

COUNTY OF BUCKS

HUMAN SERVICES BLOCK GRANT

FISCAL YEAR 2013 - 2014

Robert G. Loughery, Chairman, Commissioner
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COUNTY OF BUCKS HUMAN SERVICES BLOCK GRANT
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ATTACHMENTS:

Public Hearings:

- Affidavits
- Press Releases
- Facebook/Twitter
- Flyer
- Emails
- Sign-In sheets
- Executive Summary for Public Hearing

INTRODUCTION

Public Hearing Notice:

In an attempt to have as much stakeholder involvement as possible in the creation of the 2013-14 Human Service Block Grant, Bucks County provided several avenues for public input. The County issued a press release which talked about the second year of the Block Grant and directed people to the Bucks County.gov website where the guidelines were posted and the 2012-13 Block Grant was provided as a point of reference. We asked that all comments, suggestions and input be submitted to the Bucks County Department of Health and Human Services by April 30, 2013. We received 3 emails: One pertained to ID services, one regarding D&A services and the other was about MH services. Information was also posted on Facebook and promoted on our Twitter account.

A Public Hearing Notice was posted in the Courier Times and Intelligencer, which are two local newspapers. The notice announced that the County was having a public hearing on May 7, 2013 at 2:30 pm in Quakertown, PA and a second public hearing was scheduled for May 9, 2013 at 10:30 am in Bensalem, PA. These two areas were chosen as they represent the northern part of the county and the southern part of the county. Mental Health/Developmental Programs and the Drug and Alcohol Commission Inc. provided information to all of their providers and posted the information in their offices along with the Behavioral Health Office. Despite of all of the advertising and opportunities for community input, the attendance and response from the community was poor. There were no community comments in the Quakertown meeting and there was only one comment in the Bensalem meeting from Allen McQuarrie, consumer advocate and Chair of Bucks County Pro-Act. Mr. McQuarrie had several points that he wanted to share:

- He acknowledged that Bucks County has had to do more with less and how that has been a challenge but saying that he also stated that he felt Bucks County was doing fine work particularly emphasizing Drug and Alcohol services.
- Thousands of veterans are about to come home/are home and many of these men and women will need community supports. Based on his own family's experience and that of families/individuals he has worked with, the VA has not provided adequate services for those in need. It was community resources that provided the necessary care to his son.
- Mr. McQuarrie spoke about maintaining volunteer peer supports and how effective that can be in conjunction with utilizing agency services or as a service unto itself, especially as services are faced with cuts.
- Mr. McQuarrie believes that cost shifting will occur when one form of service is cut (e.g. D&A) and other costs go up (e.g. Corrections).
- This budget threatens access to services.
- People need a hand-up not a hand-out.

Three email responses were received. Please see public hearing attachments for details.

County Planning Team /Needs Assessment

The Bucks County Executive Planning Team is comprised of the Department of Health and Human Services Division Leader along with additional staff; the Administrator of Mental Health/Developmental Programs and their Fiscal Manager, Deputy of Mental Health, ID Director of Quality Enhancement, Director of ID; Children and Youth Director, fiscal staff and quality management staff; the SCA administration and staff; and community housing staff.

There were multiple sources of data, both from the Bucks County Profile provided by DPW as well as local data collected from the various departments, which enabled the team to assess the needs across systems. The data which drove the planning process included:

- In the process of developing the MH/DP plan, the planning team appreciated the County Data and Indicators provided by the Commonwealth. The data, as provided, is useful for comparison purposes, only. The Department believes that it could be combined with other data sources to aid in analysis and benchmark trends. They will be undertaking further analysis of the data over the next month.
- The Mental Health (MH) and Intellectual Disabilities (ID) planning committees include the Community Satisfaction Team (CST) and providers. Information collected by the CST drives how the Department enhances, supplements or eliminates programs as data indicates.
- As indicated in the plan, the Community Support Program (CSP) committee will also have input into the MH plan for 2014-15.
- Individual provider data submission related to outcomes is tracked for each individual MH service.
- Other funding sources, such as Health Choices, have aided MH/ID and D&A in developing new and innovative reinvestment plans.
- HCSIS extract data is very robust and allows ID to plan using a broad number of indicators.
- There is an ongoing review of QM data under ID.
- The D&A (SCA) conducts their own needs assessment and using that data for their annual plans.
- HMIS data is utilized for both HAP funded services as well as all housing services across all human service agencies.
- C&Y is currently updating and enhancing their ACYS program in collaboration with Montgomery County and Venango County. The first part of the update went live July 1, 2013. Once the system is totally implemented, C&Y will not only be able to provide the usual data to the State as currently required, but they will be able to analyze data so that they can review service trends. This will allow them to allocate staff and dollars based on greatest need.
- C&Y has identified outcome measures throughout their plan under each individual special grants program.
- Additional planning across systems involved participation by: various Advisory Councils; BCDA, Inc. Board of Directors; PRO-ACT and their consumer feedback; the BC Department of Corrections, Juvenile Probation; Adult Probation; Housing Providers; the Recovery Community; Peer Specialists; Magellan Behavioral Health; and Bucks County Behavioral Health Services.
- Each department tracks their own data throughout the year to determine where growth has occurred or where there needs to be a reduction in services.

As indicated throughout the plan, benchmarks, outcomes and goals are described in each individual area.

The Bucks County Commissioners and the County COO were informed throughout the process and have final review of budgets and recommendations from the Executive Planning Team.

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Within the past year, Bucks County has focused 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. 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. Below outlines unmet needs that are specific to the various age groups:

Adults (ages 18 and above):

- Lack of available resources for individuals in the behavioral health system that have criminal justice involvement.
- Limited jail diversion programs.
- Limited availability of county funded resources for the increased numbers of individuals who are ineligible for Medical Assistance.
- Lack of available quality behavioral health services for individuals with ID.

Older Adults (ages 55 and above):

- Increased risk for alcohol-related problems and accidental or intentional misuse of prescription drugs.
- Stigma that is associated with older adults accessing behavioral health services.
- Mobility issues that make it difficult to access traditional site-based behavioral health services.

Transition-Age Youth (ages 18 through 26):

- Lack of the individual's own resources (financial, emotional, and social) as well as available behavioral health services that address this age group's particular needs.
- Young adults access community services differently – more use of technology and social networking sites.
- The impact of trauma on a young person life has an effect on his/her safety and relationships, which left unaddressed, hinder personal/emotional growth and recovery.
- There is a strong co-occurring substance use element.

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Special/Underserved Populations

The unmet needs pertaining to special/underserved populations relate to the specific challenges that individuals experience such as being able to communicate with a clinician who speaks the same language or having a case manager/therapist who understands the complexities of the deaf community. There is also a high percentage of individuals who have experienced trauma related to his/her unique challenges.

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

Crisis – Bucks County was recently informed that our crisis reinvestment proposal was approved. The proposal is 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.

LVF recently submitted their application for a mobile crisis licensure. They have also begun the hiring process for staff. We are currently engaged in meeting with Magellan Behavioral Health (MBH) of PA to ensure this service will be MA reimbursable, and we anticipate the mobile crisis service being operational by July 2013.

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. We anticipate this program being operational in mid to late 2014.

Crisis Intervention Team (CIT) – Bucks County CIT Task Force continues to provide six-hour introductory trainings and 40-hour trainings to law enforcement throughout Bucks County. Currently, there are a total of 280 officers, which is a total of 52% of all law enforcement in Bucks County that have attended the six-hour training. There are a total of 167 officers, which is a total of 30% of all law enforcement that have participated in our 40-hour CIT class. Our goal was to have 20% of law enforcement being CIT trained. We have met and exceeded this goal. Other attendees in the training have been from Bucks

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County Adult Probation and Parole, Bucks County Dispatchers, Bucks County Sheriff's Department, Doylestown Hospital Security, paramedics, and park rangers. A CIT newsletter on community service updates throughout the County has been developed and is distributed bi-annually to law enforcement. The Task Force is currently focusing on offering CIT-Youth (CIT-Y) trainings to officers that have attended the 40-hour class. CIT-Y is a training designed to focus on adolescents. Also, a training designed specifically for dispatchers will be offered in 2013. The CIT Task Force continues to attend and present at the annual CIT International Conference.

Bucks County Correctional Facility (BCCF) Training Initiative – Bucks County Department of MH/DP, BCCF, LVF, and Penn Foundation have collaborated and developed training 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 might have a mental illness or other challenges. It also provides a broad overview and understanding of involuntary mental health commitments. The training was held weekly from January through May 2013 and offered to all COs at the Bucks County Training Center. Each class has an estimated 20-25 participants.

In January 2012, MH/DP and administrative personnel at BCCF began meeting regularly to discuss issues of mutual importance and build new relationships. Topics have included policy development, creating additional treatment options at the jail, streamlining access to behavioral health services, and cross-training needs. This is an ongoing initiative in which we continue to identify collaborative areas of focus and ways to strengthen partnerships.

Outpatient (OP) Initiative – In 2012, the behavioral health system made a commitment to improve the quality of OP services in Bucks County. Both MH and D&A providers were supported in enhancing services. Rate increases were provided with the understanding that specific areas would be addressed, in order to provide timely access and ongoing attention to the clinical services that individuals receive. Several of the key areas that were identified as critical elements of a quality outpatient service are outlined below:

Initial Access – We have seen a tremendous improvement for individuals accessing MH services. Agencies are expected to offer initial appointments within seven days of a request. The large behavioral health organizations now offer same day access.

Ongoing Access – As part of monitoring initial and ongoing access to services, many providers are also looking at lengths of stay in treatment. Some interventions put into place to address long lengths of stay include review 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 MH providers increased their percentage of license eligible staff, with the exception of one provider that already had 100% of their eligible staff licensed. In addition, all MH providers increased their percentage of licensed staff. Overall, there is a high percentage of staff that is license eligible, but not yet licensed, and are receiving their required supervision hours toward that licensure or are ready to take their licensure exam. Agencies are being encouraged to increase staff competencies in a variety of areas, including co-occurring D&A and intellectual disabilities, Lesbian/Gay/Bisexual/ Transgender/Questioning/Intersex (LGBTQ1), 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

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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.

Special Initiatives:

Peer Support – Part of this 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. Agencies have been encouraged to explore obstacles and challenges pertaining to developing and utilizing peer support, and have been offered technical assistance in order to fully operationalize the service.

Tobacco Cessation – As part of the expectations outlined for providers 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. Training was provided to physicians and Certified Registered Nurse Practitioners, who would be prescribing Nicotine Replacement Therapies to individuals receiving treatment at their agencies. The team was well received by the providers, and follow-up visits and/or telephonic consultation were offered as needed. In addition to the minimum of providing tobacco cessation services, providers are working on developing comprehensive tobacco programs and policies to address this area of need.

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. As part of this initiative, providers were requested to take this work a step further by developing strategic plans for advancing trauma informed treatment.

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 both the spring and fall of 2012. 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. Role plays and case discussions brought the material to life and feedback overall for both sessions was positive. Agency representation included MH and D&A case

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management, as well as staff from the Homeless Shelter Program.

Level II:

CMTI Level II was facilitated twice throughout 2012 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.

CMTI goals for 2013 have been established and are designed to enhance the work currently being done and elevate case managers' skills. Goals include a focus on coordinating physical health and behavioral health, the identification and integration of trauma informed care and employment/career planning, and the promotion of increased community integration. Transitional age youth is also a priority with future trainings emphasizing the unique challenges that young adults face and ways that case managers need to tailor their supports. The CMTI planning group is working to incorporate this initiative into the ongoing Adult Outpatient Enhancement Initiative and continues to improve the system for data collection to track outcomes.

Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) Outreach Access Recovery (SOAR) – On September 26, 2012 and October 23, 2012, Bucks County held strategic planning forums to solidify the implementation of SOAR in Bucks County. As a result of these forums, a two-day training was held on November 7th and 8th to train agency staff 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. Those present at the training represented agencies from mental health (MH), drug & alcohol (D&A), and the criminal justice system. A SOAR Leadership committee has been established to oversee the process and track and review outcomes. Committee members consist of representatives from MH agency staff, 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 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. Agency staffs that will be responsible for entering the data were trained on the OAT system on March 14, 2012. Additional trainings will be scheduled as needed. As we begin to enter data, we will be able to compare our results with the rest of the state and identify areas that need further attention to improve the likelihood that applications will be approved on the first submission and in a short time frame.

