

COUNTY OF BUCKS

HUMAN SERVICES BLOCK GRANT

FISCAL YEAR 2018 - 2019

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

May 23, 2018

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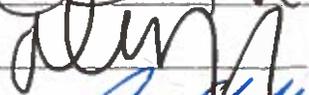
Appendix A
Fiscal Year 2018-2019

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: BUCKS

- A. The county assures that services will be managed and delivered in accordance with the county Human Services Plan submitted herewith.
- B. The county assures, in compliance with Act 80, that the county Human Services 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 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 disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
 - 2. The county will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>
	Robert G. Loughery, Chairman Date: 5/14/18
	Charles H. Martin, Vice-Chairman Date: 5/16/18
	Diane M. Ellis-Marseglia, LCSW Date: 5/16/18
	Brian Hessenthaler, Chief Operating Officer

PART I: COUNTY PLANNING PROCESS

1. Critical Stakeholder Groups:

The Bucks County Executive Planning Team for the Human Services Block Grant is comprised of the following individuals: Division of Housing and Human Services (DHHS) Director, DHHS Deputy Director, Administrator of Mental Health/Developmental Programs (MH/DP), MH/DP Fiscal Manager and Assistant Directors, Director for Behavioral Health, Bucks County Drug and Alcohol Commission Director and Assistant Director along with fiscal staff, and community housing Provider leadership from the Bucks County Housing Services Department and the Bucks County Opportunity Council.

Additional critical stakeholder groups support the planning process throughout the course of the fiscal year through feedback and data collection including consumer and family groups such as PRO-ACT and the County's three Community Support Programs (CSP) administered by the MH/DP Department. Additionally the Mental Health and intellectual Disabilities planning committees including the Community Family Satisfaction Team (CFST) and providers are regularly invited to provide feedback on performance and outcomes. Information collected by the CFST drives how the Department enhances, supplements, or eliminates programs as data indicates.

Bucks County's DHHS has enhanced its involvement with the community of Physical Health providers in as a member of the Bucks County Health Improvement Partnership (BCHIP) Board. One example of this impact has been a collaboration regarding our "warm handoff" protocol between BCHIP, which includes participation of all six county hospital CEO's and our Drug and Alcohol Commission. This collaboration resulted in all six hospitals participating in the program. As each of the hospitals completes regular community needs assessments, the input from the hospital CEO's and the collective community needs assessment has provided additional input and involvement for our 2018-19 block grant plan.

Additional input for Block Grant planning across systems involved participation by various Advisory Boards (see below), BC Department of Corrections, Adult Probation, Juvenile Probation, Housing Providers, Bucks County Area Agency on Aging, Bucks County Children and Youth, the Recovery community, Peer Specialists, Magellan Behavioral Health, and the County's Housing Continuum of Care. The Bucks County Division of Housing and Human Services interacts quite regularly with each of the system components listed above and input/ideas are shared throughout the year.

In addition, beyond the consumer input we receive throughout the year, we held three public hearings in early April 2018 in advance of the completion of this plan, specifically with the intention of receiving stakeholder input for the plan. As detailed later in this document, 19 community residents met with our Executive Planning Team and provided insight and input for our 18-19 Block Grant plan priorities.

The Bucks County Commissioners and the County Chief Operating Officer were informed throughout the process and were provided the opportunity for input. The resolution for the Block Grant allocation was approved publically at the Bucks County Commissioner's meeting held on May 16, 2018.

2. How stakeholders were provided with an opportunity for participation in the planning process:

The stakeholder groups listed above were provided opportunities to participate in the planning process through various methods depending upon their role and interest in participation. We hold regular cross system meetings held within the county that review service processes and outcomes that impact Block Grant planning including our: Executive Children's Steering Committee, Children's Coordination Steering Committee, Children's Roundtable, and our Transition Age Youth (TAY) Subcommittee of the Children's Coordination Committee. The Division of Housing and Human Services holds monthly Department Head

PART I: COUNTY PLANNING PROCESS

meetings for the purpose of reviewing organizational goals and discussing strategic plans. These meetings include the Directors of each of the Departments that receive Block Grant funding along with the Children and Youth, and Area Agency on Aging Directors. Internal County collaborations such as our Human Services Subcommittee of the Criminal Justice Advisory Board occur on a regular basis

Efforts are made by the Director of DHHS to attend Board meetings to accept input and observations on system performance. The Director also provides outreach and engages regularly with community providers who are the conduit of services from Block Grant funding to the community in order to hear input on services, systemic issues, and community needs at our Joint Advisory Committee meetings. This past year, the DHHS Director attended CSP meetings in each geographic area of the County.

During this past year, several unique public forum opportunities occurred that allowed for additional community input. In September 2017 in collaboration with the Social Innovations Journal the BC-DHHS office presented a forum entitled "Creating a Social Innovations Movement within the Health and Human Services System: the Bucks County, Pennsylvania Story". Over 125 community members attended this forum to hear of some of the County's collaborative efforts and key initiatives. At this forum we also sought input from attendees on what we could do better for the future.

In March 2018, the BCDHHS Director spoke about "The Future of Housing and Human Services in Bucks County" at a forum presented by the Woman's Advocacy Coalition that included a "question and answer" session and was attended by approximately 100 people. This was an opportunity for community input beyond hearing strictly from professional colleagues regarding community needs.

3. Advisory Boards involved in the planning process:

The following county advisory boards all have strategic input into the ongoing work of the Division of Housing and Human Services and represent cross community leaders including youth and consumers along with professions in the legal, education, recovery support, finance, and medical fields:

Bucks County Drug and Alcohol Commission Advisory Board, Bucks County MH/DP Advisory Board, Bucks County Continuum of Care Executive Team, Bucks County Health Improvement Partnership and the Bucks County Criminal Justice Advisory Board. Of course the County's Board of Commissioners has final approval of the plan and votes to approve the submission at a public hearing.

4. How the County intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs.

It is our goal to provide services in the least restrictive setting appropriate to the needs of the resident. Internal committees and community connections serve as our primary way of assuring collaborations that work to assure services are provided in the least restrictive most appropriate setting. We continue to strive to work in an integrated cross system manner that supports team oriented planning.

One primary way we demonstrate our efforts to provide support in the least restrictive setting is to emphasize programs that provide mobile engagement services in the community. We find outcomes are improved and fewer inpatient hospitalizations are needed through these efforts. During this past year, Bucks County completed a review of our children's mobile crisis services and our adult mobile crisis services and determined we could be more effective by merging these two programs into one program for 2018-19. This change will allow us to expand the hours of mobile crisis and improve response time.

PART I: COUNTY PLANNING PROCESS

Additionally we will continue with our program that supports our Children and Youth Department providing mobile engagement services for families with newborns with Neonatal Abstinence Syndrome.

In the coming year we expect to see a new program in Bucks County called “The Lodge” which will be a program provided by Lenape Valley Foundation (LVF), with support from our Behavioral Health and Mental Health Departments. The Lodge will provide residential care in an open, home like setting with 24/7 on-site staffing. The Lodge will provide appropriate crisis intervention services with sufficient monitoring to assure the safety of the person admitted, but as an alternative to longer, inpatient hospitalization. The Lodge will focus on maintaining contact with family and other community resources during a person’s stay, which is expected to be from 3 – 10 days. Additionally, the residential care will include interface with other outpatient type services that will be needed upon discharge. This new program highlights our community efforts towards engagement that helps guarantee services provided maintain the value of providing services in the least restrictive setting that meets the recipient’s needs.

5. Substantial programmatic and/or funding changes being made as a result of last year’s outcomes:

Categorical funding for this year’s plan remains the same as last years, but programmatic shifts continue based on shifting priorities and lessons learned from outcomes.

For this year’s plan we have maintained the shift in funding began three years ago that increased support for Substance Use Disorder services. Like many counties in PA, the opioid epidemic has severely impacted our community and this situation has been a driver of services and resource allocation. Additional details are provided in the Drug/Alcohol section of this plan.

The closure of the Civil Section of Norristown State Hospital and plans to provide supports to the forensic population with Mental Health needs also continue to drive service changes as detailed in the Mental Health section of this plan.

As a result of last year’s positive outcomes we continue to make changes for the use of our Housing funds. Structurally, the County’s Housing Services has been moved into the Division of Human Services (now the Division of Housing and Human Services). This has allowed for more direct involvement in planning for housing services and integration of other human services programs. In alignment with the state’s strategy we continue to work towards shifting funding from more expensive transitional housing programs to rapid rehousing or other housing supports (including our centralized intake process and diversion). In our January 2018 Point in Time count we realized a 22% decrease in homelessness in Bucks County, mostly attributed to the focus on Rapid Rehousing.

Additionally during the past few months we have seen dramatic reduction in our response time for Housing Link, the County’s coordinated entry for housing programs. We hope to continue this trend based on the outcomes we are attaining.

New for 2018-19 will be focus on moving services towards a “2Gen” or multi-generational model of service where we focus on tracking outcomes for the whole family. As described later in this document we are looking to use HSDF funds to implement 2Gen model practices related to homeless families and also families dealing with substance use disorder.

PART II: PUBLIC HEARING NOTICE

Prior to our public hearings, a public hearing notice was posted in the Bucks County Courier Times and The Intelligencer, the two primary local newspapers as per the Sunshine Act. The notice announced that the County was holding public hearings on April 3rd at 10:00 AM in Doylestown PA, April 3rd at 6:00 PM in Bensalem PA and April 9th at 4:00 PM in Quakertown PA. Quakertown, Bensalem, and Doylestown were chosen as public hearing locations as they geographically represent the northern and southern parts of the county as well as the County seat and are easily accessible. The times were varied for the meetings in hopes of increasing community participation and allowing people to choose among mid-day, late-afternoon, and early evening meetings.

Flyers about the public hearings were distributed through our County Departments to the various service providers in the community to share with consumers. The public notice included an invitation to provide comments in writing via email to the Department of Human Services (email address provided) for anyone who preferred to communicate using this method or was unable to attend any of the public hearings.

Bucks County provided several avenues for making the public aware of the opportunity to provide input into 2018-2019 Block Grant planning. Notice of the public hearings was posted on the official County website. The 2017-2018 Block Grant Plan and an executive summary of services provided during the past through the block grant funding remained on our County website Human Services' page throughout the year.

Summary of Public Hearings:

The public hearing in Doylestown on April 3rd was facilitated by Bucks County's Department of Housing and Human Services Director and included participation from the Director of the Bucks County Drug and Alcohol Commission, the Director of Bucks County's Mental Health/Developmental Programs office, and the Director of the Bucks County Opportunity Council who provides many of the housing supports services funded through the block grant. The meeting was attended by nine members of the community along with several county departmental staff.

The meeting opened with introductions and each individual department presenting to attendees information related to their particular section of the Block Grant. Previous years efforts and accomplishments were reviewed and initial plans for 2018-2019 were provided. Question and answer time was provided following each presentation as well as at the end of the program.

Although there were not many questions, discussion with attendees focused on housing opportunities specifically for those involved with our MH/DP system. Additionally, one attendee asked about resources available to the community specifically from the Bucks County Drug and Alcohol Commissioner relative to the opioid epidemic. Available resources, including written materials that could be provided were shared.

PART II: PUBLIC HEARING NOTICE

The public hearing in Bensalem on April 3rd was facilitated by the same group of county leaders as the earlier meeting. The public hearing was attended by three members of the community along with additional County staff members.

Attendees were given the opportunity to ask questions following department presentations and at the completion of the overall agenda. At this hearing, we were able to hear from both consumers of services and other professional who work in our community and the discussion focused on the availability of low income rental units in the county and one question about Student Assistance Programs in the community.

Bucks County held our final public hearing in Quakertown, PA on April 9th at 4:00 PM. Seven community members along with several county staff attended the hearing and heard presentations from the Director of Bucks County Drug and Alcohol Commissioner, the Director of Bucks County Mental Health/Developmental Programs, and the Director of Bucks County Opportunity Council. The Director of Housing and Human Services facilitated the discussion and spoke about HSDF allocations.

At this hearing there was lengthy discussion on the needs of the Upper Bucks County community. Topics ranged from School Based programs, drug and alcohol prevention services, how to handle extremely complex, multi-system involved cases, and the experiences consumers were having as they were discharged from facilities. There was a request for additional shelter space in Upper Bucks (as our only homeless shelter in the county is in Lower Bucks) and the need for more proactive crisis response.

The public hearings were each recorded and are available to the public should someone be interested in hearing the presentations.

The Department of Human Services did not receive any comments in writing or via email outside of the public hearings.

Proof of publication of the ads and sign-in sheets for each public hearing are included in this submission.

**NOTICE
LAST DAY TO REGISTER
FOR THE
MAY 15, 2018 GENERAL PRIMARY**

The Bucks County Board of Elections and Voter Registration Office announces the following schedule for MONDAY, APRIL 16, 2018 for the purpose of registering voters:

Bucks County Administration Building 55 East Court Street, Doylestown	8:00 a.m. to 5:00 p.m.
Government Services Center 7321 New Falls Road, Levittown	8:30 a.m. to 4:30 p.m.
Government Services Center 261 California Road, Quakertown	8:30 a.m. to 4:30 p.m.

11 M 29 BC000720899201

Public Notices

NOTICE OF HEARINGS

**COUNTY OF BUCKS
HUMAN SERVICES
DEPARTMENT**

County of Bucks Human Services Department Will hold three (3) public hearings on the Human Services Block Grant Plan - FY 2018-2019. Public input encouraged.

**Tuesday, April 3, 2018
10:00 AM - 12:00 NOON
Bucks County
Administration Building
Commissioners' Meeting Room
55 East Court Street, 1st floor
Doylestown, PA 18901**

AND

**Tuesday, April 3, 2018
8:00 - 8:00 PM
Large Meeting Room
Bensalem Branch Library
3700 Hulmeville Road
Bensalem, PA 19020-4449**

AND

**Monday, April 9, 2018
4:00 - 6:00 PM
Small Meeting Room
Quakertown Branch Library
401 West Mill Street
Quakertown, PA 18951-1248**

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

For additional information or unable to attend please forward written comment to email: jerubin@buckscounty.org or call: 215-348-8203 or 215-348-8201.

11 M 29 7207293

NOTICE TO BIDDERS

**TOWNSHIP OF BENSALEM
2400 Byberry Road
Bensalem, PA 19020**

Sealed proposals will be received at the Township Building, 2400 Byberry Road, Bensalem, PA 19020, until 2:00 PM on April 12, 2018. The bids shall be publicly opened and read aloud at 2:00 PM, same day, for the following:

HANDICAPPED ACCESSIBLE RAMP INSTALLATION AND REPLACEMENT
PennDOT Form 408
Sections 830, 876, 802 and 804
As Amended

Specifications, bid proposal forms, contract form and instructions to bidders may be obtained at the Bensalem, Township Building, 2400 Byberry Road, Bensalem, PA 19020 between 8:00 AM and 4:30 PM, Monday through Friday. Questions should be directed to the Township Engineer.

The successful Bidder must ensure that employees and applicants for employment are not discriminated against because of their race, color, religion, sex, national origin, or handicap. Bid is subject to Section 3 requirements of the Department of Housing and Urban Development Act of 1958, as amended.

Manufacturing/Production

SHIPPER / RECEIVER

Tague Lumber of Doylestown has an IMMEDIATE opening for a person with shipping & receiving experience to oversee trucks and building materials products. Experience with building materials is preferred. Heavy lifting required. Forklift experience required.

Apply in Person:
8100 Easton Rd., Plumsteadville
or Fax: 215-754-0003
dvenneri@taguelumber.com



Sales

COUNTER SALES

Tague Lumber of Philadelphia is Now Hiring Experienced COUNTER SALESPEOPLE. Knowledge of residential or commercial lumber & millwork sales is a plus. PC experience required. Great pay, incentives and benefits.

Fax: 215-754-0003
dvenneri@taguelumber.com



Help Wanted

DELIVERY ROUTES

Morning Newspaper Delivery
Short Hours, Great Pay
Lower Bucks: 215-854-5259 lv msg
Upper/Central: 215-854-4803 lv msg

DIETARY AIDE

Healthcare Food Service, Briarleaf Doylestown. Full-time, weekends & some weekdays, 6am-2:30pm, 11am-7:30pm. Salary based on exp. Key-stones health, 401(k), holiday pay, personal days, vacation pay, tuition reimbursement. Growth opportunity. Email resume: dietarymgr@briarleaf.com

DRIVERS - PART TIME

Company provided pickup truck.
Clean driving record.
Competitive wages. Year-round work.

ELECTRICAL/HIGH VOLTAGE TESTING APPRENTICESHIP OPPORTUNITIES

Apprentice Applications for IBEW Local 269 for the 2019 school year will be accepted online at <https://goo.gl/P1BY7A> beginning January 1, 2019 through March 31, 2019. A \$20 non-refundable processing fee is required at the time of application. Computers will be available at the Trade School for applicants with no computer access on the following dates: **1/3/19, 2/7/19, & 3/7/19 from 8 AM - 12 PM & 1 PM - 4 PM.**

For details of the application process visit <https://goo.gl/aauftec>
All applicants subject to post-offer physical/drug testing.
Please direct any questions to jalc@ibew269.com or (609) 394-1337

We will not discriminate against apprenticeship applicants based on race, creed, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, marital status, domestic partnership status or because they are an individual with a disability or a person 40 years or older.

BC000720899201

A few things you can do after being a newspaper carrier for 1 year

Pay for Your School Tuition

Most Courier Times carriers earn between \$600-\$900 per month for just a couple of hours of work per day!



BUCKS COUNTY Courier Times

**6-Day AM Routes in Your Area
NO SATURDAYS**

- Must have reliable transportation and insurance
- Great opportunity with minimal amount of time involved
- Get valuable work experience as an independent contractor running your own business
- Routes now available in Bensalem, Holland, Langhorne, Yardley & Fairless Hills.

Call 215-949-4232 and leave your name, phone number and zip code.
A local representative will contact you with details.

Flea Market/Craft Shows

PHILA FLEA MARKETS PRESENTS

2 Weekly Flea Markets For Your Shopping Needs!

2 Outdoor Flea Markets In The Great NE Every Sunday

(NEW) Outside The Former Walmart & Pathmark At Liberty Plaza (Across From Philadelphia Mills) 30 Franklin Mills Blvd. NE Phila, PA 19154 (Just Off Knights Road)

Articles for Sale

MY TREASURES THRIFT STORE

GOING OUT OF BUSINESS



anything marked \$1 or more = \$1
anything marked \$1 or less = 5 for \$1
CLOSING SAT. MARCH 31st
4025 Veterans Hwy, Levittown
215-249-7408 • Open Every Day 10-6

PUBLIC NOTICES

NOTICE LAST DAY TO REGISTER FOR THE

MAY 15, 2018 GENERAL PRIMARY

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Government Services Center 7321 New Falls Road, Levittown	8:30 a.m. to 4:30 p.m.
Government Services Center 281 California Road, Quakertown	8:30 a.m. to 4:30 p.m.

11M 29

BC000706795-01

Public Notices

NOTICE

Bucks County will receive electronic bid responses until 11:15 AM on Monday, April 23, 2018 for **RECONSTRUCTION OF BUCKS COUNTY BRIDGE NO. 220 MILL CREEK ROAD OVER MARTINS CREEK, FALLS TOWNSHIP**

A Mandatory Pre-Bid Meeting will be held at 10:00 AM on Tuesday, April 3, 2018 in the 2nd Floor Community Room of the Administration Building, 55 E Court St, Doylestown PA 18901.

A link to the solicitation may be found on the Purchasing page of the County website at www.buckscounty.org

A security deposit in the form of a properly executed Bid Bond for 5% of the bid amount is required. Performance and Payment Bonds are required in the amount of 100% of the contract amount. A Maintenance Bond is required in the amount of 10% of the contract. Bidders are advised Prevailing Minimum Wage Rates, determined by the Secretary of Labor and Industry, must be paid to all workers employed on this project.

All Bidders must be PennDOT prequalified as a PRIME CONTRACTOR and be prequalified in the specific PennDOT Work Class Codes that constitute at least 50% of the project. Bidders are required to submit Copy of PennDOT Prequalification Certificate with their bid.

Bids are opened publicly in Conference Rm 557, 5th fl Administration Building, 55 E Court St, Doylestown PA at 11:30 AM the day they are due.

21M 26, 29

7206452

ESTATE NOTICE

Estate of **Charlotte Mary Woods**, late of Richlandtown, Bucks County, PA, Deceased.

LETTERS TESTAMENTARY on the above estate have been granted the undersigned, who request all persons indebted to said estate are requested to make immediate payment, and those having legal claims to present the same without delay to:

Diane Reed
8 Timber Brook Drive
Quakertown, PA 18951

31M 30, A 6, 13

Public Notices

ESTATE NOTICE

Margaret C. Kulp, Deceased, Late of West Rockhill Township Letters Testamentary granted March 12, 2018

Executrix:

Esther J. Kulp
C/o Drake, Hileman & Davis
Ballwick Office Campus, Suite 15
P.O. Box 1306
Doylestown, PA 18901

Counsel:

R. Leonard Davis, III, Esquire
Drake, Hileman & Davis
Ballwick Office Campus, Suite 15
P.O. Box 1306
Doylestown, PA 18901
31 M 29, A 5, 12

7207224

ESTATE NOTICE

Marie T. Love, Deceased, Late of Upper Southampton Township

Letters Testamentary granted March 14, 2018

Executor:

Walter J. Campbell
c/o Drake, Hileman & Davis
Ballwick Office Campus, Suite 15
P.O. Box 1306
Doylestown, PA 18901

Counsel:

R. Leonard Davis, III, Esquire
Drake, Hileman & Davis
Ballwick Office Campus, Suite 15
P.O. Box 1306
Doylestown, PA 18901
31 M 29, A 5, 12

7207459

ESTATE NOTICE

Estate of **MARGARET JANE ROWLAND**, late of Rockhill Township, Bucks County, PA, Deceased. Date of Death: November 23, 2017

LETTERS TESTAMENTARY on the above Estate have been granted to the undersigned, who request all persons having claims or demands against the estate of the decedent to make known the same and all persons indebted to the decedent to make payment without delay to:

Administrator, c.t.a.
James D. Myers
c/o Law Offices of Emil F. Toftan
43 N. Main Street
Chalfont, PA 18914

31 March 22, 29, April 5

7205712

Public Notices

NOTICE HATBORO-HORSHAM SCHOOL DISTRICT

A combination School Board Facilities and Finance Committee meeting is scheduled to be held at 6:00 PM on Tuesday, April 3rd in the Administration Building Training Room, prior to the regularly scheduled School Board Work Session being held at 7 PM.

11 M 29

7207423

NOTICE OF FICTITIOUS NAME REGISTRATION

Notice is hereby given, pursuant to provisions of the Fictitious Names Act of Pennsylvania (54 Pa. C.S. Section 301, et. seq.), that an application for registration of a Fictitious Name was filed with the department of State of the Commonwealth of Pennsylvania on February 14, 2018, for the conduct of a business under the Fictitious Name of State and Main, with its principal office at 121 W. Court Street, Doylestown, PA 18901. The names and addresses of all persons who are parties to the registration are: Chanin Milnazzik, 121 W. Court Street, Doylestown, PA 18901.

11 M 29

7207460

NOTICE OF HEARINGS

COUNTY OF BUCKS HUMAN SERVICES DEPARTMENT

County of Bucks Human Services Department will hold three (3) public hearings on the Human Services Block Grant Plan - FY 2018-2019. Public input encouraged.

Tuesday, April 3, 2018

10:00 AM - 12:00 NOON

Bucks County

Administration Building

Commissioners Meeting Room

55 East Court Street, 1st floor

Doylestown, PA 18901

AND

Tuesday, April 3, 2018

6:00 - 8:00 PM

Large Meeting Room

Bensalem Branch Library

3700 Hulmeville Road

Bensalem, PA 19020-4448

AND

Monday, April 9, 2018

4:00 - 6:00 PM

Small Meeting Room

Quakertown Branch Library

401 West Mill Street

Quakertown, PA 18951-1248

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

For additional information or unable to attend please forward written comment to email: janabin@buckscounty.org or call: 215-348-6203 or 215-348-6201.

11 M 29

7207284

Bucks County, SS.

NOTICE OF HEARINGS

**COUNTY OF BUCKS
HUMAN SERVICES
DEPARTMENT**

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For additional information or unable to attend please forward written comment to email: jerubin@buckscounty.org or call: 215-348-6203 or 215-348-6201.

11 M 29 7207293

**RECEIVED
APR 02 2018
HUMAN SERVICES**

**BUCKS COUNTY PURCHASING DEPT
ADMINISTRATION BLDG
DOYLESTOWN, PA 18901**

3-007612006
0007207293-01

Kristen Smith being duly affirmed according to law, deposes and says that he/she is the Legal Billing Co-ordinator of the COURIER TIMES INCORPORATED, Publisher of The Bucks County Courier Times, a newspaper of general circulation, published and having its place of business at Levittown, Bucks County, Pa; that said newspaper was established in 1910; that securely attached hereto is a facsimile of the printed notice which is exactly as printed and published in said newspaper on

March 29, 2018

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


LEGAL BILLING CO-ORDINATOR


Affirmed and subscribed to me before me this 29th day of March 2018 A.D.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Ann Clark, Notary Public
Tullytown Boro, Bucks County
My Commission Expires April 30, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Bucks County, SS.

