013-March 31, 2014
- Average length of stay is 12 1/2 months for BCHG clients

#### **Progress Report and Results BCOC**

Results as of March 31, 2014:

- 8 families were exited from BCOC's Bridge Program
  - 6 were employed full or part time at the time of exit
  - 1 was receiving UC benefits and seeking employment
  - 1 was living with friends and seeking employment
  - 2 remain enrolled in the Economic Self-Sufficiency program
  - 1 graduated from the Economic Self-Sufficiency program

## HOMELESS ASSISTANCE SERVICES

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- 7 maintained the same permanent residence upon exit, 2 found alternative living arrangements
- 1 returned to the homeless shelter
- 14 families enrolled as of March 31, 2014 – projected 14 through June 30, 2014
  - 8 are enrolled in education programs
  - 8 have maintained employment or gained new employment
  - 4 are dually enrolled in the Economic Self-Sufficiency program

### **Progress Report and Results BCHG**

Results as of March 31, 2013:

- 3 families and 1 adults were exited from BCHG'S Bridge Program since March 31, 2014
- 3 families were employed full or part time at exit
- 2 maintained permanent residence, 1 entered transitional housing and 1 attained alternative housing with family
- 4 BCHG families enrolled as of March 31, 2014
  - 2 enrolled in an education program
  - 2 have increased their employment

### **CASE MANAGEMENT/RENTAL ASSISTANCE/EMERGENCY SHELTER/OTHER HOUSING SUPPORTS**

#### **Homeless Assistance - Housing Solutions for Residents with Housing Problems**

Residents in need of assistance to resolve or prevent a homeless situation may be eligible for one or more of the following which is paired with Case Management:

- Rental Assistance
  - To prevent homelessness or move out of homelessness
- Security Deposit
  - To move out of homelessness
- Mortgage
  - To prevent homelessness

Residents who face homeless situations or who are currently homeless and desire housing are provided case management and depending on their situation and eligibility, may receive financial assistance to resolve their problem.

A resident who is homeless or near homeless and requests financial assistance will receive an intake interview and assessment on the same day they complete an application for Homeless Assistance. Applicants who are unable to meet for their intake and assessment interview when they complete their application; negotiate an alternative time. HAP applicants are required to provide the necessary application documents within a reasonable time frame.

Residents unable to make their mortgage payments will be considered for potential assistance from HAP and other programs. Residents with mortgage default or delinquency issues will be referred to Bucks

## HOMELESS ASSISTANCE SERVICES

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County Housing Group's mortgage department for assistance from a certified housing counselor. BCHG's counselors will evaluate their mortgage and financial situation, prepare detailed recommendations, and assist with applications and mortgage solutions. These may include applications to state or federal foreclosure assistance programs, or intervention with the Bucks County Foreclosure Diversion Program.

Residents who have low-moderate income who are seeking to purchase a home will be referred to Bucks County Housing Group's (BCHG) mortgage department for assistance. BCHG is the point of entry for the Bucks County First-Time Homebuyer Program, which offers no-interest closing cost assistance of up to \$10,000. BCHG's mortgage counselors offer monthly first-time homebuyer workshops and detailed face-to-face housing counseling to assist buyers in evaluating loan products, qualifying for state and federal loan programs, avoiding loan scams, and understanding fair housing protections.

Residents applying for HAP assistance that currently participate in some other subsidized housing program are assessed on a case-by-case basis. Only in exceptional circumstances will financial assistance be provided to a Section 8/ Housing Choice Voucher Program or other subsidized housing resident. Move-in assistance for Section-8 recipients will usually be limited to once (life-time limit). Final decisions to determine financial assistance will be the responsibility of the Executive Director upon recommendation from the Director of Self-Sufficiency. Case Management services may be offered to any subsidized housing resident for assistance in resolving the emergency, and increasing and maintaining a level of independence that would prevent recidivism.

When a potential HAP applicant contacts the Housing Link for BCOC Housing and services, the Case Manager completes a basic income eligibility screening. Eligible residents will need to provide documentation to complete their application for assistance.

Residents will be instructed that an interview will be arranged **only** when all appropriate documentation, in original form, is made available. If a resident does not submit necessary documentation, particularly income documentation, they will be considered ineligible for HAP assistance pending submission of requested documentation. The client will be allocated a maximum of seven (7) calendar days, from the time of the first meeting, to present the needed information and complete the application process. When applications have not been completed within this time frame, clients will disqualify themselves from assistance and/or encouraged to restart the entire application process.

Income documentation that confirms the client is at or below 150% of the federal poverty level will be used to determine their eligibility to receive HAP assistance. Assistance for Clients with income between 150-200% requires a review by the Director of Self-Sufficiency and prior approval of the Executive Director. Clients may receive a maximum of \$1,000 for adult-only families or households or \$1,500 for families or households with children during a consecutive 24-month period. HAP services provided to clients with no income will have documentation in the file as to the reason a decision was made to assist the client. No client will be assisted who is not income eligible within the 90-day period. If child support payments have not been received in the last 90 days, they will not count as income. If payer is paying child support, it will count as income for the payer. If payee is not receiving child support, it will not count as income for the payee.

The Self-Sufficiency Specialist will make HAP resources available to the client through a comprehensive voucher process. The voucher requires appropriate original documents or copy (verified by the Self-

## HOMELESS ASSISTANCE SERVICES

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Sufficiency Specialist) who witnessed the original document). Written eviction notices from landlords must be on original letterhead, outlining monies owed and a statement that payment of the identified monies will prevent eviction. The Self-Sufficiency Specialist will follow up verbal confirmations of eviction from landlords in writing, outlining monies owed and a statement that payment of the identified monies will prevent eviction. The same procedure will be followed regarding move-in notices. An original lease and/or witnessed copy must be present in the file. All BCOC clients will be asked to make a contribution toward the financial assistance received by the agency. Confirmed copies of the client co-pay receipt will be attached to each voucher.

Shelter payments for clients in hotels/motels may be paid up to a maximum of 60 days and require prior approval of the Executive Director. Any meals paid for on behalf of the client in the motel must be included as part of the total overnight bill. HAP assistance for homeless emergencies should be viewed as a last resort after all Bucks County "continuum of care" services for the Homeless or Near-Homeless have been exhausted. They will be used to bridge the client's connection with permanent housing solutions.

The intake interview will not only determine income eligibility but will seek to provide the client with an assessment of their needs, which includes but is not limited to securing permanent living arrangements as the final goal. The Self-Sufficiency Specialist will implement Solution Focused, Strength Based interventions to assist the client in the identification of personal strengths and problem solving abilities. While waiting for the Intake interview, the client will be given a budgeting and needs assessment form to complete that will complement the one available in the CTS system. They will then be required to cooperate with the HAP case manager to complete and review a thorough 1-month budget plan in order to receive assistance. According to the assessment, additional referrals and options for services will be given. For example, if poor credit is an issue impacting their budget, a referral to - Consumer Credit Counseling Services of Delaware Valley will be made to assist the client in establishing a credit repair plan. BCOC, Inc. has also contracted with the CCCS to offer money management, information about checking and savings accounts, and other self-sufficiency workshops on a regular basis for all service sites. Participation in these workshops will be strongly recommended if not required.

A monthly budget will be completed for each client applying for HAP assistance. An assessment of the Income dimension and the monthly budget assists the Self-Sufficiency Services Specialist in assessing the client's ability to have sustainable income sufficient to pay rent in the future or have no income but have reasonable expectations for sufficient income in the next 90 days.

Clients who have received HAP assistance will be offered follow-up services in an effort to prevent recidivism. The Self-Sufficiency Specialist will make a personal follow-up contact to the client three times 30, 60 and 90 days after the final HAP payment. During these calls the Specialist will perform a needs assessment, offer supportive services and assure stabilization of the crisis. Dependent on assessment, the Self-Sufficiency Specialist may encourage additional follow-up services and establish a face-to-face interview with the client.

