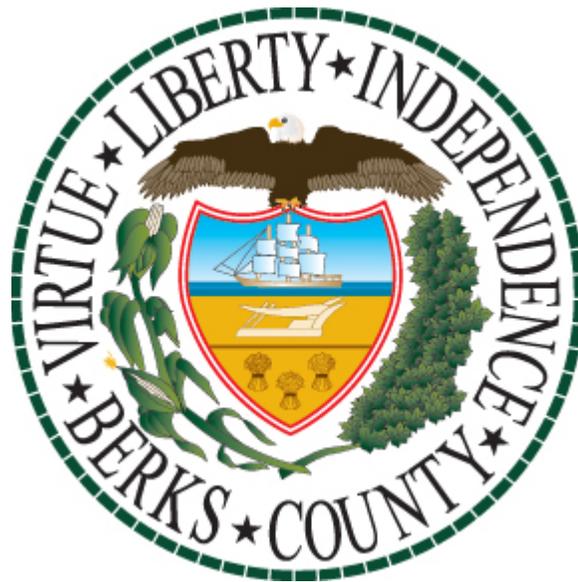


# Berks County Human Services Plan 2016-2017



Christian Y. Leinbach, Commissioner Chair

Kevin S. Barnhardt, Commissioner

Mark C. Scott, Esq., Commissioner

APPENDIX A

Fiscal Year 2016-2017

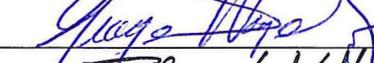
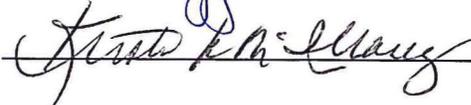
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF BERKS

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures	Printed Name	Date
	Christian Y. Leinbach	6/9/2016
	Kevin S. Barnhardt	6/9/2016
<u>Not Present at meeting</u> Mark C. Scott, Esq., Commissioner		
	Dr. Edward B. Michalik	6/14/16
	George J. Vogel	6-15-16
	Robert N. Williams	6/15/16
Attest: 	Maryjo Gibson	
	Krista K. McIlhaney	6/20/16

## **Appendix B**

### **County Human Services Plan Template**

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

#### **PART I: COUNTY PLANNING PROCESS**

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds. Counties should clearly identify:

In consultation with the Board of Commissioners, the following Department Heads have been involved in the appointment of the Planning Team: Krista K. McIlhane (CYS), Dr. Edward B. Michalik (MH/DD/AAA), George J. Vogel Jr. (Single County Authority-Berks SCA) and Robert N. Williams (JPO). Dr. Michalik was appointed as the lead for the Block Grant Plan under the direction of the Board of Commissioners.

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

1. Critical stakeholder groups including individuals and their families, consumer groups, providers of human services, and partners from other systems;

Individuals receiving services as well as providers of service were invited to the two public meetings on June 9, 2016 and June 22, 2016 and given the opportunity to submit comments verbally at those public meetings or in writing. Notices were sent to the email distribution lists of CASSP, MH/DD Advisory Board, MH/DD Providers, CSP, JPO In-Home Providers, CYS Advisory Board, CYS In-Home and Placement Providers, and Foster Parents, and Aging Advisory Council as well as HAP and HSDF Providers. Please view sign-in sheets for a listing of stakeholders that attended these public forums. 88 individuals attended these meeting in June of 2016.

2. How these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement;

In addition to these two Public meetings, the following meetings are held throughout the year and open to the Public to solicit continuous feedback regarding the Human Services needs throughout the County:

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

**CYS-Advisory Board Meetings (monthly), In-Home and Foster Care Provider Meetings (quarterly), Court/CYS Committee (includes Judges, Parent Attorneys, and Guardians).**

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

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

3. How the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. **For those counties participating in the County Human Services Block Grant, funding can be shifted between categorical areas based on the determination of local need and within the parameters established for the Block Grant;**

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

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

The funding priority for the new fiscal year will focus on providing funding for the forensic population and infusing services for infants born to opioid addicted mothers.

4. Substantial programmatic and/or funding changes being made as a result of last year's outcomes.

Unspent Mental Health funds, from 15-16, in the amount of \$70,000 was given to the SCA to implement Recovery Support Services. The total number of individuals that will benefit from that service is 70.

Block Grant funds were expended in the HAP Program for programmatic expansion at a Transitional Housing site specifically for runaway and homeless youth. This was done in collaboration with The Berks Coalition to End Homelessness (BCEH) who is in the process of applying for a competitive grant to address this population.

5. Representation from all counties if participants of a Local Collaborative Arrangement (LCA).

N/A

## **PART II: PUBLIC HEARING NOTICE**

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

Please provide the following:

1. Proof of publication;
  - a. Actual newspaper ad
  - b. Date of publication
2. A summary and/or sign-in sheet of each public hearing. (This is required whether or not there is public attendance at the hearing)

On June 9, 2016, a public meeting was held by the County Commissioners regarding the Human Services Block Grant. There were 20 participants.

On June 22, 2016, a public meeting was held by the Berks County Human Services Departments. There were 68 participants.

**NOTE:** The public hearing notice for counties participating in local collaborative arrangements (LCA) should be made known to residents of both counties.

N/A

## **PART III: MINIMUM EXPENDITURE LEVEL**

**(Applicable only to Block Grant Counties)**

For FY 2016/17, there is no minimum expenditure level requirement; however, no categorical area may be completely eliminated. Please see the Fiscal Year 2016/17 County Human Services Plan Guidelines Bulletin for additional information.

## **PART IV: HUMAN SERVICES NARRATIVE**

### **MENTAL HEALTH SERVICES**

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

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

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 2015-2016.

Berks County has a continuum of behavioral health services and supports available to consumers. Protocols have been established to ensure quality assurance measures are implemented for these services, and these quality assurance measures yield data driven analyses, and ultimately, afford the opportunity to identify gaps in resources and/or programming, in efforts to augment and enhance programming and supports for consumers within the community. The narrative for each support and/or level of care identified below contains current practices and activities that are occurring related to programmatic enhancements. Additionally, other activities and initiatives have further enhanced the service system within Berks County during Fiscal Year 2015-2016, and they are outlined below as well.

### **CCRI POMS (Consolidated Community Reporting Initiative)**

The objective of the Consolidated Community Reporting Initiative (CCRI) is to build the statewide data infrastructure necessary to report consumer-level service utilization and outcome information on persons receiving County base-funded mental health services. CCRI reporting involves key elements: HCSIS clearance for recipients of county base funding, enrollment of providers delivering base funded services, and the subsequent reporting of encounters/services that base funded consumers receive. Progress has been made to gain compliance with required CCRI reporting. State PRV 416 reports have been analyzed in conjunction with Berks County provider contracts to assure all contracted mental health providers delivering base funded services are properly registered. Telephone conference calls have been occurring with OMHSAS related to specific provider scenarios that require clarification. Currently, Berks is close to having all providers properly registered so as to have consumer encounter data reported to OMHSAS. Systems have been implemented internally to ensure that consumers obtain HCSIS clearances that are known recipients of base funding. Collaboration plans are being developed to work with the few providers who serve consumers not open with the Base Service Unit to ensure that they are registered, if registration is required, as some services can be reported anonymously, such as SAP. An electronic software vendor submits encounters entered within the system to the state automatically. Efforts for Fiscal Year 16-17 will be made to ensure that all base encounters are entered and the system is configured to permit this to successfully occur. Outreach and education efforts have been made to inform providers about the requirements of this initiative, and contractual documents have been updated to reflect CCRI reporting and data sharing as a requirement.

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

Crisis Intervention Services are available to consumers twenty-four hours daily, three hundred sixty-five days annually. Crisis services are designed to diffuse emergent mental health related needs of individuals, while simultaneously serving as a diversion to hospitalization and emergency room usage. Additionally, Crisis Interventions are deeded and certified. They link consumers to resources and treatment opportunities available within the community.

Crisis Intervention and Emergency Services collects outcomes data regarding crisis calls, services offered to individuals, and the rate at which each service is offered. In addition to overall consumer satisfaction with Crisis Intervention services, the engagement between the Crisis Interventionist and Targeted Case Management (TCM), if applicable, is monitored to ensure continuity of care and effective communication between both levels of consumer care/support. Recent survey results regarding overall consumer satisfaction have indicated that approximately 89% of persons/family members surveyed identified their level of satisfaction as either Very Satisfied or Satisfied. The Crisis Intervention Department records the reported reason for each crisis call received, as well as the assessed reason for each call, as determined by Crisis Interventionists. Non-hospital referrals and dispositions are also tracked to permit further data analyses. Individuals, who are voluntarily or involuntarily

assessed, undergo further examination, and likewise, those who are subsequently discharged receive follow up from Crisis Intervention, 100% of the time, provided there is viable contact information for the consumer.

Crisis Interventionists share information obtained during Crisis contacts with Case Management staff, as applicable. To determine engagement efforts of Crisis Interventionists, all Crisis contacts with persons who were active with TCM Services at the time of the contact were reviewed. Data regarding engagement with the TCM indicated that Crisis Intervention staff engaged TCM staff consistently, where applicable. The average engagement of TCM staff is 100%. Since the beginning of Fiscal Year 15-16 (07/01/15-04/30/16), the Crisis Department has averaged 1090 contacts per month, as well as on average, 40 voluntary and 39 involuntary hospital admissions per month.

Crisis also does outreach to law enforcement, schools, and other community partners on a regular basis to develop working relationships, provide education about the role of the Crisis Interventionist, and to distribute contact information for the Crisis team. This increased level of outreach has resulted in an increase in communication with law enforcement, which has allowed the Crisis Interventionists to be able to offer appropriate resources in an effective manner, thus benefiting consumers utilizing the service, as well as community partners referring to the service.

Lastly, the provider of Crisis Intervention Services for Berks County maintains accreditation with the American Association of Suicidology (AAS). The Crisis Centers Division of AAS supports the work of Crisis Centers and hotlines through training, accreditation, and certification. The primary goal of AAS is to understand and prevent suicide, and it was founded in 1968 by Edwin Shneidman, PhD.

### **Targeted Case Management (TCM)**

Targeted Case Management (TCM) is a service that establishes a partnership with the consumer and/or his/her parent(s)/guardian(s), offering respect, support, and collaboration, and is designed to result in trust and hope. Case management in Berks County is available to children as well as adults. It is a voluntary service and is intended to offer individualized, comprehensive, and holistic service planning in various domains of the consumer's life. TCM services focus on the consumer's strengths, abilities, needs, preferences, and interests. Specific and measurable personal goals and outcomes are the objective of all activity with case management services that are identified and defined by the consumer. The service is future and goal-oriented, based on strengths, and focuses on self-sufficiency and independence. Linkage to community based resources, supports, and community providers are completed as needed with the consumers based on their needs and goals. Emphasis on addressing basic physical needs and supports are also provided to the consumer, in order to provide a more stable, safe and healthy community life.

TCM case managers provide skill development and training services, as necessary, to enable the consumer to perform their daily living activities. They also help to prevent or manage crisis situations by coordinating and/or assisting with crisis intervention and stabilization services, including the provision of on-call services. They assist with connecting consumers to desired services such as education, recreation/leisure activities, as well as to personal supports in the community. TCM case managers help in the advocacy of the consumer while also helping to empower them to assume responsibility and control over their choices and subsequent consequences of those choices by providing information and education. The case manager can also help to establish collaborative working relationships with other service providers and support organizations. Case managers monitor the necessity, effectiveness and appropriateness of those services and supports while also assessing the consumer's satisfaction. Services are provided to a consumer in the least restrictive setting while also adjusting their intensity and frequency of services according to the needs of the consumer.

Case management providers in Berks have individual quality improvement mechanisms. Specifically, one agency's Targeted Case Management (TCM) Services in FY 2014-2015 identified measureable outcomes for TCM in the following quality domains: Effectiveness, Efficiency, and Satisfaction. This provider maintains accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF), which establishes consumer focused standards to assist organizations measure and improve the quality of their programming and services. Effectiveness was measured via data collection of the number of psychiatric inpatient hospitalizations, with the goal of 85% of consumers maintaining community tenure. Timely completion of the service plan (within thirty days of case assignment) was the indicator of success for the measure of Efficiency, and a goal of timely submission of service plans of 100% was established. Consumer satisfaction of TCM was defined successful if a minimum of 90% of consumers receiving the service reported satisfaction. Overall analyses and data collection efforts focused on measuring the achievement of excellence in service provision to persons served, families, and other stakeholders.

TCM data for this provider regarding the quality domains outlined above is collected through surveys, internal tracking databases, compliance monitoring, and via calls received via the SAM, Inc. Help/Complaint Line. Results indicate TCM met the goal for Effectiveness 98% of the time, as only 2% of consumers had Inpatient admissions during this past fiscal year. The desired outcome of Service Plan completion within 30 days of case assignment 100% of the time was met 93% of the time. In the area of Satisfaction, results indicated approximately 97% of persons/family members surveyed identified their level of satisfaction as either Very Satisfied or Satisfied. Approximately 2% of respondents were undecided regarding their level of satisfaction, while 1% expressed some level of dissatisfaction.

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

The Department of Human Services established CHIPP in the Commonwealth in 1991-1992, and the program was designed to provide increased community support services for individuals with a long-term history of hospitalization or otherwise complex social service system needs. Primary goals of the program include offering individuals: opportunities for growth, recovery, and inclusion in the community.

The hallmark of the Berks County CHIPP model is "choice" of the individual receiving services. Three (3) contracted provider agencies serve CHIPP consumers. During the Fiscal Year 2014-2015, forty-six persons (46) were served through CHIPP.

Goals for collecting outcomes data for Berks County CHIPP consumers include ensuring a satisfactory quality of life, effectiveness of support services, and the quality of individual support services received by participants. The OMHSAS CHIPP Replacement Protocol identifies the parameters for identifying and selecting candidates to fill available CHIPP slots. Data was collected through interviews with thirty-four (34) CHIPP consumers in Fiscal Year 2014-2015 and completed by members of the Berks County Consumer Family Satisfaction Team (CFST). Members of the CFST complete the surveys face-to-face with consumers or they are conducted by telephone, based on the consumer's level of comfort.

Over 97% of CHIPP consumers surveyed in Fiscal Year 2014-2015 reported satisfaction with supports provided to them to manage daily living activities and medical needs. Approximately 97% of CHIPP consumers in Fiscal Year 2014-2015 indicated they received information about their specific mental health issues and medications and also reported comfort in seeking assistance from CHIPP staff regarding the aforementioned. Finally, in Fiscal Year 2014-2015, 100% of respondents reported believing they could recover and felt supported by CHIPP staff in reaching their personal goals.

## **Housing**

Housing Assistance in Berks County is a Tenant Based Rental Assistance (TBRA) program. The plan began operating in Fiscal Year '08/'09 as a reinvestment project of the HealthChoices Program and provides TBRA and supportive housing services to persons with Serious, Persistent Mental Illness and/or Substance Abuse diagnoses. The goal of the Berks County Mental Health/Developmental Disabilities (MHDD) / HealthChoices Housing Plan is that "at least 75% of the individuals/families receiving rental assistance will be able to successfully maintain safe, decent, and affordable housing, both during and following, the period of rental assistance provided by the program." For Fiscal Year '15/'16, the Housing Plan has maintained an overall 65% successful discharge percentage rate, with the latest quarter stats (01/2016 – 03/2016), documenting a 72% successful discharge rate. The overall rate of 65% represents a 5% increase in successful discharge rate from Fiscal Year '14/'15. A Landlord Survey was conducted during Fiscal Year '15/'16, which showed an overwhelming positive rating by landlords for the program. The Housing Plan process continues to operate with four (4) open enrollment periods annually, and this continues to be a very effective and efficient way to manage the program. Emergency applications are accepted at any time, with defined and established parameters for all such applications. Pertinent documents, including the program Instruction Sheet, Brochure, PREP Training document and engagement letters have all been translated into Spanish within Fiscal Year '15/'16. It is anticipated the LL/Tenant Rental Assistance Contract & Lease Addendum will also be translated into Spanish during Fiscal Year '16/'17.

## **Outpatient, Partial Hospitalization Programming (PHP). & Family Based Mental Health (FBMH) services**

Behavioral Health services, including Outpatient, Partial Hospitalization, and Family Based Mental Health services are available for county base funded consumers within Berks County. Outpatient programming, including individual, family, and group therapy, as well as psychiatric and psychological services, is offered through a contracted provider network for county base dollar funding, and additionally, by private practitioners and private practices also. PHP is accessible to adults and youth. Youth PHP is provided based on varying levels of acuity and offers an alternative to youth at risk for inpatient psychiatric hospitalization due to difficulty functioning in school, at home and in the community or as a step-down service after inpatient care. Services include psychiatric evaluations, substance abuse screening, tutoring, medication monitoring, behavior modification, case management and individual, group and family therapy. Adult partial programming serves as an opportunity for consumers who have been hospitalized to re-enter and adjust to community living and also serves as an alternative to hospitalization for people experiencing a crisis. Treatment modalities include group therapy and medication management with a psychiatrist and psychiatric nurse. FBMH services are offered by three providers in the community and are provided in the home and community by a treatment team. Family Based is intensive, with a typical authorization period lasting as long as eight months. Family Based therapists are available 24 hours a day, seven days a week to aid in crisis intervention and behavioral stabilization. Furthermore, Family Based Services focus on the entire family, not just an identified child. Services are geared toward children and adolescents up to age 21 who are at risk for out-of-home placement due to a severe emotional and/or behavioral disorder or severe mental illness. Family Based teams assist families by coordinating resources for successful solutions and management of presenting treatment issues.

Collecting outcomes data for the subcontracted Outpatient, PHP, and FBMH service providers ensures the provision of quality base-funded services within the provider network and safeguards the complement of providers is sufficient in meeting the needs of the base-funded consumer population. Data is collected based on self-reporting by providers, and the scope of monitoring includes: sufficient staff and size for the program/service, culturally and ethnically diverse consideration, cultural competence, timely access to service and demonstration of appropriate clinical judgment, demonstration of cooperative community relationships,

information sharing on service availability, clinical records maintenance, conflict resolution processes, and referral/transition planning. Additional data collected includes the number of base funded consumers present in each identified program/service on a quarterly basis. There is consistent fluctuation in the number of consumers participating in base-funded outpatient services, with the most significant decrease in the use of base funds occurring after the completion of a psychiatric evaluation.

Fiscal Year 15-16 data to date is as follows:

- Nine (9) Outpatient providers averaged 22 assessments per provider for base funded consumers with a lapse of four (4) days from the initial assessment to the first appointment. An average of eleven (11) consumers continued treatment after the initial assessment and only two (2) per provider continued after the Psychiatric evaluation.
- Four PHP providers averaged two (2) base funded consumers per quarter, with an average of five (5) consumers transitioning to outpatient providers from PHP. Three total consumers across providers came to PHP from an Inpatient unit.
- Once (1) child received Family Based Services across the three (3) providers in the base network and base funding was required for eight (8) days prior to obtaining Medical Assistance.