Employment – The Bucks County Department of MH/DP has continued its efforts in 2012-2013 to "Make Work Everybody's Business". In fall 2012, Networks for Training and Development, Inc.

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presented workshops on Accommodations in the Workplace and Entrepreneurship. Over 40 stakeholders, including individual job seekers, family members, and behavioral health professionals, benefitted from learning how people can be successfully supported in positions within their community and how maximizing a person's interests and talents can create entrepreneurial opportunities. MH/DP staff collaborated with Sonia Smith, Economic and Business Development Program Administrator, who presented "Starting a Business in Five Steps". Additionally, in fall of 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. With the increased focus on employment, Bucks County MH is reporting a 30% increase over FY 11/12 in referrals for supported employment to date in FY 12/13.

The MH Employment Workgroup continues to meet on a monthly basis. Workgroup members are focusing on a number of initiatives that will increase knowledge about available resources and employment opportunities that exist in Bucks County. A brochure on supported employment is currently in draft, with the committee considering the addition of post-secondary opportunities. Updated information has also been shared on Bucks County's Network of Care (NOC).

In an effort to further advance the knowledge and belief that employment is possible for those who desire it, the workgroup is planning to hold events and/or employment related trainings at the behavioral health agencies. The committee believes that this will increase access to information and enhance support opportunities for those who choose employment. To date, the following plans have been made:

- Multiple agencies are hosting Work Incentives Training in the southern end of Bucks County. This will be an overview of work incentives.
- In conjunction with a resource fair, a Central Bucks agency will be supporting individuals who are interested in speaking publically about their employment experiences.
- An Upper Bucks County agency is pursuing an intensive training on Benefits Counseling related to the impact of work on SSI/SSDI benefits. They are exploring this option outside of the workgroup, but are coordinating their efforts with workgroup activities.

In an effort to improve and track outcomes, a supported employment database is being developed. We anticipate being able to demonstrate success with supported employment outcomes, and also lead Bucks County to fully integrate Supported Employment Evidenced-Based Practices.

Peer Support – Efforts continue to bring peer support to the community behavioral health system in Bucks County. As of April 2013, 70 peers have been certified in the County. Twelve behavioral health agencies are currently employing peers. Eighteen peers are working part-time, and eighteen are working full time.

From February 2012 to the present, two three-day Wellness Recovery Action Plan (WRAP) workshops have taken place, along with one WRAP workshop for Employment. At various times throughout the last year, providers have also offered WRAP groups to individuals receiving services in their organizations.

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In February 2012, two-day certification training took place for CPS Supervisors. Twenty-eight supervisors were certified or recertified including CPS, managed care staff and County staff, case managers, and residential supervisors. An additional CPS Class of 13 individuals was completed in April 2012. Another CPS class is scheduled for June 2013.

A pilot project with peers supporting individuals to transition between inpatient settings and the community has begun with Universal Health Systems/Brooke Glenn Behavioral Health Hospital. There were six orientation seminars offered that were presented by the Bucks County CPS Liaison and Bucks County MBH CPS to employees of the hospital. The seminars consisted of introducing peer support and its value to the helping professions in general, and the Brooke Glen hospital staff in particular. Work flows and processes for the pilot were also outlined.

Voice and Vision, Inc., Bucks County's Consumer Satisfaction Team, will be surveying recipients, peer participants, staff, and administration on their experience with this project. In addition, Voice and Vision has also surveyed County behavioral health providers, the CPS, and individuals receiving behavioral health supports, to better assess the peer support experience. The outcomes were quite favorable. Across the County, 87% of recipients of peer services reported that their lives were at least a little bit better because of the peer support services that they received, and 92% said that they would recommend peer services to others who had mental health or drug and alcohol challenges.

Every other month, all Bucks County CPS meet to discuss common issues, share promising practices, and problem solve. An in-service training is also scheduled every other month. The training is open to all and has emphasized topics such as trauma, work etiquette, county resources, forensics, and veterans' issues. A similar meeting is held for CPS supervisors.

The Mental Health Association of Southeastern Pennsylvanian (MHASP) operates the only freestanding CPS program in Bucks County. MHASP now employs four certified peer specialists. As of January 2013, there were 43 individuals receiving CPS services through MHASP. Bucks County will be hosted a peer support celebration and seminar on April 30, 2013. The history, successes, and future plans for peer support were highlighted and celebrated.

Currently, there are 10 CPS positions available throughout the County, and most major providers are planning to increase peer staff this year. Peers will also be hired in organizations and shelters that are focusing on homelessness and jail diversion.

Extended Acute Care (EAC) – As the capacity at NSH 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. Philadelphia has recently initiated a pilot EAC and the four suburban counties, along with their managed care organizations, are in the process of developing a similar 15-bed hospital-based program.

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

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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 their recovery.

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 CCSC efforts in Bucks has been to build and expand 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. More details, about the coordination of children's services, are provided in the Intellectual Disabilities Service Section.

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. 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.

TIP is funded through HealthChoices under the blended case management platform. TIP staff is scheduled for three-day training in May 2013, with the purveyor of the TIP model, Dr. Rusty Clark. Dr. Clark will provide a half-day skill building training for professionals working with the transition age youth and young adult population during his May training and program site review visit. TIP is currently supporting eight individuals and outreach efforts continue with key adolescent and adult stakeholders. We recognize the need to maximize the utilization of medical assistance funding through our contract with Magellan Health Services of Pennsylvania, while acknowledging the need for some flexible County-funding. Referrals for the program are reviewed on a weekly basis. Based on the number of non-MA

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referrals, we anticipate a growing need for County-funding in this program.

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 and a meeting had not been held since 2011.

In an effort to refocus system stakeholders on the critically important values and principles of CSP, Bucks County MH/DP is collaborating with a provider to take a leadership role in the facilitation/organization of the county-wide Community Support Program activities. This person will have the role of supporting agency CSP committees throughout the County and eliciting input from Bucks County stakeholders that support system transformation initiative. The agency CSP committees will convene on a regular basis as part of a larger County CSP Committee in order to provide input into the County's planning processes and service expansion and delivery. The cornerstone of CSP is providing consumers, family members and providers a voice into County planning for behavioral health services. We anticipate CSP membership will inform the Block Grant process and help to identify areas for improvement within the behavioral health system.

Recovery-Oriented Systems Transformation Priorities

| Initiative | Brief Narrative | Time Line | Funding | Monitoring |
|--|--|---|--|--|
| Crisis Services: Mobile Crisis | We are in the process of rolling out Mobile Crisis throughout the county. We anticipate this service supporting our efforts to engage individuals to access the behavioral health system. | Reinvestment plan submitted Plan approved License application submitted Team orientation Implementation July 15, 2013 | Reinvestment HealthChoices County Base | Outcomes have been identified and will be monitored by MH/DP and MBH. |
| Crisis Residential | 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. | Reinvestment plan submitted Plan approved – 2/13 Architectural plans to be developed – 9/13 Capital campaign initiated Licensure application to be submitted – Summer 2014 Implementation anticipated January 2015 | Reinvestment HealthChoices County Base Agency fundraising | Outcomes have been identified and will be monitored by MH/DP and MBH. |
| Forensic: Crisis Intervention Team | We continue to train law enforcement in the CIT model. We have exceeded our goal of 20% being CIT trained. Our next goal is to provide the Youth-CIT to officers who are currently trained. | 6-hour training – 9/13 40-hour training – 10/13 | County Base | 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. |
| Correctional Officers Training | MH/DP, the county jail and local providers have collaborated to 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 | Initial training 1/13 – 5/13 Next scheduled training 1/14 – 5/14 | County Base | Representatives from MH/DP and the county jail meet regularly to identify areas for improvement and training opportunities. |

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| | mental illness or other challenges. | | | |
| Outpatient Services: OP Enhancement Initiative | The behavioral health system made a commitment to improve the quality of OP services in both MH and D&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. | 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 | HealthChoices County Base | Agency liaisons meet monthly with providers to gauge improvements and address challenges. Bi-annual meetings with all participating providers to share experiences and |
| MH/ID Psychiatric OP Services | 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. | 9/13 – Kick-off 12/13 - Implementation | County Base | Outcomes have been identified and will be monitored by MH/DP, BHS and MBH. |
| Case Management: Case Management Transformation Initiative | 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 | Ongoing Initiative | County Base | Bucks County’s CFST annual surveys to ensure goals are met and redefined as needed. |

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| | services to individuals in Bucks County. | | | |
| Supplemental Security Income (SSI)/ Social Security Disability Insurance (SSDI) outreach Access Recovery (SOAR) | 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. | Ongoing Initiative | HealthChoices County Base | A SOAR Leadership Committee has been identified and tracks outcomes. Outcomes also tracked through the state-wide OAT system. |
| Peer Support: | The Mental Health Association of Southeastern Pennsylvanian (MHASP) operates the only free-standing CPS program in Bucks County. MHASP now employs 4 CPS. As of January 2013, there were 43 individuals receiving CPS services through MHASP. Currently there are 10 CPS positions available throughout the county, and most major providers are planning to increase peer staff this year. Peers will also be hired in organizations and shelters that are focusing on homelessness and jail diversion. | Peer Celebration and Seminar – 4/13 CPS Training – 8/13 | Reinvestment HealthChoices County Base | County and MBH staff review records and provide recommendations to organizations providing CPS. |
| Children’s Services: Transition to Independence Process (TIP) | 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- | Training – 11/12 Implementation – 1/13 Competency-based on-site Training – 6/13 | Reinvestment HealthChoices County Base | Outcomes have been identified and will be monitored by MH/DP, BHS and MBH. |

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| stigmatizing, and developmentally appropriate, and will build upon strengths to support the young people in pursuing their goals across five transition domains. | | | |
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INTELLECTUAL DISABILITY SERVICE

Bucks County has long provided an array of supports and services for its citizens with Intellectual Disabilities (ID).¹ 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 and enables 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 ideal 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 volunteerism, employment and the use of generic community resources.

In an effort to prevent gaps in service between the time an individual finishes school, we have been in renewed discussions with our Intermediate Unit (IU) Transition Team to coordinate opportunities for Department ID staff to meet directly with individuals aged 16 to 21 and their families, teachers, job coaches and school district transition coordinators, to work holistically to promote employment readiness and job acquisition prior to graduation. We have met with local teachers and parents to discuss transition planning. In concert with the Bucks County Intermediate Unit (BCIU), we have done a targeted outreach to each of the Bucks County School District Transition Coordinators in an effort to actively engage with transition age youth and their families to ensure increased employment outcomes upon graduation. We are working to bridge the gap between school job coaching services and the ID model of job coaching. ID 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.

¹ 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.

Capacity Management Model of Practice

In Fiscal Year (FY) 2009-2010, capacity management became the management tool for the two waivers for individuals with ID - the Person Family Directed Supports Waiver (P/FDS) Waiver and the 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, if we were fiscally prudent (and we most often were), 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 slots 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, as evidenced by our ability to serve more people.

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 April 17, 2013 for FY 2012-2013, is four hundred thirty (430) people in the P/FDS Waiver and six hundred twenty-four (624) 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 collaboration and cooperation between ID Department staff and the Directors from the Supports Coordination Organizations. Department staff meet weekly to review the waiting list (known as PUNS) discuss individual circumstances and prioritize 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.

An additional component for enrollment involves the completion of an assessment [Supports Intensity Scale (SIS)/PA Plus] through an ODP contracted organization, Ascend. The assessment is to be completed on each individual prior to receiving services, and at least once every three (3) years thereafter, that they remain in a waiver. Upon identification for waiver enrollment, the ODP expects the individual to be enrolled within 45 days. The ODP has instituted a priority assessment process for individuals identified for waiver enrollment. Enrollment in the waiver requires all of the waiver documentation be current, and the Individual Service Plan must be revised to include information gleaned from the assessment then reviewed, approved and authorized. We are most fortunate to have the Bucks County Assistance Office as one of our primary partners in waiver enrollment. They have been expeditious in completing their part in the process to ensure timely enrollment of an individual in a waiver.

As of April 17, 2013, we have twenty-six (26) individuals who will be graduating in June 2013

that are in need of supports through the P/FDS Waiver. In addition, there are two (2) additional graduates who are in need of the Consolidated Waiver. Without supports, many of these individuals may lose skills that they have acquired through years of schooling.