NOTICE OF HEARINGS

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HUMAN SERVICES
DEPARTMENT**

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**Tuesday, April 3, 2018
10:00 AM - 12:00 NOON**

Bucks County
Administration Building
Commissioners' Meeting Room
55 East Court Street, 1st floor
Doylestown, PA 18901

**AND
Tuesday, April 3, 2018
6:00 - 8:00 PM**

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

**AND
Monday, April 9, 2018
4:00 - 6:00 PM**

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

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

For additional information or unable to attend please forward written comment to email: jerubin@buckscounty.org or call: 215-348-6203 or 215-348-6201.

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HUMAN SERVICES

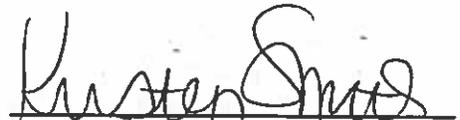
BUCKS COUNTY PURCHASING DEPT
ADMINISTRATION BLDG
DOYLESTOWN, PA 18901

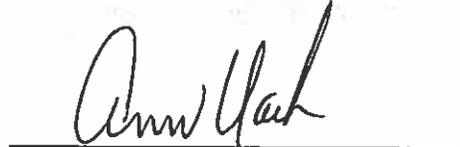
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Kristen Smith being duly affirmed according to law, deposes and says that he/she is the Legal Billing Co-ordinator of the INTELLIGENCER INCORPORATED, Publisher of The Intelligencer, a newspaper of general circulation, published and having its place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

March 29, 2018

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


LEGAL BILLING CO-ORDINATOR



Affirmed and subscribed to me before me this 29th day of March 2018 A.D.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Ann Clark, Notary Public
Tullytown Boro, Bucks County
My Commission Expires April 30, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

COUNTY OF BUCKS

HUMAN SERVICES DEPARTMENT

PUBLIC HEARINGS ON THE HUMAN SERVICES BLOCK GRANT PLAN

Fiscal Year: 2018-2019

Tuesday, April 3, 2018
10:00 AM – 12:00 Noon
Bucks County Administration Building
Commissioners' Meeting Room
55 E. Court Street – 1st floor
Doylestown, PA 18901

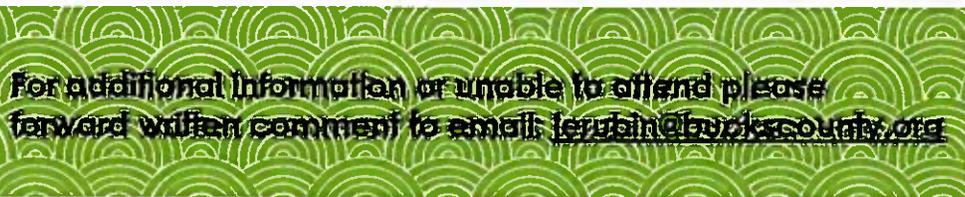
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Quakertown Branch Library
401 West Mill Street
Quakertown, PA 18951

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



2017 Bucks County Commissioners' Meetings
(Agendas, Minutes, Audio)

The Bucks County Drug and Alcohol
Commission, Inc. can help.

Bridges of Bucks County Map
Directory of all County Owned Bridges
listed by Municipality
(actual size of map is 30 in x 41 in)

2018 Final Budget

2018 Preliminary Budget

Bucks County Budget Information

Human Services Block Grant Fiscal Year
2018-2019 Public Hearings
April 3rd - Doylestown, April 3rd - Bensalem,
April 9th - Quakertown

Where to go for Help
Act 139 - Good Samaritan Law
Act 53 - Involuntary Commitment of Minors

Bucks County District Attorney Matt Weintraub,
in collaboration with the Bucks County Drug and
Alcohol Commission, Inc., created a video series
aimed at stopping the Opioid Epidemic:
Medication Take Back Program (video)
Narcan (video)

Permanent Medication Disposal Drop-Off
Locations

2018 Holiday Schedule

For a complete listing of departments and
their locations, please see the
County's Department Contact Directory

Sign Up for the Ready Bucks Alert System, powered by Everbridge.
Get alerted about local emergencies, weather events and other important
community news. From traffic backups to hurricane alerts, and from school lock
downs to County closures, you chose how much you want and when you want it
Apps available for android and apple. Find out more and sign up at Ready
Bucks



Do you have what you need to Shelter-In-Place?
Does your family have an evacuation plan, complete with
a meet-up location?
Do you know the difference between a watch or a
warning, or how long food can stay good in a refrigerator
without power?
If you can't stay yes to each and every one of the above
questions, you need a refresher on Emergency
Preparedness. Go to our Ready Bucks Preparedness Tools Section now.

HOME | GOVERNMENT | COURTS | NEWS | LIVING AND WORKING | VISITORS | ONLINE SERVICES | HOW DO I | ABOUT BUCKS | SITE MAP

BUCKS COUNTY COMMISSIONERS: ROBERT G. LOUGHERY, CHAIRMAN; CHARLES H. MARTIN, VICE-CHAIRMAN; AND DIANE M. ELLIS-MARSEGLIA, L.C.S.W.

Bucks County Administration Building
55 East Court Street
Doylestown, PA 18901
Phone (Toll free within Bucks County): 1-888-942-8257
(All other callers): 215-348-6000
Email: webmaster@buckscounty.org

Bucks County Justice Center
100 North Main Street
Doylestown, PA 18901
Phone (Toll free within Bucks County): 1-888-942-6528
All other callers: 215-348-6000
Email: webmaster@buckscounty.org


The Official Site of
Bucks County, Pennsylvania

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- [Health Services](#)
- [Human Services](#)
- [Row Officers](#)
- [Parks and Recreation](#)
- [Bucks County Election Information](#)
- [ADA](#)

Government Human Services

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

- [Area Agency on Aging](#)
- [Department of Behavioral Health](#)
- [Children & Youth](#)
- [Drug and Alcohol Commission, Inc](#)
- [Mental Health/Developmental Programs](#)



Vision, Mission and Values - Bucks County Division of Human Services - Find out more about how BCDHS works to make individuals and families thrive by supporting and strengthening wellness through community connections, collaboration, integration, innovation and responsible stewardship.

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

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

Code Blue Information - Code blue will be called whenever the temperature goes below 20 degrees, but may also be called with higher temperatures based on consideration of wind chill, precipitation, or other circumstances. A code blue may be called for a single night's duration in the event of extreme cold or other situation creating a public health risk.

Non-Profit Wish List - The Bucks County Commissioners, along with the Bucks County Human Services Division, is working with Non-Profits to assist them in getting the everyday items not necessarily budgeted, or paid for with other funding sources. If you are a non-profit in need, please contact Human Services; if you are able to help a non-profit, via supply

Human Services Block Grant Fiscal Year 2018-2019 Public Hearings

Tuesday, April 3, 2018
10:00 AM – 12:00 Noon
Bucks County Administration Building
Commissioners' Meeting Room

Tuesday, April 3, 2018
6:00-8:00 PM
Large Meeting Room
Bensalem Branch Library

Monday, April 9, 2018
4:00-6:00 PM
Small Meeting Room
Quakertown Branch Library

Check out the HSBG Public Hearings Flyer for more Information

Human Services Block Grant Final Fiscal Year 2017-2018

Bucks County Human Services Block Grant Public Hearing

Bucks County Administration Building – Commissioners’ Meeting Room

55 E. Court Street, 1st floor - Doylestown, PA 18901

April 3, 2018 @ 10:00 AM

Agenda

- Introduction (Jon Rubin)
- Department Reports
 - Bucks County Drug and Alcohol Commission (Diane Rosati)
 - Bucks County Department of Mental Health/Developmental Programs (Donna Duffy Bell)
 - Housing Assistance Program (Erin Lukoss)
 - Human Services Development Funds (Jon Rubin)
- Questions/comments from attendees
- Wrap up (Jon Rubin)

Next Meetings:

Tuesday, April 3, 2018
6:00 PM – Large Meeting Room
Bensalem Branch Library
3700 Hulmeville Road
Bensalem, PA 19020

Monday, April 9, 2018
4:00 PM – Small Meeting Room
Quakertown Branch Library
401 West Mill Street
Quakertown, PA 18951

COUNTY OF BUCKS
HUMAN SERVICES BLOCK GRANT
PUBLIC HEARING - April 3, 2018
DOYLESTOWN ADMIN. BLDG.
10:00 AM - 12:00 Noon

ROLE

P = Provider
A = Advocate
C = Consumer
O = Other

**TELEPHONE
NUMBER**

E-MAIL ADDRESS

ORGANIZATION

NAME

NAME	ORGANIZATION	E-MAIL ADDRESS	TELEPHONE NUMBER	ROLE
Sue Bell	A woman's Place	Sbell@awomansplace.org	215-343-4431	adm
Daniel Mirinske	Family Service	Dmirinske@FSAS.org	215-757-6916/230	P
Karen Graff	Rounded Mt C	kgraff@roundedmtc.org	267-587-2300	P
Jane Camer	Bucks MHI/DP	JBCamer@bucksmtc.org	215-444-2800	O
Whitney Smith	Access Services	wsmith@accessservices.org	215-206-6889	P
Mawlene Piasecki	Family Service	mpiascki@fsbc.org	215-757-4916, 208	P
Debbie Meritz	NAMI	info@namibucks.org	215-442-5633	A
Kim Castro	Merckey/NHS	Kcastro@merckey.org	267-406-3236	P
Liz Hayden	Woods Services	Lhayden@woods.org	267-566-8990	P
DAN SHINE	11 11	Dan.Shine.52970@1111		
Kathryn Bennett	BCAAA	Kimbennett@buckscounty.org	267-8805711	O

Bucks County Human Services Block Grant Public Hearing

Bensalem Branch Library – Large Conference Room

3700 Hulmeville Road, Bensalem, PA 19020

April 3, 2018 @ 6:00 PM

Agenda

- Introduction (Jon Rubin)
- Department Reports
 - Bucks County Drug and Alcohol Commission (Diane Rosati)
 - Bucks County Department of Mental Health/Developmental Programs (Donna Duffy Bell)
 - Housing Assistance Program (Erin Lukoss)
 - Human Services Development Funds (Jon Rubin)
- Questions/comments from attendees

Wrap up (Jon Rubin)

Next Meeting:

Monday, April 9, 2018
4:00 PM – Small Meeting Room
Quakertown Branch Library
401 West Mill Street
Quakertown, PA 18951

Bucks County Human Services Block Grant Public Hearing

Quakertown Branch Library – Small Meeting Room

401 West Mill Street, Quakertown, PA 18951

April 9, 2018 @ 4:00 PM

Agenda

- Introduction (Jon Rubin)
- Department Reports
 - Bucks County Drug and Alcohol Commission (Diane Rosati)
 - Bucks County Department of Mental Health/Developmental Programs (Donna Duffy Bell)
 - Housing Assistance Program (Erin Lukoss)
 - Human Services Development Funds (Jon Rubin)
- Questions/comments from attendees
- Wrap up (Jon Rubin)

COUNTY OF BUCKS
HUMAN SERVICES BLOCK GRANT
PUBLIC HEARING - April 9, 2018
QUAKERTOWN LIBRARY 4:00 - 6:00 PM

ROLE

P = Provider
A = Advocate
C = Consumer
O = Other

**TELEPHONE
NUMBER**

E-MAIL ADDRESS

ORGANIZATION

NAME

NAME	ORGANIZATION	E-MAIL ADDRESS	TELEPHONE NUMBER	ROLE
MARIA PICCIOTTO 1	Family Service	mpicciotto@family.org	215-355-6011	P
Jeanne Cramer 2	Outreach Care	comcast mcramer@outreach.net	610-442-6465	
Pr. Dave Heckler 3	AHUS	prDaveheckler@gmail.com	(70.470.0716	P/A
Valerie Melby 4	Voice Vision Lion	valerie@voiceandvision.org	215 442 1599	P
Wynne Myer 5	Law Foundation	wmyer@lawfoundation.org	215 453-5160	P
MARIA MORRIS 6	CLBC	MMorris@CLBC.org	215-781-5073	P
Jane Cramer	Bucks MHIAP	JBCramer@Buckscounty.org	215-444-2700	O
Nancy Shields 7	CSP Bucks	NS nshields@perennialmhc.org	267-269-7882	A

PART III: CROSS-COLLABORATION OF SERVICES

Introduction:

Part I - of this Block Grant Plan detailed how Bucks County works in a collaborative manner across categorical functions to work with community stakeholders, private agency providers, other county government agencies, and internally to develop our programs and services. We administer the implementation of those services in much the same way, consistently seeking shared input and feedback for services and evaluation of outcomes of our programs.

During this past year we held several public facing events to share our vision of cross collaboration among County Departments, the provider network, and the community at large. We have made a public commitment at these events to measuring ourselves along the continuum of the Human Services Value Curve (credits to: Antonio M. Oftelie-Leadership for a Networked World). The Human Services Value curve speaks to advancing our system from one based on a solely regulatory type of practice focusing on meeting minimum requirements in our agency silos, to one that is focused on meeting community needs through collaboration, service integration, and ultimately driven by a generative model that addresses whole population health, root causes of needs, and working across all social determinants of health and well-being as one system.

To achieve these strategic objectives the Division of Housing and Human Services Department Heads (Child Welfare, MH/DP, Behavioral Health, Bucks County Drug & Alcohol Commission, Housing Services, and the Area Agency on Aging) meet monthly to discuss relevant county issues and plan together for the administration of services in the Community. It should be noted that the County's Housing Services Department has been moved from under the auspices of the Planning Commission to a component of the Human Services Division (hence the new title: Housing and Human Services).

Along with the overarching lenses of the Human Services Value Curve and a social determinants of health and well-being framework, our leadership team remains committed to eight strategic areas of focus for our Division: A united vision/mission/values set to guide us, developing integrated business processes, improving consumer access and navigation, building a teaming model of practice, assuring equitable outcomes for all citizens, becoming more data informed/outcomes driven, engaging community partnerships, and improving staff and leadership development processes.

Each of these strategic initiatives will help us improve our cross system collaboration, leverage the use of block grant funds in the most collaborative/least duplicative way possible, and support work towards improved outcomes during the 2018-2019 year.

Employment:

The Bucks County Division of Housing and Human Services recognizes employment as a key factor in helping individuals move from system dependence to self-sufficiency, good health, and a positive sense of well-being. Employment is a key social determinant of health and well-being and a driver for individuals seeking to exit from poverty.

Block grant funding for employment supports is specifically allocated to our partner agency Bucks County Opportunity Council who provides case management services that helps low-income individuals and families achieve the highest level of self-sufficiency possible. These case management services

PART III: CROSS-COLLABORATION OF SERVICES

include individualized needs assessments and cross system connections including employment and education.

New to this year's Block Grant plan/strategy is a focus on "2Gen" or two-generational work with families where we support and track outcomes for children and parents together, and not just the family members who may be a focus of services. One such program being proposed for use of block grant funds would be a new partnership with the Bucks County Intermediate Unit, the Bucks County Opportunity Council, Family Services Association, and the Bucks County CareerLink to support homeless families with students registered in Bucks County Headstart. For these families, we will be developing master plans that will support early childhood education for the children and career/employment services for the parents in an effort to create sustainable change for both the family as currently constituted but also for the next generation to be receiving the appropriate educational supports.

It should be noted that the County's CareerLink system is also a partner and has become increasingly involved in discussions related to improving Human Service outcomes. The CareerLink Director is part of our Lower Bucks County Center of Excellence Advisory Board and has been involved in discussions for helping provide mobile CareerLink services at District Justice courtrooms and the homeless shelter.

Additionally, Bucks County utilizes funding to support the interagency coordination through our Division's Policy and Planning Specialist. Information obtained from the Specialist's interactions with social service providers, local business/government representatives, and service recipients is utilized by the Specialist, Director and Deputy Director to increase access to service, minimize duplication of service, improve resource allocation, and provide Bucks County leadership the information needed to link services beyond the scope of the Division.

Finally, services related to employment for residents with Intellectual Disabilities are detailed in the ID Services section of this plan.

Housing:

Housing is a key social determinant of health and well-being. In the past collaborative work efforts on housing issues were infused throughout the county's Human Services system, however, in the past year Bucks County integrated our Housing Services Department into the Division of Human Services to support more streamlined services and integration of strategic planning.

Many housing related services are detailed throughout this block grant plan including in our Mental Health section and Housing Assistance Program section. These sections further detail partnerships including between our housing providers who receive HAP funding and our child welfare system that administers part of that grant to allow us to utilize funding to keep children from having to go into foster care when a family's sole issue is housing.

In the time since Housing Service became part of the Division, we have begun to see some dividends of our combined efforts. While much of the funding for Housing services come from other sources, we do look closer now at how to "braid" our funding sources to be more efficient, less duplicative, and oriented towards shared outcomes. In the past year our Point in Time count of unsheltered homeless in the county is down 22%. Additionally, the other metrics we have been tracking such as response time at

PART III: CROSS-COLLABORATION OF SERVICES

our Housing Link Coordinated Entry program, wait time for acceptance in the shelter, length of stay in shelter, and utilization of rapid rehousing programs are all trending in a positive direction.

Our Housing Services Director is now participating with our Mental Health Housing program in support of their strategic planning to assure we are utilizing those combined resources in the best way possible to support individuals and families in the least restrictive setting, and measure outcomes toward agreed upon goals. This work is detailed further in the mental health section of this plan.

Additionally, we have made great efforts to link housing supports to our mental health system using HealthChoices reinvestment funds. We implemented a Behavioral Health reinvestment plan for individuals who have mental health issues or co-occurring substance use disorders to receive housing supports. The reinvestment plan has four components to it: funding for a housing locator to work with landlords, tenant based rental assistance, contingency funding for individuals in need of longer term support, and a capitol project to build new units specifically designated to support this population. The funding for the capitol project is being managed by our Housing Services Department to help navigate working with potential developers and is an example of collaboration between departments within the Division of Housing and Human Services.

These housing partnerships continue through various committee efforts and have grown in recent months. Our Mental Health system has always participated in the county's Continuum of Care team and process, but the County's Director of Housing and Human Services participates as a member of the county's CoC's executive team and works to strengthen collaboration at the executive level around funding and strategic decisions for Housing Services countywide.

MENTAL HEALTH SERVICES

MENTAL HEALTH SERVICES

a) Program Highlights

Children's Services – The Child and Adolescent Service System Program (CASSP) in Bucks County has utilized a System of Care (SOC) model as the organizational philosophy and framework in creating clinical and natural supports. The intent of CASSP and the Children's Coordination Steering Committee (CCSC) efforts in Bucks County has been to build and expand upon the progress achieved in addressing the MH needs of children, youth, and families. As a way to improve outcomes for youth and young adults in the behavioral health system, there has been an intentional focus on developing and implementing strategies that will strengthen interagency, intersystem teaming and planning. Specific trainings are in development to accomplish improvements to the Child and Adolescent Service System and integrate tangible practices to improve outcomes for children and their families.

- **“Now is the Time (NITT): Healthy Transitions” Substance Abuse and Mental Health Services Administration (SAMHSA) Grant – (Five Year Grant)** The purpose of the Pennsylvania Healthy Transitions Partnership is to develop a coordinated and comprehensive approach to the provision of supports and services to address serious MH conditions, Co-Occurring Substance Use Disorders (COD), and risks for developing serious MH conditions among youth 16-25 years old. Year three of this grant is focused on various initiatives, which include Youth Mental Health First Aid (YMHFA) training efforts, conferences targeted for education regarding COD and LGBTQIA populations, enhancement of peer support services for young adults, etc. The YMHFA trainings have trained over 1100 individuals as “Aiders” and the project continues under the grant.
- **Respite** – The Bucks County Respite Program is a service offered through Child and Family Focus, Inc. that provides short-term, temporary care to families who need an interval of relief from the daily challenges of caring for a child with an emotional, behavioral, and/or developmental need. The program continues to benefit from reinvestment funds, along with braided funding from the County Block Grant. In 2017, the Bucks County Respite Program served 163 children from 133 families. In 2017, 974.9 units of respite were delivered including 3973.25 hours of in-home respite, 28 overnight/out-of-home respites, and 766.25 hours of group respite in a community setting. There has been an increase in areas of service including number of families served by 5% and the number of hours of in-home respite delivered by 1% when compared with 2016. Additionally, the number of referrals received in 2017 increased by 19%. In 2017, the program provided 11 group respite events and a total of 766.25 hours of community-based respite. Group respite is made available in a community-based setting to all qualifying children including; those on the wait list, those actively receiving traditional in-home or out-of-home respite care, and those children no longer receiving ongoing, ‘traditional’ respite care. Community respite events offer children the opportunity to engage in recreation with their peers and for providers to meet some of the children who are waiting to receive ongoing care. Community respite events were held monthly from January-November 2017 and in total, 47 children from 40 families participated in these events.
- **Bucks County Living in Family Environments (LIFE) Program** – The Bucks County LIFE is a county-wide, voluntary, family and youth driven support program, which serves all Bucks County families who have a child or adolescent with a mental illness, emotional, behavioral, social and/or learning challenge, and has or needs systems involvement. The mission of the Bucks County LIFE (BCL) program is to build strong resourceful families and resilient children through the sharing of knowledge, resources, referral to services, direct support, trainings, socialization opportunities, and system navigation, with a focus on building a culture of parents and youth as mentors, partnerships within the community and collaborations within the systems of care.

Thus far in FY 2017/18, over 182 individuals have been served by BCL. Some individuals were served by Administrative Case Management, Family Support Services, and Certified Peer Support in a team-based format. In addition, 93 hours of time were utilized to assist county families and professionals with

MENTAL HEALTH SERVICES

resource and system navigation. Nine trainings/workshops tailored to families based on trends will have been hosted by the conclusion of 2018, including topics of YMHFA, Question Persuade Refer (QPR), SSI, Trauma, Drug & Alcohol (D&A) concerns, social media safety, and Individualized Education Plan (IEP) education. Three youth events were held: paint night and two improvisational groups.

Norristown State Hospital (NSH) Civil Section Closure – As a result of the closure announcement of the civil section of NSH, in FY 2017/18, there was a focus on assessing, planning and discharging individuals without forensic involvement from NSH back into the community. Comprehensive assessments were completed for each Bucks County resident, which aided in the identification of capacity issues and development needed in the community to support this population. A comprehensive Community Hospital Integration Projects Program (CHIPP) plan was developed and submitted to the Office of Mental Health and Substance Abuse Services (OMHSAS) outlining Bucks County’s plan for transitioning these individuals and creating the infrastructure needed throughout the County to avert others needing a state hospital level of care. The CHIPP plan includes the development of Bucks County and Southeast Regional services. Regional development included an Enhanced Community Residential Rehabilitation (ECRR) program located in Bucks County and a Residential Treatment Facility for Adults (RTF-A). Start-up of these programs was accomplished in December 2017, supporting three Bucks County individuals at the ECRR and five at the RTF-A, all of whom have had admissions to NSH. It is anticipated that the ECRR will have the ability to expand its capacity by two in the future. Plans specific to Bucks County will include development of a new Enhanced Long Term Structured Residential program (ELTSR) and will be funded by both CHIPPs and HealthChoices. The ELTSR is also intended to have competencies in working with and supporting individuals with a serious mental illness who also have forensic involvement histories. The CHIPP plan also proposed additional funding for Psychiatric Rehabilitation Services and Peer Support Services for those who are not HealthChoices eligible. During FY 2017/18, the ELTSR, Psychiatric Rehabilitation and Peer Support were still in the planning stages. Stakeholder feedback, through both the Community Support Program (CSP) and National Alliance on Mental Illness (NAMI), was obtained as part of the development of both the ELTSR and Psychiatric Rehabilitation services.

Forensic System –

Potential Development/Expansion – The American Civil Liberties Union (ACLU) lawsuit that preempted the State’s decision to close NSH’s civil section also recommended an independent evaluation of the State’s forensic system for individuals with a Serious Mental Illness (SMI). As a result, Policy Research Associates released their findings and recommendations in the “PRA” report. Bucks County is developing a multi-faceted short and long-term proposal in hopes to increase availability of appropriate treatment, housing, case management, and related community supports to meet the mental health needs of the forensic population, including those who are unable to be restored to competency.

Residential Treatment Facility for Adults-Forensic (RTFA-F) – Developed by Delaware County and operated by Elwyn, Inc. in response to the 2015 ACLU Lawsuit, Bucks County MH/DP and Magellan Behavioral Health (MBH) contracted for two beds at Natale North. The RTFA-F has the capacity to provide competency restoration, treatment, and skill development for justice-involved individuals with mental health diagnoses. Bucks County MH/DP continues to collaborate with the Bucks County Correctional Facility (BCCF), Norristown State Hospital Forensic Units, and the Courts to utilize this facility for competency restoration, treatment, and re-entry. Thus far, the Program has served three individuals, including two current residents and one person who was able to successfully resolve charges and return to the community with MH supports.