### **Vocational/Employment Services**

Berks County offers supportive services to consumers with seeking and maintaining employment and the acquisition of vocational skills. The goal of collecting employment and vocational rehabilitation outcomes data is to determine the average number of participants involved in the service, their frequency of participation in team meetings, and the rate of transition to competitive employment and/or education programs. Data is collected based on self-reporting by providers in areas including number of referrals received and subsequent numbers of employment placements, as well as required adherence to guidelines set forth in the established Performance Standards Monitoring processes for contracted providers. Results combined across three providers for three quarters of Fiscal Year 2015-2016 indicated an average of 60 participants involved per quarter and an average of 18 program participants obtaining competitive employment per quarter. Team meetings are held consistently each quarter and were well attended by program participants and additional team members.

### **Psychiatric Rehabilitation**

The Mosaic House Clubhouse is a psychiatric rehabilitation service for people experiencing mental health challenges. Consumers are offered opportunities for self-help, and taking charge of their lives, through jobs, education, and socialization. Mosaic House is organized into work units managed by the members who take responsibility for the daily operation of the clubhouse. Mosaic House units include Administration, Food Services, and Education and Employment. Working in the units allows members not only to develop job skills, but to perform real work valued by the Mosaic House Community. Members regain a sense of self-worth and find they are needed, wanted, and valued. The Clubhouse arranges for members to obtain transitional employment placement for up to a nine month period, after which, another member fills the position. The clubhouse supports people engaged in Competitive Employment as well as post-secondary education.

Mosaic House continues to maintain accreditation from Clubhouse International, formerly the International Center for Clubhouse Development (ICCD), as well as a Psychiatric Rehabilitation license from the Office of Mental Health and Substance Abuse Services (OMHSAS). So far during Fiscal Year '15-'16, the Clubhouse has had 52 admissions and an average daily attendance of 39 consumers. Mosaic House has increased the Transitional Employment (TE) opportunities sites available from two to five during this period and eleven members have held

a TE position. In addition, nine members have secured independent employment, five supported employment and twenty have participated in volunteer opportunities organized and supported by the clubhouse.

### **Student Assistance Program**

The Commonwealth of Pennsylvania's Student Assistance Program (SAP), which is administered by the PA Department of Education's Division of School Options and Safety in partnership with the PA Department of Health's Bureau of Drug and Alcohol Programs and the PA Department of Human Service's Office of Mental Health and Substance Abuse Services, is designed to assist school personnel in identifying issues including alcohol, tobacco, other drugs, and mental health issues which pose a barrier to a student's success. The primary goal of the Student Assistance Program (SAP) is to help students overcome these barriers in order that they may achieve, remain in school, and advance. Outcomes for the Student Assistance Program include the number of students that were linked to a treatment service, such as Outpatient services. There have been a total of 857 assessments at the end of quarter 3 for the '15/'16 Fiscal Year. For Fiscal Year '15-'16, about 84% or 721 students, who received a SAP assessment, were admitted to at least one of the intervention or treatment options. The total number of those opting out of further services was 63. Student and parent refusal was the primary reason for no additional services.

### **Social Rehabilitation**

Circle of Friends (COF) provides mental health consumers with educational, recreational, and socialization opportunities, as well as offers assistance to MH consumers in accessing basic services. Outcomes for Social Rehabilitation through COF, in terms of provision of opportunities, are measured through the results of an annual member survey administered to attending consumers, the number of activities/field trip opportunities, and the number of consumers participating in each activity. Outcomes for this program regarding the provision of assistance in accessing basic services are measured by the number of contact/meetings case management staff engages with consumers at COF, as well as data from the annual member survey. COF outcomes demonstrate service reauthorizations for 186 consumers for Fiscal Year 2015-2016 (to date) down from 216 for Fiscal Year 2014-2015 (total year). Year to date for FY '15-'16, 28,886 hours of consumer services have been provided. The 2015 Member Survey reports that 49% of consumers attend the center on a daily basis, and 25% of attendees spend a full day at the Circle of Friends. In addition, 88% of consumers reported being better able to manage daily challenges, with 91% able to speak to staff and be heard, 95% feeling safe and welcomed, and 90% stating that staff members have been able to help with resources and contact information. Outcomes also demonstrate that consumers are participating in opportunities and activities, and that such participation has increased within the last year. All of the consumers surveyed have participated in the center's socialization and recreational activities, which included watching TV/movies (65%), playing bingo (74%), playing games (17%), participation in pool tournaments (36%), and computer usage (36%).

Additional outcomes obtained from the Consumer Action Committee (CAC) demonstrate an average of 8-10 consumers participated in planning activities, as well as assisted with decorating the facility, and aided with the clarification of center regulations. On average, 49 documented meetings are held at the center between consumers and case managers on a monthly basis.

### **b) Strengths and Needs:**

Please identify the strengths and needs for the following target populations served by the behavioral health system:

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

- **Strengths:** MH/DD and AAA are under the leadership of one department head. Representatives from the Berks County MH/DD Program, Administrative Entity and Area Agency on Aging (AAA) continue to meet as well as having staff responding jointly to older individuals with MH or DD needs in the community. MH/DD and Aging representatives also participate in area meetings for the LINK. Joint trainings for DD and Aging staff are taking place with cross training of job responsibilities to increase awareness of what each department can offer the people we serve. In addition to these trainings we have asked the Health Care Quality Unit (HCQU) to provide on-going trainings for all staff and a HCQU staff person to be involved in several of the quarterly administrative meetings to help develop additional trainings. Berks County providers also have 10 of 36 currently employed certified peer specialists trained to work with older adults.
- **Needs:** We continue to face concerns regarding individuals with dementia in the community, nursing homes, personal care homes and the Berks County Jail System (BCJS) as appropriate placement is difficult to find. Older adults with chronic physical health needs currently in the state hospital also have limited opportunities when it is appropriate for them to transition back to the community.

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

- **Strengths:** In addition to Inpatient, Partial Hospitalization, Outpatient, Case Management, Site Based and Mobile Rehabilitation, CRR, Social Rehabilitation, ACT, telepsychiatry, IOP and Peer Support, we have added a Developmentally Disabled Treatment Team (DDTT). The DDTT team became operational last year and has been working with eight Berks County clients since the start of the program. They have been able to support the Developmentally Disabled populations' mental health needs and transfer the skills needed to maintain mental health to their DD staff.
- **Needs:** Access to Psychiatrists remains an ongoing need. Individuals released from a prison setting continue to face roadblocks due to the lengthy time required to reinstate their Medical Assistance benefits increasing the length of time it takes to access services. A review of County wide supports occurred this past November as a Cross Systems Mapping conference took place with the assistance of the Pennsylvania Commission on Crime and Delinquency (PCCD) Center of Excellence staff. (See justice-involved individuals.)

- **Transition-age Youth (ages 18-26)**

- **Strengths:** Berks County is in its second year of the Now is the Time-Healthy Transitions SAMHSA grant that was received by the PA Department of Human Services in October of 2014. This five year grant focuses on youth and young adults ages 16-25 with or at risk for a serious mental illness as well as raising awareness about mental health conditions with the community at large. A Healthy Transitions Program Manager was hired and a Leadership Team developed which is comprised of representatives from MH/DD, CYS, JPO, OVR, APO, COCA, BCIU, CCBH and youth and family partners. Through this grant we have also expanded our Peer Support program as well as our mobile and site based psychiatric rehabilitation services to individuals age 16 and 17. We also continue to have our Assertive Community Treatment Team for youth and young adults ages 16-25.
- **Needs:** Transition age youth are often unprepared and lack skills necessary to successfully transition to adulthood. Housing for this age group continues to be a need and will possibly be addressed through the Healthy Transitions grant and/or the HUD Continuum of Care process in subsequent years.

- **Children (under 18).** Counties are encouraged to also include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports in the discussion.
  - **Strengths:** Berks County continues to have a robust respite program as it continues to be a HealthChoices funded Reinvestment Project. Allowing children and their families access to convenient outpatient services is a priority as there are a total of 69 school satellite programs that have been brought into the network. In addition, children in detention/shelter have access to psychiatric and outpatient services. The SCA continues to manage the SAP money with dual competent (MH/D/A) providers. This ensures that only one assessment is necessary for each child referred. Inter-agency collaboration and team meetings continue under the direction of the CASSP coordinator for more challenging cases.
  - **Needs:** There is an ongoing need for IRT Host Homes who have an expertise in sexual acting out behaviors or will serve one individual child at a time.

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

- **Individuals transitioning out of state hospitals**

**Strengths:** Project Transition, Threshold CRR, Case Management, and Peer Support as well as the two ACT Teams are the most utilized services for individuals transitioning out of the State Hospital.

**Needs:** Housing with supports especially for those individuals with complex physical needs continues to be a challenge.

- **Co-occurring Mental Health/Substance Abuse**

**Strengths:** Dual treatment for mental health and substance abuse remains a priority for Berks County. Housing opportunities are available for both men and women along with case management services for these dual diagnoses. Certified Recovery Specialists are active and able to attend continuing education provided in the county allowing for sufficient staffing numbers. One provider has established integrated treatment for mental health, substance abuse and physical health in a single location offering health and wellness activities as well. Berks County also has two Assertive Community Treatments Teams, one for adults and one for transition aged youth and young adults that are also active in dual treatment.

**Needs:** Timely access to treatment remains a concern as numbers of individuals in need continue to increase and there are a limited number of providers that offer dual treatment.

- **Justice-involved individuals**

**Strengths:** The Berks County MH/DD Forensic Diversion Program funds a position within Berks Connections Pretrial Services to divert and serve individuals with mental health concerns. One option in use is unsecured bail with conditions for treatment. This has allowed individuals to be treated in the community, keeping their insurance intact while eliminating or greatly reducing jail time. Our Diversion Specialist reports that in the past year, 54 individuals were diverted with only 6 re-offending, ending up in jail. We have also been able to arrange for earlier release for those individuals on probation that qualify for forensic housing when beds are available. Berks County currently has 14 Certified Peer Specialists (CPS) at various provider locations that are trained to work with the forensic population.

**Needs:** The Berks County Criminal Justice Advisory Board (CJAB) agrees that the Forensic Diversion program has been effective and would benefit with the addition of another Diversion Specialist, at least a

half time position. We are working towards adding this position. We are also working toward increasing knowledge of and access to our forensic trained CPS.

- **Veterans:**

**Strengths:** Berks County MH/DD Program continues to work with the staff at the local Berks County Veterans Center as well as the Lebanon Veterans Administration and Medical Center to link Berks County Veterans with appropriate services. Our Crisis department has been given specific individuals' contact information at the Lebanon VA to address the transfer of veterans in Crisis to VA inpatient facilities in a timely manner. Our Forensic Diversion Specialist has also worked with the VA to develop appropriate diversion plans or referrals to Veteran's Court for veterans involved in the forensic system.

**Needs:** We need to continue the partnership we have established with the Lebanon Veterans Administration to provide ongoing support to Berks County Veterans.

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

**Strengths:** There are two known opportunities in the community to support youth who identify as LGBTQ. Spectrum is a support group that is available through a local agency at no cost. Also, a local mental health provider recently created a psychotherapy-based group, Safe Spaces, for adolescents age 14-18 who identify themselves on the LGBTQ spectrum. Another local group called The Center is also collaborating with a local aging provider, Berks Encore, to offer "coffee time" for senior citizens who identify as LGBTQ.

Disaster Crisis Outreach and Referral Team (DCORT) responded to a request for Crisis response at a vigil held for the victims of the Orlando, Florida shooting. Also, there will be representation from LGBTQI on the Berks County Suicide Prevention Task Force.

**Needs:** Overall community awareness and acceptance of individuals who identify themselves on the LGBTQ spectrum is an ongoing need.

- **Racial/Ethnic/Linguistic minorities**

**Strengths:** Most providers have some bi-lingual capability within their organizations.

**Needs:** There continues to be a need for bi-lingual professionals within the mental health system.

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

**Strengths:** The Dual Diagnosis Treatment Team started last year has been working with individuals diagnosed with Developmental Disabilities and Mental Health diagnoses. This is a voluntary service and we have 8 individuals to date that have consented to this level of care. These are high risk individuals that have multiple encounters with other systems of care including physical health, crisis services, police and the criminal justice system, housing issues due to behaviors, etc. We will be tracking outcome measures to evaluate the efficacy of this program.

**Needs:** Maintaining DDTT staff to provide this intensive service has been a challenge resulting in a referral freeze for a short period of time.

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

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

For **each** transformation priority, provide:

- A brief narrative description of the priority
  - A time line to accomplish the transformation priorities
  - Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).
  - A plan/mechanism for tracking implementation of priorities.
1. Cross Systems Mapping & Taking Action for Change Programs–
- **Narrative Description:** This was a two-part workshop facilitated by individuals from the Pennsylvania Mental Health and Justice Center of Excellence which is a collaborative effort of Drexel University and the University of Pittsburgh. It was funded by the Pennsylvania Commission on Crime & Delinquency and the Pennsylvania Office of Mental Health and Substance Abuse Services. This program is designed to review a community's resources and identify appropriate services, gaps in services and optimal use of resources for individuals with mental health or substance abuse issues involved in the criminal justice system. Key community stakeholders from the mental health and substance use provider systems, criminal justice system (jail, police, district attorney and public defender offices and probation), consumers, and regional representatives from agencies such as the County Assistance Office and elected officials attended. Participants were a 50/50 split of behavioral health and criminal justice. Day One (a full day) focused on Cross Systems Mapping – looking at a map of what services are available, how people move through the justice system, at what points intervention or a diversion can occur and ways the treatment and justice systems can work together to enable treatment as opposed to incarceration. Day Two (a half day) Taking Action for Change had participants reviewing the gaps in service noted on Day One with the purpose of developing an action plan with specific steps and identified individuals who are committed to closing the identified gaps.
  - **Timeline:** The Cross Systems Mapping took place over 2 days on November 18<sup>th</sup> and 19<sup>th</sup> of this past year and the completed Mapping document was received in February, 2016. The final report can be utilized as a tool to request any appropriate grants to resolve system deficits. The Berks County Criminal Justice Advisory Board will incorporate the Action Plan into their strategic plan **for 2016-2017** and provide follow-up data to the center of Excellence as requested.
  - **Fiscal:** There was no cost to the County to have the workshop other than providing the space for the two days and food for participants, and both of these items were donated. The County of Berks identified the need to have specific Forensic case management staff to address the growing needs of the Forensic Population. In 16-17, a case management unit will be formed with a specific provider network that is geared to serving this population
  - **Priorities:** Gaps identified during the workshop along with the most cost-effective methods to resolve those deficits will be reviewed and implemented.
  - Mental Health Stepping Up Initiative
    - Berks County was one of 50 Counties across the country invited to attend a National Summit to advance County led plans to reduce the number of people with mental illness in our jail.
    - The focus is to bring together a diverse team of leaders from the County, Courts, Jail, Probation, and Behavioral Health to review data, identify changes to systems, treatment and outcomes and improve these systems.
    - Stepping Up Leadership Academy -Dr. Edward B. Michalik was 1 of 15 professionals chosen to participate in a 2-day event to work with a faculty of experts in the behavioral health and criminal justice fields to build a strategic plan for achieving their behavioral health/criminal justice goals.

## 2. Berks County Suicide Prevention Task Force

- **Narrative Description:** The Task force was formed in June of 2015. Individuals from the Berks County community were invited to attend and a core group formed to develop information for the public, schools, trainings for police and EMS; develop cards with simple questions for use by police and others to identify suicide risk levels of individuals they work with, as well as reviewing statistics to identify possible trends in our County.
- **Timeline:** The core group consists of mental health professionals including crisis staff, educators, law enforcement, media, EMS, consumers, clergy, Area Agency on Aging, county coroner, Children and Youth Services and Juvenile Probation who met monthly for this initial year.
- **Fiscal:** The Task Force **received Retained Earnings funds with which it** has developed a website – “ruOK? Berks” as a resource for the community with the mission to reduce suicide in Berks County through advocacy, education, and the reduction of stigma surrounding mental illness and suicide. The website offers information to upcoming events, resources, and a Q and A page. This was advertised during the months of May/June on the cable networks available within the County.
- The Task Force has also assisted the County MH/DD Program present a program to the Community highlighting personal stories of family members who have lost someone to suicide, developed a video being shown on local television asking “ruOK? Berks” by prominent members of the community to bring this topic into every day conversations.
- Members of the Task Force volunteered at a local baseball event sponsored by the Healthy Transitions Grant to highlight “Strike out the Stigma” in Reading in April.
- **Priorities:** Task Force will continue to look for venues to provide education to the community at large. **The Education subcommittee is planning a conference in 2017 to improve community awareness and address any lack of knowledge about Mental Health issues as well as reduce the stigma associated with having a mental health diagnosis. The Task Force will continue to meet in 16-17 on a monthly basis and be available to present at health fairs and community events in addition to the County wide conference planned.**

## 3. Crisis Text Line

- **Narrative Description:** **Access to the Crisis Department through texting for individuals who prefer to communicate via text.**
- **Timeline:** Crisis Intervention Services within Berks County will be implementing a Crisis Texting option during the summer of 2016. **The Text Line will be operational in Fall 2016. Presentations will be given to local school districts to advertise the service through the Program’s collaborative relationship with the Berks County Intermediate Unit.**
- **Fiscal:** Purchased through the county’s retained revenue earnings plan that was approved by the Department of Human Services.
- Service can be accessed in two ways, either by texting or by accessing a website on a computer.
- **Priorities:** Ultimate goal is to capture a younger consumer and engage them in services. **Data will be collected as the texting service evolves.**

## 4. Hearing Voices

- **Narrative Description:** Training developed by Pat Deegan, PhD to simulate the experience of hearing distressing voices.
- Provided by the Berks County HealthChoices Program.

- **Timeline:** In FY 14-15, 69 individuals received the training including staff from Inpatient Mental Health, Outpatient Mental Health, and Adult and Juvenile Probation. This training is an ongoing activity and will be offered to providers and members of the community upon request in FY 16-17.
- Berks County will continue to offer this training to providers upon request.
- **Fiscal:** There is no cost to the provider for this training. Existing MH/DD, HealthChoices, Threshold and CCBHO are instructors.
- **Priorities:** Educating individuals in the community, including those not directly involved in the provision of mental health services, will be tracked on an ongoing basis.