In FY 2013-2014, we are currently aware of fifty-one (51) individuals who will graduate and will be in need of services to meet their needs. Of the 51, thirty-three (33) individuals will need supports through the P/FDS Waiver and eighteen (18) will need the Consolidated Waiver. Of the 18 in need of the Consolidated Waiver, five (5) are individuals who currently receive personal care supports through the Early Periodic Screening Diagnosis and Treatment (EPSDT) program. Their supports range from high frequency nursing to home health aide services. In addition, two (2) are individuals in Children and Youth custody who are in out of home placements and cannot return home. Two others are in Approved Private Schools and cannot return home.

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.

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 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. Brief analysis shows that since FY 2009-2010, we have seen an over 22% increase in the transportation rate and an over 47% increase in a single prevocational program rate. Increases, such as these, 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.

ODP Initiatives

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 articulate this position 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 Director 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 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 AE staff collaborates with the Mental Health Program staff on a number of employment and transition related activities. In addition, this year we partnered on a series of trainings entitled "Moving Employment Forward" that included an intensive two and ½ day training for individuals and their teams to develop an employment portfolio to support their efforts in securing employment.

As previously stated, we are also reaching out to the IU Transition Team to coordinate opportunities for Department ID staff to meet directly with individuals with ID aged 16 to 21 and their families, teachers, job coaches and school district transition coordinators, to work holistically to promote employment readiness and job acquisition prior to graduation. We are striving for students to leave school with employment in place upon graduation.

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 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 and achievement 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. The ODP recently released a draft of a new Employment Supplement which is a tool for SC's to use to determine when a referral to OVR is needed. We are strongly advocating that the tool be revamped accordingly. In addition, the Commonwealth has recently joined a nationwide network of states in the Supported Employment Leadership Network (SELN) in order to better support employment outcomes for all individuals with ID. Initial meetings have been held and Department staff is actively involved in the initiative.

Lifesharing:

Lifesharing is the second initiative promoted by the ODP. Also, since the 1980's, Bucks County has engaged in promoting Lifesharing as a service alternative.

The MR Consumer Services Coordinator has been identified as our AE Lifesharing Point Person and is actively involved in the Statewide Lifesharing Subcommittee and the Southeast Regional Lifesharing meetings. In addition to weekly Waiver Capacity Management meetings, AE staff meets bi-weekly to discuss individuals who are on the statewide waiting list (PUNS) for residential services, including Lifesharing. As previously stated, we have seen a growth in this service, especially over the past two years, mainly from individuals and their families who have 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. 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.

Individual Service Plans are reviewed for compliance with Chapter 51 requirements, to ensure that Lifesharing is always considered as a potential residential option. Lifesharing is discussed with individuals graduating and requesting residential services, as well as those who are aging out of other child serving systems, and are in need of residential supports. Provider Residential Directors and other agency personnel are encouraged to attend the statewide Lifesharing subcommittee meetings, as well as the regional Lifesharing meetings.

As a County, we have had some beautiful situations occur in Lifesharing. Individuals have become integral members of the family unit and they have moved with the family when they have left Bucks County. 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.

Coordinated Children's Services:

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, Department of Human Services 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 and the Family Outreach Coordinator from Voice & Vision. 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. 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 non-ID service providers, Care Workers, etc., to ensure the child with multi-system 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, are in the process of placement into a residential treatment facility, and for youth who are transitioning home from a residential treatment facility. In addition, she is the primary contact for Supports Coordinators who are working with children and their families who are receiving Behavioral Health Rehabilitation Services (BHRS) within the family home.

The ID Children's Services Coordinator works with the MH Child and Adolescent Service System Program staff and participates in many of the multi-systems meetings, workgroups and committees. They collaborate with other agencies, such as those mentioned above, including Bucks County Behavioral Health, Magellan Behavioral Health, C&Y, JPO, SCO's, Voice & Vision, school districts, the BCIU and Drug & Alcohol, as well as a number of community behavioral health provider agencies. This includes participation in committee meetings (discussed above), Interagency Team meetings for children residing in residential treatment facilities or receiving

Behavioral Health Rehabilitation Services in their home, Magellan Children's Regional meetings, ODP Regional committee meetings, transition age youth meetings and serving as a member on various multi-systems committees.

Base Funded Supports Coordination

Supports Coordination is a critical service that involves many functions, as outlined throughout this document. The primary functions of a Supports Coordinator are locating, coordinating and monitoring needed services and supports for individuals in the ID system. 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 currently has a business relationship with six Supports Coordination Organizations; four of those Organizations are located within Bucks County. The ID Director of Supports Coordination works with each SCO to ensure they are meeting the requirements and responsibilities as defined by the Office of Developmental Programs and federal and state regulations.

As previously indicated, with the advent of state set rates and the systematic cuts to our base allocation, the fiscal impact of meeting the needs of individuals has been significant. Supporting the needs of base funded individuals is further compounded by the inability to bill Medical Assistance for the Supports Coordination costs for individuals transitioning from Intermediate Care Facilities for Intellectual Disabilities, ICF/ID. "Note allocation." Supports Coordination services for individuals living in an ICF/ID setting or other facility based program are supported through base funds, even though the individuals are enrolled with Medical Assistance. Our inability to bill Medical Assistance for the cost of Supports Coordination becomes especially problematic when transitioning individuals from ICF/ID or other facility based centers.

Historically, the Department has reinforced an expectation for SCO's 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 SCOs 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 the aforementioned transition phase the overall activities allow for a seamless process. Unexpected complications, which can often increase cost, are avoided.

The Department staff also work with the SCOs to insure that all individuals eligible for Medical Assistance are assisted in enrolling with Medical Assistance. Enrollment in the Medical Assistance 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 MA, thus reducing the

reliance on base funds for the cost of their service). At the point of intake, individuals and their families are given information on enrollment in Medical Assistance and Department staff are active in ongoing tracking of individuals who are not enrolled in Medical Assistance and providing assistance in the system, which is discussed further on in this document, further supports our Department staff in ensuring that base fund cost for Supports Coordination are properly maintained and reimbursed through all other eligible resources.

Cross Systems Communications

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 Magellan Behavioral Health. Staff works collaboratively to find creative approaches to addressing some of the challenges inherent when multiple systems are involved. We work diligently to resolve/stabilize situations before inpatient treatment becomes necessary. We have found that many of the local inpatient hospitals are reluctant to accept patients with an ID diagnosis, due to their lack of expertise in working with people 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 for individuals with an ID diagnosis and co-occurring mental health challenges are available locally.

Magellan has worked to increase the network of psychiatrists available to treat individuals with ID and co-occurring mental health challenges. In addition, they have 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 ID and co-occurring mental health challenges. In the last year, one individual with an ID diagnosis and co-occurring mental health challenges 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.

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

The following is a list of a few of the accomplishments over the few couple of 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 on it to Bucks County Supports Coordinators and providers.
- Revised the SeePlan to meet the new criteria as mandated by the state. The revision included

information about recovery and trauma informed care.

Collaborated with a well regarded psychiatrist, with expertise in working with individuals with an ID diagnosis and co-occurring mental health challenges. He has met with local community-based mental health providers and, in addition, provided training to their treating psychiatrists. Accredited training provided for community-based psychiatrists and MH professionals on individuals with an ID diagnosis and co-occurring mental health challenges.

Required through our Mental Health Outpatient initiative that our community Mental Health provider agencies develop competencies amongst clinical staff in ID and autism.

The Workgroup also wrote and received approval for a reinvestment proposal from the the Office of Mental Health and Substance Abuse Services (OMHSAS). The plan is to develop a service model for outpatient care that will meet the needs of individuals with an ID diagnosis and co-occurring mental health challenges. The goal is to enhance existing outpatient services to deliver quality evaluations, medication management, treatment planning, and behavior health services for individuals with an ID diagnosis and co-occurring mental health challenges. This initiative is expected to begin in September 2013. It will involve two community-based providers in the first year and an additional two providers in the second year.

A psychiatrist with expertise in working with individuals with an ID diagnosis and co-occurring mental health challenges will work both directly and through tele-psychiatry with local community-based psychiatrists to hone their skills in diagnosis and treatment for individuals with very complex psychiatric presentations.

Each provider will hire a care coordinator, whose role will be to coordinate the psychiatric evaluations, behavioral assessments, ensure the collection of data and work in collaboration with the individual and his/her support team.

Our overall expected outcome is to see a decrease in psychiatric hospitalizations and an improved quality of life. One specific goal is to increase collaboration, coordination and consultation for physical health care needs between community mental health centers and primary care physicians. It is hoped that this coordinated care will result in decreased costs both for psychiatric and physical health care through reduced hospitalizations and emergency room visits.

Our local Independent Monitoring for Quality (IM4Q), Voice & Vision, will develop a satisfaction survey to aid us in tracking satisfaction and outcomes and aid us to make adaptations to the model as deemed appropriate.

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 2013 graduates. In addition, there are individuals currently 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, they also support our Waiver administration costs. 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 is described in greater detail later 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.

Quality Management:

The Intellectual Disabilities (ID) Services Department has utilized quality management for nearly two decades. In 1994, the ID Department partnered with key stakeholders (self-advocates, advocacy organizations, providers and Supports Coordination Organizations (SCO) 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 at least 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 SCO's, 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-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/SCO 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).

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- 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. *Note - this process improvement initiative was implemented by the Council as a Six Sigma training and pilot project.*
- Improving timeframe compliance with the review and authorization of Individual Service Plan (ISP) Annual Review Updates.
- Strategies to address the Office of Developmental Programs (ODP) priority goals, *The Elimination of Restraint* and *The Elimination of Individual-to-Individual Abuse*.
- 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 (EDE) 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 EDE data to the State IM4Q Steering and Management Committees; the demonstration project was expanded to include additional AEs 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 Office of Developmental Programs (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, SCO and provider organizations, the AE Administrator, Fiscal 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 SCO's have the authority to commit financial and human resources from their organizations.

The role of the Board is to ensure improvement efforts are consistent with the Mission and Vision (described in the Quality Framework) 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.

INTELLECTUAL DISABILITY SERVICE

- B. 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 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 Council are recruited when necessary to assist in the design of improvement strategies, specific action plans and/or measurement strategies. Responsibilities of the 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 Administrative Entities (AE) in the form of *HCSIS Extracts*. The Intellectual Disabilities (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 to AE's and, in doing so, have revealed and resolved data issues impacting the integrity of reports used by AE's and the Office of Developmental Programs (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.

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 SCO, SC, 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.

- 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 recent (March 2013) demonstration of the Staging Area was the catalyst for an emerging 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"². In addition, an annual Self-Assessment³ is conducted by Department staff who apply the same Monitoring Tool the Office of Developmental Programs (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 (CAP) 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 CAP is verified by ODP prior to the next annual AEOMP.

² Customized compliance indicator reports are created within the Staging Area, discussed earlier in this plan.

³ The current draft of the new AE Operating Agreement eliminates the requirement for an annual self-assessment effective FY 2013-2014.

AE Operating Agreement Responsibilities:

- Maintaining, safeguarding, and providing access to Waiver records.
- 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 Intermediate Care Facility for individuals with Intellectual Disabilities (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 SCO's, and using a standard tool and process developed by ODP. Ensuring that information on participant direction is provided to new waiver enrollees.
- Reviewing and approving Individual Support Plans (ISPs) in accordance with 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.

Note that while the responsibilities described above reference AE Operating Agreement requirements specific to Waiver funded services, where applicable, the Department applies the same oversight procedures to Base funded services.

In addition, we are responsible for all intake and eligibility determinations for individuals seeking enrollment in the ID system.