Forensic Services Program (FSP) – PennDel Mental Health Center (PMHC), in collaboration with Bucks County MH/DP, Bucks County Behavioral Health (BCBH), and MBH, developed a Forensic Community Treatment Team model that provides therapy, psychiatry, nursing, case management, and peer support to individuals with SMI and forensic involvement. The Program works closely with the BCCF, Adult Probation & Parole Department, and State Probation. The therapeutic interventions are designed to address mental health needs, co-occurring substance

MENTAL HEALTH SERVICES

use, and criminogenic thinking. Monies are being requested through the previously mentioned PRA Plan to increase the capacity of this Program to support an additional ten (10) county-funded individuals in FY 18/19.

Criminal Justice System-

Crisis Intervention Team (CIT) and Crisis Response Training (CRT) – The Bucks County CIT Task Force continues to provide the semi-annual 40-hour training to law enforcement throughout Bucks County. As of April 2018, a total of 495 forensic professionals have been trained, 361 of which are law enforcement. Others trained include hospital security, probation, and correctional officers. A total of 97% of police departments have at least one officer trained in CIT. Several departments throughout Bucks County have identified a CIT coordinator who will work collaboratively with the Task Force to offer ongoing support to CIT officers. In addition, new funds will be allocated from Bucks County MH/DP in FY 18/19 to support local police departments in sending additional officers to be trained and thus expanding the availability of CIT-trained officers at any given time. CRT, a three-day training, also continues to be offered to Correction Officers in Bucks County. To date, four classes were offered with 94 Correction Officers trained from both the Correctional Facility and Community Corrections.

Pennsylvania Commission on Crime and Delinquency (PCCD) and SAMSHA Grants –

- **Magisterial District Justice (MDJ) Engagement Pilot:** The Human Services Subcommittee (HSS) of the Bucks County Criminal Justice Advisory Board (CJAB) has been working on cross-systems behavioral health and criminal justice strategic planning utilizing the Sequential Intercept Model. As a result of the mapping, Bucks County was awarded a PCCD grant for \$150,000 for an expansion of Mobile Crisis which offers a referral resource at Intercept 2 for MDJs to divert individuals with behavioral health need to treatment, potentially reducing likelihood of further legal involvement. Currently in year two of the grant, behavioral health mobile crisis/engagement services will be provided at the MDJ offices to divert individuals with mental illness, substance use, or COD out of the criminal justice system into appropriate community supports while maintaining public safety. As of March 2018, 70 individuals have been served through this program. Only one individual was incarcerated while in the program and this individual would not engage in mental health treatment. Per Bucks County's previously mentioned PRA plan, additional monies are being sought from OMHSAS in FY 18/19 to sustain this project beyond the PCCD grant period.
- **Training Enhancement for Drug Court:** Bucks County received a grant from PCCD for \$128,000 to provide training in evidence-based therapeutic models (DBT, MRT and TREM). These trainings will enhance the clinical skills of clinicians in our continuum to support diversion and Drug Court participants.
- **Enhanced Drug Court:** Bucks County Drug Court submitted a grant application in February 2018 to SAMSHA to increase the ability for drug court to better serve individuals who are co-occurring, with mental health and substance use disorders. The grant is a collaboration between the criminal justice and behavioral health systems.

Crisis Services – In 2017, Bucks County developed a Crisis Leadership Team to review the scope of the model to include fiscal considerations, longitudinal data utilization, and designing clear outcomes geared to enhanced efficacy of the service. The team is comprised of representatives from the Single County Authority (SCA), Bucks County Behavioral Health (BCBH), MH/DP, and the Deputy Director of Human Services. The team concurred that there was merit in a single mobile crisis service provider verses maintaining two separate mobile crisis providers. Reasons for consideration of a single provider were that a single provider allows Bucks County and Magellan Behavioral Health to provide oversight to one agency with the clear programmatic and outcomes expectations; it allows for consistent service delivery across Bucks County and across all age groups; it allows for 24/7 capability if needed; in serving all geographic areas and ages with a single provider, and it allows for economy of scale. Request for Information for two existing crisis providers was published on October 23, 2017 with a submission deadline was December 15, 2017. A provider was chosen in spring 2018 with a July 1, 2018 implementation date.

Crisis Residential Services – Lenape Valley Foundation began construction of the building that will house Crisis Residential, site-based crisis, and outpatient services in lower Bucks County. The Crisis Residential section of the

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building will include a voluntary, non-locked 10-12bed program. It will be the first in Bucks County and is scheduled to be completed by September 1, 2018. It is anticipated that this program will be fully operational by November 1, 2018. Additional monies are being requested through Bucks County MH/DP's PRA Plan to support up to two beds at any given for County-funded individuals with forensic system history/involvement.

Housing/Residential Supports – Bucks County's Housing and Residential activities in FY 2017/18 were influenced by the January 2017 NSH civil section closure announcement and community need trends. In November 2017, County Housing and Mental Health leaders, in partnership with our Residential Providers, engaged in two Strategic Leadership Meetings to examine existing mental health residential and housing programs with the intention of refining our focus and directing system site-based resources to individuals with the highest levels of behavioral health need, improving flow through system specialty housing, and supporting as many individuals as possible in affordable general community housing with mobile supports. With this, the MH Housing Mission was developed, which is to *“allocate/re-allocate resources to best support individuals with complex needs and more effectively utilize community-based mobile services and generic community supports”*.

Also borne from Strategic Leadership Meetings was the development of two workgroups, one focusing on Medication Self-Management and one focusing on Housing Navigators. The general goal of the workgroups is to increase the movement of individuals through the residential service programs and to live in the community with mobile services when appropriate. This will be accomplished by focusing efforts on examining how programs discuss, educate and support transition to general community housing and medication independence, development of a Housing Navigator position, and allocation of funds for tenant-based rental assistance to increase affordable housing stock for individuals with mental illness. This position will interface with all housing stakeholders and bridge individuals who are currently in residential services, or are seeking housing with behavioral health and natural supports, with the overall goal of transition or diversion from mental health residential services. The final area MH housing providers will be giving input is with the development of Change Plans for their programs to include strategies to move their current programs and funding to better meet the MH Housing Mission identified above. Plans will be reviewed and prioritized based on ability to address our mission and available dollars.

Additionally, internal planning processes have been underway with identified goals and strategies to improve the quality of residential services through increased program monitoring, bi-monthly meetings with residential providers, the update and development of MH Residential Policies and Procedures, and further collaboration with the MH Quality Management Division. Identified outcomes include increased discharges to a less restrictive environment, decreased lengths of stay, increased individual self-sufficiencies as measured by a standardized self-sufficiency tool, decreased embedded residential supports for individuals with less intensive needs, and increased use of community MH supports, natural supports and community integration.

MH Housing Reinvestment plans currently underway have experienced a great deal of success with the Tenant Based Rental Assistance (TBRA) & Contingency Fund programs to assist with creating more affordable housing in Bucks County. The TBRA program reached capacity at 13 individuals in Fall 2017 and has successfully transitioned two individuals to permanent housing. At least 4 of these individuals were homeless and another four were previously served in a MH residential program or respite program or a recovery house. In 2017, the Contingency Fund program stabilized thirty-three households by receiving financial assistance for either rent and/or utilities. The Capital Development portion of this project has had little movement in 2017 but it is projected that 8-12 housing units will be added in the community. In 2018 it is anticipated there will be significant progress with this project as the new Director of Housing Services who will help to spearhead this project was hired in January 2018.

Case Management Transformation Initiative (CMTI) – During FY 2017/18, the CMTI training for new Blended Case Management staff was significantly revised. It was noted there was a lot of duplication between the two

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training levels and while it was being communicated that services for individuals with MH – D&A co-occurring diagnosis needed to be approached in an inclusive manner, the trainings were still separate and distinct. The revised training streamlines the information from ten days down to six days and incorporates the information into one cohesive approach. Prior to implementing the revised training, an outline of the training was provided to OMHSAS. The first session of the revised training will be held in May 2018.

Peer Support – Over the past year, the Peer Development Network (PDN), the Peer Support Supervisor Group, and the Peer Coordination Committee collaborated to assess the strengths and needs of peer support delivery, provide training, technical assistance, and identify outcomes. The PDN continues to address issues to enhance the skills of working peers and has recently offered trainings for CPSs such as community inclusion through the Temple University Collaborative and QPR. In FY 2017/18, the CPS Supervisors devoted part of their meeting to discussing predetermined and agreed upon topics relevant and practical to their supervisory role and CPS programs. Also in FY 2017/18, the Peer Coordination Committee coordinated and planned a CPS Training scheduled for April 30-May 4 and May 14-May 18, in which 22 candidates were selected out of 37 applicants to participate in this training.

Supported Employment (SE) – In FY 2017/18, all three SE providers had a comprehensive annual program review. Additionally, MH staff has continued to meet with SE providers quarterly to review census numbers, new referrals, status of closures, and the progress of those individuals receiving SE service. Additionally, successful job placements of individuals receiving services from SE providers are still being tracked. In lieu of collecting and routinely submitting a spreadsheet tool, MH/DP staff created an integrated tool within the “Provider Connect” IT system. This allows the SE providers to enter the outcomes data directly. The FY 2017/18 goals of the bi-monthly MH Employment Workgroup were achieved. In spring 2017, the Workgroup coordinated a “WRAP for Employment” training for 10 Employment Specialists and Vocational Counselors of Bucks MH programs. Attendants were taught how to support the individuals they serve through their own WRAP, which promotes wellness and effectively manages symptomatology in an employment setting, along with helping to increase job retention. During the Winter 2017, the Workgroup coordinated a benefits counseling training for 50 individuals consisting of Employment Specialists, Vocational Counselors and other stakeholders with a vested interest in benefits and employment. The training addressed how employment income affects SSDI, Children Disability Benefits, SSI and related medical benefits. Goals of the Employment Workgroup for FY 2018/19 include creating a Benefits Counseling Flowchart for the County-wide MH system, which will clarify the options of those receiving benefits and interested in employment. It will also uproot the persistent myths that prevent MH professionals system-wide from promoting employment among the individuals they serve. The Workgroup is also exploring different funding options to have a Benefits Counseling Training on an annual basis.

Values Based Purchasing Partnership 2017-2018 – In 2017, the behavioral health system continued its efforts to enhance the quality of outpatient services. The purpose of the Bucks County Value Based Purchasing Partnership is to bridge the gap between the Outpatient Enhancement Initiative-2016, which was a pay-for-participation model, and a pay-for-performance model. To further this effort, Bucks County sustained the momentum introduced through its Outpatient Enhancement Initiative activities during 2016 and 2017, in which participating outpatient providers completed a quality improvement project, including a charter, communication plan, work plan, intervention, and outcomes analysis. Bucks County and MBH collaborated with a consultant from the National Council, offering outpatient provider webinars on *Care Pathway Design and Optimization*, *Costing Services for Values Based Contracting*, and *Linking Quality to Cost*. Provider and HealthChoices member feedback regarding perceived value in outpatient services was gathered through focus groups. Potential measures of value, and development of data to support these measures have been identified and discussed in terms of their meaning related to system transformation and quality improvement. Bucks County and MBH persist in working toward the

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goal of sharing baseline provider level data in the Spring of 2018, with additional plans to collaborate with providers to incentivize quality, and produce the Phase I outpatient scorecard of a Value Based Purchasing model by July 2018.

Stakeholder Input –

Consumer/Family Satisfaction Team (C/FST) – Bucks County strives to assure a strong, independent, meaningful, and effective C/FST, which empowers individuals and families to have a greater role in moving the behavioral health system forward. In FY 2017/18, surveys were completed in the following areas: Adult Crisis Services, D&A Family and Provider Survey, a Survey Monkey of professionals and focus groups were conducted with parents regarding the Interagency Team Meeting process, and the Adult Health Systems Recovery Survey, and the Children’s Resiliency Survey. In FY 2017/18, discussions continued to focus on clearly defining methodology and identifying outcomes resulting from survey projects. Identification of outcomes varies for each survey based on the purpose of the survey and the needs of the system. The CFST presented the Adult Recovery Survey results to the Bucks County CSP committees and as a result of this presentation, revisions were made to the 2017/18 surveys. The D&A family and provider surveys were completed and aided in the development of focus groups to examine family engagement in treatment. The Adult Crisis Services survey results will be informing a redesigned monitoring process for MH/DP of site-based and mobile crisis services. Two projects concerning Interagency Team Meetings (ITM) were conducted and results are being used as part of a multi-year, multifaceted analysis of the ITM process and were presented to providers for their own analysis.

Bucks County Community Support Program (CSP) – The overall goals that CSP Committees have identified are addressing housing and homelessness, community integration, advocacy, and community education in order to bring awareness to and help reduce MH stigma. Another major priority has been to ensure that there is a wealth of information about local, county, regional and statewide events and resources available through CSP meetings.

Housing and homelessness accomplishments achieved throughout the year have included an update of the previously developed Homelessness Survival Guide by the Lower Bucks CSP, which is a guide that provides information on various resources available to individuals faced with homelessness. CSP has participated with the Local Housing Options Team (LHOT) and MH/DP in finalizing the Bucks County version of Prepared Renters Education Program (PREP), which helps individuals develop skills to be a good renter and to know their rights. CSP partnered with MH/DP staff to facilitate a five-week pilot of the program at Penn Foundation for PREP. CSP also participated with the MH/DP and Self Determination Housing Project in the training of PREP Instructors from agencies throughout the County. Finally, the Lower Bucks CSP held two Landlord Forums (June 2017 and Jan 2018) to help educate landlords and begin building positive working relationships between the social service sector and landlords.

Addressing advocacy, the Central Bucks CSP Committee continues to organize and facilitate the “Story Telling for Advocacy and Social Change” workshops. The purpose of the training is to promote self-advocacy by providing education to people in recovery about how to tell their story to various audiences (i.e. legislators, other peers, youth, etc.). The CSP website continues to provide one place where individuals can find out about MH related meetings in the County, community events and trainings and conferences on MH/Recovery related topics and advocacy issues in addition to resource information.

In an effort to support consumers getting connected to the larger communities in which they live, the CSP Principle of Community Integration, all three CSP committees provided scholarships for individuals to attend the September 2017 statewide Recovery Summit, which is organized by a coalition of MH and Addiction recovery communities.

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b) Strengths and Needs

There continues to be a variety of strengths that Bucks County draws upon in order to support individuals and families with behavioral health challenges. Particular strengths of Bucks County include its commitment to Peer Support and cross-system collaboration. There is a focus on creative ways to not only increase the number of peers who are working in the system but how peers support an individual's recovery journey. The MH/DP Department and our behavioral health partners (Magellan and the Department of Behavioral Health) support peer employment opportunities, including hosting staff trainings for skill development. In terms of cross-system collaboration, relationships have been built to support individuals in addressing mental health needs, such as with the criminal justice system, other human service agencies within the County including the Department of Behavioral Health, the Drug and Alcohol Commission (SCA), Area Agency on Aging (AAA), and Children and Youth (C&Y), Housing Services and other community partners.

There are also a variety of unmet needs that still exist within the County. Some issues that are consistent among age groups continue to be safe, affordable housing and the ever-increasing need for county-funded support services such as Psychiatric Rehabilitation, Assertive Community Treatment (ACT) teams, Blended Case Management, Peer Support and Residential Services. Below outlines the strengths and unmet needs that are specific to the various target populations served by the behavioral health system:

Older Adults (ages 60 and above)

Strengths:

- There is a strong partnership among the Bucks County Housing and Human Services departments of Area Agency on Aging, MH/DP, Housing, and Single County Authority to identify areas in which to collaborate to serve the older adult population.
The Senior Empowerment for Life Fulfillment (SELF) program is a collaboration between the County departments of MH/DP and AAA. It is a community-based program, staffed by Lenape Valley Foundation (LVF), serving individuals 60 years of age or older who experience MH and/or substance use challenges, are not connected to traditional behavioral health supports and have not previously accessed behavioral health supports. Additionally, the certified peer support (CPS) specialist employed by SELF is an older adult. In FY 17/18, SELF supported 86 older adults in the community. Of those 86 individuals, 13 were determined to have significant housing challenges. The SELF team was able to successfully connect 11 individuals to stable housing options, which is a success rate of 85%, slightly lower from 87% last year. There have been a total of 148 admissions to SELF in FY 2016/17 (62) and 2017/18 (86). Of those 148 admissions, 10 individuals were identified as high utilizers, which is defined as anyone engaging in crisis services two or more times in a six month period. Of those 10, only 3 had a subsequent visit to crisis after enrollment into the SELF program. Further, of those 86 individuals supported in the past year, only two of the individuals required psychiatric hospitalization.
- Five older adults were selected to participate in the newest Certified Peer Support (CPS) training, which is scheduled for spring 2018.
- To assist with collaboration, a representative from MH/DP provided two trainings to care managers at AAA which focused on the MH commitment process and mental health community resources.
- AAA provided the Bucks County SCA with funding to purchase bags for older adults for prescription drug collections/disposal, which will impact seniors with mental health disorders.

Needs:

- Need for improved coordination of care between the physical health and behavioral health systems for older adults, in order to ensure behavioral health symptoms are managed appropriately while treating medical needs. This is currently being worked on and already improving as the implementation of Community HealthChoices is planned for January 2019.
- Increased access to nursing homes for people diagnosed with mental health disorders, who present

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with behavioral challenges and are unable to be managed independently in the community with traditional MH services and treatment.

- Strategies to reduce stigma that is associated with older adults accessing behavioral health services.
- Strategies/resources to address mobility issues that make it difficult to access traditional site-based behavioral health services.
- Increased CPS opportunities for older adults to feel comfortable accessing mental health resources.
- Mental health challenges can create barriers in accessing community services (i.e. senior centers, rehabilitation services, etc.)
- Increase of affordable Housing options for older adults.
- Ability to support individuals who require Assisted Living or Personal Home Care level of support and do not have financial resources

Adults (ages 18 and above)

Strengths:

- The MH system has developed strong relationships and collaborations with the Drug and Alcohol (D&A) system, the criminal justice system, the managed care organization, and provider agencies.
- The behavioral health system has an ongoing commitment to peer support services with a plan to continue to move peer support forward in Bucks County. Plans for FY 18/19 include identifying trainings to improve the quality of Peer Support and re-structuring the tri-committee groups to foster better communication among Peers, Supervisors, County and Magellan Behavioral Health (MBH) representatives. Bucks County's Community Hospital Integration Projects Program (CHIPP) Plan also includes increased funding to expand County-funded Peer Support.
- Community Support Program (CSP) of Bucks County has allowed for further stakeholder voice and has assisted in the growth of peer, provider, and county collaboration. Many initiatives are brought to the CSP meetings to obtain feedback and comment from stakeholders.
- The Bucks County Housing Department now falls under the oversight of Human Services allowing for better collaboration with MH/DP and other parties to address housing challenges in Bucks County.
- MH staff continue to participate on the Housing Continuum of Care-Bucks County's Executive Committee and Chair the Local Housing Options Team (LHOT) to identify system collaboration opportunities and further address the prevention and elimination of homelessness throughout Bucks County.
- MH staff also continue to provide oversight to the County's Projects for Assistance in Transition from Homelessness (PATH) Program and collaborate with stakeholders to address the needs of the homeless population in Bucks County. The January 24, 2018 Bucks County Point-In-Time count revealed that of the total 397 adults, 113 had a mental health diagnosis and 86 had a substance use diagnosis, validating the need for the PATH program and collaboration with other agencies in addressing the needs of those who are literally homeless. It is likely that many of these individuals suffer from co-occurring MH and SUD further validating the need for system coordination.
- MH/DP created a goal to redefine the mission of MH Residential Services to increase self-sufficiency for residents to decrease lengths of stays in the MH Residential programs, thus creating better flow for these limited resources.
- The behavioral health system has prioritized the coordination between physical health and behavioral health to address the physical health needs of individuals. This includes providing information about common health diagnoses that the MH populations encounters (metabolic syndrome, diabetes, high blood pressure, hypothyroid etc.) in the training provided to all new Blended Case Managers and discussing how health conditions impact the recovery process.
- NAMI PA of Bucks County provides education and advocacy for individuals with a mental illness, family

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members, and communities including presentations to the students and staff of local middle and high schools. They provide a number of programs that are geared to educate individuals and their families both about mental illness, stressors and how to better understand the illness as well as how to be supportive of loved ones with a mental illness. Educational opportunities that NAMI provides include Peer-to-Peer, Family-to-Family, In Our Own Voice, NAMI Basics, and NAMI Ending the Silence.

Needs:

- Increased county-funded resources for individuals who are uninsured or underinsured for services such as Peer Support and Psychiatric Rehabilitation Services.
- Increased availability and diversity of affordable housing options outside of Bucks County MH Residential Programs.
- Increased funding for staff to provide Supplemental Security Income/Social Security Disability Insurance Outreach, Access, and Recovery (SOAR). This is an application process for adults who are homeless or at risk of homelessness, have a mental illness and/or co-occurring substance use disorder, and do not receive benefits. There is a need for dedicated SOAR trained staff to begin to address the needs for those entering through the Centralized Homeless Helpline and Coordinated Entry Process (Housing Link).
- Increased access to psychiatric rehabilitation services in the lower and central areas of Bucks County.
- Increased need for providers to move from being trauma-informed to being trauma-competent.
- Increased training/educational opportunities to support the development of life skills.
- Enhanced treatment and residential options for people diagnosed with personality disorders.

Transition age Youth (TAY) – ages 18 through 26

Strengths:

- Strong leadership from the TAY workgroup, which defines the direction of program development, supports monthly MY LIFE Meetings and has created an information exchange network.
- Creative system work occurring in order to address the unique needs of young adults in order to avoid becoming entrenched in the behavioral health system, including the expansion of support services.
- Continued expansion of the Young Adult Advisory Group to include engagement in the Statewide NITT: HT Youth Network, membership in the Youth and Young Adult suicide prevention taskforce workgroup and key county stakeholder meetings.
- Designed and launched a website for Youth and Young Adults through the NITT: HT grant.
- Developed and launched the role of an employment and housing specialist in a Rapid-Rehousing Model through NITT: HT grant.
- Expansion of the Transition to Independence Program (TIP) that is an empirically supported model to engage and support young adults in their future planning processes.
- Development of a free-standing peer support program for young adults and continued use of the role of CPS in the TIP program.
- In order to address the need for transition planning from the child and adolescent system to the adult services system, a process to screen needs and provide guidance to navigate these systems through a comprehensive plan for transition was developed and piloted through NITT: HT.
- Creating a strategic plan geared to enhance Multi-System collaboration to develop and design services and supports that result in positive outcomes for youth and youth adults
- Provision of the TAY Rise program through our respite provider. This is a mentoring model which utilizes the Casey Life Skills Assessment tool in creating unique plans for individuals.
- Created a TAY Family Peer position through the NITT: HT grant.
- Five TAY individuals were selected to participate in the upcoming CPS Training in 2018.
- MH/DP staff trained C&Y workers on transitioning to the MH and Intellectual Disabilities (ID) systems with specific emphasis on MH residential housing options and the process to establish the need for ID

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services.

- Valley Youth House's rapid re-housing program for TAY includes a focus on obtaining employment.

Needs:

- Increase in individuals' own resources (financial, emotional, and social) as well as available behavioral health services that address this age group's particular needs. The lack of financial resources significantly impacts TAY ages 18-26 relative to obtaining and maintaining housing, post-secondary educational opportunities and establishing credit.
- Increased use of technology and social networking sites as young adults' access community services differently.
- Continued focus on trauma-informed/competent practice. Through partnership with the Buxmont Collaborative Group, Trauma 101 Forums have been developed and will continue to be conducted to address the need for effective trauma-informed practices.
- Peer Support groups that address substance use and the diverse needs of the LGBTQIA community.
- Training/educational opportunities to support the development of life skills.
- Enhanced understanding and training regarding the needs of the LGBTQIA Community.

Children (Under 18)

Strengths:

- Bucks County utilizes a System Of Care (SOC) approach which has served as the conceptual and philosophical framework for systemic reform in children's behavioral health.
- Bucks County has a CASSP Team with active participation in Interagency Team Meetings and Multi-Systems Workgroups.
- The CCSC has created a strong collaboration with multiple systems in addressing the mental health needs of children, youth, and families.
- Hi-Fidelity Family Teams is a program that has been an effective support to both parents and the youth.
- Increased collaboration and communication with the Children's Crisis Support Program, which connects with families while the child is inpatient.
- Foundations Behavioral Health has partnered with Child and Family Focus's Hi-Fidelity Family Teams for a pilot to improve discharge outcomes from Residential Treatment.
- Collaboration with the Bucks County Department of Behavioral Health and MBH to enhance the Interagency Team Meeting process through "*Meaningful Meetings*," Residential Treatment Facilities project, and Behavioral Health Rehabilitation Services. Efforts of these coordinated projects are aimed at enhancing the family/child voice in planning and improving treatment outcomes and satisfaction.
- Increased availability of SAP services through the NITT: HT grant.
- Increased utilization of respite service and reduction of the wait-list through targeted assessment of purpose and outcome analysis with all involved families.
- Development of a specialized Residential Treatment Facility (RTF) model workgroup to assess needs and implement expanded and timely RTF services for members.
- Created a free-standing TAY CPS model to serve individuals with SED, ages 14-26.
- Magellan has increased its network to address capacity issues for children waiting in Crisis centers or Emergency Departments for more than 12 hours to be placed for inpatient treatment.
- Monitoring the use of inpatient hospitalization and other level of care for individuals in the Respite program

Needs:

- Increased need for access to targeted respite support for children being discharged from RTF or inpatient level of care.
- Increased connection to natural supports for families when youth are transitioning home after RTF

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placement.