#### 5. Peer Support Services

- **Narrative Description:** Person-centered and recovery focused service to advocate, educate, and develop natural supports and crisis support for individuals with mental health concerns.
- **Timeline:** Berks County HealthChoices has provided this service since 2008.
- Total of 4 Berks County HealthChoices Peer Support Providers. With the creation of a Forensic Case Management Unit, a Forensic Peer Specialist will be hired in FY 16-17 to compliment the Unit.
- 35 Certified Peer Support Specialists.
- **Fiscal:** This initiative is supported through Medicaid and Base funding.
- **Priorities:** Several providers are able to provide Peer Support Services to transition-age youth, older adults, veterans, and the forensic population. Outreach through Peer Support Services into the Berks County Jail System is being planned and will be tracked.

DHS Bulletin 2016-1  
County Human Services Plan Guidelines  
Berks Revision 2 - Final

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	Yes	Base-3 HC-126	TMACT	Berks HC and MCO	Annually	No	Yes	
Supportive Housing	Yes	Base-35 HC-273	<b>NONE</b>	<b>N/A</b>	<b>N/A</b>	<b>No</b>	<b>No</b>	HC Funding through Reinvestment Plan
Supported Employment	Yes	Base	Supported Employment Fidelity Scale	Agency	Annually with specific indicators measure more frequently	Yes	Yes	
Integrated Treatment for Co-occurring Disorders (MH/SA)	Yes	Base-16 HC-423	OQ45 and PHQ 9	Agency	Quarterly	No	Yes	
Illness Management/ Recovery	Yes	Base-0 Group Treatment	OQ 45	Agency	Quarterly	Yes	Yes	HC unable to determine distinct members served due to service not tracked by specific billing codes
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	Yes	Base-0 HC-43	<b>None</b>	<b>N/A</b>	<b>N/A</b>	<b>No</b>	<b>No</b>	<b>HC does not use an evidence based model</b>
Multisystemic Therapy	Yes	Base-0 HC-40	TAM-R and SAM-R	MST Institute	Quarterly	No	Yes	
Functional Family Therapy	No							

Family Psycho-Education	No							
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\*Please include both county and Medicaid/HealthChoices funded services.

To access SAMHSA’s EBP toolkits:

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

**d) Recovery Oriented and Promising Practices Survey:**

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	Yes	Base-44 HC-300	
Family Satisfaction Team	Yes		
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist	Yes	HC-371	
Other Funded Certified Peer Specialist	Yes	Base-1	
Dialectical Behavioral Therapy	Yes	HC-1132	
Mobile Services/In Home Meds	Yes	HC-49	Mobile therapy only
Wellness Recovery Action Plan (WRAP)	Yes		
Shared Decision Making	Yes	HC-414	

Psychiatric Rehabilitation Services (including clubhouse)	Yes	Base-18 HC-239	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	Yes	Base-343 HC-536	
Consumer Operated Services	No		
Parent Child Interaction Therapy	Yes	HC-21	
Sanctuary	Yes	HC-526	
Trauma Focused Cognitive Behavioral Therapy	Yes		HC unable to determine distinct members served due to service not tracked by specific billing codes.
Eye Movement Desensitization And Reprocessing (EMDR)	Yes		HC unable to determine distinct members served due to service not tracked by specific billing codes.
Other (Specify)			

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

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

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

**INTELLECTUAL DISABILITY SERVICES**

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

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

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

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

	<i>Estimated Individuals served in FY 15-16</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 16-17</i>	<i>Percent of total Individuals Served</i>
Supported Employment	36	1.59%	42	1.86%
Pre-Vocational	15	.66%	17	.75%
Adult Training Facility	9	.40%	10	.44%
Base Funded Supports Coordination	597	26.37%	660	29.15%
Residential (6400)/unlicensed	9	.40%	5	.22%
Life sharing (6500)/unlicensed	6	.27%	5	.22%
PDS/AWC	98	4.33%	125	5.52%
PDS/VF	0	0	0	0
Family Driven Family Support Services	0	0	0	0

The categories listed above are not comprehensive of how Base Funds are utilized in Berks County. Further analysis shows a great deal of Base Funding being utilized to support transportation costs for people reaching their PFDS Waiver Cap. Overall, 54 Individuals are authorized for this service via Base funds under AWC and many are the result in a significant increase in rate for the Local County Transportation System. Without supplementing

funding for this service, most of the people using the service would not be able to attend their day support program.

In addition, the individuals noted in the chart, received Base Home & Community Habilitation, Companion Services, Family Aide and Respite Services through traditional provider agencies and AWC. Support in a Medical Environment using traditional provider agencies was also provided. A small number of individuals received services authorized via the Base Not Otherwise Specified code in order to provide unique services specific to their needs in order to protect health and safety, such as fumigation service, specialized staff training, and housing support.

**Supported Employment:** “Employment First” is the policy of all Commonwealth executive branch agencies under the jurisdiction of the Governor. Therefore, ODP is strongly committed to Community Integrated Employment for all. Please describe the services that are currently available in your county such as Discovery, customized employment, etc. Identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may be of assistance to you with establishing employment growth activities. Please add specifics regarding the Employment Pilot if your County is a participant.

Like the Office of Developmental Disabilities, Berks County is strongly committed to the Governor’s Employment First Policy. Program staff has been working closely with the Office of Vocational Rehabilitation to improve relationships between the offices and to strengthen the local referral process. Conversation continues and referrals to OVR have drastically increased over recent months. People requesting authorization for Job Finding Service are directed to the Office of Vocational Rehabilitation prior to requesting the service via Base funds. The program remains committed to competitive employment initiatives by encouraging individuals to move from Pre-Vocational Services to Transitional Work Services in efforts to move toward competitive employment. During the 2015/2016 Fiscal Year, Berks County authorized 81 people for Supported Employment; 36 through Block Grant Funds.

Berks County works with several agencies that provide employment supports. One provider recently completed an intensive training effort to certify all of their staff in the Discovery and Customized Employment Model. Another is working toward this as well, but in a slower-paced process. Both, however, are committed to this method of implementation of competitive employment opportunities.

The Program’s requirements for the Employment Pilot Coalition continue through collaborative efforts with The Office of Vocational Rehabilitation and the Berks County Intermediate Unit in support of a Project Search Program. The local Project Search is housed within a local manufacturing company. This program allows students in their last year of high school to receive training and work experience in a variety of functions within the manufacturing setting with hopes that by graduation they will have gained work skills that give them a competitive edge in the market. The Program continues to hold Employment Coalition Meetings via continued collaboration with the Berks County Transition Coordinating Council (BCTCC). The Council has representation from local School Districts, the Berks County Intermediate Unit, Office of Vocational Rehabilitation, and local

Supported Employment agencies. A staff person from the program serves as First Chair for BCTCC and is an active participant in various Council activities. In the past, this included presenting as a BCTCC panelist at the Statewide Transition and hosting events such as the annual Transition Expo. Most recently they received a request to participate in an informational meeting as part of the Employment First State Mentoring Program. BCTCC was approached because the Council is “successful and effective”.

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

Most recently, Berks County initiated an Employment First Council which consists of SCO representatives, various provider agencies, the Office of Vocational Rehabilitation and other interested stakeholders. Discussion and activity is geared toward information sharing and development of additional employment opportunities.

**Supports Coordination:** Describe how the county will assist the supports coordination organization to engage individuals and families in a conversation to explore natural support available to anyone in the community. Describe how the county will assist supports coordinators to effectively plan for individuals on the waiting list. Describe how the county will assist the supports coordination organizations to develop ISPs that maximize community integration and Community Integrated Employment.

Berks County continues to work with all local Supports Coordination Organizations to ensure they are committed to the identification and development of community supports. Quarterly meetings are held as a group to discuss the County’s commitment to efforts to promote Employment, building Social Capital and Supporting Families. Training will occur as necessary, to ensure each agency has an accurate understanding of community supports and the importance of building Social Capital to enhance community life. Program staff have been attending training and participating in discussions on the new Community of Practice Initiative. The SCO’s will be encouraged to utilize the Life Course Tools and to work with families to create or enhance their vision for their family member. Berks County will also ensure that SCO’s understand the purpose of the PA Family Network and encourage them to explore ways to help connect families to this newly created resource.

**Lifesharing Options:** Describe how the county will support the growth of Lifesharing as an option. What are the barriers to the growth of Lifesharing in your county? What have you found to be successful in expanding Lifesharing in your county despite the barriers? How can ODP be of assistance to you in expanding and growing Lifesharing as an option in your county?

Berks County has had a strong Life Sharing Program for many years. In 2015/2016, the Berks County Provider Network supported 78 people in Lifesharing. The County’s Life Sharing Committee is also very active and consists of Providers, SCO’s, AE Staff and Regional representatives. The Committee continues to see an increase in the

number of individuals who are requesting and receiving Lifesharing Services. The MH/DD Quality Management Plan includes an outcome to increase the number of individuals receiving this service by 6 each year. If past trends continue, there will be no barriers preventing this from occurring. Berks County is committed to this service which is the most inclusive and most cost effective of community residential services available.

**Cross Systems Communications and Training:** Describe how the county will use funding, whether it is block grant or base, to increase the capacity of your community providers to more fully support individuals with multiple needs.

The fairly recent implementation of the Dual Diagnosis Treatment Team is the most active way that Berks County is having an effect on increasing the capacity of community providers and addressing complex needs. The Team has been an invaluable asset to providers and in some cases has made the difference between a provider maintaining a placement and not moving toward a discharge. The DDTT works intensely with individuals, families, provider staff, and the medical community.

In general, Base Funding is used to provide supports such as Respite, Companion/Family Aide, Habilitation and Transportation, Support in Medical Environment, and other unique services authorized via the Base Not Otherwise Specified service code through AWC and traditional provider agencies to protect/maintain the Health and Safety of individuals until waiver funding becomes available. As needs present, waiver capacity is reviewed along with the PUNS priority status. Other factors considered include: family situation - including the impact on the caregiver employment so as to prevent job loss for the wage earners who have no other supports; the age of the caregiver, level of care required - multiple health and mental health issues co-existing with ID diagnosis that increase the challenge in care; and availability of other funding sources such as EPSDT, OVR, and other waivers to ensure that the Program is the payer of last resort.

The Program successfully manages its existing capacity very closely. This continues to be accomplished monitoring high risk situations through weekly review at the joint AE/SCO Meeting. Additionally, Base Service utilization is reviewed monthly to ensure unutilized service units are removed from plans freeing up dollars to meet other service's needs.

Lastly, Berks County participates in a great deal of collaboration with other Human Service Agencies. The County Area Agency on Aging and MH/DD has one Executive Director. The AE also collaborates with the County Children and Youth Services System and Juvenile Probation Office. As concerns arise or resources are needed, they are available for discussion and consultation.

Describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age.

The program offers frequent cross training at various levels and throughout various systems. A great deal of the focus in recent years has been on school-aged population. A worker from the AE serves as chair of the Berks

County Transition Coordinating Council and has also presented on DD Eligibility Determination and SCO choice during many of their monthly meetings. AE and SCO representatives actively participate in discharge planning sessions for RTF and EPSDT age-outs as well as meeting semi-annually with Children and Youth Services to review and plan for age-out transitions. During the upcoming year, the Berks program will also take this information a step further and share with the Early Intervention Community in preparation for their transition to school-age supports. The message communicated will include the importance of connecting families to information and to each other for support. As the idea of the Community of Practice Collaboratives develops, this information will also be incorporated.

Describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging and the mental health system to ensure individuals and families are provided with the information they need to access needed community resources as well as formalized services and supports through ODP.

The Program meets quarterly with the Berks County Area Agency on Aging (AAA) to develop cross trainings. The joint committee has hosted such events as a DD/AAA Question & Answer Session that included a representative to discuss Developmental Disabilities Eligibility and Choice of SCO. The program has also offered Mental Health cross training to providers, administrative, and supports coordination staff on Intensive Systems Therapy. The program also continues to participate in statewide APS calls for Adult Protective Services and Certified Investigator Forums. The Berks County Program hopes to utilize this training and collaboration, in order to build better relationships and networking that will lead to increased opportunities for the people they support.

The Program also has a positive and very collaborative relationship with Berks County Children and Youth Services. A bi-annual meeting is held to triage cases and collectively plan for children aging out of their system. This relationship allows for cross training on an informal basis and continued discussion as necessary in between formal meetings.

**Emergency Supports:** Describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).

Provide details on your county's emergency response plan including:

Does your county reserve any base or block grant funds to meet emergency needs?

Berks County has an understanding of the needs that could arise and makes every attempt to provide support. Block Grant Funds are analyzed continually and as needs arise a determination is made. All involved have an excellent understanding of the time-sensitive nature and are able to act quickly when needed.

What is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?

A comprehensive emergency service maintains all after-hour calls and issues on behalf of the program. As needs arise, the Crisis worker contacts the Administrator or Deputies to obtain authorization for care service. Administrative Entity staff reaches out to provider agencies, when appropriate, to seek alternative placements to alleviate crisis situations.

Please submit the county 24-hour Emergency Response Plan as required under the Mental

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

**Health and Intellectual Disabilities Act of 1966.**

- I. Policy Statement: The Berks MH/DD Program will comply with Article III, Section 301 (d) (4) of the Mental Health and Intellectual Disability Act of 1966.
- II. Purpose: To ensure a system for 24 hour Emergency Services is provided and available to the local system.
- III. Responsibility: Berks County MH/DD will maintain a contractual agreement for the provision of Emergency Services, including a system to provide support to people requiring services and supports after hours.
- IV. Procedure:
  - a. Berks County MH/DD Program will maintain a contract with Service Access and Management, Inc. for crisis intervention and management of all after-hour calls.
  - b. Crisis Intervention Staff will answer phone calls, provide outreach and emergency services coverage to the Intellectual Disabilities System at all times. They will be available outside of normal business hours, 365 days per year. *It should also be noted that in situations requiring a crisis worker, one will be dispatched to the person's location to assist the individual, family or provider agency.*
  - c. Upon receiving emergent calls, the Crisis Intervention Staff will make every attempt to manage the needs presented. This could involve working with caregivers or talking with provider staff.
  - d. As additional assistance is needed, the Crisis Intervention Staff will contact the appropriate Service Coordination Organization, if known. If the SCO is not known, or unavailable, a representative from the Administrative Entity will be contacted directly. (A list of contacts will be maintained.)
  - e. The SCO will be expected to manage the situation at hand and to make certain the necessary supports are in place to ensure the individuals health and safety.

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

**Administrative Funding:** ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are Person Centered Thinking trainers. Describe how the county will utilize the trainers with individuals, families, providers and county staff.

The Program welcomes all resources available to strengthen and educate the local system. The PA Family Network will be welcome to attend the various stakeholder groups within Berks County. As the Network further develops, the Program will explore ways to share information and attempt to organize families interested in training related to Person Centered Thinking.

Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families. What kinds of support do you need from ODP to accomplish those activities?

Berks County makes every attempt to be both collaborative and community-minded in order to make information available to the community. Staff participates in many presentations throughout the year to share information related to the purpose of the system and ways to become connected. This year, Berks County looks forward to the initiation of the PA Family Network as well as the newly formed Self Advocacy Group. Both of these groups will be welcomed into the County to assist with networking among families and self-advocates. As information develops and these systems become accessible, Berks County will welcome ODP's support in development of these local resources. Additional training related to helping people to build Social Capital and utilize the extremely under-utilized service of Support Broker will also be explored.

Describe how the county will engage with the HCQU to improve the quality of life for the individuals in your community. Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.

The Health Care Quality Unit routinely presents on a variety of system and health topics. In the past, topics have included Mental Health Wellness and Recovery and Fetal Alcohol Syndrome. They are an integral part of the local system and a great support to providers and individual teams.

The Berks AE routinely makes referrals of complex cases to the HCQU that are brought to our attention through reviewing incident reports.

Describe how the county will engage the local IM4Q Program to improve the quality of life for individuals in your program. Describe how the county will use the data generated by the IM4Q process as part of your Quality Management Plan. Are there ways that ODP can partner with you to utilize that data more fully?

Berks County currently contracts with the Advocacy Alliance to implement the IM4Q Program locally. They are responsive to the needs of the program and generate all necessary information related to their findings and recommendations. They work closely with the Berks County IM4Q Coordinator, who in turn, uses the information received to develop and monitor the local Quality Plan. Berks County has a fairly extensive quality initiative and the information produced by the IM4Q Teams is certainly at the forefront of that effort. As the official data is received from Temple, the Coordinator analyzes the report to share with local stakeholders including the Quality Council, provider network and other system committees. An annual presentation is also made to the MH/DD Advisory Board. Most recently, the local program and County Coordinator have reached out to providers related to their training/informational needs related to IM4Q. A training scheduled will be developed in order to share the intent, purpose and results of the program. As ODP identifies ways to expand these efforts, suggestions will be appreciated.

Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc. How can ODP assist you with your support efforts?

Berks County has an excellent provider network that provides a full array of services and supports. The initiation of the Dual Diagnosis Treatment Team in the County has been a tremendous support in helping provider agencies deal with behavioral health issues. The local Positive Practices Committee, has also been instrumental in providing suggestions to Teams and helping them problem-solve difficult situations. ODP has been a great support in these efforts, often participating in meetings. Moving forward, additional support and local training would certainly assist to move the process even further. Local providers, like in other areas of the state, continue to deal with challenging situations related to severe trauma, fetal alcohol syndrome and autism. Locally, Berks County is also supporting more and more people with fragile medical conditions. The HCQU has been an immense support but more needs to be done to support these individuals, their families and the local provider network. Any training efforts or resources that ODP can provide will be welcome. In all of these situations along with an aging population, providers face the challenge of training and maintaining high quality staff. The Program can support Providers, the higher quality their supports will be for the individuals supported by the program.

Describe what Risk Management approaches your county will utilize to ensure a high-quality of life for individuals. Describe how the County will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities. How can ODP assist you?

Positive Practices Meetings are held monthly to review Behavioral Support services for individuals receiving Additional Individualized Staffing to reduce reliance on this intensive staffing pattern. Providers, as well as the ODP Regional Lead attend these meetings. Discussion is active and appears to be very helpful to all who attend.

Berks County has HealthChoices Reinvestment funds have been used to start up a Developmental Disabilities Treatment Team (DDTT) for high risk MH consumers to help with psychiatric hospitalization diversions, staff training, and teach individuals how to be successful in a community setting.

Positive Practices Meetings are held monthly to review Behavioral Support services for individuals receiving Additional Individualized Staffing to reduce reliance on this intensive staffing pattern. Also HealthChoices Reinvestment funds have been used to start up a Developmental Disabilities Treatment Team (DDTT) for high risk MH consumers to help with psychiatric hospitalization diversions, staff training, and teach individuals how to be successful in a community setting.

Reports are run monthly on cases that have had multiple incident reports entered. The appropriate SCO is notified and additional monitoring occurs as well as a team meeting to address the issues.