Status of FY 2012-2013 Local Priorities

| 12-13 Priority | | Priority/Implementation Status | | | | Implementation Notes | |
|----------------|---|--------------------------------|--|------|------------|----------------------|---|
| # | | # | Action Item | Done | In-Process | | Revised |
| 1 | Clearly define the individuals and families within each priority area (subsets) | 1.1 | Fully identify the current distribution of Base funds by SCO, number of families/individuals and type of support. | X | | | Priority carried over to FY 13-14 Block Grant Plan. |
| | | 1.2 | Using data obtained through this effort, assess the health, safety and financial impact of potential distribution of Base funds to support individuals who need support to avoid out of home placement. | | X | | |
| 2 | Develop strategies to collect reliable data to support impact and performance analysis of Block Grant contracting | 2.1 | Determine the subset of persons with ID living with parents or other family member(s) where the caregiver is aging and/or infirmed and assess their current and near future (if applicable) support needs. | | X | | We are able to cull only 1/2 of the target subset (persons with ID living with aging caregiver) from extract data. Identification of the remainder of the subset (persons with ID living with infirmed caregivers) must be verified through a significantly more time consuming manual process. Priority carried over to FY 13-14 Block Grant Plan. |
| | | 2.2 | Validate or repudiate these factors as an indicator of imminent out-of-home placement. | | X | | |
| | | 2.3 | If validated, use data obtained through this effort to support budget planning and to enhance the value of existing PUNS data. | | X | | |
| 3 | Establish valid performance and financial baselines | 3.1 | Develop a method or strategies to obtain an accurate census of persons with ID who are employed. | X | | | Two strategies have been developed: 1. Establish <i>Key Words</i> for use in SC Service Notes that represent targeted employment data points, which can then be queried (text parsing) to obtain employment census. 2. Leverage the Department's membership on the newly created <i>Regional HCSIS Data Users Group</i> to advocate for a PCR to resolve the "bug" that prevents data contained in the HCSIS Employment field from being included in extracts. Priority carried over to FY 13-14 Block Grant Plan, with Action Items updated to reflect the above strategies. |
| | | 3.2 | Use data obtained from this effort to support current QIP Action Plan. | | X | | Preliminary work in the Staging Area is completed; Action item is on schedule to begin upon completion of item 3.1 (above). |

Status of FY 2012-2013 Local Priorities (continued)

| 12-13 Priority | | Priority Implementation Status | | | | | |
|----------------|--|--------------------------------|---|------|------------|---------|---|
| # | | # | Action Item | Done | In-Process | Revised | Implementation Notes |
| 4 | Define strategies to achieve consistency between AE and Provider QIP's | 4.1 | Deliver training and technical assistance to Providers to ensure consistency with the Quality Leadership Board target outcomes, the AE QIP and ODP QI priorities. | | X | | Curriculum development and implementation strategy was assigned to the Quality Council. Development was suspended upon learning the ODP will provide webcasts specifically on the topic of Provider QIP and relative AE Role in the Spring of 2013. Priority carried over to FY 13-14 Block Grant Plan. |
| 5 | Inter-Agency Collaboration | 5.1 | Partner with executive level staff from the local Drug and Alcohol and Behavioral Health funding agents, to identify the subset of persons with ID living with caregiver(s) in treatment for addiction/substance abuse or mental illness. | | X | | A routine of inter-agency meetings has been established. A multi-system training is scheduled to begin in May. Executive level strategic planning is on schedule to begin in June. |
| | | 5.2 | Assess this subset of individuals for gaps in service management, habilitative and clinical support. | | X | | |
| | | 5.3 | Develop a method of tracking this subset | | | | |
| | | 5.4 | Use data obtained through this effort to build effective collaboration between funding agents and ultimately, to measure the impact of collaboration on attaining service/treatment | | X | | |
| 6 | Determine the validity of using IM4Q | 6.1 | Assess the impact of Supports Coordinator turnover on quality and satisfaction expressed by individuals and families, SC | | X | X | We discovered that this data is maintained by the <i>Institute on Disabilities at Temple University (IDD)</i> . Upon inquiry, we were |

| | | | | | | |
|----------------------------------|-----|--|--|---|---|---|
| data to measure SCO performance. | | utilization and compliance with related AE Operating Agreement requirements. | | | | advised that the IDD only provides IM4Q data to AE's in aggregate, without individual identifiers. We have requested an exception that would allow us to use IM4Q data for the purpose described in this Action Item and are currently awaiting a response. As we are uncertain when, or if, we will gain access to this data, this priority item will not be carried over to the FY 13-14 Block Grant Plan. We will append the plan should the necessary information become available to us. |
| | 6.2 | Use data obtained through this effort to identify efficiency and quality improvement strategies. | | X | X | |

Locally Identified Priorities for FY 2013-2014

| # | Priority | # | Action Items |
|---|--|-----|---|
| 1 | Clearly define the individuals and families within each priority area (subsets). | 1.1 | Assess the health, safety and financial impact of potential distribution of Base funds to support individuals who need support to avoid out of home placement. |
| 2 | Develop strategies to collect reliable data to support impact and performance analysis of Block Grant contracting. | 2.1 | Determine the subset of persons with ID living with parents or other family member(s) where the caregiver is aging and/or infirmed and assess their current and near future (if applicable) support needs. |
| | | 2.2 | Validate or repudiate these factors as an indicator of imminent out-of-home placement. |
| | | 2.3 | If validated, use data obtained through this effort to support budget planning and to enhance the value of existing PUNS data. |
| 3 | Establish valid performance and financial baselines for Employment Service. | 3.1 | Establish <i>Key Words</i> for use in SC Service Notes that represent targeted employment data points, which can then be queried (text parsing) to obtain employment census. |
| | | 3.2 | Leverage the Department's membership on the newly created <i>Regional HCSIS Data Users Group</i> to advocate for a PCR to resolve the "bug" that prevents data contained in the HCSIS Employment field from being included in extracts. |
| | | 3.3 | Use data obtained from this effort to support QIP Action Plan. |

| | | | |
|---|--|-----|---|
| 4 | Define strategies to achieve a high level of consistency between AE and Provider QIP's | 4.1 | Deliver training and technical assistance to Providers to ensure consistency with the Quality Leadership Board target outcomes, the AE QIP and ODP QI priorities. |
| 5 | Inter-Agency Collaboration | 5.1 | Partner with executive level staff from the local Drug and Alcohol and Behavioral Health funding agents, to identify the subset of persons with ID living with caregiver(s) in treatment for addiction/substance abuse or mental illness. |
| | | 5.2 | Assess this subset of individuals for gaps in service management, habilitative and clinical support. |
| | | 5.3 | Develop a method of tracking this subset. |
| | | 5.4 | Use data obtained through this effort to build effective collaboration between funding agents and ultimately, to measure the impact of collaboration on attaining service/treatment outcomes. |

ID Services Chart: FY 12-13 Actual/Estimated and FY 13-14 Projected Served

| | Estimated / Actual Individuals served in FY 12-13 | Projected Individuals to be served in FY 13-14 |
|---------------------------------------|---|--|
| Supported Employment | 56 | 66 |
| Sheltered Workshop | 20 | 20 |
| Adult Training Facility | 5 | 5 |
| Base Funded Supports Coordination | 204 | 220 |
| Residential (6400) | 18 | 18 |
| Lifesharing (6500) | 6 | 6 |
| PDS/AWC | 0 | 0 |
| PDS/VF | 0 | 0 |
| Family Driven Family Support Services | 67 | 75 |

HOMELESS ASSISTANCE PROGRAM

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.

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.

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 Assistance

To prevent homelessness

HOMELESS ASSISTANCE PROGRAM

Residents who face homeless situations or who are currently homeless and desire housing are provided case management and contingent 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 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 calls BCOC for 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.

HOMELESS ASSISTANCE PROGRAM

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-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 Clarifi - 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.

HOMELESS ASSISTANCE PROGRAM

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.

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 2013-14

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:

HOMELESS ASSISTANCE PROGRAM

- 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 7/1/12 thru 3/31/13

Prevent Eviction or Move Out of Homelessness

- 503 people in 179 households received financial assistance and counseling services to prevent eviction or move out of homelessness. (96 people out of homelessness and 407 people avoided eviction)
-Forecast for YE is 503 people

Counseling to resolve Potential Eviction

- 1,196 people in 496 households received counseling services to prevent homelessness
-Forecast for YE is 1,196 people

Received Budgeting Tutorial and Developed Budget

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

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.

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

HOMELESS ASSISTANCE PROGRAM

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 2012-2013

Participants

2012-2013

- 13 Families participated in the Bridge program from July 1, 2012 to March 31, 2013 – projected 13 Families by June 30, 2013.
- 6 Families started in the Bridge program before July 1, 2012
- 7 Families were assigned during July 1, 2012 to March 31, 2013 – Projected 7 Families through June 30, 2013.
- Average length of service is fifteen (15) months

Progress Report and Results

Results as of March 31, 2013:

- 6 families were exited from BCOC's Bridge Program
 - 4 were employed full or part time at the time of exit
 - 1 was receiving UC benefits and seeking employment
 - 2 remain enrolled in the Economic Self-Sufficiency program
 - 4 maintained the same permanent residence upon exit, 2 found alternative living arrangements
- 7 families enrolled as of March 31, 2013 – projected 7 through June 30, 2013
 - 6 are enrolled in education programs
 - 5 have maintained employment or gained new employment
 - 3 are dually enrolled in the Economic Self-Sufficiency program

| | Estimated/Actual Individuals Served in FY 12-13 | Projected Individuals to be served in FY 13 -14 |
|------------------------|---|---|
| Bridge Housing | 52 | 52 |
| Case Management | 1,189 | 1,189 |
| Rental Assistance | 503 | 503 |
| Emergency Shelter | 0 | 0 |
| Other Housing Supports | 0 | 0 |

HOMELESS ASSISTANCE PROGRAM

HMIS

Bucks County adopted its HMIS system in 2007 and has incorporated 12 service providers and 35 programs to date. Participating HMIS programs represent an overall bed coverage rate of 96% for residential programs as compared to the 2012 Housing Inventory Chart (HIC). Broken down by housing category, bed coverage is as follows: Emergency Shelter (ES) 100%, HPRP 100%, Permanent Supportive Housing (PSH) 88% (only missing Housing Opportunity for Persons with AIDS (HOWPA) beds), and Transitional Housing (TH) 96%. Non-HMIS participating beds are not currently required by federal funding requirements to participate, but are anticipated to be brought into the system when centralized intake is implemented over the coming year. The HCoC-BC anticipates bringing on an additional 5-10 agencies into the system over the next year.

The HCoC-BC's Executive Committee 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 Sub-Committee was founded within the last year 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 CoC planning.

Over the past year, the Data Management Sub-committee, in conjunction with the HMIS Lead Agency, has focused on revising and updating the HCoC-BC HMIS Policies and Procedures Manual and developed a provisional HMIS Security Plan to reflect changes in the CoC Program Rule and the HEARTH Act.

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

The HCoCBC has used PA HMIS since its inception. The PA DCED staff provides technical assistance, software updates, and develops system reporting capabilities in order to remain in compliance with HUD's Data Standards. System-wide software updates within PA HMIS over the course of 2012 have allowed for global data sharing, de-duplication of clients, bed inventory, and referral making.

Lastly, the HCoC-BC has begun planning for a centralized intake process that will be implemented using the HMIS. A more client-centered approach to data collection within the HMIS has allowed the HCoC-BC to move towards a community management information system that is able to record and track progress on clients as they move throughout the continuum. In the coming year, the HCoC-BC will work to monitor the success of the centralized intake via outcomes tracking on referrals and on the success of the Continuum in moving clients to housing via CoC-wide outcomes measurements.

BUCKS COUNTY CHILDREN & YOUTH SOCIAL SERVICES AGENCY
HUMAN SERVICES BLOCK GRANT REQUEST

The Child Welfare system is being challenged by an increase in service demand. Referrals to C&Y have increased, with a subsequent increase in families requiring in-home services. The Agency experienced a 7.7% increase in the number of children receiving in-home services in 2012. This situation is expected to continue as pending legislation, which expands the definition of child abuse and extends the number of mandated reporters, will likely result in additional CAN referrals.

The services provided by Block Grant funding will assist the Agency in its efforts to provide valuable interventions to mitigate risk to children and improve the outcomes of child safety, permanency and wellbeing. Prevention programs funded through the Block Grant are community interventions and thus prevent and/or reduce entry into the Child Welfare system.

Block Grant funded programs are offered in collaboration with other child serving systems and community human service organizations. Bucks County residents who are at risk of child abuse/neglect and potential out-of-home placement are the identified target population. Three evidence based program areas included in the Child Welfare Block Grant request, Multi Systemic Therapy, Family Group Decision Making and High Fidelity Wrap Around, offer intensive in-home services in an effort to stabilize and strengthen the child/family, promote self sufficiency and prevent future need for systems involvement.