- Improved communication between the various levels of care regarding treatment and barriers to treatment, especially when a higher level of care is recommended.
- Increased access to outpatient psychiatry, including provider acceptance of individuals with commercial insurance.
- Increased options and alternatives to inpatient hospitalization to address children and adolescents waiting for inpatient treatment in emergency rooms for days/weeks because of limited bed availability and/or lack of access due to the severity of presenting behaviors.
- Increased RTF options to reduce wait times.
- Increase options for specialized populations requiring a residential level of care.
- Work with providers and community partners such as schools in ensuring Mobile Crisis Services are effectively utilized for children and adolescents.

Special/Underserved Populations

Individuals transitioning out of state hospital:

Strengths:

- Implementation of an adult RTF and an Enhanced Community Residential Rehabilitation program to support individuals transitioning from a State Hospital level of Care.
- Utilization of independent clinical assessments for those currently in State Hospital treatment to identify appropriate step-down options and inform needed services for Bucks County that will assist in diversion in the future.
- Current focus on discharging individuals from state hospitals, which will result in additional available community-based resources (i.e. residential, peer support, community treatment teams, psychiatric rehabilitation, etc.)
- Development of community supports that has decreased the need for state hospital usage.
- Planning and development of a crisis residential program in Bucks County to focus on stabilization and inpatient diversion. It also aims to create an opportunity for individuals to begin to identify strengths and resources that lead to recovery and resiliency. It is anticipated that this program will open in the Fall of 2018.
- The Community Support Plan process is utilized with those who transition to the community from the State Hospital, which brings opportunity to connect individuals with community supports and allows for transitional visits prior to discharge.

Needs:

- More intensive treatment supports (e.g. dialectical behavioral therapy, ACT, etc.).
- Increased housing options that provide skill building opportunities for individuals who have long length of stays within the State Hospital.
- Highly structured, secure residential settings that can meet the needs of individuals being discharged from Norristown State Hospital or are being diverted/released from correctional facilities.
- Due to long-term medication use, long-term institutionalization, and an aging population with chronic physical health illnesses, the need for coordinated care of physical health and behavioral health needs.
- Training/educational opportunities to support the development of life skills

Co-occurring mental health/substance use disorder (COD):

Strengths:

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

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- The Bucks County Outpatient providers have created a strong collaboration within the behavioral health system to enhance the quality of outpatient services for individuals receiving COD treatment.
- Current plans to increase the network to provide substance abuse services, which will also support individuals who have a COD.
- Bucks County received a grant from PCCD for \$128,000 to provide training in evidence-based therapeutic models (DBT, MRT and TREM). These trainings will enhance the clinical skills of clinicians in our continuum to support diversion and Drug Court participants.
- In response to the opioid epidemic in Pennsylvania, two providers have been identified as Centers of Excellence (COE) in Bucks County, including Penn Foundation and Family Services Association (FSA) of Bucks County. Each COE is expected to serve 300 new individuals in order to increase access to treatment for individuals in need of services. Positive collaborations have occurred with Bucks County's homeless outreach providers and the COE's.

Needs:

- Increased drug and alcohol detox/rehabilitation facilities that also provide personal care assistance for the older adult population.
- Expansion of peer/mentor supports such as Certified Recovery Specialists.
- Improved communication and coordination between D&A and MH systems, specifically around confidentiality regulations that have created barriers for treatment providers even when consent is given.
- Grant application was submitted for funding through SAMHSA to expand Drug Court to work with individuals experiencing COD mental health/substance use disorders.

Justice-involved individuals

Strengths:

- Expansion of mobile crisis, which provides rapid response for individuals who may interface with law enforcement.
- The Criminal Justice Advisory Board (CJAB) Human Services Subcommittee, which focuses on the identification of gaps around the various criminal justice intercepts.
- The Magisterial District Justice Mobile Engagement pilot implementation utilizing mobile crisis services to assess and coordinate treatment for individuals at the direction of MDJs. This pilot allows for the mobile crisis team to see, assess individuals for appropriate level of care, and make recommendations and connections to viable next steps in treatment. This pilot not only increases access to behavioral health services, but also serves to intercept this population of individuals, when appropriate, before they further penetrate into the criminal justice system through necessary treatment supports.
- Training initiatives for the criminal justice system including CIT for police, corrections officers, security officers, 911 dispatchers, etc. Also additional trainings of CRT for correctional officers at Bucks County Correctional Facility, which provides education on understanding behavioral health challenges.
- The Severe Mental Illness workgroup has developed a strong collaboration between the behavioral health system, county jail, probation officers, and provider agencies. The purpose is to identify resources necessary for the successful release of individuals to the community.
- Coordination with the SE Regional Forensic Coordinator, the Department of Corrections, and the Statewide Forensic Interagency Task Force to address re-entry issues including housing, benefits, and documentation needed to continuity of care.
- Community-based forensic treatment programs which work in collaboration with Bucks County MH, Probation and Parole, and the Correctional Facility to meet with MH needs of individuals involved in the justice system. The Forensic Services Program (FSP) operates in Lower Bucks and a forensic ACT team (FACT) program serves Upper and part of Middle Bucks County.

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- Secured two beds at a Forensic Residential Treatment Facility to address competency restoration, treatment, and community reintegration for individuals with MH and forensic involvement.

Needs:

- Increased available resources for individuals in the behavioral health system that have criminal justice involvement. Examples of resources include transportation, benefits, income, employment, and vocational supports, some of which can also impact access to treatment providers.
- Increased affordable housing options for individuals with forensic history, including individuals who have a history of sexual offenses or those individuals with arson charges. This applies to both MH Residential Services as well as general community living options.
- Increased evidence-based treatment options and specific interventions to address criminogenic thinking. Includes provider training in these practices.
- Mental Health Court for individuals with justice oversight and mental health challenges.
- Increased community reintegration supports for individuals maxing out of state sentences.
- Increased jail step-down options for treatment and residential support services.
- Increased community resources, supports, and housing for people with a history of sexual offenses with behavioral health issues.
- Increased training/educational opportunities to support the development of life skills.
- Increased number of professionals with forensic peer specialist training.
- Consistent information sharing/coordination of care within state and county correctional facilities regarding release of individuals to the community to more effectively facilitate proper linkage with MH and substance abuse treatment services, benefits, housing, and medication.
- Strategy to obtain timely documentation from State Corrections.

Veterans

Strengths:

- Strong collaboration between housing agencies to support veterans who are homeless.
- Some Vet-to-Vet peer opportunities available within Bucks County.
- Bucks County agencies can accept Veteran's insurance.
- Inclusion of the Bucks County VA office in the Suicide Prevention Walk as participants of the walk as well as providing veterans resources to walkers.
- Housing Continuum of Care-Bucks County has recently added a veteran's focused sub-committee which includes multiple veteran serving agencies.

Needs:

- Increased access to supports for which Vets are entitled through the Veteran's Administration.
- Educational opportunities to reduce stigma among Vets in accessing treatment.
- Access to a veteran peer support pool.

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

Strengths:

- Clinical treatment to support special populations currently being addressed in the Bucks County Outpatient Enhancement Initiative.
- Inclusion of education on the LGBTQI population in the Crisis Response Team training.
- Various providers have incorporated Diversity Committees, which address the specific needs related to this population.
- An all-day conference was held in June 2017, targeting education and resources for the LGBTQI population.
- As a result of the above conference another LGBTQI training is currently being developed to improve understanding and develop alliances and collaboration.

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- Training of MH/DP staff on LGBTQI resources available locally to Bucks County residents.
- Inclusion of a D&A Intensive Outpatient Program into the network of services offered through Magellan Behavioral Health (MBH) which targets the LGBTQI population for treatment.

Needs:

- Provision of various training/educational opportunities for the larger community to increase awareness and reduce stigma around LGBTQI.
- Increased peer support pool for this population.
- Creation of a Developmental Cultural Competency Plan, which incorporates the needs of the LGBTQI population.

Racial/Ethnic/Linguistic Minorities (including Limited English Proficiency)

Strengths:

- Agencies within Bucks County support individuals with diverse ethnic backgrounds (i.e. Hispanic, Malayalam, Cantonese/Mandarin, Russian/Ukraine, German, etc.).
- Magellan Behavioral Health has in-network provider linguistic competencies reflecting the County's minority populations.
- Core Outpatient agencies employ staff that are multi-lingual.
- Availability of translation services at each major provider to allow access to treatment by non-English speaking individuals.
- Dissemination of general community resources around linguistic minorities.

Needs:

- Continued development of culturally competent clinicians within the behavioral health treatment system.
- Training/education for all behavioral health system staff to be culturally competent in relation to the population they support.

Other

Not Applicable

MENTAL HEALTH SERVICES

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

Yes No

Bucks County program for “Now it the Time/Healthy Transitions (NITT:HT) is committed to improving health outcomes for LGBTQIA youth through the education and training of providers, youth and young adults, and families to increase cultural awareness, promote organizational change, and enhance skills to competently deliver supports and services to LGBTQIA youth. One strategy was to hold a conference on LGBTQIA. On June 13th, 2017 we held an all-day training at Delaware Valley University.

Goals were developed from recommendations from the conference and from the Healthy Transitions workgroups. These goals include:

- Resource fair with LGBTQIA providers and have the providers discuss their services and how others can be supportive of LGBTQIA youth.
- Additional trainings on working with and supporting LGBTQIA youth including mental health and substance abuse, working with parents who are struggling with accepting their children, homelessness and shared housing.
- Hold more in-depth trainings on creating culturally competent LGBTQIA organizations, policies, and services. Collaborate with Valley Youth House to provide this training, which will include mental health and drug and alcohol providers and provide roadmaps to cultural change and changes to policies, forms and documentation.
- Provide more social and support options for LGBTQIA youth and young adults in Bucks County.
- Distribute LGBTQIA welcoming organizations flyers/stickers to mental health and substance abuse providers to display in their reception areas and offices. Some existing trainings and resources for organizations to improve their supports for LGBTQIA youth and young adults include:
 - The Safe Zone Training <http://thesafezoneproject.com> free 2-hour training for creating LGBTQ awareness and allies. After completing the 2hr training, organizations receive the “SafeZone” stickers/posters to display.
 - The Welcoming Project. <https://thewelcomingproject.org/> : “The Welcoming Project began in 2011 to encourage local businesses, health care/service providers, organizations, and congregations in Norman, OK, to display welcoming signs for the purpose of making LGBTQ (lesbian, gay, bisexual, transgender, and queer) individuals and allies feel welcomed as patrons. The Welcoming Project is available to communities throughout the United States.” You can get a free sign from their website and can order window clings for \$5/each. They say “All Are Welcome” with the Rainbow Flag.
 - True Colors Foundation <https://network.truecolorsfund.org/>; includes resources to assist an organization to become truly inclusive of youth and young adults who are LGBTQIA. The website is geared towards organizations providing services to homeless youth, but is also helpful to other organizations.

The State PA Healthy Transitions Partnership Requested a Cultural and Linguistic Competency Plan from Healthy Transitions Counties. We found that 13% of youth served through the Bucks County Healthy Transitions grant identify as LGBTQIA. Data and research on youth homelessness shows that up to 40% of homeless youth are LGBTQIA.

MENTAL HEALTH SERVICES

Does the county currently have any suicide prevention initiatives?

Yes No

In 2013, the Bucks County Suicide Prevention Task Force was sanctioned by the County Commissioners to accomplish several goals regarding suicide prevention. The overarching goals of the Task Force are to reduce stigma, increase the number of individuals seeking help, support individuals who have lost loved ones to suicide and decrease suicides in our County. We have established a dynamic group of professionals and volunteers who are all committed to decreasing suicide rates and stigma through education and public awareness. As a result, committees were formed to address a plethora of concerns surrounding suicide assessment, prevention and response. Committees focus on emergency responders, family survivors, children and schools, adults, intervention and postvention options. Since the inception of the Task Force, accomplishments include the development of brochures, a newsletter and resource cards; community outreach through providing the National Suicide Prevention Hotline on signs at all SEPTA train stations and wraps on Bucks County Transit vehicles; participation and support in Challenge Days at local schools, the Lenape Valley Foundation (LVF) Suicide Prevention Conference and LVF Annual Candlelight Vigil; and collaboration with the American Foundation for Suicide Prevention to send baskets to support family survivors. Activities from FY 2017/18 included:

- Question Persuade Refer (QPR) Initiative – Bucks County collaborated with Magellan Behavioral Health (MBH) to provide a train-the-trainer course for Bucks County employees and behavioral health providers on QPR. In the past year and a half QPR has been offered, over 1,200 community members have been trained including County employees, teachers, law enforcement and PennDot employees.
- Bucks County Suicide Prevention Walk – The third annual #HoldOnYouMatter Suicide Prevention Walk was held on April 22, 2018 at Bucks County Technical School, which raised nearly \$40,000. Funds raised from previous walks supported the Bucks County Suicide Prevention Task Force initiative such as NAMI Ending the Silence, training and education in local schools, training and education in the community, Bucks County's First Responder Hotline, and Family Service Association's Contact Warmline and national suicide prevention hotline.
- The Task Force was the recipient of a \$1,000 grant from the State Task Force, in which funds will be used for coasters that will provide outreach to bars throughout Bucks County. The coasters will feature the National Suicide Prevention Hotline number.
- ASIST training to be offered in May 2018- The Task Force will be offering 10 scholarships to send individuals to the training.
- The Young Adult Subcommittee created a flyer that targets young adults and friends of young adults that are in receipt of information that someone is suicidal. Outreach will be made to local establishments to hang the flyer. Flyer has contact information with local crisis numbers and the National Suicide Prevention Hotline.
- The Professional/Volunteer Subcommittee created and developed a packet of information including educational tools, resources and training opportunities, which will be provided to Primary Care Physicians in Bucks County.
- Members from the Bucks County Task Force also participate in the Regional Task Force Committee. Task Force members are involved and participate in the Regional QPR committee, share information, training materials, and use trainers if needed.
- The Task Force is part of the Bucks County Lethal Means Subcommittee. This Committee is working with SEPTA, who is initiating a campaign that will put the National Suicide Prevention Hotline number on Twitter with positive strength based tweets.
- The Task Force established a subcommittee to review deaths by suicide to identify trends in Bucks County.

c) Supportive Housing:

DHS' five- year housing strategy, Supporting Pennsylvanians through Housing, is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing.

This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation.

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

SUPPORTIVE HOUSING ACTIVITY Includes Community Hospital Integration Projects Program (CHIP), Reinvestment, County base funded or other projects that were planned, whether funded or not. Include any program activity approved in FY 17-18 that is in the implementation process. Please use one row for each funding source and add rows as necessary. (Note: Data from the current year FY17-18 is not expected until next year)

1. Capital Projects for Behavioral Health		<input checked="" type="checkbox"/> Check if available in the county and complete the section.						
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).								
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 18-19 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)	Year Project first started
Capital Dev. Fund Project	HealthChoices Reinvestment	\$846,000.00		Build Year	Build Year	8-12	30 years	2015

Notes: As shared previously with OMHSAS the start up the project has been impacted greatly due to a number of County leadership changes and vacancies in our Housing Services division. The recent hire of a Housing Services Director promises increased movement with this project with current conversations occurring with a developer.

2. Bridge Rental Subsidy Program for Behavioral Health		<input checked="" type="checkbox"/> Check if available in the county and complete the section.							
Short term tenant based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Vouchers.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
TBRA – Bucks County Opportunity Council(BCOC)	HealthChoices Reinvestment	\$30,325.	\$104,661.	14	22	9	\$807.33	0	2016
Tenant Based Rental Assistance planned for 2018/19	State and County	0	\$115,200	0	20	0	0	0	Pending for 2018/19
Notes:	This has been a very valuable program in supporting individuals in Bucks County to make the transition to living independently.								

3. Master Leasing (ML) Program for Behavioral Health									
<input type="checkbox"/> Check if available in the county and complete the section.									
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18 -19	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
Lenape Valley Foundation	State and County	\$88,594.00	\$88,594.00	19	19	1	4	n/a	2011
Notes:									

4. Housing Clearinghouse for Behavioral Health									
<input type="checkbox"/> Check if available in the county and complete the section.									
An agency that coordinates and manages permanent supportive housing opportunities.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19		Number of Staff FTEs in FY 16-17	Year Project first started	
Housing Clearinghouse-BCOC	HealthChoices Reinvestment	\$18,788.00	\$20,500.	19	29		.50	2015	

Notes: The reinvestment award was 2015 and staff were hired in 2016.

5. Housing Support Services for Behavioral Health		<input type="checkbox"/> Check if available in the county and complete the section.						
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.								
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19		Number of Staff FTEs in FY 16-17	Year Project first started
Various Housing Support's Providers	State and County (Based Funded)	\$3,942,107	\$3,942,107	188	188		76	
Penndel Mental Health Center	PCCD Grant	\$76,861	\$0.00	6	0		0	2015
Penndel Mental Health Center	HUD Grant	\$17,557	\$17,557	5	6		0	2010
Notes: PCCD grant ended in 2017-18 Fiscal Year. Per OMHSAS definitions, CRR's, LTR's, Personal Care Boarding Homes, etc., are not reported on this template.								

6. Housing Contingency Funds for Behavioral Health		<input type="checkbox"/> Check if available in the county and complete the section.						
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.								
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19		Average Contingency Amount per person	Year Project first started

Contingency Funds	HealthChoices Reinvestment	\$8,720	\$74,898	10	86	\$872.00	2015
Notes: The reinvestment award was 2015 and staff were hired in 2016.							

7. Other: Identify the Program for Behavioral Health <input type="checkbox"/> Check if available in the county and complete the section.							
Project Based Operating Assistance (PBOA) is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL) is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other .							
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Year Project first started	
Penn Foundation (Penn Villa)	State and County (Based Funded)	\$115,507	\$115,507	12	12	2011	
Notes:							

d. Recovery-Oriented Systems Transformation Priorities

Priority	Brief Narrative	Time Line	Funding	Monitoring
<p>1. Strengthen Early Intervention and Prevention Efforts</p> <p>a. Collaborate with the criminal justice system to decrease institutionalization</p>	<p>Magisterial District Justice Engagement pilot – 2-year grant provides behavioral health mobile crisis/engagement services at the magisterial district justice offices to divert individuals with mental illness, substance use, or co-occurring disorders out of the criminal justice system into appropriate community supports while maintaining public safety, through the enhancement of LVF’s mobile crisis program.</p>	<p>January 2017: PCCD Grant awarded</p> <p>April 2017: Implementation began</p> <p>March 2018: 70 individuals have participated in the program.</p> <p>June 2018: Secure funding to sustain the program beyond the grant.</p>	<p>PCCD Grant Forensic HS Block Grant Funding</p>	<p>Monitoring will occur at least quarterly; however, monthly meetings are occurring in the initial startup stage. Program outcomes are sent monthly by LVF and submitted quarterly to PCCD.</p>
<p>b. Increase Suicide Prevention Activities</p>	<p>Suicide prevention is a priority of Bucks County with the ultimate goal of eliminating completed suicides.</p>	<p>Task Force re-established December 2013. Over 1200 trained in QPR and raised nearly \$40,000 at the 3rd Annual Suicide Prevention Walk on 4/22/18.</p> <p>Activities for FY 18/19: QPR – Continue to provide training with a</p>	<p>Block Grant In-kind Services – staffing from provider agencies, schools and other County agencies.</p>	<p>The Suicide Prevention Task Force meets quarterly. The Steering Committee and various sub-committees meet more regularly. Goals are established by each sub-committee and efforts are supported by the Steering Committee.</p>

Priority	Brief Narrative	Time Line	Funding	Monitoring
<p>c. Continue implementation of the 5 year SAMHSA grant, "Now is the Time" Healthy Transitions (NITT-HT): Improving Life Trajectories for Youth and Young Adults with, or at Risk for, Serious Mental Illness</p>	<p>NITT-HT is a federal initiative which the SAMHSA has embraced. The purpose of this program is to improve access to treatment and support services for youth and young adults ages 16-25 that either have, or are at risk of developing, a serious mental illness or substance use disorder, and are at high risk for suicide. SAMHSA has selected Bucks as one of three counties in PA to partner in this grant opportunity.</p>	<p>focus on community outreach.</p> <p>Hold on You Matter Suicide Prevention Walk will be planned for Spring 2019. The Committee would like to hold two walks to engage the community in Central and Upper Bucks County.</p> <p>A 5-year grant was awarded</p> <p><u>In FY 18/19:</u></p> <p>Expand peer support and certified peer specialist services to TAY-YA.</p> <p>Provide Youth Mental Health First Aid (YMHFA) trainings across the county through the YMHFA collaborative.</p>	<p>SAMHSA Grant</p>	<p>QPR - Trainers meet bi-monthly to discuss successes and challenges of trainings they provided. Regional meeting will occur to share training for specific populations, such as, veterans, first responders, and school personal.</p> <p>Outcomes are monitored by MH/DP and BHS in collaboration with the University of Pittsburgh and SAMHSA.</p> <p>Outcomes data is provided to OMHSAS on a quarterly basis.</p> <p>Each Subcommittee meets monthly to work on goals and County leadership meet quarterly.</p>
<p>2. Enhance Community Infrastructure</p> <p>a. Implement CHIPP plan to create</p>	<p>Bucks County's CHIPP plan for transitioning residents from the Civil</p>	<p>March 2018: CHIPP Plan approved for Phase 2/3.</p>	<p>CHIPP Funds HealthChoices</p>	<p>Monitoring of the E-LTSR, E-CRR and</p>

Priority	Brief Narrative	Time Line	Funding	Monitoring
<p>community based residential programs for current residents of Norristown State Hospital's Civil Section and those in need of that level of care in the future.</p>	<p>Section of NSH is partially completed. Phase 1 was completed in December 2017 with the opening of the regional RTF-A (New Beginnings) program and the Enhanced CRR (Lenape Valley). The development of an enhanced LTSR and individualized programming for one individual is in process.</p>	<p>May 2018: Re-release of RFP for E-LTSR July/August 2018: Award RFP to provider February/March 2019: Residents transition to E-LTSR December 2017: Resident transitions to individualized program. April 2018: Subcommittees submit their plans for pilot projects. May 2018: MH/DP Administrator determines if resources exist to implement both plans based on funding needs. August 2018: Providers chosen for pilots.</p>	<p>HS Block Grant</p>	<p>Individualized Program will be incorporated into Bucks County's current Residential Monitoring process (Annual site visits and regular oversight meetings).</p>
<p>b. Implement recommendations of Residential Strategic Leadership Meetings.</p>	<p>This group met to develop strategies to improve residential services, increase flow in to and out of MH-funded residential programs, and increase access to affordable general community housing options. Two subcommittees were established: Medication and Housing Navigator.</p>	<p>April 2018: Subcommittees submit their plans for pilot projects. May 2018: MH/DP Administrator determines if resources exist to implement both plans based on funding needs. August 2018: Providers chosen for pilots.</p>	<p>HS Block Grant</p>	<p>Outcomes will be identified in committee and monitored by subcommittees.</p>
<p>c. Continue implementation of a 5 year Housing Reinvestment Plan</p>	<p>This multi-year Reinvestment plan is aimed at the development of increased permanent housing capacity, tenant-based rental subsidies, contingency funding for associated moving/renter costs, and a clearinghouse to provide a centralized and integrated housing referral system.</p>	<p>Reinvestment Plan approved April 2015. Meetings occur routinely with stakeholders to develop the identified areas. 15 individuals are receiving Tenant-Based Rental Subsidies.</p>	<p>HC Reinvestment HS Block Grant</p>	<p>Outcomes have been developed and monitored by MH/DP and the Bucks County Dept. of Behavioral Health.</p>

Priority	Brief Narrative	Time Line	Funding	Monitoring
		Contingency Funding began awards in Fall 2016 and will continue with 33 awards to date		
		Capital Development anticipated 2020. Potential project identified.		
d. Development of Psychiatric Rehabilitation Services	A need for psychiatric rehabilitation services in the central/ lower areas of Bucks County was identified. As a result, plans for development of this service have begun.	Reinvestment Plan workgroup established in Spring 2017. RFP has been developed and will be distributed to the community in July 18	HC Funds Reinvestment Funds CHIPP Funds	Reinvestment planning workgroup will meet frequently throughout FY 17/18 in order to plan for program development. Outcomes will be a part of program development and will be monitored by MH/DP, BCBH and Magellan staff.
e. Implement PRA Plan	The Policy Research Associates Report highlighted 11 recommendations to address competency restoration and better meet the needs of individuals with mental illness who have forensic oversight in PA.	April 2018: Bucks MH/DP submitted a short and mid-term intervention plan to OMHSAS for implementation through December 2018.	PRA Funds HS Block Grant	Outcomes will be monitored based on infrastructure enhancement approved.
3. Increase Value- Based Evaluation & Purchasing				
a. MH Residential Redesign Initiative	MH Staff and Consultant identified several strategies to improve the flow of residential services.	Annual Monitoring Bi-Monthly Program Review meetings Policy and Procedure updates.	HS Block Grant	MH/DP Staff meet monthly with the MH consultant and will review specific outcomes (length of stay, discharge outcomes, etc.).