**Describe how you will utilize the county housing coordinator for people with an intellectual disability.**

Berks County has an extensive Housing HC Reinvestment Program with an emphasis on curbing issues related to homelessness. The AE participates in the Berks Coalition to End Homelessness and interacts as necessary with the Housing Director. Information in turn is shared with system provider agencies. Many of them also participate in the Coalition. This collaborative relationship will continue throughout the 2016/2017 plan year.

**Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.**

One way Berks County has begun to address emergency preparedness is to participate in SPIN 911. Supports Coordinators are asked to work with individuals and families, throughout the year, to register their information with the County 911 System. On an annual basis, they are asked to provide updates to their profiles, which are maintained by the 911 Center. In the event of an emergency, workers would then be aware of any special needs within the home.

**Participant Directed Services (PDS):** Describe how your county will promote PDS services. Describe the barriers and challenges to increasing the use of Agency with Choice. Describe the barriers and challenges to increasing the use of VF/EA. Describe how the county will support the provision of training to individuals and families. Are there ways that ODP can assist you in promoting/increasing PDS services?

Many participants and families currently use the Participant Directed Service Model for the hiring of support staff. Moving forward, program staff will organize educational sessions for families to gain a better understanding of PDS and AWC. As appropriate, Program Staff will also connect with The PA Family Network for additional training assistance.

**Community for All:** ODP has provided you with the data regarding the number of individuals receiving services in congregate settings. Describe how the county will enable these individuals to return to the community.

Berks County has a total of 42 people residing in congregate settings. During the current fiscal year, the program used Money Follows the Person funds to facilitate Benjamin Class Members to move from PA State Centers. They also paid closer attention to people residing in Nursing Homes and Private ICF's. Program Staff will make an effort to assess the remaining people, residing in such settings to determine their needs for community placement. In addition, education will need to occur with the local provider network to identify their needs related to supporting people in the community with complex medical needs.

## **HOMELESS ASSISTANCE SERVICES**

Describe the continuum of services to individuals and families within the county who are homeless or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

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

A total of 673 people were turned away from rental assistance in Quarters 1 and 2 due to the budget impasse. The primary agency that manages HAP rental assistance program had temporary employee lay-offs for several months during the impasse.

The ESG providers were all operational during that time frame. Individuals who were qualified for ESG and followed through with the requirements were able to prevent eviction.

BCEH continues to seek funding for the Street Medicine Program. This innovative program is collaboration with a local hospital and physician who attempt to provide medical care to individuals who are homeless and frequently shy away from traditional health care. The goal is to create trust and treat illness before more costly hospitalizations and loss of life occurs.

For each of the following categories, describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided:

- **Bridge Housing**  
HAP funded Bridge Housing provides direct services through the development and implementation of an individualized Service Plan. Services include substance abuse treatment, employment counseling, HIV/AIDS education, family planning education, financial counseling, nutrition education, and job training. The County evaluates the program through yearly audits on

site, review of financial records, and review of performance outcomes through the HMIS computer system.

- **Case Management**  
Case Management is provided through a number of different service agencies. The case manager performs a comprehensive assessment. The services provided are intended to link the consumers to services including treatment for mental health or chemical dependency, family or individual counseling, job skills and job training programs, nutrition counseling and HIV/AIDS education classes. Domestic violence families are given education and advocacy, and emotional support. Self-sufficiency is the key for case management. All programming is geared toward seeing the individual be independent. The County evaluates the program through yearly audits on site, review of financial records, and review of performance outcomes through the HMIS computer system.
- **Rental Assistance**  
Rental Assistance provides the pass-through funds to the individuals to prevent eviction as well as the case management portion of those assisting individuals with a housing crisis. Counselors do a complete assessment to determine housing status, individual's income and expenses, and assist the individual in determining all available resources. Recipients are required to attend financial workshops and budget education classes. The County evaluates the program through yearly audits on site, review of financial records, and review of performance outcomes through the HMIS computer system.
- **Emergency Shelter**  
Emergency shelter programs are funded by other funding streams within the County.
- **Other Housing Supports**  
N/A

Describe the current status of the county's Homeless Management Information System implementation.

The County's HMIS was implemented in 2004 and currently has 60 users from 18 agencies contributing data on a daily basis. FY 2015-16 was the second year that HAP agencies were required by their contract to enter data into HMIS and to utilize HMIS as part of their assessment strategy.

## **CHILDREN and YOUTH SERVICES**

**\*\*\*FOR COUNTIES NOT PARTICIPATING IN THE BLOCK GRANT, PLEASE INCLUDE THE FOLLOWING STATEMENT UNDER THE CHILDREN AND YOUTH SERVICES HEADING IN YOUR PLAN:**

**“Please refer to the special grants plan in the Needs Based Plan and Budget for Fiscal Year 2016-2017.”**

**\*\*\*THE BELOW SECTION IS REQUIRED ONLY FOR COUNTIES PARTICIPATING IN THE BLOCK GRANT\*\*\***

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

Identify a minimum of three specific service outcomes from the list below that the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to yield no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.

Block grant funds, in conjunction with State, Federal, and County matching resources continues to allow Berks County to provide an array of services to address our client populations growing needs.

Block grant funds are used to provide Truancy remediation services, Multisystemic Therapy (MST), Family Group Decision Making (FGDM), and housing services in an effort to keep children in their home of origin or return them from out of home care as quickly as safely possible.

Berks has continued to be successful in utilizing block grant funds due to the fluidity of being able to reallocate funding as needed amongst different block grant agencies.

The Berks County Juvenile Probation Office is currently in year two of the JJ-TRIALS. JJ-TRIALS is Juvenile Justice Translational Research on Interventions for Adolescents in the Legal System. This project, run by the National Institute on Drug Abuse, involves 6 university based research centers located in 7 states throughout the country. Berks JPO is affiliated with Temple University. The main goal of the project is to increase the percentage of

substance abusing youth who receive appropriate treatment following a positive screen. Berks County JPO has an active Steering Committee (Berks Improvement Team) made up of members of Berks Juvenile Probation, local D&A providers, Berks County MH/DD, Temple University, a Recovery Coaching agency, and The Council on Chemical Abuse (SCA). Through the success of the use of Recovery Specialists in our community we have enhanced the service through increased funding in the Needs Based Budget. Berks County JPO currently uses 3 Certified Recovery Specialists to assist and support youth, and their families, in their journey toward sobriety.

We are also proceeding with the piloting of the MAYSI-2 screening instrument for youth referred to the juvenile probation office that are not in detention. The decision to use the tool for non-detained youth at the point of intake is due to an increased awareness of the number of youth entering the juvenile justice system with mental health and trauma focused needs. The MAYSI-2 is currently only used with youth entering detention or shelter care. The use of the MAYSI-2 will enable the juvenile probation office to more immediately identify those needs and access appropriate services in the community. We will be partnering with local mental health and drug and alcohol agencies to ensure services are available when identified. This project was to be completed in 2015 but was delayed due to staffing resources within the probation office.

<b>Outcomes</b>		
Safety	<ol style="list-style-type: none"> <li>1. Children are protected from abuse and neglect.</li> <li>2. Children are safely maintained in their own home whenever possible and appropriate.</li> </ol>	
Permanency	<ol style="list-style-type: none"> <li>1. Children have permanency and stability in their living arrangement.</li> <li>2. Continuity of family relationships and connections are preserved for children.</li> </ol>	
Child & Family Well-being	<ol style="list-style-type: none"> <li>1. Families have enhanced capacity to provide for their children’s needs.</li> <li>2. Children receive appropriate services to meet their educational needs.</li> <li>3. Children receive adequate services to meet their physical and behavioral health needs.</li> </ol>	
<b>Outcome</b>	<b>Measurement and Frequency</b>	<b>The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome</b>
Children are safely maintained in their own home whenever possible and appropriate.	Measured at least monthly by petitions recommending out of home placement, query indicating percentage of children in out of home placement.	All services
Children have permanency and stability in their living situations.	Measured at least monthly by query indicating the number of children removed from home of origin as well as query	All services.

	indicating number of moves for children in out of home care. Berks County data packages continue to indicate that Berks does better than counties of similar size in these areas.	
Continuity of family relationships and connections are preserved for children	Measured at least monthly in the number of FGDM conferences held as well as the number of out of home placements avoided. Also, measured by query of the number of family members found utilizing Family Finding and by the number of kinship placements for children removed from home of origin	All services.

For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.

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

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	N			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y	New	Continuing	Expanding
			X	

- o Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

As defined on the California Evidence Based Clearinghouse, **FDGM** is an innovative approach that positions the “family group” as leaders in decision making about their children’s safety, permanency, and well-being. **FDGM** recognizes the importance of involving family groups in decision making about children

who need protection or care, and it can be initiated by child welfare agencies whenever a critical decision about a child is required. In **FGDM** processes, a trained coordinator who is independent of the case brings together the family group and the agency personnel to create and carry out a plan to safeguard children and other family members. **FGDM** processes are not conflict-resolution approaches, therapeutic interventions or forums for ratifying professionally crafted decisions. Rather, **FGDM** processes actively seek the collaboration and leadership of family groups in crafting and implementing plans that support the safety, permanency and well-being of their children.

Berks continues to see promising outcomes from **FGDM** conferences, including return of children to their parents from out of home care, promotion of kinship care versus traditional foster care, maintaining sibling connections while children are in care and post adoption, termination of dependency, and case closure. In the calendar year 2015, of the 76 conferences held, 31 cases were closed, 19 children were returned home, and 16 children were terminated from court oversight. Berks CYC has also utilized FGDM with older youth in care to assist with transitional planning. In addition, Berks has begun to accept referrals from community resources (NICU and BPSC) in an effort to prevent placement of opiate addicted infants.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

N/A

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

N/A

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

	<b>FY 15-16</b>	<b>FY 16-17</b>
Description of Target Population	Any family involved with BCCYS or referred by community partners	Any family involved with BCCYS or referred by community partners
# of Referrals	136	175
# Successfully completing program	80	95
Cost per year	\$345,935	\$373,987
Per Diem Cost/Program funded amount	\$345,935	\$373,987
Name of provider	Berks County CYC	Berks County CYC

**\*The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?  
 Yes ● No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

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

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	N			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		<b>X</b>		

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

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

Additional funds for truancy were requested through the ACT 148 process. If additional block grant funding is available, the Agency would gladly accept those funds to serve additional clients.

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

Following the Federal Government Initiative, a Coordinator was hired by SAM to raise the awareness with schools and community organizations about the problem of chronic absenteeism starting with the youngest students. The coordinator works with all 18 county school districts to develop protocols and procedures to address this problem and improve student attendance before truancy develops. By partnering with schools and helping them to identify and rectify the situation early, we hope to decrease the number of future truants.

Truancy Remediation works toward:

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

### Services and Activities

**Assessment:** Assessment of family life domains which impact the family's ability to support consistent school attendance.

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

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

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

### Population:

Priority for truancy remediation services will be given to youth who are age 14 and under. Youth who are age 15 and over will be assessed and provided services based on program capacity. Prior to referral to the Truancy Remediation Program (TRP), it is expected that the student's parent/guardian, regardless of the student's age, will be notified and, preferably, agree to the service and sign the Enhanced – Truancy Elimination Plan (E-TEP) or Truancy Elimination Plan (TEP), when possible.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

There is an additional \$56,068 provided for this service through Special Grants. The money is used, and will continue to be used to fund the Coordinator position for the Berks County Initiative for School Attendance Program, an additional full-time truancy specialist, and any additional services identified as necessary for youth and parents involved with the program. Our Coordinator has been very active in the community presenting to Superintendents, Principals, Guidance Counselors, Magisterial District Judges, and has also testified before the PA State Senate Education Committee, which was holding hearings on truancy. A former local high school principal, she also oversees the activities of our sub-committees; Process, Protocol, and Policy (3P) and the Intervention Committee. As a result of her outreach efforts, referrals to the program have increased by 44% over last year, thus the need for an additional Truancy Specialist. Over the past year more than half of referrals have been 12 years old or younger and 76% were 14 or younger.

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

N/A

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

	<b>FY 15-16</b>	<b>FY 16-17</b>
Description of Target Population	All compulsory school age children	All compulsory school age children
# of Referrals	287	335
# Successfully completing program	24	75
Cost per year	\$245,423	\$245,423
Per Diem Cost/Program funded amount	\$245,423	\$245,423
Name of provider	Service Access Management	Service Access Management

\*These numbers of applicable students **do not** include students who:

- were above compulsory attendance age when referred;
- declined services;
- were found to be open with Children & Youth Services (CYS) or Juvenile Probation;
- were referred to CYS for abuse or neglect;
- relocated out of the county while in the Truancy Remediation Program; or
- were closed as a result of reaching age 17.

\* These numbers of applicable students **do** include students who have not successfully completed the program and will be carried over from the 15/16 fiscal year to the 16/17 fiscal year (approximately 41 cases).

**\*The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?  
 Yes  No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

Program Name:	Multisystemic Therapy (MST)
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Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	N			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y	New	Continuing	Expanding
		X		

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

Multisystemic Therapy (MST) is a Model Program as identified by the Blueprints for Healthy Youth Development website. MST has been endorsed by SAMHSA, Crime Solutions, and The Office of Juvenile Justice and Delinquency Prevention. It is an intensive family and community based treatment model which targets youth between the ages of 12-17 who are displaying serious anti-social behaviors. The majority of youth referred to the program are at risk for out of home placement. The service is delivered in the community, in the youth’s homes, in collaboration with the youth, the family, and all other relevant child serving systems. The goal is to empower families to build a safe and healthy environment for their child thus avoiding the need for out of home placement. Youth and families are identified for the program through assessments such as the Youth Level of Service (YLS) used in the juvenile justice system, and clinical, psychological, and psychiatric assessments conducted on youth in the delinquency and dependency systems. Youth and families are also identified through probation officer and CYS caseworker interactions with the families while observing them in their homes and the community. MST has been in Berks County since September 2007 and has been a highly successful program regularly meeting benchmarks established.

Outcomes for MST continue to be positive in Berks County. For both JPO and C&Y cases closed in 15/16, 82% of youth remained in their homes not needing a residential placement, 86% had no new arrests, and 74% were either in school or working. Additionally, 64% of families reported increased parenting skills and improved family relations.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

N/A

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

N/A

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

	<b>FY 15-16</b>	<b>FY 16-17</b>
Description of Target Population	Children ages 12-17	Children ages 12-17
# of Referrals	80	70
# Successfully completing program	71.43%	80%
Cost per year	\$175,000	\$133,500
Per Diem Cost/Program funded amount	\$60.00	\$60.00
Name of provider	Community Solutions Inc.	Community Solutions Inc.

**\*The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?

● Yes  No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

Once again there was underspending with the MST allocation in 15/16. Staffing issues continue to plague our provider, Community Solutions Inc. They continue to try to recruit qualified staff but staff turnover continues to be an issue. We have been faced with a delay for youth and families to receive the service continuously over the past fiscal year. Due to underspending we have been able to utilize unused MST funds to enhance our Alternatives to Truancy and Family Group Decision Making programs. The provider continues to recruit and hire qualified, competent staff to deliver MST in Berks County but challenges remain.

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

<b>Status</b>	<b>Enter X</b>			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	N			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		X		

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

Berks County CYs utilizes housing grant funding as a diversionary program to avoid out of home placements caused by a family’s inability to pay for certain costs (rent, security deposits, utilities, etc.). Funds from other community based programs, such as Berks Community Foundation Bridge funding or the LIHEAP program, are always utilized prior to using these housing funds.

Many of the situations for which this funding is requested, are emergent in nature. Often, families are facing impending eviction. With the help of these funds, CYs is almost always able to avoid removal of the children from their homes.

These funds are provided to any family involved with Berks CYs at any point in the Agency (intake, in-home, placement).

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

N/A

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

N/A

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

	FY 15-16	FY 16-17
Description of Target Population	Any family involved with BCCYS	Any family involved with BCCYS
# of Referrals	5	12
# Successfully completing program	N/A	N/A
Cost per year	\$7,975	\$12,000
Per Diem Cost/Program funded amount	Varies	Varies
Name of provider	Berks County CYs	Berks County CYs

**\*The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years’ funds?

- Yes  No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

Typically, the bulk of housing grant funds are used to pay utility bills, most often during the colder winter months. This year seemed to be less demanding on residents in Berks and the need for utility bill payments, primarily for oil heat, were less than anticipated. Families also continue to struggle to sustain and maintain housing for their children, and require long-term financial assistance. The remaining housing grant funds will be reallocated to cover over expenditures in the FGDM unit.

### **DRUG and ALCOHOL SERVICES**

This section should describe the entire substance abuse service system available to all county residents that is provided through all funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

This overview should provide the following information based upon data analysis and service system changes from the 15-16 plan narrative:

1. Waiting list for each level of care;
2. Barriers to accessing treatment services
3. Capacity issues
4. County limits on services;
5. Impact of opioid epidemic in the county system;
6. Any emerging substance use trends that will impact the ability of the county to provide substance use services.

This overview should not include guidelines for the utilization of ACT 152 or BHSI funding streams issued by DHS. The focus should be a comprehensive overview of the services and supports provided by the Single County Authority and challenges in providing services.

Berks County supports a full continuum of drug and alcohol prevention, intervention, treatment, and recovery support services. Funding from the Department of Human Services, the Department of Drug and Alcohol Programs (DDAP), HealthChoices, the Berks County Commissioners as well as an array of other grant funding is used to provide a full continuum of drug and alcohol treatment and recovery services to the people of Berks County. All treatment services are provided by DDAP licensed facilities. Treatment services include; Inpatient Hospital services including detoxification and residential treatment, Inpatient Non-Hospital services including detoxification, residential treatment and halfway housing, Partial Hospitalization, Intensive Outpatient, Outpatient, Case Management, Medication Assisted Treatment, Recovery Management and Recovery Housing. The Berks SCA monitors local contracted facilities at least once annually and/or as the need occurs. Berks County

has established a multiple point of entry system for accessing both assessment and treatment services. A majority of residents in Berks County, requiring public funding, access assessment services for entry into treatment at the Treatment Access and Services Center (TASC), Berks County's licensed Central Intake Unit. However, Berks County also allows residents to directly access publicly funded assessment and treatment services at any of the local contracted outpatient or detoxification providers. Additionally, inmates at Berks County Prison and the Community Reentry Center can receive assessment services through SCA-contracted treatment programs at the prison. This multiple point of entry system allows for more immediate treatment access assessments and decreases the need for waiting lists. The waiting list for SCA funding during FY 2015/2016 was not as severe or lengthy as during FY 2014/2015 when 35-100 individuals were on the waiting list for outpatient levels of care. Due to the state budget impasse during FY 2015/2016, the Berks SCA was very conservative in authorizing inpatient non-hospital residential treatment (with the exception of detoxification and those in need of medically urgent services). This resulted in some individuals waiting for residential services or being diverted to outpatient treatment. However, starting in the second quarter, the SCA again began authorizing residential services for all those in need. The waiting list for outpatient services varied from week to week with 10-25 individuals waiting for this level of care each week. This waiting list was primarily due to treatment provider capacity issues.