Should services be provided to clients with no income, the narrative in the client file will reflect the reason for providing assistance. Clients who are escaping domestic violence will be reviewed on an individual case basis. Income eligibility screening will be completed but waived whenever determined to be in the best interest of the individual/family to secure safe and/or permanent housing.

## HOMELESS ASSISTANCE SERVICES

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Intensive follow-up services are enacted to provide an effective delivery of services to clients at risk of homelessness and to prevent recidivism. When a client exhausts their available HAP financial assistance within the 24-month period, a letter will be sent to them notifying them of this situation. Copies will remain in the client file for documentation. Clients who have not previously benefited from enhanced follow-up and supportive case management services and repeat their request for HAP financial assistance will be reviewed on a case-by-case basis.

If a household is requesting assistance and the adult member in the household has received a rental assistance payment within the past 24 months as a member of another household, the payment will be divided as equally as possible among each adult in the household. However, the maximum amount available to the household will be reduced by the amount that was received by the person who in the past 24 months received a rental assistance payment as a member of another household.

With the current downturn in the local economy, lack of affordable housing, and funding cuts across the board for many local human service agencies, an increased need for HAP services, throughout Bucks County, is anticipated for the upcoming fiscal year. In response, BCOC, Inc. will increase outreach efforts to local landlords to ameliorate the effects of these economic indicators and the drain on HAP resources. Inroads have been made to educate and engage landlords throughout the county, in an understanding of preventive and on-going BCOC programs and services. The intent is to encourage landlords to refer tenants, undergoing financial hardships, at a much earlier point in the downward process that forces them to seek financial assistance and to offer preventive services to avoid housing crisis situations. To this end, each BCOC, Inc. service delivery site is creating a database for landlords who most frequently rent to low-income individuals and families. Case managers are meeting with landlords and contacting them on a regular basis to keep them updated on current services, programs and opportunities for prospective low-income clients. By bringing more landlords into a collaborative relationship with BCOC, the hope is to reach more overburdened people before crises occur and preventive measures can be more effective and cost efficient.

### HAP Program Outcomes 2014-15

The Opportunity Council will use Clients to Success (CTS) to measure all HAP Program Results. These measures will be used to continue our work in developing an effective homeless prevention program. Among the results that will be measured are:

- Demographics of participants
- Total Payments
- Average Assistance Payment
- Sustained results 30, 60 and 90 days follow-up
- Total assistance from non-HAP fund sources including total private assistance to resolve housing crises

### Outcomes for HAP programs from 7/1/13 thru 3/31/14

Prevent Eviction or Move Out of Homelessness

- 458 people in 159 households received financial assistance and counseling services to prevent eviction or move out of homelessness. (72 people out of homelessness and 386 people avoided eviction  
-Forecast for YE is 458 people

## HOMELESS ASSISTANCE SERVICES

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### Counseling to resolve Potential Eviction

- 1,566 people in 608 households received counseling services to prevent homelessness  
-Forecast for YE is 1,566 people

### Received Budgeting Tutorial and Developed Budget

- 458 people received Budgeting Tutorial and developed household Budget  
-Forecast for YE is 503 people

The county homeless assistance program seeks to help residents 1) avoid homelessness and 2) for those who are homeless and desire housing, quickly move them out of homelessness.

The key elements of this homeless assistance include:

#### -Housing Solutions Program

Administered by the Bucks County Opportunity Council and funded by Homeless Assistance Program (HAP); Human Services Development Fund (HSDF) and matched by private contributions raised by the Opportunity Council

#### -Bridge Housing Program

Administered by the Bucks County Children and Youth Social Services Agency, the Bridge Program is a subsidized housing program for homeless families and Youths aging out of the Foster Care System, who reside in Bucks County. Case Management is provided by Children and Youth, Buck County Housing Group and the Bucks County Opportunity Council (BCOC) who utilizes HAP funds to help residents of Bucks County prevent homeless situations or move households out of homelessness through the Bridge Housing Program.

#### -Housing Continuum of Care

The Continuum is a county-community collaborative of more than 40 organizations from government, nonprofits, faith-based, community and education sectors; and representatives who have previously experienced homelessness. It provides a single, coordinated, inclusive homelessness assistance resource system that works toward preventing and ending homelessness within the Bucks County service area. Its key metric is connecting homeless or those facing homelessness to permanent housing.

#### -Bucks County Housing Link

The Bucks County Housing Link is a collaborative effort of four, nonprofit, social service organizations and the County of Bucks Department of Housing and Community Development. The Housing Link is a Centralized Intake and Coordinated Assessment program for all housing related programs in Bucks County. BCOC is a founding partner of the Bucks County Housing Link and is operating three of the five assessment centers throughout Bucks County. BCOC Assessment centers are serving 85% of the referrals from Intake to Assessment.

## HOMELESS ASSISTANCE SERVICES

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### HMIS

Bucks County adopted its HMIS system in 2007 and has incorporated 12 service providers and 34 housing programs to date. Participating HMIS programs represent an overall bed coverage rate of over 90% of all beds designated for homeless persons in the County.

The Executive Committee of the Housing Continuum of Care of Bucks County (HCoC-BC) is the overseeing body for the HMIS and provides final approval for all governance policies; the data quality and security plans; and Point in Time Count (PIT), HIC, and Annual Homeless Assessment Report (AHAR) reports before submission. The HCoC-BC Data Management Committee was founded in 2012 and is responsible for drafting all governance documents in accordance with federal regulation and community need, as well as interpreting and providing comment on federal regulations regarding HMIS implementation, reviewing monitoring findings, and developing new initiatives for using HMIS data more effectively within HCoC-BC planning.

Over the past year, the Data Management Committee, in conjunction with the HMIS Lead Agency, has focused on improving data quality measures through updated policies and procedures and increased training efforts. As well, the Data Management Committee and Outcomes Committee of the HCoC-BC have increased HMIS reporting and analysis, in an effort to improve the community's ability to make informed decisions regarding funding priorities.

There is a governance charter in place between the HCoC-BC and the HMIS Lead Agency, the County of Bucks Department of Housing and Community Development. Department staff carries out the day-to-day operations and administration of the HMIS implementation.

The HCoC-BC is a participant of the semi-statewide PA HMIS Collaborative, a multi-continuum HMIS implementation that joins 54 counties in one single HMIS database. The vendor for this HMIS has been the PA Department of Community and Economic Development (DCED), which developed and operates the PA HMIS. In Spring 2014, however, DCED will begin the process of purchasing a new software product on behalf of PA HMIS Collaborative, with an expected go-live date of October 1, 2014.

Lastly, the HCoC-BC began a pilot centralized intake and coordinated assessment project, the Bucks County Housing Link, in November 2013. All Bucks County Housing Link data is collected within the county's HMIS, ensuring that all clients are provided the same assessment and referral services. As well, data generated from the Housing Link is enabling the HCoC-BC to draw a comprehensive picture of the needs of the community, and will begin to incorporate this new knowledge into the upcoming Strategic Planning process for homeless services.

## CHILDREN and YOUTH SERVICES

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HSBG funding provided to Bucks County Children and Youth Social Services Agency enables the Agency to implement and sustain programming which supports its mission to strengthen families and protect children by ensuring their safety and well being.

The agency continues to respond to the challenge of increased referrals from the community and subsequent service demands. The in-home service population has grown by 13.9% in the past 5 years culminating in the provision of service delivery to 7,433 children in 2013. Recent Child Protective Services Legislation, which increases the pool of mandated reporters and extends the definition of child abuse, became effective January 2014 with additional provisions scheduled for implementation throughout the remainder of the year. These new mandates are expected to escalate referrals from the community to the Agency.