Alternatives to Truancy is an intervention program available to school districts to utilize for youth identified as at risk of truancy. Family Development Credentialing, also funded through the grant, is a curriculum based training intended to promote engagement skills which recognize and build on family strengths thus enabling families to move forward and achieve their goals. The services provided through the Block Grant, combined with those accessed through the Needs Based Budget provide a variety of programs available to assist our diverse client population and fulfill our mission to ensure the safety and wellbeing of children and strengthen the families of Bucks County.

Alternatives to Truancy

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.

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 during the 2012/13 academic year were chronic and severe with respect to truancy. Recently FGDM meetings have been

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offered to clients and exit interviews with School District staff have been implemented. 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. 10 cases were terminated with C&Y involvement and 2 cases as a result of Juvenile Court decisions. There were 85 students served during the 2012/13 academic year. The outcomes report is incomplete, as final outcome data will be presented at the completion of the school year.

Outcomes are reported on the 52 cases closed from 7/1/12 to 4/15/13.

75% Increased school attendance

65% Improved academic performance

65% Families showed an improved relationship with the school district

65% Improved school behavior

65% Improved family adaptation

62% Increase in parental supervision & monitoring of their children

No children were placed in out-of-home long term settings.

Bucks County Children & Youth Planned Expenditures:

FY 2013/14 \$215,595 to serve 96 youth

Family Group Decision Making

Family Group Decision Making is an 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.

Bucks County Children & Youth also offers FGDM to the Bristol Township School District in an effort to enhance educational collaboration and as a prevention mechanism. A reduction in the number of child welfare referrals by school personnel is an expected outcome. FGDM has recently also been offered to families receiving services through the Alternatives to Truancy Program. Children & Youth, in its planning process, anticipates extending FGDM to additional school districts.

Overall Program effectiveness is measured by the number of families completing the FGDM process and the avoidance of child placements.

In the reporting period 7/1/12-3/31/13, 61 families successfully completed the FGDM process. Of those, 52 families or 85.2% avoided out-of-home child placements.

BUCKS COUNTY CHILDREN & YOUTH SOCIAL SERVICES AGENCY
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Bucks County Children & Youth Planned Expenditures:
FY 2013/14 \$153,000 to serve 110 families

Family Development Credentialing

Family Development Credentialing, a curriculum based family engagement skill building training program, is offered by Bucks County Children & Youth in collaboration with the Community Action Association of Pennsylvania and Temple University. Children & Youth has reached out to other service providers in the community and invited them to include their paraprofessional and entry level staffs to participate in the training. Ten community human service agencies representing a variety of diverse service populations including; victims of domestic violence, foster care, early childhood education, families at risk of homelessness, pregnant & parenting teens, the unemployed, at risk adolescents, and family centers have responded by enrolling staff. Program requirements were met and FDC certification awarded to seventeen individuals. Two others have completed their portfolios, passed the exam and await credentialing. A third class is scheduled to start in June 2013.

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

Expected outcomes include: Enhancement of community support services, and increase in strength based support skills and positive family focused attitude including transfer of learning to other staff. Feedback from credentialed students and their agencies is very positive. This is evidenced in Bucks County by repeat representation of organizations, which have staff that have successfully completed the program, enrolling additional staff in new class offerings.

Bucks County Children & Youth Planned Expenditures:
FY2013/14 \$43,120.00

Multi-Systemic Therapy

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

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collaborative relationships with other organizations while MST staff sustains them through ongoing, case specific collaboration.

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 Reported Outcomes (7/1/12-3/31/13):

There were 5 referrals to the program. One never participated due to lack of parental cooperation. Two were closed prematurely attributed non compliance. A fourth case was terminated as the youth involved ran away and therefore was unavailable for service delivery. The fifth case received program services; the child remained in the home, attended school and avoided arrest.

Bucks County Children & Youth Planned Expenditures:

FY 2013/14 \$14,397 to serve 8 youth

HI Fidelity Wrap Around

Bucks County began implementation of the Hi Fidelity Wraparound (HFWA) pilot in May 2010 in partnership with Child and Family Focus. 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.

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.

During the reporting period 7/1/12-4/29/13:

46 referrals received

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60 families/youth served

40% of the families/youth served were also involved with BCCYSSA

9% of the families/youth served were also involved with JPO

51% of the families/youth served were only involved with the MH system

21 families/youth discharged

6 families/youth graduated/successfully transitioned

8 families/youth withdrew

4 families/youth declined services

11 youth are in the process or have transitioned out of RTFs

Bucks County Wraparound Fidelity Index Score = 88

National Mean=82

Bucks County Team Observation Measure =95.

National Mean=85

These scores indicate a score that reflects that the Bucks County HFWA team is providing services with fidelity to the model at a level higher than the national average as measured by the National Wraparound Institute.

The fidelity measurement will be changing its tool from the WFI and TOM to the WFI-EZ at the end of FY 2012/13. The new form is easier to administer, can be administered by HFWA staff and has the potential of a higher rate of return so more data can be gathered, with a measure being taken twice during family involvement.

Bucks County Children & Youth Planned Expenditures:

FY 2013/14 \$306,007.00 to serve 67 youth/families

Housing Assistance

The population served through Housing assistance include families at risk of homelessness. Funds are utilized through Bucks County Children & Youth Social Services Agency and the Bucks County Opportunity Council to support families in obtaining/maintaining housing and subsequently prevent homelessness, promote self sufficiency and reduce child placements due to homelessness.

Children & Youth, using Housing Assistance funding, has the ability to directly assist families with utility bills, rent/security payments and essential housing repairs which threaten housing and family stability.

During the reporting period 7/1/12-3/31/13:

101 families received assistance with the following breakdown:

31 families received hotel stays

37 families received rental assistance

33 families received utility assistance

The Economic Self Sufficiency Program managed by the Bucks County Opportunity Council, aids families with self sufficiency goals to prevent future homelessness. Clients work with BCOC staff to establish realistic goal oriented planning, which includes education/training, to ensure the ability to be self

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sustaining. Financial assistance is also available to the BCOC client base. The goal of the 5 year program is for the family to achieve a sustaining-family wage and exit welfare and Section 8 subsidies. Families successfully completing the Self Sufficiency Program receive recognition and at times a voice by obtaining positions on the Board of Directors.

During the reporting period 7/1/12-3/31/13:
12 individuals graduated from the Economic Self Sufficiency Program
Average income at program start \$10,600
Average ending income \$39,633
97 individuals continue in the program

Valley Youth House

Valley Youth House offers a Supportive Housing program which provides residential stability and supportive services for homeless young adults transitioning from homelessness to independence and stable housing. In 2012-13 Valley Youth House served 23 unduplicated people ages 18-21 and all clients served are Bucks County residents. Two individuals left the program prior to completion.

Of the 21 remaining youth:

7 are in school (2 in high school, 5 in trade school or college)

16 are working (of those not working; 2 are going to Careerlink, 1 is on bedrest and 1 is actively applying to at least 10 jobs a week.)

7 are receiving mental health treatment

1 is receiving drug and alcohol treatment

Bucks County Housing Group

The Bucks County Housing Group (BCHG) is a private, non-profit agency providing critically needed housing counseling and case management services to qualified families who reside at one of four supportive housing programs. These programs are located throughout Bucks County. BCHG uses this funding to fund case management at its shelter sites. Case managers provide self-sufficiency support for families to receive job training, medical benefits, mental health treatment, permanent housing, education, financial/budgeting assistance, legal aid, and life skills assistance. The goal of the this program is to provide 834 hours of intensive case management service leading to permanent housing for approximately 55 adults. As of April 30, 2013 a total of 42 families, 49 adults, 89 children (138 people total)

Additional funding comes from HUD, PA DCED, Churches, FEMA, PECO (equipment), United Way, Emergency Solutions grant, restricted/unrestricted donations, housekeeping funds and miscellaneous income.

Total Housing Bucks County Children & Youth Planned Expenditures:
FY 2013/14 \$136,440.00 to serve 258 individuals

Local Plan for Delivery of Services

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. This service includes 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, older adults, 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 on 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.

Recovery Support Services are available to assist individuals in their recovery journey. These include 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.

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 and people who use injecting drugs.

BUCKS COUNTY DRUG & ALCOHOL COMMISSION, INC.

Older Adults – BCDAC, Inc. will prioritize the older adult population in offering age appropriate treatment programs. When an older adult is assessed to be in need of drug and alcohol treatment, every effort will be made to locate a provider with this expertise. BCDAC, Inc. works collaboratively with the Bucks County Area Agency on Aging. This past year, our staff provided Drug and Alcohol training to their employees. In addition, it should be noted that BCDAC, Inc. is the original developer of Project MEDS (Medication Education Designed for Seniors), a peer presentation model which educates older adults regarding the dangers of medication misuse and alcohol abuse.

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. Key collaborations include Adult Probation and Parole, Children and Youth, Recovery Centers, Mental Health/Developmental Programs, and consumers.

Transition Age Youth – Any transition age youth resident who is seeking drug and alcohol treatment is prioritized. We have noted 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. In addition, the trend regarding the increased use of heroin, other opiates, and prescription medications is on the rise in Bucks County. Our collaborations with the Children's Coordination Committee, Child Death Review, Juvenile Probation and Parole, Safe and Drug Free Schools, Bucks Promise for Youth and Communities, to name a 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 and the Lead On conference, 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.

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. Bucks County has a 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 2013-2014, we will increase Peer Support services utilizing a Certified Recovery Specialist mode. In addition, during 2013-2014, it is anticipated that a previously approved Reinvestment Project will come to fruition. We look forward to increased access to drug and alcohol services, as a result. The project will include 24/7 access to non-hospital detoxification and assessment, in addition to potentially other services being developed in Lower Bucks County.

PLANNING FOR BLOCK GRANT

BCDAC, Inc. has undergone an extensive planning process, including a recently completed Needs Assessment in 2012 and maintains a corporate Strategic Plan, 2010-2013. 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 Service
- County Block Grant Planning Team
- Children and Youth
- Mental Health/Developmental Programs
- Department of Corrections
- Juvenile Probation
- Adult Probation
- Recovery Community
- Drug and Alcohol Treatment and Recovery Support Providers
- 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

We look to the next cycle of planning to include Pennsylvania, and Bucks County specific, drug and alcohol related data, through the County Data and Indicators, to further note the extensive need for our substance abuse services. Through our own data collection, we note a 17% increase in drug and alcohol assessments, as well as a 15% increase in Medication Assisted Treatment services over the past year.

BUCKS COUNTY DRUG & ALCOHOL COMMISSION, INC.

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

As a result of the 2012-2013 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. As mentioned previously, we note double digit increases in drug and alcohol assessments provided, as well as Medication Assisted Treatment offered. In addition to improving access to detoxification and rehab levels of care, we have increased access to Recovery Oriented Systems of Care, including Peer Support, as well as Recovery Housing and Medication Assisted Treatment.

SUMMARY

One minor directional change proposed is an increase in substance abuse related Peer Support services to be offered. We anticipate offering the Recovery Oriented System of Care to include Peer Support services, and we have already identified an additional provider to add this service. 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 & SUPPORTS

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.

Our plan for 2013-2014 is to continue categorical services with:

- **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.
- **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.
- **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.
- **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.

HUMAN SERVICES & SUPPORTS

- 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.

- Block Grant Administration – in prior fiscal years with HSDF a ten (10) percent cost was allowed; and for FY 12-13 we did include on Appendix B \$41,093. Our allocation for FY 13-14 is the same \$410,937 and 10% equals \$41,093 which is included on Appendix C. The administration fee will offset the costs of salary and fringe, supplies and services for a staff of three (3) full time employees. (In FY 12-13 'estimated' Administration Costs total \$197,645 after other applicable internal credits are applied. Salary & Fringe \$187,143 and Supplies & Services \$10,502).

| | Estimated/Actual Individuals served in FY 12-13 | Projected Individuals to be served in FY 13-14 |
|----------------------|--|--|
| Adult Services | 1,391 | 1,391 |
| Aging Services | 24 | 24 |
| Generic Services | 0 | 0 |
| Specialized Services | 0 | 0 |

INTERAGENCY COORINATION HUMAN SERVICES & SUPPORTS

Total budgeted expense for salary and benefits for the Policy and Planning Specialist is \$50,000.00.