There are two limitations to treatment services for those eligible for Berks SCA funds. The first is a limitation of two detoxification admissions per client per year. However, all those in need of medically urgent services will be afforded such services regardless of county residency status or the number of prior detoxification admissions. The second limitation is that the Berks SCA will not continue to pay for medication assisted treatment services for individuals who are noncompliant with treatment/counseling recommendations.

The alarming statistics from the Berks County Coroner's Office confirm that Berks County is significantly impacted by the opioid epidemic. In 2014, of the 64 Berks County drug overdose deaths, 34% (22 deaths) were attributed to pharmaceutical opioid medications compared to 25% statewide. Also in 2014, heroin alone accounted for 26 overdose deaths, more than four times the number who died in 2007. In 2015, there were 56 opioid related overdose deaths, more than one per week. During FY 2015/2016, in an effort to prevent opioid related deaths, the Berks SCA began a naloxone distribution program with a grant obtained from the Pennsylvania Commission on Crime Delinquency. Between August 2015 and May 2016, the Berks SCA has distributed 158 Opioid Overdose Prevention Kits with naloxone to Berks County schools, fire departments and concerned community members. Additionally, through a contract with Treatment Access and Service Center (TASC) Berks SCA has implemented, a "warm hand off" initiative for opioid overdose survivors. Through this initiative, recovery specialists are on call 24/7 to engage the survivor immediately into treatment. Between December 2015 and May 2016 TASC has intervened with 48 opioid overdose survivors and 36 of these individuals (75%) entered treatment and began their path to long term recovery.

Additionally, during FY 2014/2015, for the first time in the forty year history of the Berks SCA, the number of people reporting opioid drugs as their primary drug exceeded the number of people reporting alcohol as their primary drug. This trend has continued this fiscal year and the percentage of people reporting opioids as their primary drug will exceed the 2014/2015 percentage of people with opioids as their primary drug. Our traditional model of treatment of opioid use disorders has been limited in its scope and in fact, with the exception of methadone maintenance, has remained a predominantly drug-free approach. Individuals with opioid use

disorders could be better served by a continuum of MAT services which include medical stabilization, pharmacotherapy, substance use disorder counseling, social stabilization, and extended recovery supports. Funding constraints have been a major barrier to the expansion of MAT services. The under-funded public drug and alcohol system, currently challenged to support traditional drug and alcohol services, does not have the capacity to re-direct its resources to support the more costly MAT services.

## Target Populations

Provide an overview of the specific services provided and any service gaps/unmet needs for the following populations:

- Adults
- Transition Age Youth (ages 18 to 26)
- Adolescents (under 18)
- Individuals with Co-Occurring Psychiatric and Substance Use Disorders
- Criminal Justice Involved Individuals
- Women with Children

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

**Services Provided** – Adults 18 and above have access to the entire continuum of care. BHSI funding in this plan supports Inpatient Hospital services, Inpatient Non-Hospital Services, all Outpatient services, and Medication Assisted Treatment. Act 152 funding from this plan supports Inpatient Non-Hospital Services only.

**Unmet Needs:** 1) Services that include child-care for single fathers  
2) Comprehensive outpatient services in various rural areas of Berks County  
3) The ability to provide more residential services (funding increase)  
4) The ability to provide more Medication Assisted Treatment (funding increase)

### Services for Transition Age Youth (ages 18-26)

**Services Provided** - The Caron Foundation provides an inpatient non-hospital treatment program for young adults ages 20-25; however at this time this program is not funded by BHSI or Act 152 funds. Additionally this population has access to the entire continuum of care. BHSI funding in this plan supports Inpatient Hospital services, Inpatient Non-Hospital Services, all Outpatient services, and Medication Assisted Treatment. Act 152 funding from this plan supports Inpatient Non-Hospital Services only.

**Unmet Needs:** 1) Services that include child-care for single fathers  
2) Comprehensive outpatient services in various rural areas of Berks County  
3) The ability to provide more residential services (funding increase)  
4) The ability to provide more Medication Assisted Treatment (funding increase)

### **Services for Adolescents (under age 18)**

**Services Provided** – Adolescent specific services are available throughout the continuum of care and include Inpatient Non-Hospital Residential treatment, Partial Hospitalization, Intensive Outpatient, and Outpatient services. BHSI funding in this plan supports Inpatient Non-Hospital Residential treatment and all Outpatient Services. Act 152 funding in this plan supports Inpatient Non-Hospital Residential treatment.

**Unmet Needs:** 1) Comprehensive outpatient services in various rural areas of Berks County  
2) Increased capacity for adolescent co-occurring treatment

**Services for Individuals with Co-occurring Psychiatric and Substance Use Disorders Services Provided** - Services for adults and adolescents with Co-occurring Disorders include Inpatient Non-hospital residential treatment, Intensive Outpatient and Outpatient treatment. BHSI funding from this plan supports all of the aforementioned services. Act 152 funding from this plan supports Inpatient Non-hospital Services. HSDF (Drug and Alcohol) supports Out-patient services. Additionally, the Berks SCA in conjunction with the Berks County Mental Health Developmental Disabilities Program supports an eight bed recovery house for homeless adult males with co-occurring disorders.

**Unmet Needs:** 1) Comprehensive co-occurring outpatient services in various rural areas of Berks County  
2) Increased capacity for adolescent co-occurring treatment  
3) The ability to provide more co-occurring residential services (funding increase)

### **Services for Criminal Justice Involved Individuals**

**Services Provided** - This population has access to the entire continuum of care. BHSI funding in this plan supports Inpatient Hospital services, Inpatient Non-Hospital Services, all Outpatient services, and Medication Assisted Treatment. Act 152 funding from this plan supports Inpatient Non-Hospital Services only. Additionally, the Berks SCA supports several specialized programs for individuals in the criminal justice system including; treatment and recovery services for Treatment Court participants, psycho-educational groups and outpatient treatment on site at the Berks County Jail and at the Berks County Re-entry Center, cognitive behavioral groups for high risk offenders, assessment and treatment services for offenders accepted into the Restrictive Intermediate Punishment Program, and criminal justice specific Recovery Housing.

**Unmet Needs:** 1) Comprehensive outpatient services in various rural areas of Berks County  
2) The ability to provide more residential services (funding increase)  
3) The ability to provide more Medication Assisted Treatment (funding increase)

### **Services Women with Children**

**Services Provided** – This population has access to the entire continuum of care. BHSI funding in this plan supports Inpatient Hospital services, Inpatient Non-Hospital Services, all Outpatient services, and Medication Assisted Treatment. Act 152 funding from this plan supports Inpatient Non-Hospital Services only. Additionally, the Berks SCA supports several specialized programs for women with children including an intensive outpatient treatment program for pregnant and parenting women which includes a child care component, Recovery Housing for women with children, as well case management services for pregnant and parenting women.

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

## Recovery–Oriented Services

Describe the current recovery support services available in the county including any proposed recovery support services being developed to enhance the existing system. Do not include information on independently affiliated 12 step programs (AA, NA, etc.).

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

- Pre-recovery groups- Supportive groups offered prior to engagement with formal treatment that are designed to educate and prepare individuals for treatment services as well as to begin to identify potential obstacles to participating in treatment or engaging in sustained recovery.
- Transitional/Recovery Housing- Housing service available for those in early recovery that require a safe, supportive and substance free living environment as the individuals solidify their recovery. Residents are able to seek and maintain employment while receiving case management and peer-to-peer services. No treatment services are offered on-site at the houses, but most all residents attend community-based outpatient treatment services. These houses also provide social and recreational opportunities as well as educational workshops to address various issues common for those early in the recovery process.
- Intensive Case Management- Structured services that help individuals with multiple life stress issues by identifying and prioritizing needs, matching them with appropriate local resources and guiding them through the service delivery process. This service is provided to specialized populations including individuals residing in Transitional/Recovery Housing and pregnant/parenting women.
- Recovery Support Specialist- Services recently implemented to assist individuals establish necessary connections with available supports and resources in the community that will facilitate initiation and on-going engagement in the recovery process. The individuals who provide this service have received their Certified Recovery Specialist credential from the Pennsylvania Certification Board.
- Early Recovery Support Groups- The Berks SCA provides funding to each contracted outpatient provider to offer a post-treatment service that offers the necessary guidance, assistance and encouragement to clients as they transition from treatment and become established in their personal recovery program.
- Mindfulness Risk-Reduction Education- The Berks SCA provides this service to residents of the various local transitional/recovery houses. Mindfulness training can be very useful to those in recovery as one learns effective tools to deal with stress and stressful situations, to combat feelings and urges to use drugs and alcohol and to overall improve decision-making skills.

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

For Fiscal Year 2016/2017, Department of Human Services categorical funds comprise about 20% of the Berks SCA’s funding for treatment and recovery services. These categorical funds include an Act 152 allocation of \$178,965, a Behavioral Health Special Initiative (BHSI) allocation of \$1,021,753 for a total of \$1,200,718 which includes \$180,108 of Administrative costs.

**Inpatient Non Hospital**

- BHSI Funds - \$453,477 serving 251 individuals.
- Act 152 - \$152,120 serving 73 eligible individuals.

**Inpatient Hospital**

- BHSI Funds - \$4,956 serving 2 individuals.

**Partial Hospitalization**

- BHSI Funds - \$56,355 serving 65 individuals.

**Outpatient/IOP**

- BHSI Funds - \$150,592 serving 260 individuals.

**Medication Assisted Therapy**

- BHSI Funds - \$76,560 serving 88 individuals.

**Recovery Support Services**

- BHSI Funds - \$126,550 serving 300 individuals.

Total BHSI treatment and recovery support funds for FY 15-16 are \$868,490.

Outcomes

The following outcomes are tracked:

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

Between July 2015 and April 2016, a total of 587 unique individuals received services through DHS funds in the following levels of care:

**Inpatient Non-hospital** (Includes Detoxification, Residential and Halfway House services) – 309 individuals received a total of 3,702 days of treatment. The average number of days between assessment and admission to Inpatient Non-Hospital care was 1 day.

**Inpatient Hospital** (Includes Detoxification and Residential services) – 1 individual received a total of 10 days of treatment. The number of days between assessment and admission to Inpatient Hospital care was 4 days.

**Partial Hospital** – 62 individuals received a total of 2,175 hours of treatment. The average number of days between assessment and admission to Partial Hospital treatment was 11 days.

**Outpatient/Intensive Outpatient** –142 individuals received a total of 2,175 hours of treatment. The average number of days between assessment and admission to Outpatient care was 14 days.

**Medication Assisted Therapy** – 73 individuals received methadone dosing and a total of 503 hours of treatment. The average number of days between assessment and admission to Medication Assisted Therapy was 1 day.

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

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the below format to describe how the county intends to utilize HSDF funds:

- The program name.
- A description of the service offered by each program.
- Service category - choose **one** of the allowable service categories that are listed under each section.
- Which client populations are served? (Generic Services only)
- Planned expenditures for each service.

**Note:** Please ensure that the total estimated expenditures for each categorical match the amount reported for each categorical line item in the budget.

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

**Program Name:** Berks Encore Meals on Wheels <60

**Description of Services:** The Adult Home Delivered Meal program provides a hot, nutritionally balanced meal that meets ½ of the recommended daily allowance to a limited population under the age of 60. This population is diagnosed with chronic conditions and/or disabilities that prevent them from preparing a meal and/or shopping for the food necessary to prepare that meal. Meals are provided on an emergency, short-term and long-term basis depending on need.

**Service Category:** Home Delivered Meals

**Planned Expenditures:** \$26,600

Program Name: Berks Community Action Program Budget Counseling

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

Service Category: Counseling

Planned Expenditures: \$20,675

Program Name: Boyertown Multi Services Center Case Management

Description of Services: Case management to individuals who reside in rural Berks County. Case managers connect people with the support that they need to mitigate homelessness, loss of heat, fuel, and food. Information and Referral as well as direct assistance is provided in the individual's own rural community within the County.

Service Category: Case Management

Planned Expenditures: \$14,650

Program Name: Prospectus Associates Transportation

Description of Services: Door to Door Transportation services of a single individual who does not qualify for MH/IDD services to access the day program he has been attending since the 1980's.

Service Category: Transportation

Planned Expenditures: \$940

Program Name: Advantage Home Care

Description of Services: Homemaker services for individuals under age 60 not capable of adequate self-care in their home environments. Assistance with tasks such as bathing, light housecleaning, laundry, running errands, and planning/preparing meals enable individuals to live independently in their home rather than relying on institutional care.

Service Category: Homemaker

Planned Expenditures: \$4,000

**Allowable Adult Service Categories:**

Adult Day Care; Adult Placement; Case Management; Chore; Counseling; Employment; Home-Delivered Meals; Homemaker; Housing; Information and Referral; Life Skills Education; Protective; Transportation.

**Aging Services:** Please provide the following:

Program Name: Berks Encore Information and Referral

Description of Services: Information and Referral regarding food, housing, utilities, medical insurance and medical expenses.

Service Category: Information and Referral

Planned Expenditures: \$41,000

**Allowable Aging Service Categories:**

Adult Day Care; Assessments; Attendant Care; Care Management; Congregate Meals; Counseling; Employment; Home-Delivered Meals; Home Support; Information & Referral; Overnight Shelter/Supervision; Personal Assistance Service; Personal Care; Protective Services-Intake/Investigation; Socialization, Recreation, Education, Health Promotion; Transportation (Passenger); Volunteer Services.

**Children and Youth Services:** Please provide the following:

N/A

Program Name: (e.g. YMCA...)

Description of Services: (“Before and after school child care services provided to ...”)

Service Category: (Please select one from allowable categories below.)

Planned Expenditures:

**Allowable Children and Youth Service Categories:**

Adoption Service; Counseling/Intervention; Child Care; Day Treatment; Emergency Placement; Foster Family Care (except Room & Board); Homemaker; Information & Referral; Life Skills Education; Protective; Service Planning.

**Generic Services:** Please provide the following:

Program Name: Co-County Wellness Case Management

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

Service Category: Service Planning/Case Management

Which client populations are served?: Adult and Aging

Planned Expenditures: \$19,066

Program Name: Community Prevention Partnership Case Management

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

Service Category: Service Planning/Case Management

Which client populations are served?: Adult and Children

Planned Expenditures: \$20,565

Program Name: Family Guidance Center Counseling

Description of Services: Counseling to low income adults regarding depression, anxiety and emotional and physical abuse.

Service Category: **Counseling**

Which client populations are served?: Adult and Elderly

Planned Expenditures: \$12,000

Program Name: Council on Chemical Abuse

Description of Services: Dual diagnosis counseling (MH/D/A)- Counseling services are offered to individuals who have both a mental health and drug/alcohol diagnosis. The service is provided by providers who are dually licensed to treat both disorders simultaneously.

Service Category: Counseling

Which client populations are served?: Adult and Elderly

Planned Expenditures: \$47,400

Allowable Generic Service Categories:

Adult Day Care; Adult Placement; Centralized Information & Referral; Chore; Counseling; Employment; Homemaker; Life Skills Education; Service Planning/Case Management; Transportation.

**Specialized Services:** Please provide the following:

Program Name: Berks Visiting Nurses

Description of Services: Wellness Program at six low income high rise apartments for individuals with disabilities, 60 years of age, and the elderly. The Program provides lectures on wellness topics, assists with medication reminders and filling of pill boxes as well as taking blood pressure and weight checks. There is no medical care provided. If a medical condition is uncovered or uncontrolled, the consumer is sent to their PCP or the Emergency Room for treatment.

Planned Expenditures: \$25,000

Program Name: Opportunity House-Children's Alliance Center

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

Planned Expenditures: \$48,421

Program Name: Council on Chemical Abuse

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

Planned Expenditures: \$9,000

**Interagency Coordination:** Describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain how the funds will be spent (e.g. salaries, paying for needs assessments, etc.) and how the activities will impact and improve the human services delivery system.

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

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

The event last year drew 222 case workers representing 78 Berks County Human Services Agencies.

The estimated portion to HSDF for this project is \$3,000\_for FY 16-17.