To assist in service delivery to the expanding client population, Block Grant funds enable Children and Youth to provide an array of evidence based programs including Multisystem Therapy for ungovernable youth who are not MA eligible and otherwise would not qualify for essential treatment services; Family Group Decision Making, which empowers families by allowing them to convene with their natural supports and create their own plan for child safety; High Fidelity Wrap Around which offers families in home professional support to address challenging child behaviors resulting from mental illness; and Alternatives to Truancy, which provides counseling, advocacy and skill building to assist youth at risk of truancy. Block Grant funds are also utilized to train front line workers in family engagement & skill building through the Credential Strengths Based Family Workers curriculum. Due to the current economic climate, high unemployment and personal crisis, families are struggling to pay escalating utility bills, rent and perform necessary maintenance to secure existing housing. Housing Assistance has proven essential in responding to this need by providing funds to ensure housing stability and mitigate homelessness in the county.

Block Grant funded programs and services have proven effective in promoting cross systems collaboration between Child Welfare, Mental Health, Drug and Alcohol, education, and contracted providers. Program outcomes are impressive and the achievement of program goals has had a significant impact on increased family strengthening as well as improved child safety and wellbeing.

<b>Outcome</b>	<b>Measurement and Frequency</b>	<b>All Child Welfare Services in HSBG Contributing to Outcome</b>
Safety	Outcomes are gathered by weekly clinical supervision weekly MST consultation and collaboration with systems partners.	Multi-Systemic Therapy



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	the number of successful referrals. The program is too new for current outcomes.	
Permanency	See above  See above	Family Group Decision Making  Housing Assistance
Child & Family Well Being	See above  See above  See above  Alternatives to Truancy program outcomes are measured by the tracking of referrals, contacts with schools and monitoring of attendance and performance of students completing the program.  See above	Multi-Systemic Therapy  High Fidelity Wrap Around  Family Group Decision Making  Alternatives to Truancy  Housing Assistance

## CHILDREN and YOUTH SERVICES

### EVIDENCE BASED PRACTICES

Program Name:	Credential for Strengths Based Family Workers
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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			
Requesting funds for 2014-2015 (new, continuing or expanding)	New	Continuing	Expanding
		X	

Oversight for the Credential for Strengths Based Family Workers, formerly known as Family Development Credentialing, was transferred from the Community Action Association of Pennsylvania (CAAP) to Temple University Harrisburg (TUH) effective 9/1/13. The program curriculum and mission remains the same, to enhance the individual professional development of front line paraprofessionals in the human service field by teaching them engagement skills from strengths based perspective. Eleven human service agencies in Bucks County have participated in the SFW program by enrolling staff in the course. Nineteen students have completed the curriculum, passed the exam and submitted a detailed portfolio thereby meeting all requirements for achieving their credential. The third class is scheduled for completion spring 2014 with 8 additional students receiving their SFW credential bringing the total number of credentialed workers to 27.

Program outcomes involve individual professional development which reorients practice to a strengths based, empowerment model using enhanced family engagement skills resulting in improved quality of service delivery. Outcomes are measured by the number of students who complete program requirements and receive the SFW credential.

Expected outcomes include: Enhancement of community support services, increased strengths based support skills and positive family focused attitude including transfer of learning to peers. Organizations within the county have offered positive feedback and are repeatedly represented by staff in classes offered.

	13-14	14-15
Target Population	Front line paraprofessionals in human service organizations	Front line paraprofessionals in human service organizations
# of Referrals	13	10
# Successfully completing program	8	10

## CHILDREN and YOUTH SERVICES

Cost per year	\$8,363	\$10,453
Per Diem Cost/Program funded amount	\$50/hour Instruction \$35/hour Advising	\$50/hour Instruction \$35/hour Advising
Name of provider	Approved individual community professionals	Approved individual community professionals

Under spending can be attributed to a high attrition rate caused by students changing jobs or careers, students underestimating curriculum requirements and falling behind in assignments and students who are transferred to other positions within their current employment which impacts on their availability to continue the course.

To alleviate some of these issues, an orientation session will be scheduled for perspective students and their employers prior to course registration.

Program Name:	Multi-Systemic Therapy
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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				
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing	Expanding
			X	

MST services are provided in Bucks County through a contract with K/S Consultants, Inc. The targeted population includes ungovernable adolescents involved with Children & Youth who are not MA approved and therefore unable to access MST services through the county Health Care Management Organization (Magellan). The treatment program is designed to maintain youth in their home via improved adaptive functioning of both parents and child.

Therapists operate in teams of no fewer than 2 and no more than 4 therapists (plus the Clinical Supervisor). The MST Clinical Supervisor conducts weekly team clinical supervision, facilitates the weekly MST phone consultation and is available for individual clinical supervision for crisis cases. Overall the average duration of treatment is 3-5 months. Each MST therapist tracks progress and outcomes on each case by completing MST case paperwork, participating in clinical supervision and weekly MST consultation. With the buy-in of other organizations MST is able to take the lead for clinical decision making on each case. Stakeholders in the overall MST program have responsibility for initiating these collaborative relationships with other organizations while MST staff sustains them through ongoing, case specific collaboration.

## CHILDREN and YOUTH SERVICES

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Expected target outcomes of the program include a reduction of adolescents in out-of-home placement, improved child wellbeing through improved academic performance and family strengthening by increased supports and improved relationships.

MST outcomes for reporting period 7/1/13 - 3/1/14:

Referrals to the program	7
Referral withdrawn	3
Ongoing services	1
Successful referrals	2

The two successful referrals were evidenced by program completion and all of the following:

- Primary caregiver improved parenting skills
- Improved family relations
- Improved network of supports
- Maintained or improved educational/vocational setting
- Attending school
- No arrests

	Projected FY 13-14	Projected FY 14-15
Target Population	Ungovernable adolescents ineligible to access services through Medical Assistance	Ungovernable adolescents ineligible to access services through Medical Assistance
# of Referrals	14	16
# Successfully completing program	10	12
Cost per year	\$9,030	\$36,000
Per Diem Cost/Program funded amount	\$45/unit	\$45/unit
Name of provider	K/S Consultants	K/S Consultants

## CHILDREN and YOUTH SERVICES

<b>Program Name:</b>	Family Group Decision Making
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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				
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			<b>X</b>	

Family Group Decision Making is evidence based practice embraced by the Agency to enhance family engagement, promote family empowerment and to prevent placement. The Agency maintains a contract with New Life to provide coordination and facilitation of family conferences. Families, through the FGDM process, are given a voice and encouraged to create their own plan to ensure child safety and provision of family based supports resulting in the overall strengthening of the family unit. The Agency offers this voluntary service to all clients. It has proven particularly effective in identifying kinship resource homes, long term connections for aging out youth and ongoing natural supports for families at risk of child placement.

The agency has experienced a significant increase in referrals due to parental substance abuse. In response to this increasing trend, FGDM services were recently expanded to include a contract with Community Service Foundation. CSF services were engaged to provide FGDM to families of parents receiving substance abuse treatment at four treatment centers in the county; Aldie Counseling Center, Today Inc., Penn Foundation and Pyramid. This initiative began with CSF staff meeting with D&A provider staff to explain the program and work out logistics. The FGDM outreach to the Drug & Alcohol community is expected to raise family awareness, increase natural supports for addicted parents, including safe child care and prevent the need for child welfare system involvement.

Program outcomes are measured in terms of successful and unsuccessful referrals and successful conferences.

During the reporting period 7/1/13 – 3/1/14:

**New Life Outcomes:**

Two (2) Successful Referrals (new family engagement actions/activities occurring after a referral to FGDM that directly correlate to the FGDM referral, but do not lead to a successful FGDM conference)

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Fourteen (14) Unsuccessful Referrals (the referral of a family to FGDM that does not result in an FGDM conference or any new engagement activities due to lack of engagement of nuclear and /or extended kin)

Seventeen (17) Conferences (a conference that is held with a facilitator, nuclear family, extended friends and/or family)

Community Service Foundation Outcomes:

No outcomes are available as the contract was recently negotiated.