Priority	Brief Narrative	Time Line	Funding	Monitoring
b. Self-Sufficiency Assessment	Pilot utilization of a self-sufficiency tool within residential services to measure quality of life.	Data collection In March 2018, the use of a tool was launched in residential programs. December 2018: The team will complete its first analysis of the data.	HS Block grant	MH Staff will meet monthly with residential directors to review how changes are impacting the system. MH/DP Staff will meet regularly to monitor use of the self-sufficiency tool and outcomes.
c. Value-Based Purchasing (VBP)	In an effort to improve access to outpatient services, service quality, and participant experience the County has engaged outpatient providers in continuous quality activities.	The outpatient scorecard will be produced with collaboration of the providers by July 2018.	HC Funds	Provider performance will be assessed against specific targets via an Outpatient Scorecard with reimbursements aligned to the outcomes. Quarterly reporting of outcomes will continue.

e) Existing County Mental Health Services:

Please indicate all currently available services and the funding source or sources utilized.

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization		
Adult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Child/Youth	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
ACT or CTT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence Based Practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services		
Telephone Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services (planned for 2019)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

*HC= HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	Y	236	TMACT	AHCI	Annually	Y	Y	
Supportive Housing	Y	257	None	N/A	N/A	N	N	Includes Supported Living and CRR program capacity; programs do not follow Supportive Housing EBP as defined by SAMHSA 78 beds are considered CRR
Supported Employment	Y	194	SAMHSA SE Fidelity Scale	County & Agency	Annually	Y	Y	# Employed: 63
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	298	CODECAT MH/D&A Regs TMACT	At implementation	Once Annually	Y	Y	Includes 39 individuals who receive IDDT through ACT
Illness Management/ Recovery	Y	87	TMACT	AHCI	Annual	Y	Y	Service provided by ACT
Medication Management (MedTEAM)	N							
Therapeutic	N							Provided in

Foster Care	See Comments							Bucks County through Dept. of Children and Youth
Multisystemic Therapy	Y	133	PIDR	Penn State Epicenter; Adelphoi Village	Annually	N	Y	
Functional Family Therapy	N							
Family Psycho- Education	N							

***Please include both county and Medicaid/HealthChoices funded services.**

g) Additional EBP, Recovery Oriented and Promising Practices Survey:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Y	154	
Compeer	N	n/a	
Fairweather Lodge	N	n/a	
MA Funded Certified Peer Specialist	Y	333	
CPS Services for Transition Age Youth	Y	48	
CPS Services for Older Adults	Y	45	
Other Funded Certified Peer Specialist	Y	92	County Funded
CPS Services for Transition Age Youth	Y	13	
CPS Services for Older Adults	Y	23	
Dialectical Behavioral Therapy	Y	102	
Mobile Meds	N	n/a	
Wellness Recovery Action Plan (WRAP)	Y	Unknown	Data is not collected in this area
High Fidelity Wrap Around/Joint Planning Team	Y	78	45 BH clients & 15 C&Y + 18 TAY through NITT
Shared Decision Making	N	n/a	
Psychiatric Rehabilitation Services (Including clubhouse)	Y	152 Total, 114 Bucks	Clubhouse & Intensive Psych Rehab
Self-Directed Care	N	n/a	
Supported Education	N	n/a	
Treatment of Depression in Older Adults	N	n/a	
Consumer Operated Services	N	n/a	
Parent Child Interaction Therapy	Y	unknown	Provider does not track
Sanctuary	Y	unknown	1 Provider uses this model
Trauma Focused Cognitive Behavioral Therapy	Y	31	
Eye Movement Desensitization And Reprocessing	Y	44	
First Episode Psychosis Coordinated Specialty Care	N	n/a	
Other: Living in Balance (LIB)	Y	245	Provided through PF Recovery Center Outpatient
Other: Trauma Recovery Empowerment Model (TREM)	Y	49	

h) Certified Peer Specialist Employment Survey:

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

An individual who has completed a 10-day Certified Peer Specialist training course provided by either the Institute for Recovery and Community Integration or Recovery Innovations/Recovery Opportunities Center.

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

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- Medicaid-funded peer support programs
- consumer-run organizations
- residential settings
- ACT, PACT, or FACT teams

Total Number of CPSs Employed	66
Number Full Time (30 hours or more)	34
Number Part Time (Under 30 hours)	32

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Bucks County has long promoted an *Everyday Life* for its citizens within Developmental Programs (DP). DP includes people with an intellectual disability diagnosis who may or may not have a concurrent Autism diagnosis and those individuals whose sole diagnosis is Autism. As an early adopter of Person-Centered Planning, Bucks County has promoted full inclusion in school, home, community and in employment opportunities for over two decades.

In FY 17-18, Bucks County continued to promote the National Community of Practice: Supporting Families throughout the Lifespan through the LifeCourse tools. In August, as part of our continuing grant, we engaged with two internationally recognized facilitators Patti Scott and Dave Hansbury to guide us through the development of a PATH towards realizing the full adoption of the LifeCourse tools across the County. Over the past year, numerous presentations have been made to key stakeholder groups including the Bucks County Transition Coordinating Council, the Bucks County Interagency Coordinating Council, and various school district parent forums by our Family Advisor from the PA Family Network and County administrative staff. In addition, one-on-one facilitation has occurred with individuals and families through our Family Advisor. We believe it is critical to support individuals and their families to develop a vision for a meaningful life throughout the lifespan. Supporting a family's journey through the use of the LifeCourse tools enhances opportunities for personal growth and realization of the individual's and his/her family's vision. Ultimately, we strive for people served through DP to have a life of engaged citizenship and contribution to the community, as the reciprocity inherent in relationships strengthens communities and best ensures an *Everyday Life*.

In the coming year, we foresee potential challenges to the services we are responsible to administer. The potential of block granting or capitating Medicaid to the states could very likely result in an eroding of the system. It would be impossible to maintain services/supports at their current levels if this were to occur.

There is currently a shortage of Direct Support Professionals, also known as Home Health Aides, who are responsible to provide an enormous amount of the supportive services utilized by individuals in DP services.

Lastly, there has been no increase in our base funding for many years. As communication assessments are completed for individuals deemed Harry M class members (individuals who are deaf, have an intellectual disability and who are enrolled in the Consolidated Waiver), we will be financially challenged to support the specific communication strategies listed in the assessments. Payment for interpreters and communication specialists is a requirement for the County as the Administrative Entity.

County Planning Process

In an effort to prevent gaps in service as an individual finishes school (at age 21) and transitions to services in the adult system, Bucks County has been working with Supports Coordinators (SC) to better support the educational system in collaboratively engaging students in meaningful transition planning, starting at age 14. Bucks County has provided transition-related training and materials to school-aged youth, families, and SC's to use as resources during the school transition years. Bucks County has collaborated with the Early Reach Coordinator (a licensed Social Worker whose role is to work with

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transition age youth interested in employment) from the Office of Vocational Rehabilitation (OVR) in an effort to bridge the gap between school and work. In addition, Bucks County will continue to work with its local schools, in an effort to enhance their knowledge of supported employment services, as there is often a misunderstanding of expectations between school and the adult-serving system. The DP system promotes inclusion and interdependence within competitive employment settings. Natural supports within the workplace are encouraged. Paid supports can create barriers to natural connections between the person with a disability and his/her non-disabled co-worker. We recognize that not everyone can be support-free in the workplace, but strive to make the supporter a bridge-builder between co-workers not a barrier to relationships. Helping individuals establish reciprocal relationships with co-workers is one of the best ways to support an *Everyday Life*.

Since Fiscal Year (FY) 2009-2010, Capacity Management (CM) became the management tool for the Office of Developmental Programs (ODP) Medicaid waivers. Capacity Management replaced the traditional model of funding allocations tied to a total number of people to be served. The current method of capacity management requires Bucks County to manage a certified capacity in each of the waivers. In FY 17-18, Bucks County's Person Family Directed Supports Waiver (P/FDS) capacity increased from five hundred twenty (520) individuals to five hundred fifty-two (552). Our Consolidated Waiver (CW) capacity remained at six hundred sixty-eight (668) individuals. On January 1, 2018 ODP was granted approval of a new waiver, the Community Living Waiver (CLW), which like the P/FDS waiver is a capped waiver. The former is capped at \$70,000/year and the latter at \$33,000/year. The CW does not have a service cost limitation.

CM requires strong stakeholder input which is the result of collaboration, communication and cooperation between the County DP Department [aka the Administrative Entity (AE)] staff and the Directors from the Supports Coordination Organizations (SCOs). Department staff meet with SCOs to review the waiting list [known as Prioritization of Urgency of Need for Services – (PUNS)], discuss individual circumstances and prioritize needs to ensure expeditious management of any capacity vacancy. To be identified for enrollment in a specific waiver, an individual's needs must be able to be met within the specific waiver, and they must be on PUNS in the Emergency category of *needing* services within six months.

ODP is planning on a number of changes in the next FY. Among them the publication of a new Incident Management policy and 6100 Regulations. These changes, coupled with changes in the Administrative Entity Operating Agreement (AEOA), will have a significant effect on the administrative staff workloads. We have seen a sixty-seven (67) percent increase in the number of incidents that require investigation by administrative staff in the last year. The proposed changes in the Incident Management (IM) policy will have an enormous impact on staff workload further detailed in the IM section below. In addition, the proposed 6100 regulations and the AEOA put more direct responsibility on the county administrative staff for provider technical assistance. We are deeply committed to high quality services and supports while ensuring that the individuals' health and welfare who we are charged to support is protected. While relishing these opportunities, we are struggling with other competing compliance mandated activities that are not necessarily ones that enhance people's lives. Additionally, DP personnel (at a minimum one additional) are needed to ensure all mandated compliance and training activities can be provided.

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Beginning in January of FY 17-18, residential rates have become based upon the Supports Intensity Scale (SIS) score for each individual living in a residential service location. The purpose of this is to tie residential reimbursement to the assessed need of each individual living in the home. In addition, all ancillary services (ex. nursing, Behavior Support) are now part of the all-inclusive residential rate. It is too early to assess the full impact these substantive changes may have on the system. One impact it has had is on the internal workload due to the number of residential authorizations that have required updates due to changing SIS scores.

One change that we do see as having a negative impact is the change of residential authorizations from a yearly authorization to two authorizations based on the number of days an individual is expected to attend a day program/engage in employment (residential with day) and the number of anticipated non-working days (residential without day). This has already impacted our workload due to the number of authorizations requiring revision due to individuals being ill and snow days impacting employment and day program attendance. In addition, with this change the ODP is allowing up to 400 days to be authorized in a FY for residential services. While the thinking behind this, to reduce the number of times authorizations need to be altered, is admirable, it does not seem to be sound fiscal management relative to the encumbrance of excess funds across all residential authorizations.

Forty-two (42) individuals were identified to graduate in June 2018. Bucks County received a P/FDS graduate initiate from the ODP for FY 17-18. The needs of thirty-one (31) of the FY 17-18 graduates have been addressed. This includes four (4) Early Periodic Screening, Diagnosis, and Treatment (EPSDT) age-outs and one (1) Residential Treatment Facility (RTF) age-out who needed CW, which became available only through attrition. Five (5) graduates are yet to be served and six (6) may require additional/alternative supports. In addition, Bucks County currently has eight (8) individuals going through Intake who are expected to graduate in 2018.

While Bucks County has been able to allocate CW capacity to serve the young people aging out of RTFs (which are highly structured and highly regimented), their transitions to the less structured and less regimented community-based residential supports have been wrought with challenges. Bucks County sees a need for reform of the RTF model, so individuals' level of supports can be stepped down in preparation for their transition into DP community-based residential supports. Existing policies regarding settings where waiver services can be delivered, are a barrier to successful transition. We encourage changes, on the state and federal level that would allow the use of waiver services, while an individual is in the RTF setting. This would allow for more seamless transitions from RTFs into community life.

Currently, there fifty-nine (59) individuals who will graduate in June 2019 and who will be in need of services upon graduation. In addition, there are three (3) individuals in the Intake process who may be eligible for DP services and will graduate in June 2019. Of the fifty-nine (59), Bucks County anticipates thirty-six (36) individuals will need supports through the P/FDS Waiver and twenty-three (23) will have service needs too great to be met through the P/FDS Waiver---twelve (12) will require CW and eleven (11) will require either CLW or CW, in the absence of additional CLW capacity.

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Of the twenty-three (23) 2019 graduates with needs in excess of the P/FDS Waiver, eighteen (18) currently receive supports through the EPSDT program, three (3) are aging out of Children and Youth (C&Y) custody, one (1) is currently enrolled in the P/FDS waiver and has needs well in excess of the P/FDS cap, and one (1) is an individual aging out of RTF with extensive and intense behavioral health support needs. Twenty-two (22) of the individuals will need the CW and one (1) will need the CL.

Managing the needs of graduates is compounded by managing the needs of individuals who reside at home with their caregivers and receive, in some cases, no support. Often times, these are individuals whose families have managed without the system for many, many years. Thus, as the parents tend to be quite elderly, when a need arises the situation frequently becomes the primary priority for the CM team. As of March 21, 2018, Bucks County has eighty-four (84) individuals, born prior to 6/30/1978, who are without services and seventy-one (71) individuals, born prior to 6/30/1978, receiving base-funded services. At any time, one of these individuals could become an immediate emergency priority for CW should something happen to their primary caregiver(s).

During FY 17-18, Bucks County saw a significant number of intakes of individuals over the age of 40 whose families have never requested services or supports. Some have parents who are quite elderly and in some cases their parents have passed away and their siblings are assisting them in the Intake process. In many of these cases, the families are looking for some support in their homes to maintain their son/daughter/sibling in their current living arrangement. In other cases, the families are in need of residential services for their loved one. There are currently two (2) people in the Intake process, who are over the age of 40.

SCOs are responsible to oversee Family Support Services (FSS) funds, which are used to address the short-term needs of individuals not enrolled in a waiver. While overseen by the SCO, the funds are ultimately approved and authorized by the AE. All other available base funds have been allocated to one hundred-sixteen (116) unique individuals in a variety of supports and services. Base funded supports and services include employment, community participation, transportation, supported living, home-based supports, and residential services. Some of the individuals supported through the base allocation have been enrolled in the DP system for many years. However, they are not currently eligible for service through the Federal Medicaid Waiver due to current documentation requirements.

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Base Developmental Programs Services

Individuals Served

	Estimated Individuals served in FY 17-18	Percent of total Individuals Served	Projected Individuals to be served in FY 18- 19	Percent of total Individuals Served
Supported Employment	44	25%	44	25%
Pre-Vocational*	14	3%	14	3%
Community Participation	6	3%	6	3%
Base Funded Supports Coordination	277	14%	277	14%
Residential (6400)	11	3%	11	3%
Life sharing (6500)	1	2%	1	2%
PDS/AWC	0	0%	0	0%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	30	100%	30	100%

In addition, it should be noted that forty (40) adults are served with base funding in a variety of services that fall outside of the categories listed above. *In addition, the categories noted above are not current with the waiver. They have been replaced by a Community Participation Supports (CPS).

Supported Employment:

Supported Employment services include job finding, job support, and a new service this year called career assessment. Job finding includes assisting an individual with searching for a job, preparing a resume, reaching out to potential employers, preparing for an interview and any additional tasks which may assist the individual in obtaining community employment. Job support includes assisting the individual with learning job tasks, and support to help maintain community employment. Career assessment is used to assist in identifying potential career options based upon the interests and strengths of the participant.

Also new this year, the ODP has added Advanced Supported Employment (ASE) as a Waiver service. ASE

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is an enhanced version of supported employment and includes discovery, job development, and systematic instruction to learn the key tasks and responsibilities of the position and intensive job coaching and supports that lead to job stabilization and retention. Our current base funding level does not support the inclusion of this service through base funds.

Community Participation Supports (CPS) replaces Prevocational and Community Habilitation and Adult Day Training services in the waivers. This new service places a greater emphasis on community integration, with the goal of leveraging these connections into integrated work opportunities. Additionally, the waivers offer Benefits Counseling, which can assist individuals in securing community employment, while maintaining needed benefits.

Bucks County is dedicated to supporting individuals in their desire to become competitively employed in their own communities. We are committed to Pennsylvania's Employment First policy and the ODP's philosophy of Community Integrated Employment for all. We have promoted employment as the goal upon graduation since the 1980's. We continue to support the growth of supported employment services for individuals in various venues throughout the year. We strive to ensure that employment is at the forefront of planning with individuals, families, SCs, school systems and providers working with transition age youth (TAY). In addition, as part of the Individual Support Plan (ISP) process, we continuously promote and encourage teams to explore employment options with individuals who receive CPS on at least an annual basis.

The DP Coordinator of Individualized Support Services has been identified as the AE Employment Point Person. The Coordinator is an active member of the local Transition Coordination Council (TCC), Right to Education Task Force, and participates in multiple cross system events, which include various school district expos, Employment Fairs (in which students and potential employers partner together), the Bucks County Intermediate Unit (BCIU) Post-Secondary Expo, Parent/Family Forums and various training sessions. The Employment First initiative is a focus of discussion at meetings with provider agency directors, during routine meetings with employment providers, and at SCO Director Meetings. The Coordinator stays current with state initiatives and developments regarding employment by attending relevant conferences and trainings. The AE staff collaborates with Mental Health (MH) Program staff on a number of employment and transition related activities.

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

We work collaboratively with OVR and have developed processes to help ensure employment is an option for all individuals. We have provided trainings for individuals, families, SCOs, School District Transition Coordinators and Social Workers, teachers and providers, both in concert with and

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independent of OVR. Bucks County is committed to working directly with students, their families, SCs and their school teams, to ensure an understanding of adult employment services and ensure transition activities in schools are focused on real jobs, not simply job rotations. In addition, we continuously strive to foster an enhanced understanding of the role SCs need to play in the development of the goals of a TAY's Individualized Education Plan (IEP) to ensure readiness for employment upon graduation. OVR's Early Reach Initiative provides information and consultation to youth, their families, school personnel and community agencies. DP staff are committed to working with OVR to reach students as early as age 14 to better prepare for their transition to community employment once they leave school. The AE will continue to reinforce with individuals, families and stakeholders the benefits to be gained from integrated community day supports, with an emphasis on employment as the first and preferred service outcome.

On March 10, 2016 Governor Wolf directed Pennsylvania by way of Executive Order that “*Employment First*” is the first consideration and preferred outcome of publicly-funded education, training, employment and related services, and long-term supports and services for working-age Pennsylvanians with disability.” Bucks County's Quality Council (QC) has an employment workgroup that has the goal of increasing employment opportunities, for individuals with DP.

Supports Coordination:

Supports Coordination is a critical service for individuals with DP that involves multifaceted roles intended to promote an individual's right to an *Everyday Life*. SC's accomplish this through their representation and advocacy for individuals by way of their functions of locating, coordinating and monitoring needed services and supports. These functions include assisting the individual in gaining access to needed medical, social, educational, assistive technology, employment and other services through natural supports, generic community resources, and services and supports delivered through the DP system. The AE currently has eight SCOs supporting Bucks County citizens with DP. The AE's DP Director of Supports Coordination works with each SCO to ensure they are meeting the requirements and responsibilities to the individuals Bucks County supports, as defined by ODP, federal and state regulations.

The AE continues to reinforce its longstanding expectation of expected procedures for SCOs in the monitoring and oversight for all individuals regardless of the funding source. To that end, the team (Individual, family, SC, caregivers, providers) employs the same *Best Practice* standards for all individuals. This ongoing strategy allows the AE and the SCO to best support each individual while taking into account the supports and services from all available funding and natural resources. Because we have reinforced this high level of expectation of service and engagement for all individuals, the SC, along with DP staff, have a more intimate knowledge of each person's gifts, talents and needs. This standard of practice further allows for greater opportunities when working with the individual to develop personal associations and relationships in the community that enhance the quality and security of life for all people. In addition, the AE continues to work with SCs to further develop Participant Directed Services (PDS).

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This past year we have continued to participate in the ODP National Community of Practice: Supporting Families throughout the Lifespan (aka LifeCourse) by extending awareness to the community at large. The LifeCourse was created to help individuals and families of all abilities and ages develop a vision for a good life, think about what they need to know and do, identify how to find or develop supports and discover what it takes to live the lives they want to live.

We will continue working with the Regional Collaborative to encourage and support collaboration at the local and regional level. This project is designed to assist individuals and their teams to better connect with natural community supports and services through enhanced person-centered planning and thinking for individuals of all ages.

We are also working alongside the local Family Advisor from the PA Family Network, who are holding sessions across the region for families to learn about the LifeCourse principles and tools that can help them build an *Everyday Life*. In FY 17-18, a series of forums and local trainings was held for individuals and families transitioning from schools into the workforce to introduce the LifeCourse framework and tools and how they can be used to plot a trajectory toward an inclusive, quality community life. Starting at enrollment, the AE engages with individuals and their families in the discovery and use of natural supports through the Introduction of the LifeCourse tools. The AE also continues its work to educate SCs, individuals and their families on the transitional life stages and incorporating those changes into an individual's ISP. In addition, the AE is collaborating with other county programs, such as the PA Aging and Disability Resource Center (LINK) and Bucks County Center for Independent Living (CIL) to inform partner agencies of our system and expand our knowledge of other local services.

SCs are responsible to facilitate and document information in each individual's ISP. The ISP activity engages individuals in discussions about opportunities, encourages collaboration with family and friends, captures a person's needs and identifies community resources that fit the person's interest, to maximize community integration and an *Everyday Life*. The SC gathers information from the collection of formal and informal assessments, including LifeCourse tools and the SIS, which are then incorporated into the ISP. The AE reviews and approves ISPs by applying the same ODP requirements and AE expectations, regardless of fund type.

AE ISP reviewers participate in ODP sponsored webinars to ensure thoroughness in the development and review of ISPs. Bucks County applies the same guidelines, as outlined in the ISP Manual and its own ISP guide to safeguard the consistency of all ISPs. We are in the first year of an ODP initiative to restructure the ISP approval process to allow for the automatic approval of ISPs meeting standards established by ODP. In order to maintain confidence in the ongoing expectation of *Best Practice* standards Bucks County continues to assess the outcome of this process on ISP quality and accuracy by implementing a procedure to manually review 15% of all auto approved plans, by waiver type, on a weekly basis. Each week a report is run of all of

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the ISP's automatically approved by ODP. The report is reviewed to determine which of the plans will be manually reviewed based on several criteria including if the person has had a number of incidents over the past year, has significant behavioral health challenges, or is known to have a restrictive behavior plans.

PUNS is used to gather information to categorize the urgency of needs of individuals with DP. The information allows the AE to plan for future services. The AE routinely reviews the information on individuals who have a PUNS and meets individually with SCOs throughout the year to review and discuss the individuals on the PUNS emergency and critical statuses. This practice provides for more efficient planning for individuals on the PUNS and for a more accurate reporting to ODP on the AE's future needs. In addition, annually AE staff meet with SCs to review the PUNS protocol and monthly provides each SCO with a list of upcoming PUNS due for annual review. Audit of SC encounters with individuals, through review of service notes, ISPs, Independent Management for Quality (IM4Q) considerations and other formal monitoring tools, also allows for the identification of unanticipated need.

The highly anticipated change last year to expand registration to individuals with Autism only and children to age 8 with a developmental disability was delayed due to instructional delays from ODP. We recently began the process of actively registering individuals with Autism only. We project an increase in Bucks County's number of registrants; however, it is too early to tell what effect this will have on the system. We anticipate the additional registrations will be Medical Assistance (MA) eligible and therefore eligible for Targeted Supports Management (TSM) payment for SC services, however, identifying what qualifies an MA eligible individual for successful TSM payment for SC services remains elusive. It should be noted, individuals with an Autism only diagnosis are not included in the Mental Health/Intellectual Disabilities Act of 1966 and, thus, the County base dollars received for the program are not available to individuals with said diagnosis.

Following the publication of the *Everyday Lives: Values in Action*, the Information Sharing and Advisory Committee (ISAC) became ODP's Stakeholder Quality Council. Their detailed recommendations included training SCOs, offering guidance in doing person-centered plans and structuring performance measures through a quality improvement framework in order to improve services. These recommendations have already been incorporated into the waiver renewal, regulations, trainings, and the draft 6100 regulations. As part of the ISAC recommendations, the AE and SCOs are cooperating with ODP in their strategy to "simplify the system" so that the system of supports and the funding mechanism will be straightforward and uncomplicated. Part of this project is expected to include a redesign of the ISP process and format that would reduce SC time spent on administrative tasks, reduce the number of pages in the ISP document, and increase the time SCs spend with individuals and families in person-centered planning activities such as the LifeCourse.

Bucks County knows that natural supports can foster empowerment, independence and growth and

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reduce the need to rely on “formal” services. We will be working to educate and inform SCOs of the local community resources and events to strengthen their knowledge and awareness. Engaging with stakeholders will increase awareness of community inclusion and integration opportunities. We are committed to ensuring SCs feel confident in their ability to help guide individuals and their families through transitional life stages with thoughtful and engaging person-centered planning.