**APPENDIX C**

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

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

<b>Directions:</b>	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1.	<b>Estimated Individuals:</b> Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2.	<b>HSBG Allocation:</b> Please enter the county's <b>total</b> state and federal HSBG allocation for each program area (MH, ID, HAP, CWSG, D&A, and HSDF).
3.	<b>HSBG Planned Expenditures:</b> Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4.	<b>Non-Block Grant Expenditures:</b> Please enter the county's planned expenditures ( <b>MH, ID, and D&amp;A only</b> ) that are <b>not</b> associated with HSBG funds in the applicable cost centers. <i>This does not include Act 148 funding or D&amp;A funding received from the Department of Drug and Alcohol.</i>
5.	<b>County Match:</b> Please enter the county's planned match amount in the applicable cost centers.
6.	<b>Other Planned Expenditures:</b> Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
7.	<b>County Block Grant Administration:</b> Please provide an estimate of the county's administrative costs for services <b>not included</b> in MH or ID Services.
<b>NOTE: Fields that are greyed out are to be left blank.</b>	
<p>■ Please use FY 15-16 primary allocation less the one-time Community Mental Health Services Block Grant funding for the Housing Initiative for completion of the budget.</p> <p>■ The department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 16-17 are significantly different than FY 15-16. In addition, the county should notify the Department via email when funds of 20% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).</p>	

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

County:	1.	2.	3.	4.	5.	6.
<b>Berks</b>	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	4		7,466		234	
Administrative Management	3,436		612,272		19,164	
Administrator's Office			509,115		15,935	
Adult Developmental Training			0		0	
Children's Evidence-Based Practices			0		0	
Children's Psychosocial Rehabilitation			0		0	
Community Employment	68		128,091		4,009	
Community Residential Services	70		2,272,395		129,387	
Community Services	2,081		495,967		15,524	
Consumer-Driven Services			0		0	
Emergency Services	1,275		665,688		20,836	
Facility Based Vocational Rehabilitation	15		70,741		759	
Facility Based Mental Health Services	2		2,334		73	
Family Support Services	2		2,419		76	
Housing Support Services	91		1,240,207		38,818	
Mental Health Crisis Intervention	2,976		1,295,362		40,545	
Other	0		0		0	
Outpatient	1,346		186,173		5,827	
Partial Hospitalization	21		32,968		1,032	
Peer Support Services	60		31,184		976	
Psychiatric Inpatient Hospitalization	3		19,393		607	
Psychiatric Rehabilitation	15		218,937		4,754	
Social Rehabilitation Services	215		198,210		1,544	
Target Case Management	572		681,838		21,342	
Transitional and Community Integration						
<b>TOTAL MENTAL HEALTH SERVICES</b>	12252	8670760	8670760	0	321442	0

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

County:	1.	2.	3.	4.	5.	6.
<b>Berks</b>	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>INTELLECTUAL DISABILITIES SERVICES</b>						
Administrator's Office			1,182,268		25,051	
Case Management	660		343,096		5,781	
Community-Based Services	175		987,192		30,899	
Community Residential Services	20		912,208		28,552	
Other	101		64,134		2,007	
<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	956	3488898	3488898	0	92290	0
<b>HOMELESS ASSISTANCE SERVICES</b>						
Bridge Housing	72		96,500			
Case Management	607		106,835			
Rental Assistance	505		206,951			
Emergency Shelter	0		0			
Other Housing Supports	0		0			
Administration						
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	1,184	455873	410286		0	0
<b>CHILD WELFARE SPECIAL GRANTS SERVICES</b>						
Evidence-Based Services	245		507,487		15,884	
Promising Practice	0		0		0	
Alternatives to Truancy	335		245,423		7,682	
Housing	12		12,000		376	
<b>TOTAL CWSG SERVICES</b>	592	764910	764910		23942	0

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

County:	1.	2.	3.	4.	5.	6.
<b>Berks</b>	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>DRUG AND ALCOHOL SERVICES</b>						
Case/Care Management						
Inpatient Hospital	2		4,956			
Inpatient Non-Hospital	324		605,597			
Medication Assisted Therapy	88		76,560			
Other Intervention						
Outpatient/Intensive Outpatient	260		150,592			
Partial Hospitalization	65		56,355			
Prevention						
Recovery Support Services	300		126,550			
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	1039	1200718	1020610	0	0	0
<b>HUMAN SERVICES DEVELOPMENT FUND</b>						
Adult Services	307		66,865			
Aging Services	1,800		41,000			
Children and Youth Services	0		0			
Generic Services	285		99,031			
Specialized Services	1,145		82,421			
Interagency Coordination			3,000			
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	3537	322352	292,317		0	0
<b>7. COUNTY BLOCK GRANT ADMINISTRATION</b>			255730			
<b>GRAND TOTAL</b>	19560	14903511	14903511	0	437674	0

**PROOF OF PUBLICATION NOTICES**

**SIGN IN SHEETS**

**SUMMARY OF PUBLIC HEARINGS AND HANDOUTS**

BERKS CO. COMMISSIONERS  
ATTN: CHIEF CLERK  
COUNTY SERVICES CENTER, 13TH FLOOR  
633 COURT STREET  
READING, PA 19601

Legal Classified

The County of Berks will conduct a Public Hearing concerning the Human Services Block Grant for FY 2016/2017 on Thursday, June 9, 2016 during the regular scheduled Commissioners' Meeting, commencing at 10:00 AM., Berks County Services Center, 13th Floor, Commissioners' Boardroom, 633 Court Street, Reading, Pennsylvania. If you are unable to attend but wish to comment please direct correspondence to Edward B. Michalik, Psy.D., MH/DD Program Administrator, 633 Court Street, 8th Floor, Reading PA 19601

{ No.0000523713

Page 1 of 1

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

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

Commonwealth of Pennsylvania,  
County of Berks

} SS:

ATTEST: Maryjo Gibson,  
Chief Clerk

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

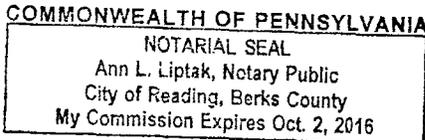
**Reading Eagle Thursday, May 26, 2016, A.D.**

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

Lynn Schittler

Sworn to and subscribed before me on this day of May 26, 2016

Notary



Berks County Human Services Block Grant Public Meeting –  
 June 9, 2016 Commissioner Meeting Presentation  
 Sign In

NAME	ORGANIZATION	TELEPHONE NUMBERS	E-MAIL ADDRESS
Michele Ruano-Weber	MH/DD	610-478-3271, ext. 4582	MARUANO@berkscountyofberks.com
Tracy Evans	MH/DD	x 6580	
Rich Ford	SAM		
Mary Estel	MH/DD		
Mary Hurnigh	MH/DD	610-478-3271 x6589	mhurnigh@countyofberks.com
Tiffany Bachert	MH/DD		
Rochelle Wanner	AAAT	x6500	rwanner@countyofberks.com
Todd Reinert	AAAT	x6500	TReinert@countyofberks.com
Marisa Printz	MH/DD	4847726735	mprintz@sam-inc.org
Krista McElhaneey	CYS		kmelhaneey@countyofberks.com
Sheila Arnold	CYS		
Rebecca Dorsey	MH/DD		
George Vogel	COCA	610-376-8667	
Debra Dwyer	MH/DD/AC		

Berks County Human Services Block Grant Public Meeting –  
 June 9, 2016 Commissioner Meeting Presentation  
 Sign In

NAME	ORGANIZATION	TELEPHONE NUMBERS	E-MAIL ADDRESS
Alice Dillman	Personal	484 529 9666	
Phillip Bennett.	East Dog Tr.	484-721-2796	
Lauren Heydt	MH/DD		
Sheila Coyle	CASSP - MH/DD		
Toni [Signature]	SAM, Inc. Dir. of AE Support Services	510-573-6599	
Dr. Elizabeth Michaelis	MH/DD / [Signature]	—	



## County of Berks Pennsylvania

**Berks County Board of Commissioners**  
 Christian Y. Leinbach, Chair  
 Kevin S. Barnhardt  
 Mark C. Scott, Esquire

**Edward B. Michalik, Psy. D.**  
 MH/DD Program Administrator

**Krista K. McIlhenny, MA**  
 CYS Administrator

**Robert N. Williams**  
 Chief Probation & Parole Officer

**George J. Vogel, Jr.**  
 COCA Executive Director

**FY 2016/2017  
 Block Grant Public Meeting  
 June 9, 2016**

- 1

## History

**The Commonwealth of PA had 7 line item categoricals that it would pass to the Counties.**

**Money could only be spent in a specific category and no flexibility was permitted.**



**The public welfare code and fiscal code were amended in 2012 to allow for consolidation and flexible funding.**

- 2

## Funding Combined under the Block Grant

- Mental Health Base Funds (MH)
- Intellectual Disabilities Base Funds (ID)
- Human Services Development Fund (HSDF)
- Homeless Assistance Program (HAP)
- Behavioral Health Services Initiative
- Act 152 Drug And Alcohol Funds (D&A)
- Child Welfare Special Grants (CYS)



- 3

## Pilot Program

**Berks County was approved to be one of the initial pilot sites in fiscal year 2012/2013.**

**Berks County continues to be committed to the Human Services Block Grant process.**



- 4

## County Planning and Needs Assessment Team

**The Berks County team consists of representatives from Aging, Juvenile Probation, Child Welfare, CASSP, Mental Health/Developmental Disabilities and the Drug/Alcohol Single County Authority.**



**Advocates and Providers have the opportunity to review and comment on the Human Services Block Grant Plan.**

- 5



## County of Berks Pennsylvania

# Block Grant Implementation

- 6

### MH/DD Allocation Projections

	FY 15-16
MH	\$ 8,709,687
DD	\$ 3,488,898
<b>Totals</b>	<b>\$ 12,198,585</b>

- 7

### MH/DD Disabilities Allocation Projections

**MH Funds encompass:**

- Administrative Care Management
- Blended Case Management
- Vocational Rehabilitation
- CHIPP
- SAP
- Community Support
- Social Rehabilitation
- CRR
- Parent Partner
- Housing
- Medication
- Outpatient
- Family Based
- Partial Hospitalization
- Crisis
- Emergency Services

**DD Funds encompass:**

- Respite
- Transportation
- Habilitation
- Supports Coordination
- Community Living Homes
- Family Living
- Vocational Services

- 8

### Mental Health Services FY 14-15

Mental Health Services	Number Served
Administrator's Office	
Community Services	1511
Targeted Case Management	495
Outpatient	415
Psychiatric Inpatient Hospitalization	1
Partial Hospitalization	23
Mental Health Crisis Intervention Services	2150
Adult Developmental Training - Adult Day Care	0
Community Employment & Employment Related Svcs.	58
Facility Based Vocational Rehabilitation	10
Social Rehabilitation Services	218

- 9

### Mental Health Services FY 14-15 (continued)

Mental Health Services	Number Served
Family Support Services	2
Community Residential Services	60
Family Based Mental Health Services	2
Administrative Management	3435
Emergency Services	922
Housing Support Services	56
Assertive Community Treatment Teams/Community Treatment Teams	4
Psychiatric Rehabilitation	18
<b>Total MH Services</b>	<b>9380</b>

- 10

### Intellectual Disabilities Services FY 14-15

Intellectual Disabilities Services	Number Served
Administrator's Office	
Case Management	554
Community Residential Services	15
Community Based Services	186
Other	0
<b>Total ID Services</b>	<b>755</b>

- 11

### Human Services Development Funds Allocation Projections

	FY 15-16
HSDF	\$ 322,352

**HSDF Funds encompass:**

- Aging
- Adult Services
- Specialized Services

**Currently this money funds:**

- Homemaker Services
- Wellness Services
- Home Delivered Meals
- Information and Referral Services
- Case Management Services
- Child Abuse Interventions
- Drug/alcohol treatment for those without insurance
- Budget Counseling
- Prevention Activities

- 12

### HSDF Services FY 14-15

Human Services Development Fund	Number Served
Adult Services	284
Aging Services	1605
Children and Youth Services	0
Generic Services	143
Specialized Services	1240
Mental Health Services	0
Intellectual Disabilities Services	0
Drug and Alcohol Services	0
Child Welfare Special Grants	0
Homeless Assistance Services	0
<b>Total Human Services</b>	<b>3272</b>

### Homeless Assistance Program Allocation Projections

	FY 15-16
HAP	\$ 455,873

**HAP Funds encompass:**

- Bridge Housing
- Rental Assistance
- Case Management

### HAP Services FY 14-15

Homeless Assistance	Number Served
Bridge Housing	107
Case Management	573
Rental Assistance	572
Emergency Shelter	0
Other Housing Supports	0
<b>Total HAP Services</b>	<b>1252</b>

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

	FY 15-16
BHSI	\$ 842,788

**BHSI encompass the entire Continuum of D&A care including:**

- Inpatient
- Outpatient
- Recovery Supports
- Client Related Services

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

	FY 15-16
ACT 152	\$ 357,930

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

### BHSI and ACT 152 Drug/Alcohol Services FY 14-15

Drug & Alcohol Services	Number Served
Inpatient Non-Hospital	
Detoxification	223
Treatment and Rehabilitation	207
Halfway House	2
Inpatient Hospital	
Detoxification	1
Partial Hospitalization	88
Outpatient/IOP	333
Medication Assisted Therapy	
Methadone	83
Buprenorphine	5
<b>Total D&amp;A Services</b>	<b>942</b>

## Child Welfare Special Grants Allocation

---

**FY 15-16**  
\$ 764,910

- Family Group Decision Making (FGDM)
- Multi-systemic Therapy (MST)
- Alternatives to Truancy
- Housing

- 19

## Child Welfare Special Grants Allocation

---

Statistics for FY 14/15

Services	Clients Served	Expenditures
Evidence Based	275	\$ 532,920
FGDM	189	\$ 352,005
MST	86	\$ 180,915
Promising Practice	0	0
Truancy	144	\$ 220,835
Housing	12	\$ 11,155
<b>Total CWSG Services</b>	<b>431</b>	<b>\$ 764,910</b>

- 20

## Child Welfare Special Grants Services

---

**Family Group Decision Making (FGDM)** – comprised of 4 Full-time BCCYS Caseworker II's. In 2015, there were 195 new referrals, 530 family members coordinated and 76 conferences held.

**Multi-systemic Therapy (MST)** – service provided by Community Solutions, Inc. and targets youth between ages 12-17 who are at risk for out of home placement. There is currently a waiting list for this service, as the provider continues to experience staff turnover and vacancies.

**Truancy Remediation Program** – service provided by SAM. In 2015, there were 142 referrals. The average amount of days truant prior to referral is 23.63 days. Average days between referral and intake is 11 days.

**Housing** – these funds are used to help families to maintain in their homes, and are used in conjunction with Community Foundation Bridge funds, LIHEAP, and other community grants.

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## Exploring Needs Potential Promising Practices

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How can we better serve families who experience out of home placements?  
And get children and families back together quicker?  
And still ensure success?

**Reunification Services/Visit Coaching**

Heroin/Opioid Epidemic –  
NSA (neonatal abstinence syndrome)

How can we provide preventative services and establish support systems for mother while the child is still hospitalized?

**Family Team Conferences**

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## Flexible Spending

---

FY 12-13, \$71,586 was transferred within D&A from ACT 152 to BHSI allowing more individuals to receive D&A services.

FY 13-14, \$75,000 was transferred from CYS Special Grants to BHSI allowing 38 more individuals to receive D&A services.

- 23

## Flexible Spending (continued)

---

FY 14-15 there were retained earnings. This funded the following:

- Youth Mental Health First Aid for school personnel
- Mental Health First Aid for First Responders
- Crisis Text Line for the County's Crisis Intervention Service
- Automobile for Transition-Aged Youth Psychosocial Rehabilitation Provider
- De-escalation training for CYS, Aging and Reading School District personnel
- Suicide video and supplies for the newly created Berks County Suicide Task Force

- 24

### Flexible Spending (continued)

FY 15-16, Unspent Mental Health funds, from 15-16, in the amount of \$70,000 was given to the SCA to implement Recovery Support Services. The total number of individuals that will benefit for that service is 70.

- 25

### County Human Services Plan

Plan will be submitted to Department of Human Services by July 8, 2016.

The planning process will be comprehensive and will include all county level human service systems as well as constituency groups of each of these departments.

The focus will be on identifying local needs and developing strategies & goals to implement quality cross system services to meet the need.

- 26

### Your Input

Today as part of the planning process, you have the opportunity to comment on what you believe are unmet needs across the human service systems in Berks County.

If you have comments that you would like to submit at a later time, you may do so in writing to the MH/DD Program.

- 27

### Human Services Block Grant County Lead:

Edward B. Michalik, Administrator  
[emichalik@countyofberks.com](mailto:emichalik@countyofberks.com)



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

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# COUNTY OF BERKS, PENNSYLVANIA

## Mental Health/Developmental Disabilities Program

Services Center, 15<sup>th</sup> Floor  
633 Court Street  
Reading, PA 19601-4301

Phone: 610-478-3271  
Fax: 610-478-4980  
E-mail: mhdd@countyofberks.com

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

**Edward B. Michalik, Psy. D., Administrator**

## Human Services Block Grant Public Plan Hearing June 9, 2016

### **I. Dr. Edward B. Michalik – Welcome to the presentation of the FY 2016/201 Human Services Block Grant Public Plan Meeting**

- a. Data for FY15/16 is not yet available so data will be reviewed from FY 14/15.

### **II. History**

- a. The Commonwealth had seven line item categoricals that it historically has passed to the Counties.
- b. Money could only be spent in a specific category and no local flexibility was permitted. Money could be moved within categoricals but this didn't provide enough flexibility.
- c. The Public Welfare Code and Fiscal Code was amended in 2012 to allow for consolidation and flexible funding.

### **III. Minimum Expenditure Levels**

- a. FY12/13 – 80%, FY13/14 – 75%, FY14/15 – 50%, FY 15/16 – 25%, FY16/17 full county flexibility but no program area may be completely eliminated

### **IV. Funding Combined**

- a. Mental Health Base Funds (MH)
- b. Intellectual Disabilities Base Funds (ID)
- c. Human Services Development Fund (HSDF)
- d. Homeless Assistance Program (HAP)
- e. Behavioral Health Services Initiative (BHSI)
- f. Act 152 Drug and Alcohol Funds (D&A)
- g. Child Welfare Special Grants (CYS)

### **V. Pilot Program**

- a. Berks County was approved to be one of twenty pilot sites in FY 12/13.
- b. Berks County continues to be committed to the Human Services Block Grant process.

## VI. County Planning and Needs Assessment Team

- a. The Berks County team consists of representatives from Aging, Juvenile Probation, Child Welfare, CASSP, Mental Health/Developmental Disabilities and the Drug/Alcohol Single County Authority.
- b. Advocates and Providers have the opportunity to review and comment on the Human Services Block Grant Plan.
- c. The final plan will be available for review on the county MH/DD webpage after the 7/8/16 submission to DHS.

## VII. Block Grant Implementation

- a. Mental Health/Developmental Disabilities Allocation Projections FY15/16:

MH	\$ 8,709,687
DD	\$ 3,488,898
<b>Totals</b>	<b>\$12,198,585</b>

Mental Health (MH) funds encompass Administrative Case Management, Blended Case Management, Vocational Case Management, CHIPP, SAP, Community Support, Community Employment, Social Rehabilitation, CRR, Parent Partner, Housing, Medication, Out-Patient, Family Based, Partial Hospitalization Program, Crisis and Emergency Services.

Developmental Disabilities (DD) funds encompass Respite, Transportation, Habilitation, Supports Coordination, Community Living Homes, Family Living and Vocational Services.

### **MH Services FY 14/15 Clients Served:**

	Administrators Office
1511	Community Services
495	Targeted Case Management
415	Outpatient
1	Psychiatric Inpatient Hospitalization
23	Partial Hospitalization
2150	Mental Health Crisis Intervention Services
0	Adult Developmental Training – Adult Day Care
58	Community Employment & Employment Related Services
10	Facility Based Vocational Rehabilitation
218	Social Rehabilitation Services
2	Family Support Services
60	Community Residential Services
2	Family Based Mental Health Services
3435	Administrative Management
922	Emergency Services
56	Housing Support Services
4	Assertive Community & Community Treatment Teams
18	Psychiatric Rehabilitation
<b>9380</b>	<b>Total Services</b>

**DD Services FY 14/15 Clients Served:**

Administrators Office (*Berks County has the smallest administrative staff in Pennsylvania*)

554	Case Management
15	Community Residential
186	Community Based Services
<u>0</u>	<u>Other</u>
<b>755</b>	<b>Total Services</b>

- b. Human Services Development Funds (HSDF) Allocation Projections FY15/16:

**HSDF           \$ 322,352**

HSDF encompasses Aging, Adult Services and Specialized Services.

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

**HSDF Services FY 14/15 Clients Served:**

284	Adult Services
1605	Aging Services
0	Child & Youth Services
143	Generic Services
1240	Specialized Services
0	Mental Health Services
0	Intellectual Disabilities Services
0	Drug & Alcohol Services
0	Child Welfare Special Grants
<u>0</u>	<u>Homeless Assistance Services</u>
<b>3272</b>	<b>Total Services</b>

- c. Homeless Assistance Program (HAP) Allocation Projections FY15/16:

**HAP           \$ 455,873**

HAP encompasses Bridge Housing, Rental Assistance and Case Management.