	13-14	14-15
Target Population	Families involved with or at risk of involvement with the child welfare system	Families involved with or at risk of involvement with the child welfare system
# of Referrals	32	32
# Successfully completing program	17 (one conference carry over from previous year)	26
Cost per year	\$115,469	\$94,293
Per Diem Cost/Program funded amount	New Life: \$40/hour plus expenses	\$72/hour capped by outcome (includes expenses)
Name of provider	New Life, Community Service Foundation	Community Service Foundation

<b>Program Name:</b>	High Fidelity Wrap Around
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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			
Requesting funds for 2014-2015 (new, continuing or expanding)	New	Continuing	Expanding
		X	

Bucks County Children and Youth, through a contract with Child and Family Focus, offer High Fidelity Wrap Around services in the county. HFWA utilizes a national model to bring change to the lives of families with children with complex needs. It is a family-driven planning process that puts families and youth in charge of their own plans, by partnering with them to use their voice, strengths, and supports to build teams that keep children in their homes with fewer professionals and more community supports.

## CHILDREN and YOUTH SERVICES

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The program serves youth up to age 21 who have complex needs, are multi-system involved, with a risk of out-of-home placement or are in placement for mental health or child welfare reasons. The mission is to promote collaboration among all team members, including natural supports, service providers and system partners, to create an integrated planning team. Service duration is contingent on when the family has learned the process and is comfortable leading their team meetings.

The HFWA 3 member team is composed of a bachelor's or master's level Facilitator who initially manages the process and facilitates the meetings, a Family Support Partner who has lived experience as a caregiver of a youth with complex needs, and a Youth Support Partner who has their own mental health lived experience and can relate to youth from personal experience.

The program is fully staffed with 4 facilitators, 2 Family Support Partners and 3 Youth Support Partners (the equivalent of 4 teams). Strategies utilized to reduce the length of stay in RTF include supporting the family throughout residential treatment to keep them involved and active in family therapy and treatment planning.; assisting the family and youth to transfer gains in treatment to the natural living environment; focusing on discharge planning at the time of admission.; and identifying and engaging the youth and family in community activities and natural supports to prepare for a smooth reintegration.

### High Fidelity Report Fiscal Year 2013-2014:

- HiFi Family Teams have worked with 14 youth who are in or have transitioned out of RTF.
- The HiFi provider began using the WFI-EZ, a data collection tool, over the summer of 2013. Data is collected at 90 days and then again at transition for comparison.
- Magellan's annual report has again shown a decrease in service utilization.
- There have been multiple CYS closures of families involved with HiFi.
- Bucks County HiFi is participating in the YFTI chart form pilot. It began in December, 2013 and will end in April, 2014. This data collection tool includes: an engagement packet, contact notes containing goal progress, plan monitoring and goal tracking, activities documented throughout the phases by all three roles, and rating scales from all team members at every planning meeting. These forms will be tracking outcomes, fidelity, and satisfaction, including outcomes for all youth who participate in HiFi for any period of time. The forms are expected to go into official implementation statewide in July 2014. Credentialing status: Coach completed Team Coach Credentials; 2 out of 4 Facilitators, both Family Support Partners, and 1 out of 2 Youth Support Partners have received their state-issued role credentials. There have been no staff changes in past year.

### High Fidelity Census FY 2013/14:

The program is at full capacity of 50, with new admissions replacing monthly discharges. Referrals are reviewed and prioritized through the monthly referral meeting process.

- Total referrals received 7/1/13-3/31/14      77 (average of 8.5 per month)

## CHILDREN and YOUTH SERVICES

- Total families/youth served: 75
  - 48% of the families/youth served were also involved with BCCYSSA
  - 5% of the families/youth served were also involved with JPO
  - 47% of the families/youth served were only involved with the MH system
- Total Number of families/youth who discharged: 29
  - for 1 discharged youth, HiFi was transferred to the youth's sibling
- Total Number of families/youth who graduated/successfully transitioned: 8
  - Currently 8 youth are in the transition phase, and 6 of them are expected to graduate by July.
- Total Number of families/youth who moved away: 2
- Total Number of families/youth who withdrew from the service: 12
- Total Number of families/youth who declined the service: 6

The data below is C&Y specific and reflective of the period 7/1/13 - 2/28/14

- 30 children who received Hi Fi were also involved with/referred by BCCYSSA
- Of these 30 children, 4 children were in out of home placement through BCCYSS: 1 child was reunited with family on 2/27/14; 1 child entered out of home placement on 1/9/14; 1 child entered placement on 1/24/14; and 1 child had been in and continues to be in out of home placement. Prior to July 1, 2013 2 children who were receiving HiFi were d/c from CYS custody (1 child was adopted and 1 reunited with family)
- 10 cases have been closed with BCCYSSA.
- 9 cases were active with BCCYSSA
- 2 children are at RTF LOC as MH only placements (family has custody)

	13-14	14-15
Target Population	Youth up to age 21 with complex needs due to mental health & child welfare issues at risk of placement	Youth up to age 21 with complex needs due to mental health & child welfare issues at risk of placement
# of Referrals	77	72
# Successfully completing program	8	10
Cost per year	\$306,007	\$306,007
Per Diem Cost/Program funded amount	\$40.40 per diem	\$40.40 per diem
Name of provider	Child and Family Focus	Child and Family Focus

**CHILDREN and YOUTH SERVICES**

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**TRUANCY**

<b>Program Name:</b>	Alternatives to Truancy
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<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			
Requesting funds for 2014-2015 (new, continuing or expanding)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		<b>X</b>	

The Alternatives to Truancy Program targets truant youth or those at risk of truancy in grades 3 through 10. Referrals are generated by the County's thirteen school districts. The program, which is a collaborative effort between BCCYSSA, Bucks County School Districts and District Justices, is designed to provide prevention treatment in the home and school for a period of 3-5 months to overcome barriers to educational success. Services encompass diagnostic screening, educational program development, facilitation of parental communication with the school, in home family therapy, parent education, individual skill building, counseling and advocacy for the child, case management, collaboration with key stakeholders, linkage to community services and 24 hour emergency consultation. A team comprised of an intake coordinator, child advocate/educational liaison and family therapist are responsible for service delivery. Performance measures include improved academic performance, increased school attendance and reduction of truancy referrals to Children & Youth. In the current 2013-14 school year, K/S received at least one referral from each of the 13 Bucks County School Districts.

Identified outcomes are measured by the tracking of truancy referrals to the Agency, contacts with schools and monitoring of attendance and performance. Monthly case reviews are facilitated by the Children & Youth Manager responsible for program oversight including the participation of Agency staff, vendor staff and school personnel. The majority of youth referred to the program were chronic and severe with respect to truancy. There has been a significant increase in the number of younger students referred to the program frequently identified with mental health issues including school specific anxiety, separation anxiety and PTDS-like symptoms and behaviors.

Exclusion criteria for the program are students that have either Children and Youth or Juvenile Probation involvement. Linkage to other mental health services was successful. Referrals to MST, Family Based, Drug & Alcohol and Wrap Around Services helped families with sustainability in regard to acceptable attendance. Diversion and prevention remain proven facets of the program.

## CHILDREN and YOUTH SERVICES

Various levels of services were provided, with all cases having a K/S advocate and a majority of cases having Family Service Coordinators (FSC) during service provision. Some cases received only Advocate or FSC as determined at the time of referral or as step-down levels of service. The average length of service was 4.5 months.

Outcomes are reported on the 47 cases closed from 7/1/13 to 3/27/14.

- 81% Increased school attendance
  - 72% Improved academic performance
  - 68% Improved school behavior
  - 65% Improved or maintained their overall family adaptation
  - 96% Improved or maintained school relationship
  - 97% Increase in parental supervision & monitoring of their children
  - 98% Prevented Placement
- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.

	13-14	14-15
Target Population	School age youth in grades 3-10 at risk of truancy	School age youth in grades 3-10 at risk of truancy
# of Referrals	90	130
# Successfully completing program	83	120
Cost per year	\$215,595	\$227,471
Per Diem Cost/Program funded amount	Level I (intensive) \$1,000 per child/family per month Level II (intensive) \$750 per child/family per month Level III (step down) \$750 per child/family per month Level IV (step down) \$500 per child/family per month	Same rates
Name of provider	K/S Consultants, Inc.	K/S Consultants, Inc.