The Bucks County Health & 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. Quakertown and Morrisville Collaboratives, community-driven groups located in their respective neighborhoods to network and coordinate after-school activities and family support services.
3. Wachovia Initiative, a public-private partnership to develop sustainable infrastructure and rehabilitation to a neighborhood that is facing economic and familial decay.
4. Bucks County Aging and Disabilities Resource Center, a State initiative that encourages and assists counties to more effectively coordinate information, referral and service delivery to adults with disabilities.
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 2013-2014

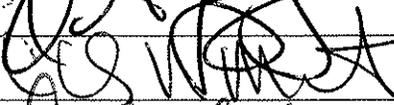
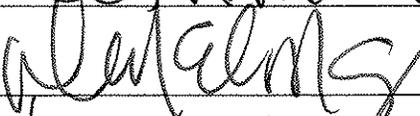
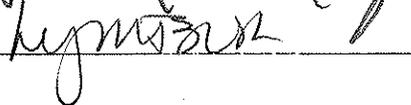
COUNTY HUMAN SERVICES PLAN

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: |
|  | Charles H. Martin Vice-Chairman | Date: |
|  | Diane M. Ellis- Marseglia, LCSW Commissioner | Date: |
|  | Lynn T. Bush Chief Clerk | Date: 6-10-13 |

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

| County: BUCKS | ESTIMATED CLIENTS | HSBG ALLOCATION (STATE AND FEDERAL) | HSBG PLANNED EXPENDITURES (STATE AND FEDERAL) | NON-BLOCK GRANT EXPENDITURES | COUNTY MATCH | OTHER PLANNED EXPENDITURES |
|--|--------------------------|--|--|-------------------------------------|---------------------|-----------------------------------|
| MENTAL HEALTH SERVICES | | | | | | |
| ACT and CTT | 75 | | 456,182 | 0 | | |
| Administrator's Office | 0 | | 1,530,277 | 116,000 | | |
| Administrative Management | 2,400 | | 1,956,314 | 0 | | |
| Adult Developmental Training | 0 | | 0 | 0 | | |
| Children's Evidence Based Practices | 0 | | 0 | 0 | | |
| Children's Psychosocial Rehab | 0 | | 0 | 0 | | |
| Community Employment | 100 | | 298,500 | 0 | | |
| Community Residential Services | 2,300 | | 6,864,059 | 0 | 596,148 | |
| Community Services | 110 | | 119,912 | 142,560 | | |
| Consumer Driven Services | 0 | | 0 | 0 | | |
| Crisis Intervention | 3,370 | | 1,212,942 | 0 | | |
| Emergency Services | 240 | | 1,016,582 | 0 | | |
| Facility Based Vocational Rehab | 10 | | 91,139 | 0 | | |
| Family Based Services | 15 | | 46,683 | 0 | | |
| Family Support Services | 140 | | 624,561 | 0 | | |
| Housing Support | 20 | | 108,043 | 21,600 | | |
| Other | 0 | | 0 | 0 | | |
| Outpatient | 1,500 | | 655,319 | 0 | | |
| Partial Hospitalization | 70 | | 200,000 | 0 | | |
| Peer Support | 15 | | 98,017 | 209,766 | | |
| Psychiatric Inpatient Hospitalization | 170 | | 425,000 | 0 | | |
| Psychiatric Rehabilitation | 0 | | 0 | 0 | | |
| Social Rehab Services | 80 | | 390,000 | 0 | | |
| Targeted Case Management | 365 | | 710,000 | 0 | | |
| Transitional and Community Integration | 0 | | 0 | 0 | | |
| TOTAL MH SERVICES | 10,980 | 0 | 16,803,530 | 489,926 | 596,148 | 0 |

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

| County: BUCKS | ESTIMATED CLIENTS | HSBG ALLOCATION (STATE AND FEDERAL) | HSBG PLANNED EXPENDITURES (STATE AND FEDERAL) | NON-BLOCK GRANT EXPENDITURES | COUNTY MATCH | OTHER PLANNED EXPENDITURES |
|----------------------|--------------------------|--|--|-------------------------------------|---------------------|-----------------------------------|
|----------------------|--------------------------|--|--|-------------------------------------|---------------------|-----------------------------------|

INTELLECTUAL DISABILITIES SERVICES

| | | | | | | |
|--------------------------------|------------|----------|------------------|----------------|----------------|----------|
| Admin Office | 0 | | 2,958,632 | 10,000 | | |
| Case Management | 461 | | 804,344 | 376,833 | | |
| Community Residential Services | 60 | | 3,252,178 | 0 | 266,296 | |
| Community Based Services | 380 | | 1,069,863 | 0 | | |
| Other | 0 | | 0 | 0 | | |
| TOTAL ID SERVICES | 901 | 0 | 8,085,017 | 386,833 | 266,296 | 0 |

HOMELESS ASSISTANCE SERVICES

| | | | | | | |
|---------------------------|--------------|----------|----------------|----------|---------------|----------|
| Bridge Housing | 52 | | 154,054 | | 3,430 | |
| Case Management | 1,189 | | 48,300 | | 2,264 | |
| Rental Assistance | 503 | | 207,200 | | 8,532 | |
| Emergency Shelter | 0 | | 0 | | | |
| Other Housing Supports | 0 | | 0 | | | |
| TOTAL HAP SERVICES | 1,744 | 0 | 409,554 | 0 | 14,226 | 0 |

CHILDREN & YOUTH SERVICES

| | | | | | | |
|---------------------------------|------------|----------|----------------|----------|----------|----------|
| Evidence Based Services | 185 | | 516,524 | | | |
| Promising Practice | 0 | | 0 | | | |
| Alternatives to Truancy | 96 | | 215,595 | | | |
| Housing | 258 | | 136,440 | | | |
| TOTAL C & Y SERVICES | 539 | 0 | 868,559 | 0 | 0 | 0 |

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

| County: BUCKS | ESTIMATED CLIENTS | HSBG ALLOCATION (STATE AND FEDERAL) | HSBG PLANNED EXPENDITURES (STATE AND FEDERAL) | NON-BLOCK GRANT EXPENDITURES | COUNTY MATCH | OTHER PLANNED EXPENDITURES |
|----------------------|--------------------------|--|--|-------------------------------------|---------------------|-----------------------------------|
|----------------------|--------------------------|--|--|-------------------------------------|---------------------|-----------------------------------|

DRUG AND ALCOHOL SERVICES

| | | | | | | |
|--|------------|----------|------------------|----------|---------------|----------|
| Inpatient non hospital | 136 | | 328,096 | | 9,467 | |
| Inpatient Hospital | 2 | | 4,956 | | 0 | |
| Partial Hospitalization | 24 | | 14,385 | | 0 | |
| Outpatient/IOP | 513 | | 251,232 | | 12,701 | |
| Medication Assisted Therapy | 180 | | 387,063 | | 3,313 | |
| Recovery Support Services | 60 | | 40,000 | | 1,418 | |
| Prevention | 0 | | 0 | | 0 | |
| TOTAL DRUG AND ALCOHOL SERVICES | 915 | 0 | 1,025,732 | 0 | 26,899 | 0 |

HUMAN SERVICES AND SUPPORTS

| | | | | | | |
|--|--------------|----------|----------------|----------|---------------|----------|
| Adult Services | 1,391 | | 222,972 | | 41,513 | |
| Aging Services | 24 | | 96,872 | | 5,661 | |
| Generic Services | 0 | | 0 | | | |
| Specialized Services | 0 | | 0 | | | |
| Interagency Coordination | 0 | | 50,000 | | 12,703 | |
| TOTAL HUMAN SERVICES AND SUPPORTS | 1,415 | 0 | 369,844 | 0 | 59,877 | 0 |

| | | | | | | |
|--|--|--|---------|--|---|--|
| COUNTY BLOCK GRANT ADMINISTRATION | | | 101,093 | | 0 | |
|--|--|--|---------|--|---|--|

| | | | | | | |
|--------------------|---------------|----------|-------------------|----------------|----------------|----------|
| GRAND TOTAL | 16,494 | 0 | 27,663,329 | 876,759 | 963,446 | 0 |
|--------------------|---------------|----------|-------------------|----------------|----------------|----------|

Bucks County, SS.

BUCKS COUNTY PURCHASING DEPT
ADMINISTRATION BLDG
DOYLESTOWN, PA 18901

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NOTICE OF MEETINGS
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 2013-2014 Guidelines only - posted at the following website;

www.buckscounty.org

Public input encouraged

Tuesday, May 7, 2013

2:30 - 4:30 PM

Meeting Room

Quakertown Branch Library

401 West Mill Street

Quakertown, PA 18951-1248

AND

Thursday, May 9, 2013

10:30 AM - 12:30 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 please email:

mkozak@co.bucks.pa.us Or call:

215-340-8801 or 215-348-6201

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HUMAN SERVICES

3-007612006
0006446585-01

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April 28, 2013

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

Laurie Clark
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

Karen McGovern
Affirmed and subscribed to me before me this 29th day of April 2013 A.D.

BUCKS COUNTY PURCHASING DEPT
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Bucks County, SS.

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ADMINISTRATION BLDG
DOYLESTOWN, PA 18901

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NOTICE OF MEETINGS
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HUMAN SERVICES
DEPARTMENT

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HUMAN SERVICES

Laurie Clark being duly affirmed according to law, deposes and says that he/she is the Legal Billing Co-ordinator 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 facsimile of the printed notice which is exactly as printed and published in said newspaper on

April 28, 2013

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Laurie Clark

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

Karen McGovern
Affirmed and subscribed to me before me this 29th day of April 2013 A.D.

BUCKS COUNTY
HUMAN SERVICES

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County seeks public comment

Officials in Bucks County said they are seeking public comment on a plan to fund mental health and social services program next year.

Bucks will see millions of dollars in state aid through a health and human services block grant for fiscal year 2013-2014. Residents are invited to comment on the program and services that should be funded next year.

Information on the block grant program is posted at www.buckscounty.org. Visitors to the site can also view copies of this year's block grant application.

Comments should be emailed to the health and human services financial administrator Jeanne Kozak at jmkozak@co.bucks.pa.us.

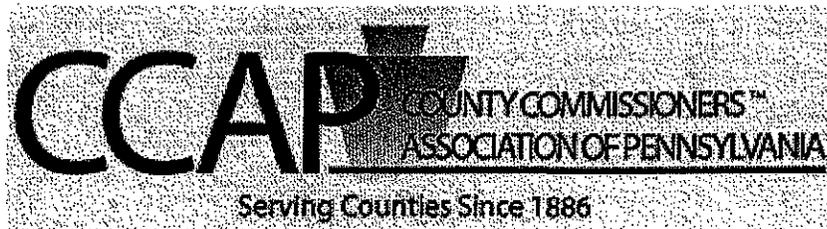
Harris, Victoria L.

From: Kelly Andrisano [kandrisano@pacounties.org]
Sent: Monday, April 22, 2013 2:53 PM
Subject: FW: Keyword Clips

Kelly Andrisano, J.D.
Executive Director
Pennsylvania Association of County Human Services Administrators
17 North Front Street
Harrisburg, PA 17011
(717) 232-7554x3132
cell (570) 239-3310
fax (717) 232-8390
kandrisano@pacounties.org
www.pachsa.org

An Affiliate of the County Commissioners Association of Pennsylvania

From: Adrienne Hodson
Sent: Monday, April 22, 2013 11:32 AM
To: Brinda Penyak; Chet Hughes; Christie Ward; Chuck Songer; Dave Harman; Deb Neifert; Debbi Tingley; Doug Hill; John Sallade; Karen Cohen; Karen Sweigard; Kelly Andrisano; Kristen Rotz; Lisa Schaefer; Lisa Zook; Lori Dabbondanza; Lori Lawyer; Mary Quinn; Michele Denk; Mike Wilt; Rita Reynolds; Stephanie Auker; Walt Whitmer; Wayne Bear
Subject: Keyword Clips



04-22-2013

04-22-2013

Bucks invites comment on mental health, welfare programs

Officials in Bucks County said they are seeking public comment on a plan to fund mental health and social services programs next year. Bucks will seek millions of dollars in state aid through a health and human services block grant for fiscal year 2013-2014. Residents are invited to... - *Levittown Bucks County Courier Times*

04-22-2013

Bucks County health audit reveals false dependents

At least 100 people were improperly listed as dependents on county health plans, costing taxpayers in Bucks more than \$300,000 per year, an external audit has shown. A health care dependency investigation ordered by the Bucks County commissioners in January has discovered persons inappropriately listed on... - *Levittown Bucks County Courier Times*

04-22-2013

Recycling cost and numbers up

Recycling service will continue in Warren, but it will cost the city \$12,000 more than it did before. According to Department of Public Works Director Mike Holtz, the city's current recycling contract expires this month and the city put the contract out for bid.... - *Warren Times Observer*

04-22-2013

TAWC: No cuts in fixed routes

The Transit Authority of Warren County's fixed route program is safe for the next fiscal year. As presented in February, Gov. Tom Corbett's transportation proposal for the 2013-2014 fiscal year could have placed TAWC's local match essentially out of reach, leaving the authority in a place where cutting the fixed... -

Bucks invites comment on mental health, welfare programs

By James McGinnis Staff writer | Posted: Sunday, April 21, 2013 12:00 am

Officials in Bucks County said they are seeking public comment on a plan to fund mental health and social services programs next year.