This year we look forward to offering guidance and technical assistance to the SCOs in the following: implementation of 6100 regulations (expected summer 2018); use of the LifeCourse tools; on-going promotion of health, wellness and personal safety for every individual; preparing for the implementation of Community Health Choices with the Southeast implementation scheduled for January 2019; and increasing community connections and training to expand awareness of support and resources for individuals with Autism only.

Through innovation, coordination, and a commitment to service, the AE and SCOs can and will provide individualized, person-centered support and training to help individuals with disabilities attain their goals to achieve an *Everyday Life*.

Life Sharing:

Life Sharing is a residential model that supports individuals with DP to live with qualified adults (known as Life Sharers) who provide support to individuals, usually in the Life Sharer’s home. Life Sharing is about living and sharing life experiences with supportive people, at home, and within the context of the broader community. With its focus on relationships and community engagement, Life Sharing aims to be more than just a place to live.

The DP Residential Coordinator is the Life Sharing Point Person, and is actively involved in both the Statewide and the Southeast Regional Life Sharing Coalitions. In addition, to weekly CM meetings, staff meet bi-weekly to discuss individuals who are on PUNS for residential services, including Life Sharing.

The statewide and regional coalitions were actively involved in providing input to the Commonwealth, which helped shape the changes to the Life Sharing service definition and are currently involved in development of revised licensing regulations. These changes are in response to the implementation of the Centers for Medicare and Medicaid Services (CMS) Home and Community-Based Services (HCBS) Final Rule.

Life Sharing continues to be discussed regularly at both SCO and provider meetings. Updates are given, based on information obtained at Life Sharing regional and statewide meetings. We encourage provider Residential Directors and other agency personnel to attend the regional and statewide Life Sharing meetings.

Life Sharing is discussed with everyone in need of residential services, including individuals graduating, as well as with those who are aging out of other child serving systems and are in need of residential supports. ISPs are reviewed for compliance with Chapter 51 regulations in order to ensure that Life

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Sharing is considered as the first option when an individual is requesting residential services.

With the waiver renewals and the implementation of the new CLW there has been a major change to the service definition for Life Sharing. Individuals are now able to receive Life Sharing supports from their relatives in their family's private home. Previously, Life Sharing could only be delivered in a home that was owned, leased, or operated by a provider and the Life Sharer(s) had to be unrelated to the individual(s) receiving Life Sharing services

It is our hope that, with the recent changes, more individuals will be able to utilize this service option, while continuing to experience the increased independence and community inclusion that has, traditionally, been a hallmark of the Life Sharing service-model.

Supported Living:

Supported Living is a residential model that supports individuals with DP to live in a private home that is owned, leased or rented by the individual. Supported living services are provided to protect the health and welfare of individuals by assisting them in the general areas of self-care, health maintenance, wellness activities, meal preparation, decision making, home management, managing personal resources, communication, mobility and transportation, personal adjustment, participating in community functions/activities, use of community resources and relationship development and socialization. These services support individuals to live in their own home in the community and to acquire, maintain or improve skills necessary to live more independently and be more productive and participatory in community life.

The Supported Living provider will provide the level of services necessary to enable the individual to meet habilitation outcomes as established in the individual's ISP. This may include assistance, support and guidance to carry out activities of daily living, managing personal resources and banking, developing and maintaining personal relationships, exercising the rights of citizenship including voting, assistance in finding volunteer opportunities, assisting the individual to manage his/her medical care as well as manage his/her mental health and emotional well-being.

The DP Residential Coordinator will be routinely discussing it with SCO Directors and providers to promote the development of the service model.

Cross Systems Communications and Training:

Department staff actively promote the use of the LifeCourse tools by collaborating with the PA Family Network to offer opportunities for individuals and their families to learn about the tools. The tools have also been introduced and provided to the Bucks County School District Transition Coordinators who attend the TCC. The tools have been introduced to Bucks County Early Intervention Service Coordinators. The tools are being introduced to individuals and families at the time of Intake. We are in the process of beginning to utilize them with everyone going through Intake as a way to help individuals and their families visualize a future of possibilities. The tools are being introduced to the Bucks County Area Agency on Aging in June 2018 and will soon be introduced to Bucks County Children and Youth.

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Lastly, Bucks County was one of the counties chosen to participate the inaugural year of the PA Regional Collaborative.

Department staff work with SC's to ensure that Bucks County citizens with DP in need of medical supports are afforded the care they need. For children under the age of twenty-one the MA EPSDT health services are accessed. Through routine engagement with SCs, we are aware of children aging out of EPSDT services and work to plan for their need for waiver supports upon age-out.

Department staff participates on several committees targeted at coordinating children's services, reducing children's admissions to RTFs and eliminating service gaps. Membership includes staff from various Departments within the County including: C&Y, Juvenile Probation, the Drug and Alcohol Commission, Behavioral Health and Magellan Behavioral Health (MBH).

The Children's Services Coordinator-DP (CSC), works specifically with children who are diagnosed with both mental health and DP, and are receiving behavioral health services. The CSC works collaboratively with DP service provider agencies, non-DP service providers, families and care managers to ensure the child with multi-systems needs is supported holistically. As children with disabilities are entitled to MA, it is imperative that children and TAY (up to 21) access all services they are entitled to receive through EPSDT and Behavioral Health Rehabilitation Service (BHRS), as the waiver is the payer of last resort.

The CSC continues to be the DP point person for Bucks County children with a DP diagnosis who reside in RTFs, those whose parents/treatment teams are recommending RTF level of care, and for youth who are transitioning back to the community from a RTF. We have noted a disjointedness and lack of understanding by the RTFs of what is and is not possible in the DP adult serving system. Our goal is to help RTFs develop strategies that can be successfully utilized in the adult serving system to ensure a seamless transition for the TAY. As previously stated, we see a need for reform of the RTF model, so individuals' level of supports can be stepped down in preparation for their transition into DP community-based residential services. We encourage change, on the state and federal level, that will allow the use of waiver funded services while an individual is in the RTF setting. This would help to ensure a more seamless transition from the RTFs into community life.

With the RTF high staffing ratio (often 1:1), more rigid scheduling, and treatment based more on needs, stabilization and maintenance, the RTF model is not reflective of, and does little to prepare an individual for, the transition to home. System barriers often preclude a smooth overlap of services that would allow for strong collaboration. Also, the difference in licensing regulations, restrictive procedures, etc., can add an additional burden to transition planning. While a number of RTFs report that they are working on policies to decrease the use of restraints, this has been particularly challenging. The need to reduce the use of restraints in the RTF setting is something that has been and continues to be discussed in meetings across all systems.

We have also encountered some issues with the educational placements of behaviorally challenged individuals. At times, these educational placements are not preparing individuals for a successful transition into community life. While educational transition planning should begin when a student turns

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14 years old, we have often seen little to no real effective planning being implemented. School personnel report that aggressive behaviors present challenges in implementing meaningful community experiences for some students. As a result, many students are in segregated classrooms where the focus is maintaining safety versus opportunities for learning and growth. We see a similar situation in many RTF settings.

ODP and the Office of Mental Health and Substance Abuse Services (OMHSAS) have a grant as we understand it, to improve collaboration. A transition coordinator will work to resolve issues surrounding TAY moving from RTFs to the adult DP system. We met with the transition coordinator and discussed the barriers and challenges we face in supporting individuals with dual diagnoses. We are hopeful that this collaboration and dialogue will help to ensure positive outcomes for TAY.

The CSC is the primary contact for SCs who are working with families and their children who are receiving BHRS within the family home, or are identified as needing those services. There is a particular focus on TAY and working with teams to identify the strengths and needs of the youth. This is essential to understanding and planning for the supports and services an individual will need to ensure a successful transition into the adult DP system.

In addition to children, we remain steadfastly committed to improving the lives of adults with a DP diagnosis who have co-occurring mental health challenges. DP staff have forged a solid working relationship with Bucks County Behavioral Health (BCBH), MBH, and County Mental Health staff. They work collaboratively to find creative approaches to the challenges inherent when multiple systems are involved. We collaborate to stabilize and, if possible, resolve situations to prevent inpatient treatment. We have found that many of the local psychiatric inpatient hospitals are reluctant to accept individuals with a DP diagnosis, due to their lack of expertise in working with individuals with DP. Improved access to quality inpatient psychiatric supports for individuals with ID is desperately needed.

Individuals who are dually diagnosed with MH/DP have more trouble accessing mental health services than individuals without a DP diagnosis. In addition, individuals with DP may have significant challenges such as issues with group home living, lack of control over their life, employment barriers and social challenges. These challenges can lead to feelings of isolation. Individuals with a dual diagnosis need assistance and support to communicate their MH symptoms and understand the side effects of their medication.

We have worked to increase individual and group therapy options including non-traditional modalities of therapy such as art, music, exercise and role-playing in the clinical setting. In addition, clinicians are being trained in Trauma Informed Care.

We have worked to ensure that there are Certified Peer Specialists (CPS) with the skills necessary to successfully engage with individuals with a dual diagnosis. One individual with a dual diagnosis has become a CPS and provides specialized CPS services focused on activities to promote independence, relationship building and monthly educational peer support activities. Our Health Care Quality Unit (HCQU), Philadelphia Coordinated Health Care (PCHC), provided a training on dual diagnosis to CPSs.

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SCs have also received training on CPS services.

When individuals with a DP diagnosis enter/come into contact with the Bucks County Area Agency on Aging (AAA) system, we work together to resolve issues/concerns.

The Bucks County Sexual Assault Response Team (SART) has a multidisciplinary team which collaborates to provide specialized sexual assault intervention services for vulnerable* adults. The team includes the DA's office, law enforcement, Bucks County's Departments of Health, Children and Youth, MH/DP, Probation and Parole, the sexual assault nurse examiners, Network of Victim Assistance (NOVA), Children's Advocacy Center (CAC), and local hospitals.

Sexual violence can affect many aspects of a victim's life including safety and health, family and work situations, and finances. It can lead to perplexing legal questions. Victims navigate through a complicated maze of governmental and community agencies. SART helps victims through that maze.

While the primary focus of the SART is sexual violence, additional issues surrounding domestic violence, physical and sexual assault of adults with disabilities, and other interrelated crimes may be discussed.

The DP Residential Coordinator also participates on a Multidisciplinary Advisory Committee for Special

*The use of the term vulnerable in the context of this document is individuals with a DP diagnosis. Statistically a person with a DP diagnosis is at a seven (7) times greater rate of being victimized than other citizens.

Victim Investigations (SVI) at NOVA. The SVI is mirrored after the CAC model with a multidisciplinary team that can be made up of law enforcement, prosecutors, a forensic interviewer, a victim's advocate, mental health and medical professionals, and investigators from protective services and the AE.

NOVA's SVI helps vulnerable adults who may be victims of sexual or serious physical assault. It can be confusing, frightening, and traumatizing when an individual is sexually or physically assaulted, and even more so for individuals with diminished emotional, cognitive, or communication capacities.

The vulnerable adult is interviewed by a trained forensic interviewer. The interview is person-centered and sensitive and information is gathered at the individual's pace in a non-leading, developmentally appropriate manner. The interview is fact finding only and is not a counseling session or psychological evaluation. In order to minimize the need for multiple interviews, the SVI interview is observed through a closed circuit television enabling investigative professionals to observe and provide the interviewer with additional questions through a closed communication system. The interview is recorded for investigators as it may be needed during the criminal justice process.

The SVI believes in a team approach to the investigation and prosecution of assaults of vulnerable adults. NOVA provides a place and process where investigators and other professionals can develop effective, coordinated strategies to investigate reports of abuse and assaults of vulnerable adults as well as promote a healthy healing process. The SVI program protects the interests of vulnerable individuals

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by facilitating a coordinated, person-centered response to assault allegations and by promoting the rights and needs of at-risk and abused vulnerable adults.

Emergency Supports:

The DP Department is a member of the Regional Task Force Functional Needs Subcommittee. This committee focuses on the preparedness issues for individuals who may need additional assistance in the event of a large scale emergency or disaster. A role of the Committee is to make recommendations to support inclusion in the emergency planning cycle for individuals with any disability. The DP Department has provided the Bucks County Emergency Management Agency with aggregated information (ex: diagnoses, age, medications, primary language, ambulation needs) on individuals registered. The data will inform the Emergency Management plan regarding the needs of this population in the event of an emergency.

During provider monitoring, each provider's policies are reviewed to ensure the provider has an Emergency Disaster Response Plan. The plan must include how the safety of individuals will be ensured as well as communication and operational procedures. The monitoring also confirms that all staff have received training on these procedures before working with individuals and annually thereafter. All ISPs are to have an emergency back-up plan that meet the needs of the individual. Many of these plans were utilized this year due to weather conditions. The plans allowed safe transition to temporary sites and afforded families knowledge of where their loved ones were re-located.

The Bucks County mobile crisis workers have been trained to work with individuals who have DP. One provider, in particular, has internal organizational staff who are specialists in working with these populations and are routinely available for consultation beyond the training of Crisis Workers that occurs as part of the Crisis Training curriculum. Mobile crisis workers' availability ranges from face-to-face to on-call support. Emergency crisis support is available 24-hours per day.

In addition to on-going Emergency Supports, our internal DP Risk Management (RM) staff meets regularly to discuss significant incidents or individuals who may be experiencing personal struggles to offer suggestions to SC's and providers to help ameliorate the situation(s). This team also reviews relevant issue sheets, service notes and ISPs to crosscheck information for any risk concerns. If necessary the RM staff will request information be updated and recommend corrective actions.

Through use of the Enterprise Incident Management (EIM) system every incident is reviewed by the AE within 24 hours to ensure the immediate health and safety needs of individuals are met. EIM allows for customized reports to be used for trend analysis. The reports can be used with the aim of preventing and minimizing risk to individuals receiving services and promoting systemic changes.

We have six ODP trained Certified Investigators (CI). The responsibility of the CI is to investigate allegations of neglect, abuse, or misuse of funds for individuals residing in family/relatives homes. In 2017, we were challenged with a 67% increase in investigations from the preceding year. Each investigation takes a CI, on average, 25 hours. This results in the CI committing approximately 3 days in

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a week where they are not able to fully meet the demands of their primary role/function. ODP is developing a new Incident Management Bulletin to be published in the Pennsylvania Bulletin. As we understand the proposed changes, there will be a significant number of incidents that will require investigation by DP CIs. Coupled with the noted 67% increase in investigations this year, we expect this will have a dramatic effect on the DP CI workload. Of particular concern are those CIs whose roles require Quality Assessment and Improvement (QA&I), IM4Q considerations and provider qualification and enrollment. These activities have defined timelines, as do CI investigative processes. As the activity timelines compete, we are at risk to be out of regulatory compliance. We believe it will not be possible, without additional personnel, to meet all of the regulatory demands necessary for overall compliance. We will monitor this closely and will, if needed, request an additional staff position for the AE unit.

AE staff participate in the Regional Risk Manager Meeting. A function of this group is to provide Meet and Greet opportunities for providers and community partners to better understand RM procedures. DP RM staff host a quarterly meeting with provider agencies that also includes the ODP Regional Risk Manager and a representative from our local HCQU. The meeting emphasis is on current RM concerns, policy implementation and promoting safe and healthy environments for all individuals.

Administrative Funding:

Health Care Quality Unit (HCQU)

The HCQU supports the AE by working to ensure systems support for medical and behavioral health services, public awareness for health care issues and disability needs, identification of health care risks and mitigation strategies, medical education and training and technical assistance.

The HCQU participates in County provider meetings, risk management meetings, QC meetings, and community-based workgroups with the intent to provide better quality and easier access to quality medical supports for the individuals that we support. They are also engaged in the Regional Collaborative on Supporting Families.

The HCQU nurse does a medical record review for individuals moving into residential service to ensure that their healthcare needs are identified. This works to ensure a plan to successfully support the individual's healthcare needs from the date of admission.

SCs, providers and DP staff work to identify individuals who are experiencing complex or unresolved medical or psychiatric issues and refer them to the HCQU for a Community Health Review. If an individual continues to present behavioral health concerns, the individual's team can request an Integrated Clinical Health Review. This team includes a psychiatrist, behavioral consultant, nurse, and other professionals, as deemed necessary. This process has been adapted to include a highly specialized behavioral specialist observing the individual in various settings to better pinpoint environmental issues related to behavioral health challenges. The Integrated Clinical Health Review now includes the incorporation of the Community Health Review to ensure medical concerns are addressed along with

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behavioral health issues.

The AE Quality Management (QM) Team uses the data from these collaborative practices to identify potential gaps in individual supports and community service deliveries. The QM team closely follows up on all recommendations and verifies through documentation that recommendations are addressed by the team to ensure the “loop is closed on all issues.”

Independent Monitoring for Quality (IM4Q)

The AE actively engages with the local IM4Q program to enhance the quality of services and supports. The IM4Q interview process affords an opportunity for individuals to voice their thoughts on issues such as choice, control, community inclusion and relationships.

Annually, ODP provides the AE with a random sample of individuals who are receiving services from different funding streams. The IM4Q team interviews the individuals, their families and/or staff using a statewide survey instrument developed by the ODP. The interviewers are truly independent of the system, having limited knowledge of the individual prior to the interview. The results of the interview are known as ‘Considerations’ for the individual’s team to review and develop an action plan to address the Consideration. Most Considerations come from requests or perceived requests for change or improvement in an individual life and are generated by the individual, family, staff or monitor. Considerations may be opportunities or things that an individual would like to have access to or made available to enrich his/her daily life. The AE QM team ensures the Consideration is seen through to fulfillment.

If, for some reason, the local IM4Q team does not feel that a Consideration was fulfilled or seriously reflected upon, they may ask the team to revisit the Considerations. Through enhanced oversight of the Consideration process and interaction with the IM4Q team, the value of Considerations and the team responsiveness to them has been heightened. The IM4Q team has continued to emphasize the importance of the IM4Q process by providing training to SCOs. We work closely with the IM4Q team and meet monthly to review issues. This has resulted in a much more cohesive, collaborative and meaningful outcome for the individual.

In the 2016-2017 FY, over 200 IM4Q interviews were conducted with 220 Considerations developed. Most Considerations generated this past year revolved around the service system, job opportunities and living situations. The IM4Q team also generates Signs of Quality, identifying areas where quality exceeds expectations. In 2016-17 forty (40) Signs of Quality were identified.

The ODP uses the data gathered through the IM4Q process to increase the quality of ODP’s services and supports. All agencies who receive reports on this information are responsible to use the data for quality improvement purposes.

The QM team reviews the data trends from IM4Q in the development of our QM Plan. This past year, we included Employment needs and Community Interdependence in the plan. The DP QC is working to develop activities around the identified areas. Two workgroups have been formed, one for Employment

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and one which focuses on Community Engagement. One of the QC proposed activities for this year is to initiate a "TimeBank" in which individuals can offer services (yard work, friendly visitor, etc.) in exchange for services that other members may provide (music lessons, ride to activity, etc.). The exchanges of time and talent can offer connections to local communities and create friendships. To promote the TimeBank, Community Kick-off Events have been proposed. Currently, the QC is a non-funded Committee. In order to facilitate this Committee's work, base funding is needed. We are requesting \$2,000 per year to fund community events (space rental and light refreshments). This request is for on-going activities and does not include the QC event noted below.

The Employment workgroup has developed a team of stakeholders, consisting of parents, providers, SCs OVR, the BCIU, and AE staff. The team is planning Roundtable Discussions and Trainings for those involved in the Employment Process (individuals, families, teachers, employers). We are proposing to have Roundtables in all of the school districts.

The QC will be holding its first Health, Wellness and Employment Fair for the community and individuals supported in all our programs. We are planning interactive opportunities for learning, skill development and engagement with potential employment providers. The date for the event is October 17, 2018 in Warrington, PA.

Housing

The DP Residential Coordinator advocates for housing opportunities for individuals with DP in a number of ways. The DP Residential Coordinator works closely with the MH Housing Coordinator.

The DP Residential Coordinator participates in the Local Housing Options Team (LHOT). The LHOT is a multi-system team that includes representatives from Bucks County MH/DP, AAA, Probation and Parole, Behavioral Health, Housing and Human Services, Housing Authority (BCHA), CIL, and other providers. The prime focus of the LHOT is to advocate and support the development of affordable housing options.

Participant Directed Services (PDS):

We have seen a steady increase in the number of individuals choosing PDS. We are actively promoting PDS by providing individuals/families with information regarding self-direction, during the DP Intake process and upon individual's enrollment into the Waiver. In addition, the DP Consumer Services Coordinator meets with families who express an interest in exploring PDS to explain the process and the associated responsibilities. We believe through these efforts implemented earlier this FY that at least five (5) of the enrollees are a result of these new efforts.

We are aware that the PDS service model can be a cost effective alternative to traditional service models for individuals with budgetary constraints. We have also noted barriers to the further expansion of PDS as families may not fully consider the implications of being a managing employer or common law employer and the challenge that is faced in recruitment, training and retention of qualified staff.

We have also been challenged in the Vendor Fiscal/Employer Agent (VF/EA) service model such that

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common law employers can have issues managing their employees' time, resulting in the excessive use of overtime. Previous attempts to manage this issue, at the SCO level, have not ameliorated the excessive use of overtime. Therefore, in consultation with the ODP, the DP Consumer Services Coordinator is taking a more active role in monitoring and responding to issues regarding the excessive use of overtime by common law employers.

Community for All:

As an AE, Bucks County is committed to the full citizenship of individuals with DP in their communities and to an *Everyday Life* for each individual Bucks County helps to support. To that end there are a few situations that prove challenging for us to achieve it.

First are individuals living in large Intermediate Care Facilities (ICFs). Over the years, all of the families have been approached about having their son/daughter relocate to their home communities. We have not been successful in convincing them to relocate their loved one. It is quite discouraging and, in many cases, the parents of the individuals are deceased, but their children promised their parents they would never move them and to date none of them have been willing to, as they see it, "go back on their word." Further evidence of our lack of success is with the one person we had involved in the closure of the Hamburg State Center. Even with the intensive individualized planning process, inherent in the facility closure process, the family was not able to be convinced that community-based supports was the preferred option.

Over the past year, we have experienced an increase in the number of individuals who have been admitted to nursing homes and have exceeded the 180 day Reserved Capacity afforded to them through the Waivers. All of these individuals have experienced significant medical issues resulting in the need for rehabilitation post-hospitalization. In many cases, their health further deteriorated upon admission to the Skilled Nursing Facility and the medical level of support necessary for their care is beyond the scope of those offered by residential providers.



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MINIMUM STANDARDS FOR PROVISION OF CRISIS INTERVENTION SERVICES

POLICY STATEMENT # III-C-2
Original Policy Date 7-21-1990
Updated 5-23-2017

BACKGROUND

The goal of these guidelines is to define functions and components of crisis intervention/emergency services and to provide minimum standards for the provision of this specific service.

Each crisis services provider is currently offering a variety of crisis/emergency services. The purpose of these standards is to achieve consistency in definition of service components and to ensure alignment of crisis service requirements with the Mental Health/Intellectual Disabilities Act of 1966 and the Mental Health Procedures Act as amended .

Linkages with the Mental Health Service System

Crisis services shall be an integral component of the overall Mental Health system.

Crisis services shall maintain linkages with appropriate behavioral health treatment services including psychiatric inpatient programs, psychiatric clinics, partial hospitalization programs, vocational and social rehabilitation, community residential rehabilitation programs and state psychiatric hospitals.

Crisis services shall establish cooperative relationships with the Bucks County Council on Alcoholism and Drug Dependence and the Bucks County Drug and Alcohol Commission.

Crisis services shall establish cooperative relationships with local/state police and local hospitals with interrelated responsibilities clarified and agreed upon.

MENTAL HEALTH CRISIS/EMERGENCY REQUIREMENTS

24 hour availability.

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Function:

Crisis service components as described below shall be available 24 hours a day, seven days a week, including holidays, on a face-to-face or limited telephone referral basis.

Organizational Structure

Different organizational structures may be used for the provision of services during regular hours and off hours.

Accessibility:

Mental Health crisis services shall be accessible to the community at all times.

1. Crisis telephone numbers are listed on the crisis service providers' and County of Bucks websites.
2. Information about the existence and responsibilities/functions of the Crisis Services will be provided to the community by the Bucks County Department of Mental Health/Developmental Programs (MH/DP), crisis providers' marketing representatives, and Crisis Department staff.
3. Each individual who presents for crisis service and needs immediate care will be treated regardless of his/her geographic area or county of residence. If the individual requires hospitalization, the crisis worker will make a concerted effort to help the individual locate an appropriate inpatient bed.

Crisis services are provided on a face-to-face basis or by phone. If hospitalization is required, however, face to face contact with the individual is required.

CRISIS INTERVENTION & MOBILE CRISIS SERVICES

A. Function:

Crisis Intervention Services consist of psychosocial processes, that, in their application, serve the following functions:

1. Assessment of crisis;
2. Intervention and/or outreach as necessary;
3. Provision or assurance of the availability of treatment in the least restrictive setting within the limits of resources and services available in the community;
4. Availability of professional consultation; and
5. Assurance of appropriate information/referral.