**HAP Services FY 14/15 Clients Served:**

107	Bridge Housing
573	Case Management
572	Rental Assistance
0	Emergency Shelter
<u>0</u>	<u>Other Housing Supports</u>
<b>1252</b>	<b>Total Services</b>

- d. Behavioral Health Services Initiatives (Drug and Alcohol Treatment Services) Projections FY15/16:

**BHSI            \$ 842,788**

Behavioral Health Services Initiatives (BHSI) encompasses the entire Continuum of D/A care including Inpatient, Outpatient, Recovery Supports and Client Related Services.

ACT 152 Allocation Projections FY15/16:

**BHSI            \$ 357,930**

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

ACT 152 was legislation created to bridge the gap between treatment and Medicaid funding. We have been efficient with the timeframes therefore a lot of this money was going unspent. Now we are able to use these funds for different forms of treatment.

**BHSI and ACT 152 Drug/Alcohol Services FY 14/15 Clients Served:**

Inpatient Non-Hospital:

223 Detoxification  
207 Treatment and Rehabilitation  
2 Halfway House

Inpatient Hospital:

1 Detoxification  
88 Partial Hospitalization  
333 Outpatient/OP

Medication Assisted Therapy:

83 Methadone  
5 Buprenorphine

**942 Total Services**

- e. Child Welfare Special Grants Allocation Projections FY15/16:

**CWSG            \$ 764,910**

Special Grants encompasses Family Group Decision Making (FGDM), Multi-systemic Therapy (MST), Alternatives to Truancy, Housing.

**Special Grants Services FY 14/15 Clients Served:**

Children & Youth Services:

275 Evidence Based Services  
189 FGDM  
86 MST

0 Promising Practice  
144 Truancy

12 Housing

**431 Total Services**

**Family Group Decision Making (FGDM)** – comprised of 4 full-time BCCYS caseworker II's. In 2015, there were 195 new referrals, 530 family members coordinated and 76 conferences held.

**Multi-systemic Therapy (MST)** – service provided by Community Solutions, Inc. and targets youth between ages 12 – 17 who are at risk for out of home placement. There is currently a waiting list for this service, as

the provider continues to experience staff turnover and vacancies. This service is primarily used by JPO. **Truancy Remediation Program** – service provided by Service Access & Management. In 2015, there were 142 referrals. The average amount of days truant prior to referral is 23.63 days. Average days between referral and intake is 11 days.

**Housing** – these funds are used to help families to maintain housing and are used in conjunction with Community Foundation Bridge funds, LIHEAP, and other community grants. This provides once and done help. Some of the unused money was moved to FGDM.

### **Exploring Needs Potential Promising Practices**

**Reunification Services/Visit Coaching** – is used to better serve families who experience out of home placements, get children back with their families faster and ensure success. To shorten the time children spend in out of home placement.

**Family Team Conferences** – Heroin/Opioid Epidemic – NSA (neonatal abstinence syndrome) – to help provide preventative services and establish support systems for mother while the child is still hospitalized. Another option for neonatal babies is to have smaller group meetings with providers and not include the extended family because it is less threatening to the addicted mother.

## **VIII. Flexible Spending**

- a. In FY 12/13, \$71,586 was transferred within Drug & Alcohol from ACT 152 to Behavioral Health Services Initiative allowing more individuals to receive Drug and Alcohol services.
- b. In FY 13/14, \$75,000 was transferred from CYS Special Grants to Behavioral Health Services Initiative allowing 38 more individuals to receive Drug & Alcohol services.
- c. For 14/15 there were retained earnings. This funding the following:
  - Youth Mental Health First Aid for school personnel
  - Mental Health First Aid for First Responders
  - Crisis Text Line for the County's Crisis Intervention Service
  - Automobile for Transition Aged Youth Psychosocial Rehabilitation Provider
  - De-escalation training for CYS, Aging and Reading School District personnel
  - Suicide video and supplies for the newly created Berks County Suicide Task Force.
  - Berks County Jail System staff are attending two Train the Trainer trainings to then train Corrections Officers.
- d. For 15/16, Unspent Mental Health funds, from 15/16, in the amount of \$70,000 was given to the SCA to implement Recovery Support Services. The total number of individuals that will benefit for that service is 70.

This service will fund the “warm hand off” for people who have overdosed. COCA and Recovery Specialists will talk to the person while still in the emergency room. Many will go directly into treatment from the ER so they do not continue the cycle of using.

#### **IX. County Human Services Plan**

- a. Plan will be submitted to the Pennsylvania Department of Human Services by July 8, 2016.
- b. The planning process will be comprehensive and will include all county level human service systems as well as constituency groups of each of these departments.
- c. The focus will be on identifying local needs and developing strategies and goals to implement quality cross system services to meet the need.

#### **X. Your Input**

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

Yvonne Stroman, COCA, brought with her two individuals who have benefited from the additional D&A funding.

#### **XI. Questions**

1. Are they going to increase the amount of block grant dollars?  
It is not known at this time as it will depend on the State budget. However the County is looking at ways to maximize the current block grant funding with particular attention being placed on the forensic population that is in need of mental health treatment.

## County officials spell out plan for expanding human services



Ramping up programs related to treating addiction, supporting babies born with opioid or heroin dependency and diverting people with mental health needs from jail are among Berks County's top goals for expanding human services over the next year.

County officials identified those priorities Thursday during a presentation to county commissioners on how they planned to use the \$12.2 million in state aid they expect will be coming to Berks through a grant for human services programs. That figure is just an estimate at this point because it depends on the 2016-17 state budget.

In 2012, the county was among the first in the state to switch to a new, block grant system of receiving state human services aid. That system gives counties more latitude over how the money is spent as long as its used in certain human services areas.

Dr. Edward B. Michalik, Berks mental health and developmental disabilities program chief, said the extra flexibility has helped the county respond quickly to problems that come up.

For example, money freed up from the 2014-15 grant was used to launch suicide-prevention efforts and about \$70,000 left over from the 2015-16 grant will be redirected to expand "warm handoff" programs that push drug overdose patients directly into addiction treatment.

"We're using these monies across all human services," Michalik said.

Drug and alcohol treatment will continue to be a priority for 2016-17, he said, as will reducing the mental health patient population of the county prison. He said programs that divert mental health patients from incarceration and serve those being released from jail will need to be beefed up.

And Children and Youth Services is looking to expand its programs aimed at helping children born with opioid or heroin dependency, said Krista McIlhaney, the department administrator. Those programs, she said, aim to provide counseling, support and assistance to parents so that the children can be brought up in stable families.

"This is to decrease the amount of time that kids spend in out-of-home placement," she said.

Contact Liam Migdail-Smith:  
610-371-5022 or  
[lsmith@readingeagle.com](mailto:lsmith@readingeagle.com)

BERKS COUNTY MH/MR  
COUNTY SERVICES CTR  
633 COURT ST 8TH FL  
READING, PA 19601

{ L.V.0000525334

Page 1 of 1

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

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

Commonwealth of Pennsylvania,  
County of Berks

} SS:

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

**Reading Eagle Wednesday, June 08, 2016, A.D.**

Affiant further deposes that this person is duly authorized by READING EAGLE COMPANY, a corporation, publisher of said READING EAGLE, a newspaper of general circulation, to verify the foregoing statement under oath, and affiant is interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statements as to time, place, character of publication are true.

*Beverly Boyer*  
Beverly Boyer

Sworn to and subscribed before me on this day of June 08, 2016

*Ann L Liptak*  
Notary

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

**Legal Classified**

The County of Berks, through the MH/DD Program, will conduct the fiscal year 2016-2017 MH/DD Human Services Block Grant Public Meeting on Wednesday, June 22, 2016 at 9:00 a.m. at the McGlinn Conference Center, Alvernia University, 460 Bernadine Street, Reading, Pennsylvania, 19607. Registration and Breakfast will start at 8:30 a.m. RSVP (610) 478-3271, ext. 6580 or [mhdd@countyofberks.com](mailto:mhdd@countyofberks.com) by close of business 6/17/16. If you are unable to attend but wish to comment please direct correspondence to Edward B. Michalik, Psy.D., MH/DD Program Administrator, 633 Court Street, 8th Floor, Reading PA 19601

ATTEST:  
Maryjo Gibson,  
Chief Clerk

Received  
Berks County

JUN 16 2016

MH/DD/HC  
Programs

Berks County Human Services Block Grant Public Meeting –  
 June 22, 2016 McGlinn Conference Center Meeting  
 Sign In

NAME	ORGANIZATION	TELEPHONE NUMBERS	E-MAIL ADDRESS
John Basterk	Board Member	610 921-0780	sjb19605@verizon.net
George J Vague Jr	COCA	610-376-8669 x115	
Rochelle Wanner	AAA	610 478 6500	rwanner@countyofberks.com
JEFF Gregro	BERKS JUV. PROBATION	610 478-3200	jgregro@county.berks.pa.gov
Penny Hummel	AHEAD	610-375-7692	penny.hummel@ahead.org
Barbara Werner	CPP	610-507-9205	barbwf@comcast.net
Liana Singley	BERKS HC	610 478 3271 ext 6581	lsingley@countyofberks.com
LouAnn Cozman	Berks Encore	610-374-3185 x 222	Lcozman@berksencore.org
Marisa Printz	SAM, Inc.	484 772 4735	mprintz@sam-inc.org
Cathy Pilat	MHDD Board Member	610-926-3956	
Rebecca Dorsey	Berks HC	610 478 3271 x 6586	rdorsey@countyofberks.com
Ron Rutkowski	COB	610 478-6650	
A. Dennis Adams	COB	610-478-6640	
Kathy Roberts	Advantage Home Care	610-378-0491	Kathy.Roberts@heminc.org

Berks County Human Services Block Grant Public Meeting –  
 June 22, 2016 McGlinn Conference Center Meeting  
 Sign In

NAME	ORGANIZATION	TELEPHONE NUMBERS	E-MAIL ADDRESS
Carlene Selamus	Spectrum Community Ser.	484-935-1357	cselamus@spectrumcommunityser. 1623
Valerie Mecher	Berkshire Psychiatric	610-208-8860	vmecher@berkshirpsych.org
Marcia Goodman-Hinneshtz	COA	610-376-8669 ext. 17	mghinneshtz@coadorker. com
Isaac Westberg	Community Solutions	610-299-4797	iwestberg@csinval.org
Eliot Morales	RBAS	610 374-7034	E
Auison Small	Ken Crest	610-633-0104	asmale@kencrest.org
Donna Clemens	Ken Crest	610-636-8110	dclemens@kencrest.org
Denbie Hartranft	BCHC	610-698-8679	dhartranft@berkshc.org
Paul Steyle	The Arc	484-969-0443	PaulSteyle@sol-com
Tom Scornavacchi	Common Ground	610 207-4889	tscornavacchi@ COMMONMENT 610.ORG
Verna Morris	QUEST, INC	717-273-8118	vmorris@paguest.com
Laura Mealer	Goodwill	570-449-0335	lmealer@yongoodwill.org
Lisa Lowrie	Bradley Center	717-336-3669	llowrie@thubradleycenter.org
Demse Ebell	Berks County Center	610-373-4281	DEbell@berksc.org

Berks County Human Services Block Grant Public Meeting –  
 June 22, 2016 McGlenn Conference Center Meeting  
 Sign In

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Tiffany Bachert	MHDD		
Steven Levine	Opportunity Hour	610 374 4494	slevine@opphouse.org
Josica Jones	Ageing	—	—
Todd Remwart	Ageing	—	—
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Dorothy Wall	COCA		
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Hector Cruz	BCAP	610-376-6571	hcruz@bcapberks.org
A. Elizabeth Muhl	MH100	—	—
Kelly Kutzing	Project Transition	—	—
Afiyo Awouya	Abilities In Motion	610 376 0010	awouya@abilitiesinmotion.org

Berks County Human Services Block Grant Public Meeting –  
 June 22, 2016 McGlenn Conference Center Meeting  
 Sign In

NAME	ORGANIZATION	TELEPHONE NUMBERS	E-MAIL ADDRESS
Constance Mammson	} HHCM		
Terry Gordon			
Whitney Venus			
Sandy Grappin	County of Berks		
Jami Geist	YMCA		
Paulette Duohelberg	Abilities In Motion		
Terri Serhan	FGC		
Mary Hennes	Berks County MH/DD		
Fra Malley	BCC		
CM	GOODWILL		
Toby Knott	BLASS		
Leah Hornch	PCS		
MARY ERTEL	Berks County		
Vicki Swain	Children's Home		



Berks County Human Services Block Grant Public Meeting –  
 June 22, 2016 McGlenn Conference Center Meeting  
 Sign In

NAME	ORGANIZATION	TELEPHONE NUMBERS	E-MAIL ADDRESS
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Tracy Swans	MHDD/Aging		

**Human Services Block Grant County Lead:**

**Edward B. Michalik, Psy. D.**  
Administrator  
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Berks County MH/DD Program  
County Services Center  
633 Court Street, 8<sup>th</sup> Floor  
Reading, PA 19601

Phone: 610-478-3271

**Berks County Board of Commissioners:**

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

# County of Berks



## Human Services Block Grant Meeting

**June 22, 2016**

McGlenn Conference Center  
460 St. Bernardine Street  
Reading, PA 19607

## HUMAN SERVICES

**Edward B. Michalik, Psy. D.**  
MH/DD Program Administrator

**Krista K. McIlhaney, MA**  
CYS Administrator

**Robert N. Williams**  
Chief Probation & Parole Officer

**George J. Vogel, Jr.**  
COCA Executive Director

**Children & Youth Services**  
Services Center  
633 Court Street, 11<sup>th</sup> Floor  
Reading, PA 19601

**Council on Chemical Abuse**  
243 Snyder Road  
Reading, PA 19605

**Juvenile Probation**  
Services Center  
633 Court Street, 10<sup>th</sup> Floor  
Reading, PA 19601

**MH/DD Program**  
Services Center  
633 Court Street, 8<sup>th</sup> Floor  
Reading, PA 19601

## Berks County Human Services Block Grant Meeting June 22, 2016

**8:30 – 9:00 a.m. Registration**  
Complimentary Continental Breakfast

**9:00 a.m. Opening Remarks**  
Kevin Barnhardt, Commissioner  
County of Berks

**9:05 – 9:45 a.m. Welcome / Block Grant / HealthChoices  
Presentation**

Edward B. Michalik, Psy. D.,  
Administrator MH/DD Program

Krista K. McIlhaney, MA  
CYS Administrator

George J. Vogel, Jr.  
COCA Executive Director

Jeff Gregro  
Deputy Chief, JPO

**9:45 – 10:30 a.m. Roundtable Discussions**

**10:30 a.m. Discussion Wrap-up**

**Thank you for your participation!**



## County of Berks Pennsylvania

**Berks County Board of Commissioners**  
Christian Y. Leinbach, Chair  
Kevin S. Barnhardt  
Mark C. Scott, Esquire

**Edward B. Michalik, Psy. D.**  
MH/DD Program Administrator

**Krista K. McIlhoney, MA**  
CYS Administrator

**Robert N. Williams**  
Chief Probation & Parole Officer

**George J. Vogel, Jr.**  
COCA Executive Director

**FY 2016/2017  
Block Grant Public Meeting  
June 22, 2016**

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## History

The Commonwealth of PA had 7 line item categoricals that it would pass to the Counties.

Money could only be spent in a specific category and no flexibility was permitted.



The public welfare code and fiscal code were amended in 2012 to allow for consolidation and flexible funding.

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## Minimum Expenditure Levels

12/13	80%	
13/14	75%	
14/15	50%	
15/16	25%	
16/17		Full county flexibility but no program area may be completely eliminated



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## Funding Combined under the Block Grant

- Mental Health Base Funds (MH)
- Intellectual Disabilities Base Funds (ID)
- Human Services Development Fund (HSDF)
- Homeless Assistance Program (HAP)
- Behavioral Health Services Initiative
- Act 152 Drug And Alcohol Funds (D&A)
- Child Welfare Special Grants (CYS)



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## Pilot Program

Berks County was approved to be one of the initial pilot sites in fiscal year 2012/2013.

Berks County continues to be committed to the Human Services Block Grant process.



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## County Planning and Needs Assessment Team

The Berks County team consists of representatives from Aging, Juvenile Probation, Child Welfare, CASSP, Mental Health/Developmental Disabilities and the Drug/Alcohol Single County Authority.

Advocates and Providers have the opportunity to review and comment on the Human Services Block Grant Plan.



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## County of Berks Pennsylvania

# Block Grant Implementation

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### MH/DD Allocation Projections

	FY 15-16
MH	\$ 8,709,687
DD	\$ 3,488,898
<b>Totals</b>	<b>\$ 12,198,585</b>

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### MH/DD Disabilities Allocation Projections

**MH Funds encompass:**

- Administrative Care Management
- Blended Case Management
- Vocational Rehabilitation
- CHIPP
- SAP
- Community Support
- Social Rehabilitation
- CRR
- Parent Partner
- Housing
- Medication
- Outpatient
- Family Based
- Partial Hospitalization
- Crisis
- Emergency Services

**DD Funds encompass:**

- Respite
- Transportation
- Habilitation
- Supports Coordination
- Community Living Homes
- Family Living
- Vocational Services

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### Mental Health Services FY 14-15

Mental Health Services	Number Served
Administrator's Office	
Community Services	1511
Targeted Case Management	495
Outpatient	415
Psychiatric Inpatient Hospitalization	1
Partial Hospitalization	23
Mental Health Crisis Intervention Services	2150
Adult Developmental Training - Adult Day Care	0
Community Employment & Employment Related Svcs.	58
Facility Based Vocational Rehabilitation	10
Social Rehabilitation Services	218

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### Mental Health Services FY 14-15 (continued)

Mental Health Services	Number Served
Family Support Services	2
Community Residential Services	60
Family Based Mental Health Services	2
Administrative Management	3435
Emergency Services	922
Housing Support Services	56
Assertive Community Treatment Teams/Community Treatment Teams	4
Psychiatric Rehabilitation	18
<b>Total MH Services</b>	<b>9380</b>

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### Intellectual Disabilities Services FY 14-15

Intellectual Disabilities Services	Number Served
Administrator's Office	
Case Management	554
Community Residential Services	15
Community Based Services	186
Other	0
<b>Total ID Services</b>	<b>755</b>

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### Human Services Development Funds Allocation Projections

	FY 15-16
HSDF	\$ 322,352

**HSDF Funds encompass:**

- Aging
- Adult Services
- Specialized Services

**Currently this money funds:**

- Homemaker Services
- Wellness Services
- Home Delivered Meals
- Information and Referral Services
- Case Management Services
- Child Abuse Interventions
- Drug/alcohol treatment for those without insurance
- Budget Counseling
- Prevention Activities

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### HSDF Services FY 14-15

Human Services Development Fund	Number Served
Adult Services	284
Aging Services	1605
Children and Youth Services	0
Generic Services	143
Specialized Services	1240
Mental Health Services	0
Intellectual Disabilities Services	0
Drug and Alcohol Services	0
Child Welfare Special Grants	0
Homeless Assistance Services	0
<b>Total Human Services</b>	<b>3272</b>

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### Homeless Assistance Program Allocation Projections

	FY 15-16
HAP	\$ 455,873

**HAP Funds encompass:**

- Bridge Housing
- Rental Assistance
- Case Management

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### HAP Services FY 14-15

Homeless Assistance	Number Served
Bridge Housing	107
Case Management	573
Rental Assistance	572
Emergency Shelter	0
Other Housing Supports	0
<b>Total HAP Services</b>	<b>1252</b>

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

	FY 15-16
BHSI	\$ 842,788

**BHSI encompass the entire Continuum of D&A care including:**

- Inpatient
- Outpatient
- Recovery Supports
- Client Related Services

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

	FY 15-16
ACT 152	\$ 357,930

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

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### BHSI and ACT 152 Drug/Alcohol Services FY 14-15

Drug & Alcohol Services	Number Served
Inpatient Non-Hospital	
Detoxification	223
Treatment and Rehabilitation	207
Halfway House	2
Inpatient Hospital	
Detoxification	1
Partial Hospitalization	88
Outpatient/IOP	333
Medication Assisted Therapy	
Methadone	83
Buprenorphine	5
<b>Total D&amp;A Services</b>	<b>942</b>

### Child Welfare Special Grants Allocation



**FY 15-16**  
\$ 764,910

- Family Group Decision Making (FGDM)
- Multi-systemic Therapy (MST)
- Alternatives to Truancy
- Housing

### Child Welfare Special Grants Allocation

Statistics for FY 14/15



Services	Clients Served	Expenditures
Evidence Based	275	\$ 532,920
FGDM	189	\$ 352,005
MST	86	\$ 180,915
Promising Practice	0	0
Truancy	144	\$ 220,835
Housing	12	\$ 11,155
<b>Total CWSG Services</b>	<b>431</b>	<b>\$ 764,910</b>

### Child Welfare Special Grants Services

**Family Group Decision Making (FGDM)** – comprised of 4 Full-time BCCYS Caseworker II's. In 2015, there were 195 new referrals, 530 family members coordinated and 76 conferences held.