Bucks will seek millions of dollars in state aid through a health and human services block grant for fiscal year 2013-2014. Residents are invited to comment on the programs and services that should be funded next year.

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Comments should be emailed to health and human services finance administrator Joanne Kozak at jmkozak@co.bucks.pa.us

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Bucks County Human Services looking for additional input on 2013-14 Block Grant - Deadline for submissions extended to Friday, May 3: http://www.buckscounty.org/news/2013/2013-04-19-BlockGrantComments.aspx

Bucks County Human Services Seeking Input for 2013-14 Block Grant Application www.buckscounty.org

Bucks County Health and Human Services is preparing to put together the 2013-2014 Human Service Block Grant. This will be the second year of the pilot program, which allocates a certain percentage of state funding to be

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Sandy Gay Baum

Shame on the Bucks County Sheriff's Department. This morni... about 2 months ago



Mitchell Davis

What a highly competent fine tuned government entity Buck... about 3 months ago



Sarah Paulsworth Huseynova

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Bucks County Health and Human Services is preparing to put

Bucks County Human Services Seeking Input for 2013-14 Block Grant Application

http://www.buckscounty.org/news/2013/2013-04-19-BlockGrantComments.aspx

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April 19

Bucks County Human Services asking for community input into the 2013-14 Block Grant:

<http://www.buckscounty.org/news/2013/2013-04-19-BlockGrantComments.aspx>

Bucks County Human Services Seeking Input for 2013-14 Block Grant Application

www.buckscounty.org

Bucks County Health and Human Services is preparing to put together the 2013-2014 Human Service Block Grant. This will be the second year of the pilot program, which allocates a certain percentage of state funding to be

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April 19

Bucks County Community and Business Development to hold evening workshop on April 23 for Latino Businesses:

<http://www.buckscounty.org/news/2013/2013-04-19-BusinessWorkshop.aspx>

County to Host April 23 Evening Workshop: "Starting & Expanding Your Latino-Owned Business"

www.buckscounty.org

On Tuesday, April 23, 2013, the County of Bucks Business Development Department, in conjunction with the Bucks County Commissioners, the Latino Leadership Alliance of Bucks County, and William Penn Bank, are

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Bucks County Govt

April 18

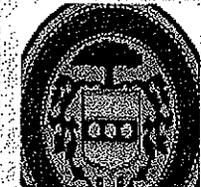
Bucks County Board of Elections will conduct a meeting at 2:30 p.m. on Tuesday, April 23, 2013. It will be at the BOE office, second floor, Bucks County Courthouse, Doylestown.

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Last Saturday's Buxco Medication Take Back event...

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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 2013-2014
Guidelines **only**- posted at the following website
www.buckscounty.org

Public input encouraged

Tuesday, May 7, 2013
2:30 – 4:30 PM
Meeting Room
Quakertown Branch Library
401 West Mill Street
Quakertown, PA 18951-1248

AND

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

For additional information please
email: jmkozak@co.bucks.pa.us
Or call: 215-340-8801 or 215-348-6201

From: Kozak, Joanne M.
Sent: Tuesday, May 14, 2013 11:45 AM
To: Harris, Victoria L.
Subject: FW: 2013-2014 block grant

From: Mahoney, Mary Beth
Sent: Thursday, April 25, 2013 6:40 PM
To: lc745@netzero.net
Cc: Kozak, Joanne M.
Subject: FW: 2013-2014 block grant

Anne,

Joanne Kozak passed on your email comments regarding the Block Grant to me. The waiver expansion funds in this year's budget (FY 12-13) were targeted to aging caregivers. It is my understanding that the funds currently in the budget for FY 13-14 do not have that language attached to them. That is not to say that ODP will not use the funds for families with aging caregivers. When the legislator restricts waiver funding to one particular group ODP has no flexibility as to how the funds are used. When there is no restrictive language, ODP is able to serve those on the Waiting List with greatest need, which I am sure will include many individuals with aging caregivers.

If you have further questions please let me know. Take Care, Mary Beth

From: lc745@netzero.net [lc745@netzero.net]
Sent: Tuesday, April 23, 2013 9:10 PM
To: Kozak, Joanne M.
Subject: RE: 2013-2014 block grant

thank you for taking the time to share this info...i was very disappointed, however, that the intellectually disabled section has nothing about helping the adult ID children of ageing parents. To my understanding, the Governor is perhaps setting aside monies for next year to minimize the needs of those on The Waiting List Campaign (transitioning youth AND AGEING CAREGIVERS).

Anne Henshaw OTR/L

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From: Kozak, Joanne M.
Sent: Tuesday, May 14, 2013 11:45 AM
To: Harris, Victoria L.
Subject: FW: 2013-2014 block grant

This goes with the other one I just sent.

From: lc745@netzero.net [mailto:lc745@netzero.net]
Sent: Tuesday, April 23, 2013 9:10 PM
To: Kozak, Joanne M.
Subject: RE: 2013-2014 block grant

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Anne Henshaw OTR/L

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----- Original Message -----

From: "Kozak, Joanne M." <jmkozak@co.bucks.pa.us>
To: "lc745@netzero.net" <lc745@netzero.net>
Cc: "Mahoney, Mary Beth" <mbmahoney@co.bucks.pa.us>
Subject: RE: 2013-2014 block grant
Date: Tue, 23 Apr 2013 18:53:52 -0400

Dear Ms. Henshaw - As indicated in my email from yesterday, we do not have a completed Block Grant Plan for 2013-2014. This afternoon Mary Beth Mahoney, MH/ID Administrator, provided me with their first draft of a narrative for their department. The other departments included in the Block Grant have not provided me with their first drafts as of today.

I am attaching the MH/ID draft in this email. Please note that the budget is not included. The Governor's final budget has not been approved as of this email and therefore we do not have the actual budget figures for any of the human service programs included in the Block Grant. Ms. Mahoney's staff is currently working on drafting a budget based on 12/13 allocations and year to date expenditures. This process however will take some additional time.

If you have any questions/comments as they pertain to the draft please do not hesitate ask.

We look forward to your input.

Joanne Kozak

From: lc745@netzero.net [lc745@netzero.net]
Sent: Tuesday, April 23, 2013 3:13 PM
To: Kozak, Joanne M.
Subject: 2013-2014 block grant

per the newspaper article seeking input on the above, i went to the County website and saw the 2012-2013 info, but couldnot find the 2013-2014 info. any ideas on where to find it? (i need to know about intellectual disabilities budget ideas/funding) thanx

Anne Henshaw OTR/L

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Obey this one natural trick to fall asleep and stay asleep all night.

<http://thirdpartyoffers.netzero.net/TGL3231/5176dd9a210365d99597est02vuc>

From: Kozak, Joanne M. [mailto:jmkozak@co.bucks.pa.us]
Sent: Tuesday, April 30, 2013 4:39 PM
To: 'dmdavis@lawyer.com'
Cc: drdavis1@comcast.net
Subject: RE: Grant questions

Hi Donnamarie,

Those are very thought provoking questions. I spoke briefly about your email to some of the MH/DP staff and what I have gathered from them at this point is that the services you describe below, although valuable, are not eligible for the funding that we receive from the State. Although we do not have the flexibility to include holistic programs as you describe, we do make the best effort at treating the whole person.

Here are just a few examples.

- We had a initiative start a few years back called Health Choices/Health Connections. That program integrated mental health services with physical health services. Although the pilot stopped a year or so ago we continue to fund that through Health Choices dollars.
- We also have a tobacco cessation program in place throughout the various base service units and other MH providers.
- We are addressing the issue of trauma in a person's life. Providers are being asked to develop strategic plans for advancing trauma informed treatment.
- We are employing more and more certified peer specialists so that they can work with individuals within their own community on a variety of issues that the consumer directs. That can be anything from educational goals to employment to wellness recovery action plans, etc.

So although we are not permitted to employ the modalities that you describe we are in the midst of working towards a recovery-oriented system which supports recovery and resiliency across all of our systems of care.

Thank you for your email,
Joanne

From: Donnamarie Davis, Esq. [mailto:dmdavis@lawyer.com]
Sent: Monday, April 29, 2013 10:26 PM
To: Kozak, Joanne M.
Cc: drdavis1@comcast.net
Subject: RE: Grant questions
Importance: High

Hi Joanne,

Vicky let me know that you needed some questions for your Grant, and I said I would send some. Hope these are helpful.

Question:

In the Grant there is much commentary concerning a **holistic approach** of "treating the whole person..". Will **holistic programs** be supported implemented in this Grant for special needs children and youth, special needs transition youth (including but not limited to autistic children, youth, and autistic transition youth), as well as the whole family- that have proven successful in the county (i.e. like audio therapy, color light therapy (patent pending), and natural nutrition counseling?) I ask this question because these programs are evidence based, with benchmarks and measurable outcomes which have proven successful in EVERY CASE, since 2010.

In some cases where parents were about to place their child in a residential facility and divorce, the family remained intact due to the stressors impeding coping being addressed, and the child progressed quickly and was mainstreamed; these cases have become the norm and are not the anomaly. Successes such as these save the County thousands of dollars in residential housing placement, and welfare costs due to the parents not divorcing and the mother not needing to apply for welfare programs. For these reasons, such programs like those provided by Peace Valley Holistic Center are credible and show much promise regarding children and youth, transition youth, and family driven family support services.

Which brings me to a second question:

Will holistic services like those mentioned above be implemented in a cross system collaboration?

Thank you for your hard work on this project!

Sincerely,
Donnamarie

Donnamarie Davis, ED
Peace Valley Holistic Center
224 Old Limekiln Road
Chalfont, PA 18914
www.peacevalleyholisticcenter.org

"If we could change ourselves, the tendencies in the world would also change. As a man changes his own nature, so does the attitude of the world change towards him. ... We need not wait to see what others do." ~ Gandhi

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The opinions expressed herein may not necessarily represent those of the County of Bucks.



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From: "Rosati, Diane W." <dwrosati@co.bucks.pa.us>
Subject: FW: Human Services Block Grant Comments on Behalf of Allen McQuarrie,
Date: May 3, 2013 2:49:07 PM EDT
To: Noni West <NWest@councilsepa.org>, "allenmcquarrie@mac.com" <allenmcquarrie@mac.com>
Cc: "Kozak, Joanne M." <jmkozak@co.bucks.pa.us>

Noni and Allen-

Thank you so much for your thoughtful comments regarding the Block Grant. The document that you referenced, the 2012-2013 Block Grant was, in fact, our first year's efforts in this project. Based on your comments, I would like to schedule a meeting to hear your input on these important topics. I hope we can set something up in the next few weeks. Please reply with a few dates that work for you – and I will be sure to fit it into my calendar.

To your point regarding Peer Support – that is a service that would not be offered directly by the Commission. It is likely that another organization would be contracted for the service. Our system goal is to provide peer support services throughout the county, including embedded in our treatment centers.

Regarding Affordable Care – We understand that there will be an increase in insured individuals, and if Medicaid Expansion occurs, that will allow for additional folks on Medicaid. Just how many residents will remain uninsured is a question at this point. Our board is being further educated in ROSC and sustaining long term recovery to maximize our funds.