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The crisis service will provide immediate crisis care, culminating in referral to appropriate service/agency.

B. Staffing:

1. Penn Foundation, Inc., Lenape Valley Foundation, and ACCESS Services will assure the availability of crisis/outreach services to the community. These services will be available 24 hours a day by Lenape Valley Foundation at Doylestown Hospital and Lower Bucks Hospital. Penn Foundation will provide staffing from 7 a.m. to 11 p.m. daily at Grandview Hospital with overnight telephonic support availability.
2. Lenape Valley Foundation's mobile crisis team serves adults across Bucks County and is staffed 9 a.m. to 9 p.m. weekdays with overnight on-call coverage. ACCESS Services provides mobile crisis services to children across Bucks County. In addition to 24 hour/7 day/week phone availability, they provide face-to-face contact 8 a.m. to 8 p.m.
3. Staffing patterns of crisis services shall reflect technical and educational capabilities in terms of authority, supervision, and other assigned direct service responsibilities.
4. Criteria for MH/DP Delegate
(See Appendix I)
5. Criteria for 302 Worker
(See Appendix II)

C. Organizational Structures:

Crisis functions may be provided through telephone consultations, Emergency Departments of local hospitals, or on-site mobile team visits.

D. Processes:

Crisis services shall have the capacity to perform the following:

1. **Clinical Assessment**
 - a. Triage of crisis situation
 - b. Evaluation of individual functioning

2. Outreach

- a. Telephone intervention and consultation
- b. Support to Emergency Departments
- c. Support to Police Departments
- d. "Home or Site" team visits

3. Non-Medical Therapeutic Intervention

- a. Definition of the presenting crisis
- b. Attempt to reduce stress
- c. Attempt to restore problem solving capabilities and coping mechanisms
- d. Provision of case consultation

4. Administrative Accountability

- a. Maintenance of statistics
- b. Preparation of required reports and record maintenance

5. Information and Referral

- a. Provision of appropriate information and referral service

6. Crisis Monitoring

- a. Provision of initial consultation
- b. Monitoring and coordination of direct service delivery
- c. Development and facilitation of crisis intervention plan
- d. Provision of individual advocacy, as appropriate
- e. Provision of alternatives to hospitalization, if indicated
- f. Assistance in facilitating hospitalization, as needed

7. Emergency Hospitalization Procedure Implementation (Section 302)

Determination of the need for involuntary examination and treatment will be based upon facts constituting reasonable grounds that, as a result of a mental illness, a person presents a danger to himself and others as defined in the Mental Health Procedures Act.

If the crisis worker has determined that an involuntary commitment is the least restrictive alternative, the crisis worker arranges to meet with the petitioner and completes the Application for Involuntary Emergency Examination and Treatment, "302" (MH 783).

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After the petition (Part I) is completed, the crisis worker calls the MH/DP Delegate for an approval or denial of the petition. The MH/DP staff is available for consultations in the office during normal working hours and is available by pager through Bucks County Police Radio off- hours, weekends and holidays.

If the petition is denied, the crisis worker works to find an appropriate disposition for the individual.

If the petition is approved, the MH/DP Delegate authorizes the issuance of a Warrant (Part III). This is done verbally and requires the co-signature or initials of the crisis worker.

Arrangements are then made by the crisis worker with the local police department/ambulance to pick-up and transport the individual to the evaluating facility. Most police departments require a warrant in-hand prior to picking-up the individual. They may also request an Explanation of Warrant (MH 783B). The crisis worker may entrust the delivery of the warrant by the petitioner to the police station local to the individual's residence. Crisis Providers are encouraged to maintain a liaison with police and private facilities in their area to ensure cooperative assistance when an emergency arises.

It is advised that the mobile crisis worker notify the evaluating facility of the pending situation and arrange for a physician to be available to evaluate the individual within 2 hours of the individual's arrival.

If, upon completion of the Application (Part I) and Warrant (Part III), the individual cannot be located, the local police and the police in the area of the individual's residence are to be notified. A copy of the incomplete 302 paperwork is given to the police. The original, complete 302, is to be kept at the facility the document was drafted. The papers remain valid for 30 days after issuance. After that time, they become void and are to be returned to the County MH/DP Office. If the individual is found or hospitalization is again requested after this 30 day period has elapsed, another petition must be filed demonstrating new behavior meeting the Section 302 criteria.

On arrival at the evaluating facility, the individual must be informed of the reasons for the emergency examination and informed of their rights (MH 783 A) while being detained. The person informing the individual of these rights will complete the Individual's Rights (Part IV).

While the person is detained, steps need to be taken to ensure the health and safety needs of his/her dependents are met. It is the policy of the County Mental Health Office that every effort will be made by the crisis worker to obtain the name of a family member, friend, or any individual who will be responsible for the individual's dependents and secure the individual's personal property and premises.

Initially, the crisis worker will request from the individual the name of a person the individual prefers to look after his/her dependents and belongings. The crisis worker is responsible for contacting that person to assure adequate coverage and protection.

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If the individual has dependents and no one responsible to care for them, the Bucks County Department of Children and Youth is contacted to provide immediate shelter and protection until such time that the individual can resume care.

If the individual is unable/unwilling to provide the name of a person to care for his/her dependents or possessions, the local police department will be contacted and asked to visit the residence to determine that the premises are secure and ascertain if any dependents or animals are in need of care.

The individual who has been or is being involuntarily committed has the right to read, and be given a **copy** of all petitions, commitment papers and evaluation (e.g. any formal document relating to the commitment procedure). These materials will be given upon written request and/or at all legally defined intervals of the commitment process (e.g. when the individual is given notice of intent to file for an extended commitment).

The individual does **not** have the right to read, or have a copy of notations and documentation of phone contacts, recorded conversations, etc., which remain the property of the Crisis Provider and/or the Department of MH/DP.

The individual does **not** have the right to read, or have a copy of, information contained in their file, which has been forwarded by an outside agency, hospital or individual therapist. The individual must obtain such records from the agency, hospital or therapist directly.

All records, hospital admissions and commitments will be held in the strictest confidence as specified in Mental Health Procedures Act, Article I, Section III.

When rights are explained during the course of involuntary commitments, the individual is asked to supply the names of one to three people she/he wishes contacted and kept informed of her/his location and condition. If the individual refuses to supply names and indicates she/he wishes no one to be informed, **no one** will be informed. In this case, only the petitioner has a right to know the outcome of the commitment petition (because she/he will attend the hearing). When an individual is between the ages of 14 and 18, parents or guardian will be notified.

Description of the steps taken shall be documented on the petition in Actions Taken to Protect the Patient's Interest (Part V).

The Physician's Examination (Part VI) must legally begin within **two hours** from the time the person arrives at the evaluating facility. Although it is preferred that the individual be evaluated by a psychiatrist, any physician licensed to practice medicine in the Commonwealth of Pennsylvania may do so.

All attempts should be made to keep the individual in a private community setting. The MH/DP Department may authorize a limited number of days of County funding for those individuals who require emergency hospitalization and have exhausted all other means of payment. This funding needs the verbal approval of the MH/DP Delegate, who can be reached either at the County Office or through Bucks County Police Radio. It is required that the

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funding letter (Appendix III) be included in the commitment package and provided to the admitting facility. The Delegate also authorizes payment for the transportation of the individual from the evaluating facility to the treating facility once the crisis worker has located a psychiatric hospital bed.

In cases where the individual cannot be medically cleared upon evaluation at an emergency room, the individual may be admitted to a medical unit until medically clear or until the 120 hours has elapsed. An individual with an I.V. or catheter is **not** medically clear to transfer.

Montgomery County Emergency Services (MCES) requires a medical clearance for any Section 302 coming from an Emergency Department. All Section 302 individuals who have received medical treatment in the Emergency Department will need a medical clearance form included in the Section 302 package (Appendix IV).

The crisis worker ensures that the completed original 302 is sent with the individual for admission, a copy is sent to the MH/DP Office, and a copy is kept with the Crisis Provider that completed the paperwork.

Should an individual be found **not** in need of emergency involuntary treatment and is discharged, arrangements are made to transport the individual to a location reasonably requested. The original completed papers are sent to the County MH/DP Office. It is also advisable to notify the petitioner of such a discharge.

There may be instances when a petition will be requested by a police officer, corrections officer, or physician who has directly witnessed the committable behavior. An officer may act as both petitioner and delegate by completing the Petition (Part I) and signing under Part B. The individual can then be transported to an evaluating facility. A physician may sign under Part B as well but will need a Warrant to move the individual if movement is necessary. The crisis worker or hospital social worker will arrange for an evaluation and follow the case through the 302 process using the normal procedures with the assistance of the crisis worker.

When the "302" papers are completed, it is the responsibility of the crisis worker to obtain timely hospital placement. The least restrictive, most accessible community-based hospital placement will be sought. Only fully accredited facilities will be utilized for involuntary hospitalizations.

A copy of the hospital call sheet must be attached to the 302 papers (Appendix V). The signature of the petitioner is obtained on the mental health hearing notice, and after describing the requirements of the mental health hearing, a copy is included in the Section 302 package (Appendix VI).

In the event the Section 302 individual is being involuntarily hospitalized from a nursing home, CLA or CRR, etc., it is required that a representative of the agency signs the individual return form. Many psychiatric hospitals and units will not accept the individual unless the agency signs the form and agrees to accept the returning individual on discharge. (Appendix VII).

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The crisis worker is expected to send the original “302” and any other pertinent information (e.g. Emergency Room chart, copy of insurance card, etc.) with the individual to the hospital in a sealed envelope. An individual being admitted to Montgomery County Emergency Service must also have a copy of the MH/DP face sheet, and Insurance Information Form upon admission.

A copy of all the above should also be sent to the County MH/DP Department.

Any individual receiving involuntary treatment pursuant to Section 302 will be discharged when it is determined that treatment is no longer necessary or within 120 hours, unless:

1. The individual is admitted voluntarily to the facility under Section 201, or
2. A certification for extended involuntary commitment (“303”) has been obtained.

E. Linkage with Other Emergency System Components:

Crisis services need to act as an integral component of the entire MH/DP Emergency Services system. These linkages are necessary in crisis situations involving both voluntary and involuntary individuals, and are useful in other situations where information sharing, statistical and administrative accountability, and assurance of continuity of services will facilitate the individual response.

Donna Duffy-Bell, MA, CPRP, CCDP-D
Administrator

APPENDIX I

CRITERIA FOR MENTAL HEALTH DELEGATE

Must have knowledge of the MH/ID Act of 1966 and the Mental Health Procedures Act as amended and corresponding regulation.

Must have knowledge of Sections 201 and 302 of the Mental Health Procedures Act.

Must have ability to learn to identify the behaviors associated with different types of mental illness and ability to learn crisis intervention approaches to these different behavioral problems.

Must have ability to act in emergencies involving people or environmental situations.

Must have ability to develop favorable one-to-one individual relationships.

Must have ability to establish and maintain effective working relationships with individuals, other members of the staff, outside agencies and institutions, police departments and the general public.

Must have ability to participate in on-the-job training.

Must possess one or more years of professional experience in direct contact with individuals with mental illness in one or more of the following areas:

- Crisis work
- Psychiatric Emergency Service
- Telephone Counseling
- Case Management
- Criminal Justice System
- Clinical Psychiatric Services

Must be aware of community resources as they relate to individuals with mental illness.

Must have knowledge of the Mental Health Court Team procedures.

Must have a Bachelor's Degree with major course work in sociology, social sciences, or psychology.

APPENDIX II

CRITERIA FOR MENTAL HEALTH CRISIS WORKER

Must possess a Bachelor's degree with major course work in psychology, sociology, social work, gerontology, anthropology, political science, history, criminal justice, theology, nursing, counseling or education; or have a high school diploma and 12 semester credit hours in psychology, sociology, social welfare, gerontology or other social science and two years of experience in public or private human services, with one year of mental health direct care experience.

Must have knowledge of the basic principles of involuntary commitment criteria and procedure.

Must have knowledge of the Mental Health Procedures Act and corresponding regulations as amended.

Must have knowledge of Mental Health Court Procedures.

Must have knowledge of the involuntary commitment paperwork and the ability to complete accurately.

Must have knowledge of effective ways of dealing with people.

Must have knowledge of admission procedures of community hospital psychiatric units and free-standing psychiatric hospitals.

Must have knowledge of various insurance information.

Mobile workers must have access to a dependable mode of transportation, a valid driver's license and the ability to respond quickly to provide required services.

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This past year has seen positive changes in the County's homeless services and supports. During the year the County's Homeless Services Department was integrated into the Division of Human Services (now the Division of Housing and Human Services) to support increased communication and coordination with our other departments including child welfare, mental health, and behavioral health, aging, and substance abuse services.

Block grant funding for homeless assistance services has been braided effectively along with other homeless assistance funds that has resulted in faster intake and assessment through our coordinated entry, better strategic planning for intake into our Bridge Housing programs, increased use of "2-generation" strategies for homeless families, better coordination with mental health related housing services, and ultimately, improved outcomes.

This past year our Point in Time Count showed a 22% decrease in sheltered and unsheltered homeless persons. Much of this improvement is credited to our increased use of Rapid Rehousing strategies and great work by our provider partners in the community who do much of our direct service provision.

During this past year we have improved by lessening the wait time for shelter placement as well as average length of stay in shelter.

While we still have much work to do to make homelessness brief, rare, and non-recurring, our increased partnerships and effective use of resources is showing positive outcomes. Some specific program outcomes are listed below:

Bridge Housing:

Program Description

Bridge Housing Program provides tenant based rental assistance and case management services to families that include at least one child under the age of 18 and are homeless or at imminent risk of homelessness. Bridge housing participants are either residing in a shelter, hotel or motel paid for by an agency, institution, doubled up six months or less, living in a condemned building, on the street or a place not meant for human habitation.

Participants in the Bridge Housing Program are transitioning from homelessness to permanent housing. Bucks County provides housing in scattered site rental properties. Housing Coaches help participants select affordable housing, negotiate with landlords and assist participants with move-in costs. Each participant household signs a lease agreement with the landlord or property manager which allows the household to remain in the apartment at program exit. Bridge Housing participants exit to permanent housing. Maximum program enrollment is limited to 15 families. The average length of time in the program is usually 12 – 15 months but can be up to 18 months.

The Bridge Housing Program is administered by the Bucks County Children and Youth Social Services Agency. Open cases with Children and Youth are given priority. For example, families that have received verification that their children are facing foster care placement solely because of inadequate housing or are in need of housing to complete the reunification goal. Conversely, eligible families applying who do not have an open case with Children and Youth are not required to open a case with Children and Youth. The primary program goal is to stabilize families by providing housing stability and additional support through the provision of case management services. Program participants must be willing to participate

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in case management services which includes goal planning around economic stability. Previously, program participants were required to have an educational plan as a program requirement. This is no longer a requirement. Program participants are no longer required to have an education plan as part of their economic stability plan. This is a program change over previous years.

Currently, the Bridge Program has a waitlist and no new applications are being accepted. The Bucks County Housing Continuum of Care is continually addressing our most vulnerable residents who are housing insecure.

We evaluate the efficacy of our bridge housing services by measuring the discharges to permanent housing. Here is our information for this past year to date:

Program Outcomes to date July 1, 2017 – April 30, 2018

- 21 households enrolled during the year.
- Of the 21 households, 14 remain enrolled at the time of this report
- 6 household were discharged to permanent housing
- 1 household exited to motel
- One participant received a donated vehicle through Wheelz to Work Program

Success Story

When Ximena enrolled in the Bridge Housing Program, her and her two young children were doubled up with Ximena's foster mother. They needed to find a new place to stay due to overcrowding but Ximena was having trouble obtaining a unit with her full-time daycare teacher position. She was only making \$8 / hour at this position and this was not enough for Ximena to support herself and her children and she was relying on government subsidies to get by each day. Ximena is now working two jobs, earning \$39,000 / year. She is no longer relying on government subsidies and is able to maintain her budget each month even leaving some of her income for savings!

Proposed Changes

There are no proposed changes to the Bridge Housing Program at this time.

Case Management:

Case management and financial assistance services are utilized to provide housing stability. Funds mitigate the effects of homelessness and near homelessness on families and individuals through the provision of housing, prevention activities and case management services. Permanent, safe and affordable housing is the goal. Equally important is prevention, which allows a near homeless family to retain affordable housing or to move into affordable housing, if necessary. Prevention remains one of the most efficient, cost effective ways to resolve homelessness.

Program Description

Case management services must be made available to any individual or family who is experiencing a housing crisis. Case management may also be paired with financial assistance to resolve their housing

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crisis. Case management is key to achieving quality outcomes. Case management includes but is not limited to:

1. Intake, assessment and diversion services for individuals and families who are experiencing a housing crisis.
2. Face to face Assessment of need, eligibility and available services.
3. Goal planning based on a strengths based model of service delivery. All goal plans are signed by client.
4. Current and thorough knowledge of local resources, making appropriate client referrals for additional support services.
5. The ability to develop relationships with both clients and human service providers.
6. Coordination of services with clients who are engaged with multiple providers.
7. Housing stability counseling which includes budgeting and life skills.
8. Providing advocacy, when needed, to ensure the satisfactory delivery of requested services.
9. Follow-up to evaluate the effectiveness of housing stability service.
10. Protecting the client's confidentiality.
11. CTS data elements are completed including household information and Self-Sufficiency reviews are completed in the following dimensions: income, employment, health insurance and shelter. A Self-Sufficiency review must be completed at time of intake and follow-up.
12. Accept referral from coordinated entry.
13. File management, securing all documentation required for eligibility.

The Coach plays an integral role in linking clients seeking housing stability services to on-going supports to stabilize their housing and move toward economic stability, particularly those clients who are at higher risk of homelessness. An example of this would be a client who repeatedly requests assistance/services. Coaches review with clients other BCOC programs, i.e., Economic Self-Sufficiency, Food and Weatherization.

Special efforts are targeted at developing linkages on behalf of homeless children. Linkages include: Head Start, child advocacy programs, and the county children and youth agencies. The Coach should establish linkages with other agencies known to serve individuals and families and become aware as confidentiality allows, of the service plans within other agencies so that established goals do not conflict. The Coach should take an active role in the coordination of services for families along the homelessness prevention/intervention continuum. BCOC will develop transition service plans in coordination with other providing agencies to assist families in achieving their goals toward self-sufficiency on a timely basis and the provision of a seamless delivery of client services.

Evaluation of Program

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

- Demographics of participants
- Total Payments
- Average Assistance Payment
- Sustained results 30, 60 and 90 days follow-up

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- Total assistance from non-HAP fund sources including total private assistance to resolve housing crises

Outcomes for HAP Case Management programs from July 1, 2017 thru April 30, 2018

Counseling to resolve eviction:

- 1019 people in 429 households received case management services to prevent homelessness
- Forecast for year end is: 1221 people
- 1019 people in 429 households received budget counseling

Success Story

Beth came to BCOC desperate to get her family stable. For the past 6 months Beth had been residing in her car while her children were staying wherever she could place them for the night. At that time, Beth was working as an RN earning about \$30 an hour when she discovered that she had thyroid cancer. Several surgeries later, Beth felt strong enough to get back to work. Beth was able to obtain new employment as an RN earning \$31 per hour. With stable income, the next goal was to obtain safe affordable housing. After several weeks of searching, Beth found a townhome in Warrington that she could afford, but she needed a substantial amount of money to move in. Beth did not have the move in monies as living in her car took all of her funds. BCOC was able to assist with HAP funds and collaborate with other outside agencies to obtain the remaining move in funds. Now stably housed, Beth was able to get her family back together under one roof.

Proposed Changes

No changes have been proposed.

Rental Assistance:

Program Description

Rental assistance includes assistance to prevent homelessness or near homelessness by intervening in cases where an eviction is imminent. This may include housing payments paid on behalf of the client for rent and security deposits. The program may also be used to expedite the movement of people out of shelters and/or bridge and transition housing.

Individuals or families are considered "*homeless*" if they:

1. Are residing in a group shelter, car, streets, fleeing domestic violence and/or living in a hotel or motel which is self-paid or paid for with public or charitable funds.
2. Have received written notice that they are facing foster care placement of their children solely because of lack of adequate housing, or need housing to allow reunification with children who have been in foster care placement.
3. Are living in a "doubled-up" arrangement for 6 months or less on a temporary basis
4. Are living in a condemned building
5. Are living in housing in which presents life and/or health threatening conditions, e.g. having dangerous structural defects or lacking plumbing, heat or utilities.

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Individuals and families are considered near homeless, if they have received either a written or verbal notification from the landlord that they will be evicted from their housing unless some type of payment is received. Verbal notification must be confirmed with written documentation.

The definition of a household is provided to assist in determining the client's income and resources. A "household" is defined as one or more persons, related or unrelated, who reside or intends to reside in common residence. The total income and resources of each adult person (18 years and older) must be counted in determining eligibility for services under rental assistance. If a rental assistance payment is issued, the total amount of the payment should be divided as equally as possible among each adult in the household. This will assist in determining eligibility if an adult member of the household returns for services as a member of a new household.

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

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

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

Residents applying for HAP assistance that currently participate in some other subsidized housing program are assessed on a case-by-case basis. Only in exceptional circumstances will financial assistance be provided to a Section 8/ Housing Choice Voucher Program or other subsidized housing resident. Move-in assistance for Section-8 recipients will usually be limited to once (life-time limit). Final decisions to determine financial assistance will be the responsibility of the Executive Director upon recommendation from the Director of Community Services.

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Evaluation of Program

We evaluate the efficacy of our rental assistance services by considering if we were able to prevent eviction or help someone move out of homelessness, here is our information for this past year to date:

Outcomes for HAP rental assistance to prevent eviction or move out of homelessness from July 1, 2017 thru April 30, 2018

- 401 people in 137 households received financial assistance and case management services to prevent eviction or move out of homelessness. (24 households out of homelessness and 102 households avoided eviction)
- Forecast for year end is: 481 people

Success Story

Linda was facing eviction when she came to BCOC and applied for rental assistance. Following a separation from her husband, Linda and her three children, one of whom is special needs, continued residing in the family home. However, when her private child support agreement wasn't honored, she was not able to maintain the rent. Linda obtained part-time employment babysitting for a friend and found a rental at a lower monthly rate which she could afford with the combination of her income and her child's social security benefits. BCOC assisted with the security deposit to help her move in. Linda's housing was stabilized. Linda was referred to other community resources.

Proposed Changes

No changes have been proposed.

Emergency Shelter:

The block grant does not support the emergency shelter in Bucks County. HAP funds provided through the Block Grant are leveraged to secure other homeless rental assistance funds to move people out of shelter and into permanent housing, thus ending a homeless episode for a family.

Other Housing Supports – Coordinated Entry

Program Description

Bucks County residents who are facing a housing crisis are directed to contact the Bucks County Housing Link, the County's coordinated entry system. Effective coordinated entry process is the critical first step in the County's efforts to streamline access to housing services. The Housing Link completes the intake, which is a brief assessment of need and refers eligible callers to an assessment center. Clients seeking prevention services or move in assistance are seen quickly to determine need and appropriate intervention to prevent homelessness or end homeless episode. Walk in assessments have been implemented at all site locations to allow participants convenient access to assessment and prevention services. As well, Mental Health Housing services have been integrated into the coordinated entry process.

Bucks County continues to experience an increase in requests for homeless prevention assistance. The need far exceeds the resources. Because of this continued increase, we work collaboratively with

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multiple organizations, landlords, and community supports to provide the best intervention services possible.

This year, the Housing Link Assessment services were again funded through the Block Grant funds. Funding for the Housing Link is a collaboration of Block Grant, Housing and Community Development, other grants, and private funding.

Evaluation of Program

BCOC outcomes for Coordinated Entry from July 1, 2017 thru April 30, 2018:

- 249 call screenings completed
- 788 eligibility assessments completed

Proposed Changes

Bucks County continues to reevaluate the efficacy of the Housing Link and is meeting regularly to make necessary changes to improve the client experience. During the past year we have significantly cut the time from initial client outreach to the intake/assessment process by approximately two weeks. We expect to continue to see progress in the coming year through programmatic evaluation and continuous improvement processes.

Other Housing Supports - Homeless Management Information System

Bucks County adopted its HMIS system in 2007 and has incorporated 16 service providers and 47 housing programs to date. Participating HMIS programs represent an overall bed coverage rate of 92% of all beds designated for homeless persons in the County. The HCoC-BC has expanded to include one faith based seasonal shelter program (Central Bucks Code Blue) and one SSVF provider (Veteran Multi-Service Center). The goal in the coming year or two is to have the remaining non-participating seasonal shelter program (Upper Bucks Code Blue) to participate in the HMIS system.

The vendor for HMIS has been the PA Department of Community and Economic Development (DCED), which develops and operates the PA HMIS. DCED successfully launched Client Track software in December of 2014 as the new PA HMIS Collaborative software.

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

There is a governance charter in place between the HCoC-BC and the HMIS Lead Agency, the County of Bucks Housing Services Department. Department staff carries out the day-to-day operations and administration of the HMIS implementation. A department staff member chairs the Data Management/Outcomes Committee and will represent the HCoC-BC on the newly forming PA HMIS Collaborative Board that will oversee HMIS Governance.