## CHILDREN and YOUTH SERVICES

<b>Program Name:</b>	Summer T.R.A.C.K. Programs
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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				
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			X	

Neighborhood First:

In the **Bristol Township School District**, Neighborhood First Program, Inc. structured a four week TRACK Camp for 15 middle and high school students. The main component of Camp Pride was the importance of education and attendance. The acronym ***PRIDE: Power, Restore, Initiative, Develop, Education*** laid the foundation of what Camp Pride represented. Camp Pride represented the true value of education and commitment to education with a school-like atmosphere. Camp Pride stood on the core values of enrichment, accountability, fitness, teambuilding, diversity, and community service.

A Pre/post test was administered every day to evaluate the overall learning experience for each activity. Also there was a daily progress note on each participant at the end of each day to evaluate, behavior, attendance, and participation. Arriving on time was theme of camp, and the youth showed true accountability by arriving on time and being attentive. Discussions of truancy issues, conflict resolution, and decision making led the youths' empowerment to share their stories and the changes they have made.

The youth participated in many life skills and team building exercises. Moreover, the teambuilding activities included an overnight camping trip at Bass River State Forest, Philadelphia Zoo, Belmar Beach, Viking Yacht Association, and a presentation by the Bristol Township K9-unit. The importance of health and wellness was implemented before every activity, as youth were asked to fully participate and challenge each other.

***Of the students tracked in the 2012-2013 school year after the 2012 Summer Program:***

- 33 percent (6) improved in attendance (comparison data available for 18 students)
- 42 percent (5) improved academically (comparison grades available for 12 students)

Neshaminy School District:

Neshaminy School District's PASS program (Planned Action Stimulates Success) has been in place since 1994. On a yearly basis the PASS program services approximately 100-150 at-risk students within Neshaminy School District. A significant component of PASS is our early intervention summer program, which provides services to a total of 60 students. The summer program is a professionally supervised educational, career exploration and recreational

## CHILDREN and YOUTH SERVICES

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program that is specifically structured for middle school students. Students are selected based upon their behavioral and emotional needs and/or issues surrounding grades, attendance, poor socialization skills, or a combination of the aforementioned. The program is planned to help students improve and develop social, physical and intellectual skills all while participating in academic, career and recreational activities. Daily bus transportation is provided to and from the program. Students are also provided with a free breakfast and lunch each day. All of the students' progress is tracked during the school year by means of attendance, grades and feedback from guidance counselors.

The students participate in adventure challenge and team-building activities, and classroom instruction designed to supplement students Math, Reading, and Writing skills. Students also take part in community service projects and take field trips to explore employment and career opportunities. Some of the career field trips include the Exelon Education Center, Temple University, Bucks County Technical High School, and the Franklin Institute.

We compare the attendance and grades of the students from the year prior to attending the summer program, to the year after. We follow up with the students throughout the school year to see if they improve their attendance and grades. The PASS Program Coordinator, Greg Lausch, follows-up with the student's teachers, counselors, and principals to assess their progress. Greg also has access to the district's E-School computer program, which allows district employees to access current student information regarding attendance and academics. The E-School program is the means for gathering the statistics below.

Of the 45 students tracked in the 2012-2013 school year after the 2012 Summer PASS Program: 53 percent (24 students) improved in attendance and 67 percent (30 students) improved academically.

### Pennsbury School District:

The Pennsbury School District Summer School Track Program operates with 15 middle school students. Each of the students attend the first three hours of their day in a summer school academic class. At the conclusion of the academic program at 10:30am, these 15 students move into the Summer School Track Program for the remainder of the day. This year the program has been shortened to four weeks due to the fact that we have a short summer.

Students recommended for the track program have been identified due to poor attendance, academic and behavioral issues. During the time spent in the Summer Track Program, our staff will work with each student to improve the student's self-worth and address anger management problems. Many students act out due to academic failures or problems at home. Our staff will attempt to show students they can be successful if they attend school on a regular basis and that there are ways to channel aggressive behaviors. Activities will be used to work on team building and how to prepare themselves for their working years. Our goal is to prepare these students for a successful start to the coming school year.

**CHILDREN and YOUTH SERVICES**

	<b>13-14</b>	<b>14-15</b>
Target Population	Youth in middle and high school at risk of truancy	Youth in middle and high school at risk of truancy
# of Referrals	90	90
# Successfully completing program	Varies by program	Varies by program
Cost per year	\$41,876	\$40,000
Per Diem Cost/Program funded amount	\$10,000 per program	\$10,000 per program
Name of providers	Neighborhood First Neshaminy School District Pennsbury School District	Neighborhood First Neshaminy School District Pennsbury School District

**CHILDREN and YOUTH SERVICES**

**HOUSING**

<b>Program Name:</b>	Housing Assistance
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<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			
Requesting funds for 2014-2015 (new, continuing or expanding)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		<b>X</b>	

Block Grant funds are utilized to assist families in maintaining their current home or provide funds necessary for them to secure housing in the community in an effort to mitigate homelessness, promote self sufficiency and decrease child placements due to lack of safe and stable housing . Bucks County Children & Youth disperses Housing Assistance funds directly to county residents and indirectly through contracts with the Bucks County Opportunity Council (Financial Assistance Program) and Valley Youth House (Supportive Housing Program) and Bucks County Housing Group.

Bucks County Children and Youth

Bucks County Children and Youth, with funds provided through Housing Assistance, directly aids families with rent, utility bills, and essential housing repairs which threaten housing and family stability.

Outcomes for the reporting period 7/1/13-3/1/14:

- 6 Families received assistance for hotel stays
- 14 Families received rental assistance
- 31 Families received assistance with utility bills
- 4 Families received assistance with essential home maintenance

	<b>13-14</b>	<b>14-15</b>
Target Population	Families of children ages birth -18 years	Families of children ages birth-18 years
# of Referrals	<b>83</b>	<b>83</b>
# Successfully completing program	<b>N/A</b>	<b>N/A</b>
Cost per year	<b>\$28,325</b>	<b>\$28,325</b>
Per Diem Cost/Program funded amount	<b>Assistance Varies</b>	<b>Assistance Varies</b>
Name of provider	Bucks County Children & Youth	Bucks County Children & Youth

## CHILDREN and YOUTH SERVICES

### Valley Youth House

Valley Youth House, through its Supportive Housing Program, provides residential stability and support services for young adults transitioning from homelessness to independence. In the current fiscal year, 29 Bucks county youth 18 -22 years of age received program services and 13 were discharged.

The following represents the outcomes for those discharged during the reporting period 7/1/13-3/1/14.

- 77% were discharged to stable housing (their own or shared apartment, college dorm or family member's home)
- 85% advanced their education: 6 completed high school or received a GED, 4 were attending college, 1 was enrolled in a vocational program.
- 77% were employed: 5 full time, 4 part time while attending school.
- 69% increased their monthly income from entry to exit.
- 77% had a savings account upon discharge; 7 saved between \$1,000 & \$2,000, 3 saved between \$500 and \$1,000.

Projections for the remainder of fiscal year 2013/14:

Between March 1, 2014 and June 30, 2014, it is estimated that 1 youth will be discharged and 5 youth will enter the program; thus the program will have served 34 youth during the 2013/14 fiscal year.

	13-14	14-15
Target Population	Families of children ages birth -18 years	Families of children ages birth -18 years
# of Referrals	<u>34</u>	<u>34</u>
# Successfully completing program	13	13
Cost per year	\$61,855	\$61,855
Per Diem Cost/Program funded amount	Various rates apply	Various rates apply
Name of provider	Valley Youth House	Valley Youth House

### Bucks County Opportunity Council

The Bucks County Opportunity Council, through its Financial Assistance Program, offers direct assistance in the form of security deposits, energy payments, rent subsidy and hotel stays to families at risk of homelessness. All recipients complete an assessment and subsequent goal plan.