Can you say more about the HealthCare Enrollment question? Thank you.
Diane

From: Kozak, Joanne M.
Sent: Tuesday, April 30, 2013 7:29 PM
To: Rosati, Diane W.
Subject: FW: Human Services Block Grant Comments on Behalf of Allen McQuarrie,

From: Noni West [NWest@councilsepa.org]
Sent: Tuesday, April 30, 2013 5:00 PM
To: Kozak, Joanne M.
Cc: allenmcquarrie@mac.com
Subject: Human Services Block Grant Comments on Behalf of Allen McQuarrie,

President, Bucks County PRO-ACT Chapter
Chair PRO-ACT Veterans Committee
Chair PRO-ACT Public Policy

**Human Services Block Grant
FY' 13
Drug and Alcohol Services**

We have reviewed the Human Services Block Grant Plan FY 2012 – 2013 and applaud the request for the ACT 152 waiver for the Block Grants Act 152 to fund and supplement:

- Treatment
- Recovery Support Housing and a Certified Recovery Specialist
- Medication Assisted Recovery

Our questions are in three areas:

- Certified Recovery Specialist
- Impact of the Affordable Care Act in 2014
- Health Reform Enrollment

Certified Recovery Specialist

Does funding for this position directly affect PRO-ACT or is this a position that will be filled at the Commission or another organization? We see there is a caseload of 15 individuals. Is there a target population for this position and how will the position interact with other systems in the County?

Affordable Care Act

The Affordable Care Act goes into effect on January 1, 2014. Treatment for alcohol and drug addiction is an Essential Health Benefit. This means that many more people will be covered for treatment than have been covered before. Should the Commonwealth opt for Medicaid Expansion or a form of the Expansion this will be true for many more people as well.

Can the Commissions treatment budgets be repurposed to recovery support services which will work to sustain long term recovery and make maximum the end result of health care dollars spent on treatment?

However budgets are reallocated we would hope that there would be collaboration among all the service sectors in the drug and alcohol arena.

Healthcare Enrollment

How is the county going to address enrollment in the Healthcare Reform system.

Noni West

PRO-ACT Family Education & Public Policy Program Specialist
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2013-2014 Executive Summary

Bucks County Human Services Block Grant

Bucks County Health and Human Service Departments are working on their Block Grant Plans for 2013-2014. This is the second year of the pilot. In 2012 PA Act 80 was created establishing a Human Service Block Grant. The purpose of allocating funds to County governments is to provide locally identified county based human services that will meet the service needs of county residents. The plan meets the guidelines set forth by the Pennsylvania Department of Public Welfare (DPW) in which we the county must describe how services and funding will be allocated to Bucks County's human services including: Mental Health (MH) Community Base Funds, Behavioral Health Services Initiatives (BHSI – MH and D&A), Intellectual Disabilities (ID) Community Base Funds, Child Welfare Special Grants, Drug and Alcohol (D&A) Act 152 funds, Homeless Assistance Program (HAP) funding and Human Services Development Funds (HSDF). DPW has required that each county participating in the Block Grant have a minimum expenditure level for the services listed above. That minimum in Fiscal Year (FY) 2013-2014 is 75% of their allocation.

The State has asked us to create our plan using the same budget allocations as last year (2012-2013). At this time the Governor's budget has not been passed and therefore we do not know the exact allocation for 2013-2014. However, an estimate released 5/1/13 by the state's Independent Fiscal Office shows a \$520 million shortfall between projected general fund revenues and Gov. Tom Corbett's proposed budget through the end of the next fiscal year.

Today we are looking to the public to provide us with their feedback based on the guidelines that DPW has provided for 2013-2014. The guidelines provided are what we must follow in creating our plan. As you will see, the information in the following pages briefly touches on many areas included in the guidelines. This is the beginning framework of a comprehensive plan. We encourage all community feedback and will incorporate the input we receive, as we are able, in accordance with the guidelines.

Mental Health

Within the past year Bucks County Mental Health (MH) has focused on improving individuals' access to behavioral health services and quality improvement in service delivery. The County has seen an increase in the number of individuals that are finding the need to utilize services and are directing mental health efforts to ensure timely access to services and affording individuals the appropriate level of care. There has been a focus on decreasing the reliance on longer-term treatment options such as Residential Treatment Facilities (RTF) and Norristown State Hospital (NSH).

The initiatives below are Bucks County Mental Health's effort to improve access and enhance quality of service delivery.

- *Crisis*: The intention/plan is to move from a predominantly hospital-based service to one that is mobile. It is anticipated that mobile crisis services will be operational by mid to late 2013. The second phase would be to add Crisis Residential service. Crisis Residential is a voluntary, non-locked 10 bed program that will focus on stabilization and inpatient diversion. It is anticipated that this program will be operational in mid to late 2014.
- *Crisis Intervention Team (CIT)*: 240 officers, which is a total of 52% of all law enforcement in Bucks County, have attended the six hour CIT introductory training. There are a total of 167 officers (30% of law enforcement) that have participated in the 40-hour CIT class. The Task Force is currently focusing on offering CIT-Youth (CIT-Y) trainings to officers that have attended the 40 hour class. CIT-Y is a

training designated to focus on adolescents. Another training designed for dispatchers will be offered in 2013.

- *Bucks County Correctional Facility (BCCF) Training Initiative:* Bucks County MH/DP, BCCF, Lenape Valley Foundation, and Penn Foundation have collaborated and developed training for BCCF Correctional Officers. The training is an overview of mental health disorders, co-occurring disorders and intellectual disabilities.
- *Outpatient (OP) Initiative:* To improve the quality of OP services in Bucks County key areas that were identified as critical elements of quality OP service were enhanced, including: initial access; access to psychiatric services; staff competencies and supervision.
Special Initiatives under OP services include: Peer Support; Tobacco Cessation and Trauma Informed Treatment. These special initiatives are supported under Health Choices and therefore included as a part of the overall behavioral health system.
- *Case Management Transformation Initiative (CMTI):* Bucks County continues to outline quality standards and guidelines for providing case management services to individuals in Bucks County. The CMTI is a collaborative effort of the 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. CMTI goals for 2013 have been established and are designed to enhance the work currently being done and elevate case managers' skills.
- *Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) Outreach Access Recovery (SOAR):* This is a national project funded by the Substance Abuse and Mental Health Services Administration that is designed to increase access to SSI/SSDI for eligible adults who are homeless or at risk of homelessness and have a mental illness and/or a co-occurring substance use disorder. In November 2012 a two-day training was held to train agency staff in completing the SOAR application process. Staff representing MH, D&A and criminal justice was present at the training. Outcomes data is being collected by a statewide system developed specifically for SOAR by Substance Abuse Mental Health Services Administration (SAMHSA).
- *Employment:* The Bucks County Department of MH/DP has continued its efforts in 2012-2013 to "Make Work Everybody's Business." With the increased focus on employment, Bucks County MH is reporting a 30% increase over FY 11/12 in referrals for supported employment to date in FY 12/13. In an effort to further advance the knowledge and belief that employment is possible for those who desire it, the workgroup is planning to hold events and/or employment related trainings at the behavioral health agencies.
- *Peer Support:* Efforts continue to bring peer support to the community behavioral health system in Bucks County. As of April 2013, 70 peers have been certified in the County. Twelve behavioral health agencies are currently employing peers. Eighteen peers are working part-time, and eighteen are working full time. Twenty-eight supervisors were certified or recertified. Across the County, 87% of recipients of peer services reported that their lives were at least a little bit better because of the peer support services that they received, and 92% said that they would recommend peer services to others who had mental health or drug and alcohol challenges.
- *Extended Acute Care (EAC):* The four suburban counties, along with their managed care organizations, are in the process of developing a 15-bed hospital based program for those individuals who are not responding to traditional acute inpatient treatment and need 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.
- *Children's Services:* Access Services has partnered with the Behavioral Health System to provide the Transition to Independence Process (TIP) 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. 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.
- *Stakeholder Involvement:* The Community Support Program (CSP) is providing consumers, family members and providers a voice into county planning for behavioral health services. These principles espouse that services are person centered, empowering, offer choice, and focus on strengths. In an effort to refocus system stakeholders on the critically important values and principles of CSP, Bucks County MH/DP is collaborating with a provider to take a leadership role in the facilitation/organization of the county-wide Community Support Program activities. This person will have the role of supporting agency CSP committees throughout the county and eliciting input from Bucks County stakeholders that support system transformation initiatives. The agency CSP committees will convene on a regular basis as part of a larger County CSP Committee in order to provide input into the county's planning processes, service expansion and delivery.
- Total MH estimated funding under Base Funds and BHSI is 16,377,683 as allocated in FY 2012-2013.

Intellectual Disabilities

- The County is working to ensure all individuals currently receiving services through base funding maintain their existing services. At this time we are not able to provide new/expanded services under Base funding.
- It is necessary to maintain use of the waiver administrative funds contained in the Block Grant in order to support the appropriate level of staffing to do so.
- Intellectual Disabilities (ID) Services Department has utilized quality management for nearly two decades. They have partnered with key stakeholders (self-advocates, advocacy organizations, providers and SCO's) to champion the use of quality management within the local system through training, demonstration projects, and by providing technical assistance.
- There are two initiatives promoted by the Office of Developmental Programs (ODP): Supported Employment and Lifesharing Options.
 - *Supported Employment:* Bucks County MH/DP is dedicated to supporting individuals in their desire to become competitively employed in their own communities. We strive to ensure employment is the forefront of planning with individuals, families, Supports Coordinators, school systems and providers working with transition age youth and adults. The Administrative Entity (AE) staff collaborates with the Mental Health Program staff on a number of employment and transition related activities. The AE staff also work collaboratively with the Office of Vocational Rehabilitation (OVR) and have developed processes to ensure employment is an option for all individuals.
 - *Lifesharing:* 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. We have seen a growth in this service, especially over the past two years, mainly from individuals and their families who have received home-based supports.
- Total estimated funding under ID Base Funds is \$7,315,818 as allocated in FY 2012-2013.

Drug and Alcohol Services

- 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. It is recognized that all pathways can lead to recovery, including the use of medication assisted treatment

- BCDAC, Inc. has undergone an extensive planning process, including a recently completed Needs Assessment in 2012 and maintains a corporate Strategic Plan, 2010-2013. 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.
- The drug and alcohol system is committed to moving toward a Recovery Oriented System of Care (ROSC)
- Based on local data collection, we note a 17% increase in drug and alcohol assessments, as well as a 15% increase in Medication Assisted Treatment services over the past year.
- As a result of the 2012-2013 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.
- Peer support services are a key recovery component
- One obstacle in substance abuse recovery is affordable, sober housing
- Total D&A estimated funding under BHSI and Act 152 is 1,085,732 as allocated in 2012-2013.

Human Services Development Funds (HSDF)

- HSDF was created so that counties could have some flexibility in filling gaps in services that were either not funded or under-funded in county based human services. This funding is required to be spent on persons 18 years to 60 years. We are currently supporting 14 agencies with a funding pool of \$410,937. HSDF services fall under an array of categories including: counseling, housing services, aging services, drug and alcohol services and employment services for those with special needs. HSDF funding also allows for an Interagency Specialist.

Homeless Assistance Programs (HAP)

- Under the HAP allocation in the Block Grant there are three separate services. Bucks County's Children & Youth Agency has a contract for a program referred to as Bridge Housing whereby their clients are receiving housing assistance in an attempt to prevent children coming into the foster care system. The other two programs that are funded by a contract through the Human Services Department is case management and rental assistance for those facing homelessness or who are homeless. All of these programs are intended to include those who are temporarily homeless as well as those with chronic issues that may exacerbate their homelessness.
- Housing is a cross systems concern so those issues will be addressed in other categorical plans as well.
- Total estimated funding for HAP is \$409,556 as allocated in FY 2012-2013.

Children and Youth Special Grants

- The bulk of C&Y's and JPO's budget and services falls under their Needs Based Plan Budget (NBPB). The Block Grant includes only Special Grant Initiatives. This funding allows C&Y and JPO to develop evidence and outcome based in home services for those children and families involved with C&Y and JPO. Multi-Systemic Therapy (MST), Alternatives to Truancy, Family Group Decision Making (FGDM), High Fidelity Wrap Around (Hi-Fi) are each intensive in-home services designed to maintain family integrity in the community and prevent a child coming into foster care or juvenile detention. Family Development Credentialing (FDC) is a training curriculum for paraprofessionals or new C&Y workers to develop and enhance family engagement skills for individuals who work directly with families in the community. Under Special Grant Initiatives there is also funding for housing assistance.
- Total estimated funding for Special Grants is 868,559 as allocated in FY 2012-2013.