**Multi-systemic Therapy (MST)** – service provided by Community Solutions, Inc. and targets youth between ages 12-17 who are at risk for out of home placement. There is currently a waiting list for this service, as the provider continues to experience staff turnover and vacancies.

**Truancy Remediation Program** – service provided by SAM. In 2015, there were 142 referrals. The average amount of days truant prior to referral is 23.63 days. Average days between referral and intake is 11 days.

**Housing** – these funds are used to help families to maintain in their homes, and are used in conjunction with Community Foundation Bridge funds, LIHEAP, and other community grants.

### Exploring Needs Potential Promising Practices



How can we better serve families who experience out of home placements?  
And get children and families back together quicker?  
And still ensure success?

#### Reunification Services/Visit Coaching

Heroin/Opioid Epidemic – NSA (neonatal abstinence syndrome)



How can we provide preventative services and establish support systems for mother while the child is still hospitalized?



#### Family Team Conferences

### Flexible Spending

FY 12-13, \$71,586 was transferred within D&A from ACT 152 to BHSI allowing more individuals to receive D&A services.

FY 13-14, \$75,000 was transferred from CYS Special Grants to BHSI allowing 38 more individuals to receive D&A services.

### Flexible Spending (continued)

FY 14-15 there were retained earnings. This funded the following:

- Youth Mental Health First Aid for school personnel
- Mental Health First Aid for First Responders
- Crisis Text Line for the County's Crisis Intervention Service
- Automobile for Transition-Aged Youth Psychosocial Rehabilitation Provider
- De-escalation training for CYS, Aging and Reading School District personnel
- Suicide video and supplies for the newly created Berks County Suicide Task Force



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### Flexible Spending (continued)

FY 15-16, Unspent Mental Health funds, from 15-16, in the amount of \$70,000 was given to the SCA to implement Recovery Support Services. The total number of individuals that will benefit for that service is 70.

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### County Human Services Plan

Plan will be submitted to Department of Human Services by July 8, 2016.

The planning process will be comprehensive and will include all county level human service systems as well as constituency groups of each of these departments.

The focus will be on identifying local needs and developing strategies & goals to implement quality cross system services to meet the need.

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### County of Berks Pennsylvania

### HealthChoices Program Update FY 2014/2015

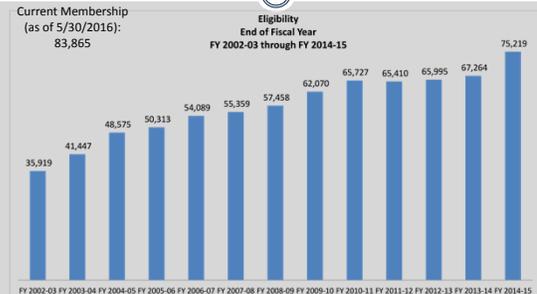
- 28

### HealthChoices Implementation

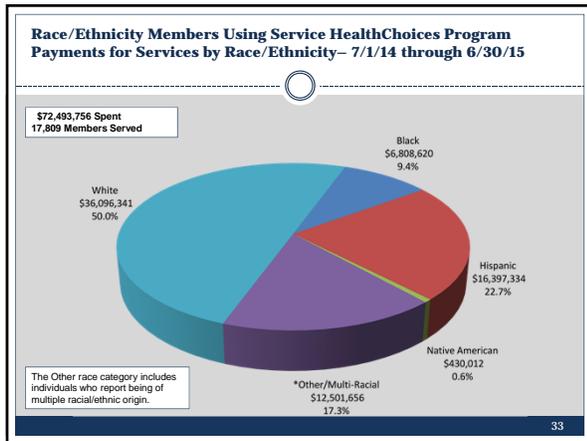
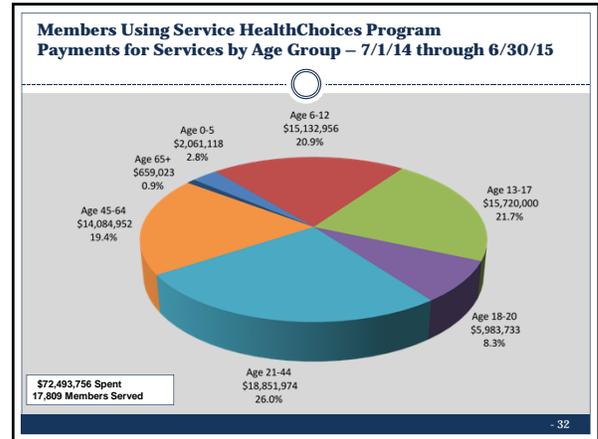
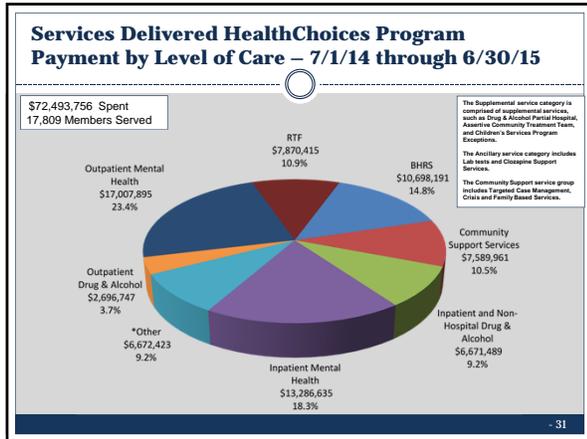
Berks County began subcontracting with Community Care Behavioral Health Organization in October, 2001. July, 2016 will mark the beginning of the sixteenth year of HealthChoices. The current agreement with the Department of Human Services is from July 1, 2011 through June 30, 2019.

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### HealthChoices Enrollment



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### Reinvestment Plans

**FY 13/14 Funds**

- \$3,867 loss – basically break even so no plans submitted

**FY 14/15 Funds**

- \$5,045,512 loss – no plans submitted

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- ### Program Highlights
- Permanent Supportive Housing
  - Camp Joy
  - PH/BH Project
  - Dual Diagnosis Treatment Team (DDTT)
  - FQHC
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### Extended/Continuation Reinvestment Plans

Continue Dual Diagnosis Treatment Team (DDTT) Plan and utilize approximately \$50,000 for 1 year leftover from current plan.

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## Your Input

Today as part of the planning process, you have the opportunity to comment on what you believe are unmet needs across the human service systems in Berks County.

If you have comments that you would like to submit at a later time, you may do so in writing to the MH/DD Program.

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## Human Services Block Grant County Lead:

**Edward B. Michalik, Administrator**  
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Berks County MH/DD Program  
633 Court Street, 8<sup>th</sup> Floor  
Reading, PA 19601  
610-478-3271

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## 2016-2017 Human Services Block Grant Public Meeting

### Questions to the Public

June 22, 2016

#### Summarization from 15 Discussion Groups

#### 1. What do you believe are the emerging issues related to the following systems:

##### -Mental Health

- How to sustain support system at the end of mental health treatment
- Complex cases of dually diagnosed individuals-MH/ID, MH/D/A, sex offenders, criminal justice, autism
- Challenge of helping consumers with MH/ID locate employment
- Open lines of communications-do not live in silos
- Individuals who are medication non-compliant when they clearly need to be on medication-is it stigma, the wrong medication, an adverse reaction to a medication or lack of knowledge
- Training mental health providers on the new emerging issues (brain development, different ways to take care of oneself)
- Mental illness can happen to anyone
- Growing population of seniors that have depression and MH issues
- More MH in younger people
- Inadequate MH care/treatment in criminal justice system
- Protection for society from those who are non-compliant and dangerous
- Individuals who use D/A to self-medicate mental illness
- Release of people from prison without benefits or resources
- Lack of adult autism training and understanding
- Stigma
- Need for more PH/BH Projects
- More psychiatric care especially as it relates to licensed child/adolescent psychiatrists
- Expand diagnostic categories for eligibility for peer support
- Evidence Based Trauma Training for clinicians
- Additional Tele-psychiatry options
- Who to call with a crisis and when to call
- Teach de-escalation techniques to first responders
- Lack of RTF beds-children are being sent out of State
- Possible increase for types of in-home based MH services
- Transition age youth getting access to service
- Problems with diagnoses

- Longer term support for job retention
- Culturally competent, bi-lingual service providers
- Non-supportive family members
- Wait list for medications
- Tele-Psych is impersonal
- Work Ready pre-employment training program-many individuals have mental health issues- BCAP cannot keep up with the demand for the service
- Coordination of care required for MH/D/A is a treatment barrier due to stringency of confidentiality laws
- Staff turnover
- All aspects of the Transition Age Youth population
- Respite services for adults in Crisis
- Treatment options and waivers for those with autism
- Education of all area social service agencies on Social Security as a resource for consumers

#### **-Intellectual Developmental Disabilities**

- New mandates-day programs no longer an option
- No service definitions/funding for new services that must be created in lieu of day programs
- Funding lacks for individuals that require intensive case management to maintain themselves in the community
- Lack of resources in schools
- Staffing issues
- Services for consumers with medical, mental health, and ID diagnosis who have complex behavioral health needs
- Staff Turnover
- Aging Parents-Future planning for their adult son/daughter with ID
- Guardianship
- Some consumers supported in the community really should have CNA level of care
- Parents with lower IQ need better assessment
- Educating families regarding Customized Employment
- Employment opportunities
- More focus on school transition
- Focus on strengths rather than deficits
- Transportation in rural Berks County
- Underdiagnosed
- Unrecognized issues at a young age
- Waiver services are difficult to obtain
- Coordination of care is problematic

## **-Homeless Assistance**

- Homelessness continues
- Community/borough rules
- More transiency, couch hopping
- How to partner between ID , employment providers and shelters
- Independent living skills for young people
- Young adults not having resources and the skills to live on their own but are kicked out of family homes at age 18
- Increase needs for individuals who require assistance with rent and other household assistance to maintain housing
- Multigenerational households with dependence on older adult to maintain the household
- Limits on Section 8
- Coordination of benefits among agencies
- Storage assistance
- Lack of knowledge of available resources
- Poor housing conditions-not necessarily homeless
- Accessibility of homeless shelters for individuals with physical disabilities
- More choices for low income housing
- Individuals remaining in shelters because of a lack of affordable housing
- Not enough funding for emergency shelters
- Homeless youth services are needed
- Inordinate wait for eligibility for Social Security claims
- More flexibility within the fiscal year when the budget is not timely
- Consolidation of utility services funding for those that can longer afford to pay
- Homeless veterans
- Increase in the Aging population who don't quite meet eligibility for higher level supports, yet are seemingly unable to perform key ADL's and Independent Living Skills
- Unemployment resources are needed
- MH symptoms can be a barrier to maintain eligibility for housing and employment supports

## **-Child Welfare**

- Children being removed from parents due to D/A issues (opioid babies)
- Truancy
- Changes to child abuse laws that impacted CYS workload
- Explore ways to integrate medical care in the schools so children with medical conditions do not miss entire school days
- Educate the community regarding FGDM-what do families say about the FGDM process
- Parent training regarding budgeting in order to manage household utilities

- Children NSA born-parents should not get a choice regarding compliance and participation in FGDM
- Aging out youth with mental health and medical issues
- Need for better assessment of parents
- Grandparents adopt their grandchild and then allow the parent who lost custody back in the home
- Resources and activities for kids to be proactive to avoid juvenile justice system
- Parent Education
- Reunification therapy and more trained clinicians that can address co-parenting
- Utilize maternal dependency program more frequently
- Increase involvement of fathers
- Increase in child sexual abuse
- Lack of age appropriate leisure activity for teens
- Transportation for specialized services out of the county
- Availability of jobs for your with a record
- Need advocate for justice involved youth/expungement of record
- Lack of staff to support the influx of referrals
- Stigma of being CYS involved
- More prevention
- More collaboration between family friendly MIECHV Program and CYS to identify unmet needs
- Family First Act and potential implications if passed
- Shelter and detention utilization versus using treatment placements

#### **-Drug Alcohol**

- Heroin epidemic
- What are the drivers of adolescent addiction-role of peer pressure
- More education about naloxone, medication drop boxes
- New campaign and billboards that we see everywhere-Anyone can be addicted
- Some individuals in treatment are not being monitored
- Knowledge of available resources
- Stigma
- More Dual diagnosis treatment programs
- Prevention
- Education of Physicians regarding what they prescribe for individuals in recovery from D/A addiction
- Punitive response instead of a focus on treatment
- Long term support to assist individuals with job retention
- Lack of detox beds
- Implications for providers and the treatment community from medical marijuana

## **-Aging**

- Cost of services not funded by current resources
- Population is growing
- Increase depression
- Financial abuse
- Transportation
- Grandparents 40-80 years of age parenting their grandchildren
- Support for Care givers
- Assistance with obtaining Medical Assistance
- Aging parents taking care of their adult children
- Normalcy for aging individuals-activities on a service continuum
- General lack of knowledge regarding how to negotiate the Aging system
- Staff retention
- Very difficult to understand in-home aging services
- Lack of Transportation-medical appointments/shopping
- Services for middle income seniors
- Difficulty with BARTA Handicap services
- Resistance to leaving home
- D/A in the Aging population goes unrecognized
- Medicare consumers not being able to afford supplemental insurance
- Online gambling is an issue for some seniors
- Increase in homelessness

## **2. Are you aware of any promising practices that Berks County should explore related to:**

### **General Comments:**

- More collective information sessions from the various disciplines should be explored.
- 211 website offers social service related information County wide
- Impact families in a culturally competent fashion
- Hold a provider event annually to share the resources that are available in the County

### **-Mental Health**

- Crisis improvement in amount of services
- Mental Health Treatment Court
- Expansion of Suicide Prevention Task Force
- Trainings
- Increase community awareness of issues
- Suspend MA for jail admissions so they can access the insurance more readily at discharge

- Need more options for transition age youth
- Police training to identify mental health issues when they respond
- Continue to try and reach the at risk population
- Work with schools to educate them what to look for and how to identify risk
- Youth Peer Support
- AF CBT

#### **-Intellectual Developmental Disabilities**

- Ticket to Work Program
- Grow the “AIM”(agency with choice) program
- Trainings
- Employment services with Discovery Model
- Project Search
- Project Transitions for transitional age youth to learn skills
- More comprehensive supported employment

#### **-Homeless Assistance**

- Increase Section 8
- More utility assistance
- More cooperative relationship with D/A services
- Woman’s shelter
- Grant through Pre-Trial Services for recently released from prison working on job skill, training for retail, warehouse, and soft skills
- Family shelters-many families are broken up when encountering homelessness
- Explore Bridges out of Poverty Program (Dauphin County)
- Information sharing with homeless service providers to ensure they are aware of early care and learning programs for families experiencing homelessness
- Take a closer look at children experiencing homelessness-Link homeless service providers with Coordinated Family and Community Engagement program, more staff trainings among these two groups, and working with museums and libraries to bring high quality early learning programs into easily accessed public spaces
- Housing First Model
- “Street Medicine”-exploring alternative to standardized clinic based medical intervention as applicable, such as the partnership between Reading Hospital and the Housing Coalition

#### **-Child Welfare**

- Communities that Care
- FGDM
- Remaining in care until 21
- Truancy partnership with JPO works well

- Evidence based home visitation and parenting programs
- Explore flat rate services for providers to work cases from start to finish. Cases re-referred go back to that provider for free/reduced cost
- Looking to close the gaps in services for parents that have 2 jobs and can't attend treatment
- Parent Support Groups
- Expansion of FGDM and MST
- More groups that include fathers
- Research what other counties are doing in order to bring promising practices to Berks County
- Parenting Skills
- What kind of independent living skills are youth learning while in care-are there restrictions that do not allow them to learn these skills-we often times see these youth and young adults coming out of care and they do not have these very basic skills which really sets them up for a great deal of failure and it is unfortunate for those who aren't taught the necessary skills needed
- Caseworker training

#### **-Drug Alcohol**

- Funding for special programming
- Expand medication assisted treatment
- Vivitrol
- Ambulatory detox
- Naltrexone Project
- Recovery Coaching
- Voices of recovery-who do those that are struggling with addiction, want to hear from most?
- Current billboards are a reminder that addiction does not target just one kind of person it can happen to anyone at any time and there are several different forms of addiction (alcohol, drugs, sex, gambling)
- People continue to fall in the mindset that addiction is not a disease they need to be educated that it is in fact a disease.

#### **-Aging**

- "Time Banking"-use community members as volunteers to help with transportation, job skills, and ADLs.
- Senior Life Adult Day Programs
- Transportation partnerships
- More utility assistance and vouchers
- Support group for caregivers
- Matching Homeless citizens with senior