## CHILDREN and YOUTH SERVICES

During the reporting period 7/1/13 – 3/1/14:

- 78 people in 23 households received financial assistance to move out of homelessness
- 131 people in 37 households received assistance to prevent eviction
- 16 people in 5 households received assistance with security deposits
- 442 people in 117 households received assistance for energy (fuel oil, electric or gas)

	<b>13-14</b>	<b>14-15</b>
Target Population	Families of children ages birth -18 years	Families of children ages birth -18 years
# of Referrals	<u>273</u>	<u>273</u>
# Successfully completing program	N/A	N/A
Cost per year	<u>\$14,195</u>	<u>\$14,195</u>
Per Diem Cost/Program funded amount	Various rates apply	Various rates apply
Name of provider	Bucks County Opportunity Council	Bucks County Opportunity Council

### Bucks County Housing Group

The Bucks County Housing Group provides case management to families residing in their four supportive housing programs located in Penndel, Morrisville, Doylestown and Milford Square. Case management services include conflict management, life skills development, linkage to community resources, budgeting and other functions required to maintain permanent housing.

Between 7/1/13 through 4/30/14 intensive case management was provided to 40 families.

	<b>FY 13-14</b>	<b>14-15</b>
Target Population	Families of children ages birth -18 years	Families of children ages birth -18 years
# of Referrals	<u>64</u>	<u>64</u>
# Successfully completing program	68 of 78 people exiting the program were no longer homeless	87-90% Success Rate
Cost per year	\$50,000	\$50,000
Per Diem Cost/Program funded amount	\$4,166.67/month	\$4,166.67/month
Name of provider	Bucks County Housing Group	Bucks County Housing Group

## DRUG and ALCOHOL SERVICES

### BUCKS COUNTY DRUG & ALCOHOL COMMISSION, INC.

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#### OVERVIEW

As the state and locally designated SCA for alcohol, tobacco and other drugs, BCDAC, Inc. will ensure the provision of a comprehensive and balanced continuum of quality prevention, intervention, treatment and recovery services for the county.

Approval of Care Services are provided by BCDAC, Inc. to ensure that clients seeking treatment receive a quality assessment and are referred to the appropriate level of care. Our services include responding to consumer, family and community inquiries, offering provider training on how to access the system, conducting continuing care reviews and other utilization management and quality assurance functions designed to facilitate the movement of clients from one level of care to another. The essential element is a philosophy that acknowledges all pathways to recovery and to encourage each individual to complete a full episode of care and to commit to involvement in long term community recovery supports.

Treatment services financed by BCDAC, Inc. include outpatient, intensive outpatient, medication assisted therapies, partial hospitalization and residential alternatives. Specialty services for pregnant and parenting women, adolescents, injection drug users, clients with co-occurring disorders and incarcerated individuals are also available. Services for special populations and special needs are addressed on a case by case basis. As funding is available, BCDAC, Inc. subsidizes a portion of the treatment costs for many residents who do not have insurance or another source of funding, and who meet our funding criteria. Treatment agencies utilize a standardized sliding fee scale to assess fair co-pay for treatment services for eligible residents. Clients enrolled in Medical Assistance can access care through the county's HealthChoices Behavioral Health managed care program – Magellan Behavioral Health of PA, Inc. Clients who may potentially be eligible for Medical Assistance covered care are required to complete the Medical Assistance application process.

Intensive Case Management Services (ICM) are provided through a subcontract. ICM uses a strength-based model to ensure that eligible or targeted clients receive the services needed to support long term recovery from their substance use disorder and self-sufficiency in the community. This includes linking individuals to needed ancillary services such as transportation, child care, housing, food and clothing. Additionally, these services are provided to clients whose treatment is financed through Magellan Behavioral Health of PA, Inc., our Medicaid behavioral health managed care program. Specialty services, including Mobile Engagement Services (MES) , are offered to individuals who might traditionally not follow through with a lower level of care following detox, or individuals who are not yet treatment ready, but are willing to pursue recovery options. A specific MES is offered to adolescents, as well as to women who are pregnant, as they can encounter significant obstacles and are high risk and priority populations.

## DRUG and ALCOHOL SERVICES

### BUCKS COUNTY DRUG & ALCOHOL COMMISSION, INC.

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Recovery Support Services are available to assist individuals in their recovery journey. These include volunteer recruitment and coordination, advocacy and mentoring services, peer and volunteer led life skills programming, recovery community centers, peer recovery specialists and recovery coaches – all designed to acknowledge the many pathways to recovery and to support long term recovery from addiction.

Bucks County has a multi-pronged approach to the Heroin epidemic which is affecting our communities. BCDAC, Inc. funds an Overdose Prevention/Education Task Force, our District Attorney has established a Tipline, an Upper Bucks Heroin Prevention Task Force, and we certainly have support from our Legislators in the form of pending legislation regarding Prescription Medication Monitoring, Good Samaritan Bill, and the use of Naloxone in the event of an overdose. In the prevention field, Bucks County leads PA in the amount of medications collected via our twice annual Medication Give Back events, as well as our 26 permanent Drop Boxes located throughout the County.

Drug and alcohol services for Bucks County residents without insurance coverage are funded through BCDAC, Inc., when funds are available. We follow the federal guidelines regarding admission of priority populations, which provides preferential treatment to pregnant women, people who use injecting drugs, and individuals who have overdosed.

Adults - The majority of those seeking drug and alcohol treatment, who are not privately or publicly insured, are Adults. We offer specialized treatment programs for Adults, including the Matrix Model of Intensive Outpatient Treatment, Medication Assisted Recovery, the full continuum of care including Outpatient, Intensive Outpatient, Partial Hospitalization, Detoxification, Rehab, Halfway House and Mobile Engagement Services. We support Medication Assisted Treatment, which may include Methadone or Suboxone, for example. During 2013-2014, we established a Vivitrol Pilot Project, in an effort to provide a medication for individuals with opiate dependence. We look to 2014-2015 to expand that Project. Key collaborations include Adult Probation and Parole, Children and Youth, Recovery Centers, Mental Health/Developmental Programs, family members and consumers. Our current treatment providers have noted significant increases in referrals, and in fact, certain providers have undertaken facility expansion efforts. Specialty treatment programming for men, for women, and for women who enter treatment with their children, are offered in Bucks County. During 2014-2015, we look forward to the opening of a new, licensed drug and alcohol facility co-located on a community hospital campus. The facility will offer 24/7 access to drug and alcohol assessment, as well as detox and rehabilitation services.

Transition Age Youth (TAY) – Any transition age youth resident who is seeking drug and alcohol treatment is prioritized. The current Opiate Epidemic is further evidenced by an increase in TAY individuals seeking treatment, most often with heroin or medication abuse issues. We continue to note a trend regarding parents of Transition Age Youth, who are seeking support. Bucks County's recovery oriented systems of care providers offer family education and support for such families. . Our collaborations with the Children's Coordination Committee, Child Death Review, Adult and Juvenile Probation and Parole, Safe and Drug Free Schools, Bucks Promise for Youth and Communities, to name a

## DRUG and ALCOHOL SERVICES BUCKS COUNTY DRUG & ALCOHOL COMMISSION, INC.

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few, are essential in ensuring this safety net. We support two in-county residential providers, whose focus is on adolescents.

Adolescents – BCDAC, Inc. offers prevention, intervention and treatment options for Adolescents. From prevention programs such as school based educational support groups, to intervention programs such as Student Assistance Programs, to treatment options including assessment and the full continuum of care, we ensure that Adolescents have access to drug and alcohol services. We do find that most youth are insured through their family's private insurance plan or are eligible for Medical Assistance, but we prioritize each Adolescent who is referred to BCDAC, Inc. for services. We serve on the Bucks County Behavioral Health System Children's Coordination Committee, with a goal of ensuring that drug and alcohol resources are effectively utilized and drug and alcohol issues identified in youth. During 2013-2014, an outpatient provider developed an outpatient Adolescent Program for youth with drug/alcohol issues. We continue to look to that program to further expand.

Individuals with Co-Occurring Psychiatric and Substance Use Disorders – Bucks County has been a leader in training providers in co-occurring identification and treatment. Several providers are considered Co-Occurring competent. We review provider charts on an annual basis to ensure that the appropriate assessment questions regarding co-occurring issues are pursued.

Recovery-Oriented Services - Bucks County maintains a wide array of recovery support services. There are three Recovery Centers in Bucks County, each of which offers some level of peer support or recovery coaching. An outpatient provider employs a Certified Peer Support as a staff person, and also employs Certified Recovery Specialists. Staff of BCDAC, Inc. serve on the Bucks County Recovery House Association, a group of recovery house owners with a common purpose and county approval of their physical plant and services provided. Several residential providers also maintain a recovery house on their property. The concept of funding solely a treatment experience has not proven the most effective for our residents, so the movement toward a Recovery Oriented System of Care is essential. During 2014-2015, we will increase Peer Support services utilizing a Certified Recovery Specialist model. Pro-Act has recommended that a focus for 2014-2015 be a Recovery Management culture which will encompass the Recovery Oriented System of Care.

### PLANNING FOR BLOCK GRANT

BCDAC, Inc. has undergone an extensive planning process, including a recently completed Needs Assessment in 2012. We are currently in the process of refining our Strategic Plan, and will soon embark on an Asset Mapping project, to identify substance abuse prevention current assets as well as identify gaps. A key component of the drug and alcohol area of the Human Services Block Grant will be assurance of continuity with the Needs Assessment and Strategic Plan, as well as meaningful coordination and cooperation with both governmental and non-governmental stakeholders. Key collaborations include:

- Bucks County Board of Commissioners
- Division of Health and Human Services

DRUG and ALCOHOL SERVICES  
BUCKS COUNTY DRUG & ALCOHOL COMMISSION, INC.

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- County Block Grant Planning Committee
- Department of Behavioral Health
- Children and Youth
- Mental Health/Developmental Programs
- Department of Corrections
- Juvenile Probation
- Adult Probation
- Recovery Community
- Drug and Alcohol Treatment and Recovery Support Providers
- Recovery Housing Providers

Services will be provided in response to feedback from a number of areas, with the following in mind:

- 2012 BCDAC, Inc. Needs Assessment of Prevention, Treatment and Recovery Support Services
- BCDAC, Inc. Board of Directors Direction and Feedback
- PRO-ACT and Consumer Feedback

The Block Grant will allow allocated funding to be utilized by the County to support an array of services to meet the substance abuse program needs of Bucks County residents. In addition to Base funding, the Block Grant will focus on the designated Act 152 and Behavioral Health Special Initiative (BHSI) funds. Services to be funded will include:

- Inpatient Non-Hospital Treatment and Rehabilitation
- Inpatient Non-Hospital Detoxification
- Inpatient Hospital
- Partial Hospitalization
- Outpatient
- Intensive Outpatient
- Medication Assisted Therapy
- Recovery Supports

DRUG and ALCOHOL SERVICES  
BUCKS COUNTY DRUG & ALCOHOL COMMISSION, INC.

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SUMMARY

As a result of the 2013-2014 Block Grant, we have been able to reduce our Pending Placement list of clients who are authorized for residential care, to zero, at times, since the inception of the Block Grant. The lifting of Act 152 criteria has been immensely helpful for Bucks County, and we appreciate the Department's flexibility. It should be noted, though, that the demand for drug and alcohol treatment continues to outweigh the availability of funds. In addition to improving access to detoxification and rehab levels of care, we have increased access to Recovery Oriented Systems of Care, including Recovery Housing and Medication Assisted Treatment.

BCDAC, Inc. appreciates the flexibility that the Block Grant continues to permit. Bucks County providers are responding to the Heroin and Medication Misuse Epidemic, and as well as offer treatment for addiction so that our residents may establish long term recovery from substances. Block Grant funds will be utilized by the drug and alcohol system to support a full continuum of care for Bucks County residents. Block Grant funds will be utilized in conjunction with other funds, including DDAP Base Allocations, DUI Funds, HSDF and County Match. BCDAC, Inc. is committed to the highest level of collaboration in this Block Grant.

## HUMAN SERVICES and SUPPORTS/HUMAN SERVICES DEVELOPMENT FUND

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HSDF was created “for the purpose of encouraging county government to provide locally identified services that will meet the human services needs of citizens in their counties.” These funds are to be used by the county solely to provide and administer county based social services and service coordination within the county. Persons 18 years of age and under the age of 60, resident of the county and meet the financial eligibility criteria.

	Estimated/Actual Individuals served FY 13-14	Projected Individuals to be served in FY 14-15
Adult Services	1,785	1,785
Aging Services	24	24
Generic Services	0	0
Specialized Services	0	0

Our plan for 2014-2015 is to continue categorical services • as outlined below.

- Adult Services/Counseling – non-medical, supportive or therapeutic activities based upon a service plan developed with the person, or the person and his/her family, to assist in problem solving and coping skills, intra or inter personal relationships, development and functioning. Service methods are in an agency setting or in the client’s own home. Services include counseling case management to low-income households to prevent further crisis or move them to family-sustaining earned income via improved employment and budget management skills. Counseling also supports economic self-sufficiency helping persons leave poverty compared to coping in poverty.
  
- Adult Services/Homemaker Services – consists of activities provided in the person’s own home by a trained, supervised homemaker. These services enable many clients to maintain a level of independence in their own home, thereby, reducing the need for institutionalization. The clients serviced would definitely fall through the cracks based on their age and income levels, because they do not qualify for Medicare, Medicaid, or other county services. Services include instructional care, if the person is functionally capable but lacks the knowledge, and home help, and non-medical personal care, if the individual is functionally unable to perform life-essential tasks of daily living.
  
- Adult Services/Housing Services – consists of activities to enable persons to obtain and retain adequate housing. Qualified adults are provided with critically needed housing counseling and housing case management services. The case management focuses on working collaboratively with families to develop a plan of action for housing, employment and/or training. Case Managers determine client goals, appropriate housing plans, while considering the time frame. Case management meetings often include conflict resolution, life skills development, appropriate resources and referrals, time management, maintenance and sanitation issues, emotional support, budgeting, mental and physical health issues, follow-up of assigned tasks, and any other issues deemed relevant to achieve permanent housing.

## HUMAN SERVICES and SUPPORTS/HUMAN SERVICES DEVELOPMENT FUND

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- Adult Services/Life Skills – provides to persons the practical education and training in skills needed to perform safely the activities of daily living. The service is provided in formal classes, in informal classes, or, if needed and indicated by an individual's written service plan, in his/her own home. Instructions in the areas of nutrition and food preparation; maintenance and care of the home; health maintenance and personal hygiene; consumer education and management of household finances; the preparation of an application for programs, transitional and permanent.

Estimated expenditures for the Adult Services listed above \$222,972.00

- Aging Services – adult day care services provides a program of activities within a licensed, protective, non-residential setting to adults who are not capable of full-time independent living. Assist in performing the basic tasks of everyday living, including personal care hygiene; provide a planned program of social, recreational and developmental activities geared to meet the needs of the individual within the day care facility and aiding independent functioning at home and in the community. Medical services such as physical, occupational and speech therapy and podiatry are available should a participant have this specific need; providing or arranging for nutritious meals and snacks; also work with the client, family, caretaker, or other appropriate agency to arrange for transportation.

Estimated expenditures for the Aging Services listed above \$96,872.00

- Block Grant Administration – ten (10) percent (estimated expenditure \$41,093) is allocated for administrative costs that include salary and fringe and supplies and services. The Human Services office has a full time staff of four (4); that include the Director, Deputy, Policy & Planning Specialist (Interagency Coordination-estimated expenditure \$50,000) and Administrative Assistant.  
The Division of Human Services was established in 1993 with full administrative oversight of the County's administered programs in the following County departments: Area Agency on Aging, Children & Youth, and Mental Health/Developmental Programs. Then in 1997, Bucks County Behavioral Health System was included in the Human Services Division. For many years, this Office and the County has valued the professional working relationship we continue to maintain with two county agencies, Bucks County Drug & Alcohol Commission Inc., and Bucks County Opportunity Council Inc.,

## HUMAN SERVICES and SUPPORTS/HUMAN SERVICES DEVELOPMENT FUND

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### Interagency Coordination:

Allocation for salary and benefits for the Policy and Planning Specialist is \$50,000.00.

The Bucks County Human Services Office, and particularly through the work of the Policy and Planning Specialist, maintains a relationship with the local United Way in an effort to leverage HSDF effectiveness with the broader services funded by the agency.

Additional coordination for the planning, management, and delivery of social services is effected by the Policy and Planning Specialist's membership with numerous boards and coalitions. These included but are not limited to:

1. Citizens Advisory Committee, a coalition of public and private human services agencies that meets monthly to network and problem-solve case and system issues.
2. HUBBUB (Helping Upper Bucks Be Universally Better), a community-driven group of residents and professionals dedicated to network, educate and coordinate family support services as well as improve the overall quality of life in the Upper Bucks area.
3. Language Barrier Subcommittee of FSSR/Family Center Initiative, a group of representatives from public and private, non-profit organizations tasked to identify and educate professionals, policy makers, and residents about the scope of supports needed for the non-English speaking population in Bucks County so that access to all systems and services is readily available.
4. Bridge/Home Stabilization Program, a program administered by Bucks County Children & Youth Social Services Agency in conjunction with direct service delivery by Bucks County Opportunity Council and Bucks County Housing Group which affords homeless families an opportunity to receive rent assistance and social service support while they improve their educational and training skills
5. Bucks County Homeless Coalition, an association of public, private social service providers seeking to coordinate services for the homeless population in Bucks County; this also includes submission of an annual HUD Supportive Housing Application for project funding for emergency, transitional and permanent housing resources and development of a 10-Year Plan to end Homelessness. The Policy and Planning Specialist is a member of the Homeless Coalition Executive Committee and a member of the Outcomes and HMIS Data Management subcommittees.
6. Mid-Atlantic Region Homeless Management Information System (MARHMIS) Committee, a group dedicated to offering support, networking and technical assistance to peers to insure compliance with federal mandates to capture homeless population data.
7. Bucks Promise, a coalition of community mobilizers, service providers, law enforcement personnel, and key leaders working to improve community life in each of the county's school catchment areas.
8. Bucks County Hunger Nutrition Coalition, a group of individuals representing public and private non-profit agencies that works to ensure that people in Bucks County low-income households have access to resources for food security and basic nutritional needs.
9. Bucks County Transport, Inc. Persons with Disabilities Local Advisory Committee Work Group, a public-private partnership engaged in planning and evaluating the shared ride program for residents of Bucks County with physical, and/or mental health disabilities.

Information obtained from the Specialist's interactions with social service providers, local business and government representatives, and recipients of service is utilized by the Specialist and the Director and Deputy Director of Health & Human Services to increase access to service, minimize duplication of service, improve resource allocation, and provide the Board of Bucks County Commissioners the information they need to approve HSDF Funded allocations to the agencies providing the services.

Appendix A  
Fiscal Year 2014-2015

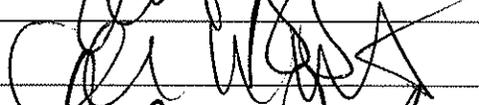
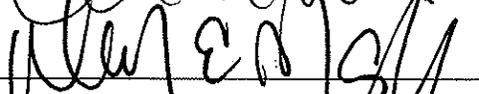
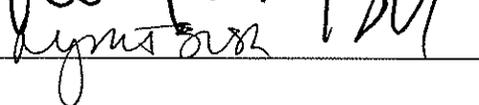
**COUNTY HUMAN SERVICES PLAN**  
**ASSURANCE OF COMPLIANCE**

COUNTY OF:                     BUCKS                    

- 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**

<i>Signatures</i>	<i>Please Print</i>	
	Robert G. Loughery Chairman	Date: 6/23/14
	Charles H. Martin Vice-Chairman	Date: 6-23-14
	Diane M. Ellis- Marseglia, LCSW Commissioner	Date: 6/23/14
	Lynn T. Bush Chief Clerk	Date: 6.23.14

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

<i>Bucks County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	75		456,183			
Administrator's Office	0		1,515,667	116,000		
Administrative Management	2,400		1,888,940			
Adult Developmental Training	0					
Children's Evidence Based Practices	0					
Children's Psychosocial Rehab	0					
Community Employment	100		384,119			
Community Residential Services	2,300		7,162,264		669,197	
Community Services	110		74,275			
Consumer Driven Services	0					
Crisis Intervention	3,370		1,196,333			
Emergency Services	240		1,009,067			
Facility Based Vocational Rehab	10		91,139			
Family Based Services	15		40,000			
Family Support Services	140		568,628			
Housing Support	20		125,637	43,200		
Other	0					
Outpatient	1,500		670,319			
Partial Hospitalization	70		240,000			
Peer Support	15		200,149			
Psychiatric Inpatient Hospitalization	170		287,131			
Psychiatric Rehabilitation	0					
Social Rehab Services	80		427,000			
Targeted Case Management	365		571,679			
Transitional and Community Integration	0					
<b>TOTAL MH SERVICES</b>	<b>10,980</b>	<b>16,908,530</b>	<b>16,908,530</b>	<b>159,200</b>	<b>669,197</b>	<b>0</b>

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

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

Admin Office	0		3,023,764	23,832		
Case Management	461		619,843			
Community Residential Services	60		3,388,970		297,022	
Community Based Services	380		1,052,440			
Other	0					
<b>TOTAL ID SERVICES</b>	<b>901</b>	<b>8,085,017</b>	<b>8,085,017</b>	<b>23,832</b>	<b>297,022</b>	<b>0</b>

**HOMELESS ASSISTANCE SERVICES**

Bridge Housing	75		154,054		6,255	
Case Management	2,755		48,300			
Rental Assistance	961		207,200		10,373	
Emergency Shelter	0		0			
Other Housing Supports	0		0			
<b>TOTAL HAP SERVICES</b>	<b>3,791</b>	<b>409,554</b>	<b>409,554</b>		<b>16,628</b>	<b>0</b>

**CHILDREN & YOUTH SERVICES**

Evidence Based Services	148		446,713			
Promising Practice	0		0			
Alternatives to Truancy	206		267,471		35,263	
Housing	454		154,375			
<b>TOTAL C &amp; Y SERVICES</b>	<b>808</b>	<b>868,559</b>	<b>868,559</b>		<b>35,263</b>	<b>0</b>

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

<b><i>Bucks County:</i></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><i>DRUG AND ALCOHOL SERVICES</i></b>						
Inpatient non hospital	200		328,096		10,903	
Inpatient Hospital	2		4,956			
Partial Hospitalization	20		14,385			
Outpatient/IOP	1,074		251,232			
Medication Assisted Therapy	988		387,063		30,742	
Recovery Support Services	50		40,000			
Case/Care Management	0					
Other Intervention	0					
Prevention	0					
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	<b>2,334</b>	<b>1,085,732</b>	<b>1,025,732</b>		<b>41,645</b>	<b>0</b>
<b><i>HUMAN SERVICES AND SUPPORTS</i></b>						
Adult Services	1,785		222,972		12,986	
Aging Services	24		96,872			
Generic Services	0					
Specialized Services	0					
Children and Youth Services	0					
Interagency Coordination	0		50,000		2,030	
<b>TOTAL HUMAN SERVICES AND SUPPORTS</b>	<b>1,809</b>	<b>410,937</b>	<b>369,844</b>		<b>15,016</b>	<b>0</b>
<b>COUNTY BLOCK GRANT ADMINISTRATION</b>			<b>101,093</b>		<b>4,104</b>	
<b>GRAND TOTAL</b>	<b>20,623</b>	<b>27,768,329</b>	<b>27,768,329</b>	<b>183,032</b>	<b>1,078,875</b>	<b>0</b>