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The Bucks County Drug & Alcohol Commission, Inc. (BCDAC), is the state and locally designated Single County Authority (SCA) for alcohol, tobacco and other drugs. BCDAC, Inc. is charged with ensuring the provision of a comprehensive and balanced continuum of quality prevention, intervention, treatment and recovery support services for Bucks County residents. As noted in the County Human Services Plan Guidelines, BCDAC, Inc. oversees the entire substance abuse service system available to all county residents. Funding sources include the Human Service Block Grant, the PA Department of Drug and Alcohol Programs, Driving Under the Influence Fees, County Match, Human Service Development Fund, Donations, etc. BCDAC, Inc. serves on the Behavioral Health Coordination Committee, where Reinvestment Plan concepts are presented and fulfilled, based on systemic gaps and community need. BCDAC, Inc. carries out services through the following:

Approval of Care Services are provided by BCDAC, Inc. to ensure that individuals seeking treatment receive a quality assessment and are referred to the appropriate level of care, in a timely manner. At this time, BCDAC, Inc. uses the Department of Drug and Alcohol Programs mandated Pennsylvania Client Placement Criteria, Version 3, as a basis for treatment approval, but effective July 1, 2018, will be following DDAP direction and moving to utilization of the American Society of Addiction Medicine criteria. BCDAC, Inc. services include responding to consumer, family and community inquiries, offering provider training on how to access services, conducting continuing care reviews and other utilization management and quality assurance functions designed to facilitate the movement of individuals from one level of care to another. The essential element is a philosophy that acknowledges all pathways to recovery and to encourage each individual to complete a full episode of care and to commit to involvement in long term community recovery supports.

Treatment services financed by BCDAC, Inc. include outpatient, intensive outpatient, medication assisted therapies, partial hospitalization and residential alternatives. Specialty services for pregnant and parenting women, overdose survivors, adolescents, injection drug users, Veterans, clients with co-occurring disorders and incarcerated individuals are also available. Services for special populations and special needs are addressed on a case by case basis. As funding is available, BCDAC, Inc. subsidizes a portion, or all, of the treatment costs for residents who do not have insurance or another source of funding, and who meet our funding criteria. In addition to funding treatment for people without insurance coverage, DDAP has also mandated that SCA's provide funding to people who are underinsured. During 2017-2018, BCDAC, Inc. continued its Board of Directors commitment to providing access to treatment without financial barriers – in short, there was no wait for treatment due to finances. We were able to approve treatment for individuals who qualified, without a financial wait for treatment.

During 2017-2018, BCDAC, Inc. continued to focus on reduction of fatal and non-fatal overdose. BCDAC, Inc. does not limit treatment stays based on funding, but instead focuses on the individual's motivation and progression in treatment. The BCDAC, Inc. philosophy is to offer a full continuum of treatment, as long as the client is willing to remain in the level of care and is progressing. Individuals enrolled in Medical Assistance can access care through the county's HealthChoices Behavioral Health managed care program – Magellan Behavioral Health of PA, Inc. Clients who may potentially be eligible for Medical Assistance covered care are required to complete the Medical Assistance application process.

Intensive Case Management Services (ICM) are provided through a subcontract. ICM uses a strength-based model to ensure that eligible or targeted clients receive the services needed to support long term recovery from their substance use disorder and self-sufficiency in the community. This includes linking individuals to needed ancillary services such as transportation, child care, housing, food and clothing. Additionally, these services are provided to clients whose treatment is financed through Magellan Behavioral Health of PA, Inc., our Medicaid behavioral health managed care program. Specialty services, including Mobile Engagement Services (MES) are offered to individuals who might traditionally not follow through with a lower level of care following detox, or individuals who are not yet treatment ready, but are willing to pursue recovery options. A specialty and unique MES was developed three years ago, and has since expanded due to increased need. This project has as a focus on families referred to the county's child welfare

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system, via the Child Abuse Prevention and Treatment Act (CAPTA). Thus, this is a tremendous example of partnership between the Bucks County Department of Behavioral Health, Magellan Behavioral Health of PA, Providers and the Bucks County Office of Children and Youth, along with BCDAC, Inc.

Recovery Support Services are available to assist individuals in their recovery journey, and BCDAC, Inc. provides funding to support these services. Bucks County is home to three Community Recovery Centers. BCDAC, Inc. supports these efforts of volunteer recruitment and coordination, advocacy and mentoring services. Services include peer and volunteer led life skills programming, peer recovery specialists and recovery coaches – all designed to acknowledge the many pathways to recovery and to support long term recovery from addiction. BCDAC, Inc. has been instrumental in providing training for Certified Recovery Specialists, and also supports these individuals by offering very low cost, and sometimes no cost, opportunities for certification. Bucks County is proud to note that it is home to 108 Certified Recovery Specialists, with 67 individuals, or 62%, of CRS's employed in this field.

Well beyond a trend, the current prescription medication and opiate abuse culture have challenged our system. Heroin and fentanyl have surpassed alcohol as the primary drugs of use reported by individuals entering treatment funded through BCDAC, Inc. Bucks County has a multi-pronged approach to the overdose epidemic which is affecting our communities. BCDAC, Inc. is an active member of the Regional Overdose Prevention Committee (ROPC), and was recently appointed to the ROPC Executive Committee. A key component of the Bucks approach is collaboration and active participation by government, Human Service providers, law enforcement, education, faith, private industry, health care, family members of individuals struggling with substance use disorders, and people in recovery.

BCDAC, Inc. ensures a full continuum of services, beginning with a robust offering of prevention programming. In the prevention field, Bucks County leads PA in the amount of medications collected via our twice annual Medication Give Back events, as well as our 34 permanent Drop Boxes located throughout the County. At the April, 2018 Bucks County Medication Give Back event, roughly 8,900 pounds of medications were collected, far surpassing other counties. Since the launch of the Medication Give Back Program, Bucks County has collected over 100,000 pounds of unused, unwanted, expired medications. Our Strategic Prevention Framework – Partnerships for Success, grant, is focused on underage drinking prevention, as well as medication misuse prevention, among youth.

In addition to prevention, BCDAC, Inc. focuses on Intervention (Student Assistance Programs, for example) while also remaining focused on treatment and recovery supports. Whenever possible, BCDAC, Inc. funds training and implementation of evidence based programming. In recognition that opiate use disorders are challenging for individuals, and with the knowledge that evidence based programming is top priority, BCDAC, Inc. has expanded Medication Assisted Treatment, with over 700 residents enrolled in Methadone Maintenance Treatment. Bucks County has developed vital systems collaborations to provide education and rescue medication (Narcan) to our residents. During 2017-2018, BCDAC, Inc. continue the focus on overdose reduction, in partnership with local Police Departments. Since the inception of the Police Department Narcan distribution project, over 600 lives have been saved by police departments, with the use of Narcan. All thirteen Bucks County school districts have developed policies on the use of Narcan, and BCDAC, Inc. provides free doses for each district, as needed. During 2017-2018, BCDAC, Inc. was selected by PA Commission on Crime Delinquency (PCCD) as the County Coordinating Entity (CCE) to serve as the county's lead for Emergency Responder Narcan Distribution. Service as lead coordinator for fire, police, and EMS in addition to other Narcan distributions. We have provided community forums on Overdose Prevention, providing over 400 doses of Narcan to participants. In addition, we have provided specialty training to Recovery House Association owners, along with doses of Narcan, once they have policies in place.

Drug and alcohol services for Bucks County residents without insurance coverage are funded through BCADC, Inc., when funds are available. A key point is that BCDAC, Inc., through DDAP mandate, may provide funding to residents who are not only uninsured, but also underinsured. BCDAC, Inc., follows the DDAP guidelines regarding admission of priority populations, which provides preferential treatment to pregnant women, people who use injecting drugs, individuals who have overdosed and Veterans. It is also important to note that BCDAC, Inc. supports the DDAP philosophy of reducing

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barriers to treatment, so it is anticipated there may be a blurring of county line funding, especially for top priority populations. SCAs are working together to ensure that individuals receive the treatment they are seeking, and the reduction of barriers to access is a key factor.

Please provide the following information:

1. Waiting List Information for SCA services:

	# of Individuals	Wait Time (days)**
Detoxification Services	93	3
Non-Hospital Rehab Services	36	5
Medication Assisted Treatment	-	-
Halfway House Services	-	-
Partial Hospitalization	-	-
Outpatient	-	-

**Use average weekly wait time

For detox 3% of the clients waited and 1.3% of the clients waited for rehab beds. No clients had to wait for admission into halfway house treatment. Above data is representative of non-ambulatory services.

1. Waiting List Information for HealthChoices services:

	# of Individuals	Wait Time (days)**
Detoxification Services	1294	3.7
Non-Hospital Rehab Services	1622	6.5
Medication Assisted Treatment	1409	0
Halfway House Services	209	0
Partial Hospitalization	116	0
Outpatient	4371	0

**Use average weekly wait time

Waiting List Information

Bucks County's drug and alcohol assessment protocol includes an Open Access strategy. Residents may simply walk in to one of the four Walk In clinics for their first step in accessing treatment services. Thus, there is essentially no wait time for an assessment appointment. Providers are charged with triaging each individual's need for urgent, emergent or routine care. Admission to ambulatory care may begin immediately and without preauthorization. BCDAC, Inc. does approve admission to residential levels of care through the Approval of Care Department. During 2017-2018, BCDAC, Inc. developed a procedure of follow up for any individual on a provider residential wait list, to ensure support and interim services are provided, if there is not a residential placement immediately available. During 2017-2018, if there was a wait for detoxification services, the wait was roughly 2 days. The percentage of individuals who were not placed same day due to bed availability was less than 3% for BCDAC, Inc., representing a 50% decrease from 6% in 2016-2017. Magellan wait list reports reflect data that parallels the SCA data.

2. Overdose Survivors' Data:

In response to the opioid epidemic, a Warm Handoff protocol, mandated by Governor Wolf's office, and through DDAP, was developed in Bucks County. This initiative, BCARES (Bucks Connect. Assess. Refer. Engage. Support.) is a collaborative partnership between the nonprofit Bucks County Health Improvement Partnership (BCHIP), which includes the six hospitals in Bucks County, three drug and alcohol provider agencies (Gaudenzia, The Council of Southeast PA and

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Penn Foundation, Inc.) and the Bucks County Drug & Alcohol Commission, Inc. (BCDAC). The project is funded by the SCA with DDAP dollars.

BCARES focuses on moving opioid overdose survivors directly into substance abuse treatment by bringing Certified Recovery Specialist (CRSs) into the hospital's emergency departments (EDs). The CRS works to connect individuals who have experienced an overdose directly to treatment, provide support for the families, and educate the medical personnel on drug and alcohol resources.

Services include family support, mobile assessment and referral to treatment, and Narcan Nasal Spray for loved ones. In addition, BCDAC, Inc. contracts for Intensive Case Management and Mobile Engagement Services. BCDAC, Inc. continues to promote the toll-free hotline established by PA Department of Health.

A key partnership was developed between BCDAC, Inc., BCHIP and Independence Blue Cross Foundation. Through a contract with Philadelphia Health Management Corporation, Independence Blue Cross Foundation has funded an Effectiveness Study of the BCARES Program. This research study is focusing on the success of CRSs in engaging revived patients, how long patients stay in recovery, how the attitudes of patients and their family members have changed due to the patient's recovery efforts, and whether this initiative can be replicated in other communities.

In addition, BCDAC, Inc.'s full scale effort to announce available resources and services has resulted in over 60,000 residents receiving our Overdose Prevention Toolkit materials. The Bensalem Police Department (over 100 officers) has established the BPAIR (Bensalem Police Assisting in Recovery) program, modeled after the highly successful Gloucester, Massachusetts program. Residents may turn themselves into the Police Department, and instead of being arrested, they are referred to assessment and treatment, via a volunteer Navigator and through the only 24/7 assessment site in Bucks County. During 2017-2018, two additional Police Departments have established BPAIR programs and the goal is for all municipalities to join by the end of 2018.

# of Overdose Survivors since inception of BCARES	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses 2017
269	65	204	231

3. Levels of Care (LOC):

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	2	0	Co-Occurring, Pain Management
Inpatient Hospital Rehab	2	0	-----
Inpatient Non-Hospital Detox	17	3	Co-Occurring, Pregnant, Women With Children
Inpatient Non-Hospital Rehab	40	3	Co-Occurring, Pregnant, Women With Children, HIV/AIDS, Bilingual, Gender Specific
Partial Hospitalization	6	4	Co-Occurring, MAT
Intensive Outpatient	11	11	Co-Occurring, MAT
Outpatient	11	11	Co-Occurring, MAT,

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			Gender Specific
Halfway House	9	2	Co-Occurring, MAT, Gender Specific

*** In this section, please identify if there is a specialized treatment track for any specific population in any of your levels of care. For example, a program specific for adolescents or individuals with a co-occurring mental health issue.*

4. Treatment Services Needed in County:

Bucks County is diligently working to address treatment capacity issues. Outpatient treatment is virtually available upon demand. For individuals who have been clinically approved for residential treatment, and especially if they are within our priority population criteria, each provider is tasked with providing Interim Services until a bed is available. Any wait for residential treatment during 2017-2018 (aside from client choice) was based on capacity within our network, an item that affects not only Bucks County, but most PA Counties. We are working diligently to address these capacity issues, including:

- Reinvestment Plan (approved and in progress) for ten bed halfway house for men who are enrolled in Medication Assisted Treatment and/or have Co-Occurring Disorders;
- Women’s Facility has opened an outpatient office on their current campus, with 30 slot outpatient capacity;
- New MAT Outpatient provider opened in October, 2016, in Lower Bucks County, with capacity of 240 for Methadone Maintenance Treatment. Currently at 50% capacity and increasing at responsible and incremental rate. This provider will likely be expanding to a second Bucks County location in the coming months;
- In partnership with Bucks County Department of Behavioral Health, an agreement to support Children and Adult Mobile Crisis has been established during 2017-2018, and will further expand during 2018-2019; and
- A newly approved Reinvestment Plan will provide funding for residents who are in need of safe, sober supports including recovery housing. BCDAC, Inc. will be hiring a Recovery House Coordinator, and will be enhancing oversight of Bucks County Recovery Housing.

There are, of course, a number of barriers to care for Bucks County residents. They include: Stigma (At least two potential treatment sites have been delayed due to community stigma).

- Lack of safe/affordable housing for those in recovery (Bucks County has an estimated 200 Recovery Houses, which vary in quality and services provided).
- Unbraided or unblended funding (The challenge remains when we are faced with residents with co-occurring disorders, specifically issues such as eating disorders, physical health, etc.).
- Lack of public transportation (This issue poses a challenge to those seeking treatment and recovery support services).
- Sheer volume of those seeking treatment compared with provider staffing (The drug and alcohol system is challenged with a workforce development and capacity issue).
- Funding (As a whole, the drug and alcohol treatment system is not financially supported as any other disease would be, in terms of lengths of stay, per diem rates, etc.).

SUBSTANCE USE DISORDER SERVICES

- Recovery Supports (Statewide approval of Certified Recovery Specialists would go a long way in supporting people seeking long term recovery, as is the case with Certified Peer Specialists).

Expansions such as increasing access to Medication Assisted Treatment, ensuring the quality of recovery housing, establishing widespread Certified Recovery Specialists, and a focus on the connection between substance use and Human Trafficking, are challenges that are ahead. Continued recovery supports for individuals with substance use disorders, who are incarcerated, is a county priority. As the Act 53 process was recently streamlined, and BCDAC, Inc. continues to focus on being right sized for adolescent services, especially for those adolescents who are involuntarily committed.

5. Access to and Use of Narcan in County:

BCDAC, Inc. has recognized that Narcan is an invaluable tool in assisting residents to reverse overdose. As a result, a full court press was established, in order to arm residents with this life saving medication. Over 400 residents have participated in Community Narcan Trainings, where BCDAC, Inc. provides two doses of Narcan Nasal Spray, at no cost. In addition, in December, 2016, the BCDAC, Inc. Board of Directors approved community resident Walk-In hours at BCDAC, Inc.'s Warminster site. To date, 89 residents have received Narcan Nasal Spray. BCDAC, Inc. has worked with all thirteen Bucks County school districts, and every school district now has Narcan on site. Each house within the Bucks County Recovery House Association, who provides a substantial policy and procedure on its use, has Narcan Nasal Spray on site. Various human service agencies, as well as Adult and Juvenile Probation, have received training and Narcan Nasal Spray. Every Police Department in Bucks County carries Narcan, and to date there have been 339 lives saved with this medication. Plans include widespread distribution to County departments, in the near future. All Narcan Nasal Spray is provided along with training, as well as the mandated Narcan Utilization Questionnaire, to be submitted to BCDAC, Inc. in the event that the medication is utilized. Services focused on Narcan and highlights for 2017-2018 include:

- Selected by PA Commission on Crime Delinquency (PCCD) as the County Coordinating Entity (CCE) to serve as the county's lead for Emergency Responder Narcan Distribution. Service as lead coordinator for fire, police, and EMS in addition to other Narcan distributions. (Over 600 Narcan doses being distributed).
- 186 doses distributed as of December 1, 2017 as the CCE.
- 7 Leave Behind doses reported in Bucks County, as approved within Governor Wolf's emergency declaration. (Bucks County is the first county in the Southeast Region to implement a Leave Behind dose program).
- Continue to coordinate community Narcan trainings/education sessions (8 trainings to be held this year, 324 doses of Narcan distributed to date).
- Provide community walk in hours for Narcan distribution (80 residents).
- Ensure every school district has a policy/procedure and training on the use of Narcan and distributed to 11 out of 13 school districts. (2 districts supplied on their own).
- Support police department Narcan utilization by funding provider training of police departments and Narcan delivery and utilization (over 600 lives saved since inception of March 2015).

6. ASAM Training:

The plan to accomplish training Bucks County treatment provider staff is a collaborative effort between BCDAC, Inc. Bucks County Department of Behavioral Health, and Magellan Behavioral Health, including cost sharing between the three entities. Magellan has agreed to coordinate, staff and administratively manage the trainings. Magellan has contacted the Train For Change Program to request seven (7) training events for Bucks County. The total cost of the seven ASAM trainings is \$79,704.00 as each training costs \$8500, the total cost of the trainings is estimated at \$59,500 for seven (7) Bucks County trainings. Magellan has agreed to:

- Schedule all Bucks County two-day training sessions.
- Register attendees prior to each training.
- Review registered attendees to ensure Bucks presence.
- Review registrations to ensure no duplication of registrations occurs.
- Outreach to non-SCA providers in Bucks'

Bucks County Drug and Alcohol Commission, Inc. has agreed to:

- Notify providers of dates of trainings.
- Send registration links to all providers.
- Provide payment to Magellan by June 30, 2018.

All trainings run from 8:30am-4:30pm, and are being held in Bucks County. The training schedule is as follows:

- March 19-20
- May 3-4
- May 15-16
- May 17-18
- May 21-22
- June 5-6
- June 6-7

	# of Professionals to be Trained	# of Professionals Already Trained
SCA	4	1
Provider Network	225	27

HUMAN SERVICES AND SUPPORTS/HUMAN SERVICES DEVELOPMENT FUND

Adult Services

Program Name: Advocates for the Homeless and Those in Need

Description of Services: AHTN is a Bucks County interfaith nonprofit providing temporary help to the homeless by providing intervention in a crisis situation and includes services necessary to remove an eligible individual from a dangerous situation. AHTN helps those in need by offering with dignity and compassion emergency shelter, food, clothing and other related services.

Service Category: Protective - A system of social service intervention activities to assist eligible persons in a crisis situation. The term includes social service activities necessary to remove the person from the dangerous situation. See Supplements A-C for detail.

Program Name: Advocates for the Homeless and Those in Need

Description of Services: AHTN is a Bucks County interfaith nonprofit providing temporary help to the homeless by providing intervention in a crisis situation and includes services necessary to remove eligible individuals from a dangerous situation. AHTN helps those in need by offering with dignity and compassion emergency shelter, food, clothing and other related services.

Service Category: Transportation - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living. The service is provided only if there are no other appropriate resources.

Program Name: Bucks County Drug & Alcohol Commission, Inc.

Description of Services: BCDAC, Inc. assists with the continuation of counseling services targeted for eligible individuals living in high risk communities. It allows the consumers to continue to work while addressing their recovery from addiction. The first priority for funding of counseling services continue to be those narcotic dependent individuals living with co-occurring mental illness or serious medical condition(s), pregnant women, parenting women and men and other intravenous drug users.

Service Category: Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functioning.

Program Name: Bucks County Housing Group, Inc.

Description of Services: BCHG provides intensive case management for homeless women and their families. Case management focuses on working collaboratively with families to develop a plan of action for housing, employment and/or training. Case managers assist clients in establishing goals and appropriate housing plans early in their stay in the apartments. Case management services include conflict resolution, life skills development, appropriate resources and referrals to other social services and/or treatment, time management, maintenance and sanitation issues, emotional support, budgeting, mental and physical health issues.

Service Category: Housing - Activities to enable persons to obtain and retain adequate housing. The cost of room and board is not covered.

Program Name: Bucks County Opportunity Council, Inc. (BCOC)

Description of Services: BCOC uses funds for case management salaries to administer their CPSI (Crisis Prevention for Self-Sufficiency and Independence) program that helps low-income individuals and families achieve the highest level of self-sufficiency they can through a combination of assessment, short-term case management. The goal of the short term intervention is to stabilize situations and limit or eliminate future need for assistance.

HUMAN SERVICES AND SUPPORTS/HUMAN SERVICES DEVELOPMENT FUND

Service Category: Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functioning.

Program Name: Bucks County Opportunity Council, Inc. (BCOC)

Description of Services: BCOC uses HSDF to support coordinated assessment and case management services as referred by the Bucks County Housing Link, our centralized intake for housing supports.

Service Category: Housing - Activities to enable persons to obtain and retain adequate housing. The cost of room and board is not covered.

Program Name: Catholic Social Services

Description of Services: Utilizing the HSDF funding, CSS will provide case management services.

Individuals and families will initially be given a needs assessment session to determine the level of need and will speak with a case manager for services and referrals. Follow up services will be determined and mutually agreed upon by the staff and client.

Service Category: Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functioning.

Program Name: Catholic Social Services

Description of Services: CSS in an effort to provide a continuum of care to avoid duplication of services and maximize financial resources provides clients the practical education and training in skills needed to perform safely the activities of daily living.

Service Category: Life Skills Education - Provides to persons the practical education and training in skills needed to perform safely the activities of daily living. The term does not include job readiness training, instruction in a language, or remedial education.

Program Name: Senior Care Centers of America, Inc.

Description of Services: Senior Care provides a daily program of health services in an enjoyable, safe, home-like environment for clients under the age of 60. Services are provided to assist in performing the basic tasks of everyday living and include medication administration (not prescribing or medical services), therapeutic recreational activities, social services, and assistance arranging transportation for occupational, speech and physical therapy.

Service Category: Adult Day Care - Provides a program of activities within a licensed, protective, nonresidential setting to four or more enrolled adults who are not capable of full time independent living.

Program Name: The Salvation Army

Description of Services: Case management services include emotional support and assessment/service planning for individuals and families. Referral to other community supports based on assessment is also part of the services provided.

Service Category: Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.

HUMAN SERVICES AND SUPPORTS/HUMAN SERVICES DEVELOPMENT FUND

Program Name: Volunteers for the Homeless, Inc.

Description of Services: Provide case management and referral services for food, clothing and shelter in the community.

Service Category: Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.

Program Name: Worthwhile Wear/The Well

Description of Services: The Well is a long-term protective services shelter for sexually exploited and trafficked women in Bucks County. It has a comprehensive program for helping women coming out of the sex slave trade and transitioning back to self-sufficiency. Funds are not used for payment of housing or rental services, but for case management and non-medical supports.

Service Category: Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functioning.

Aging Services

Program Name: Bucks County Area Agency on Aging

Description of Services: BCAA contracts with several providers to provide Day Care and Personal Care Services from which their senior clients can choose. Day Care programs meet the needs of seniors and their families for a safe and stimulating environment. A variety of carefully planned programs and activities are available, provided by a caring and competent staff. Personal Care services are provided by a professional healthcare individual to ensure quality personal care to ease the burden for the client and their family. Assistance with bathing and dressing, medication management, meal planning and preparation, assistance with doctor appointment are some of the services available. Each client is evaluated and chooses the services they personally need.

Service Category: Adult Day Services - Adult day services centers operate for part of a 24-hour day and offer an interactive, safe, supervised environment for older adults and adults with a dementia-related disease, Parkinson's disease or other organic brain syndromes.

Program Name: Bucks County Area Agency on Aging

Description of Services: BCAA contracts with several providers to provide Day Care and Personal Care Services from which their senior clients can choose. Day Care programs meet the needs of seniors and their families for a safe and stimulating environment. A variety of carefully planned programs and activities are available, provided by a caring and competent staff. Personal Care services are provided by a professional healthcare individual to ensure quality personal care to ease the burden for the client and their family. Assistance with bathing and dressing, medication management, meal planning and preparation, assistance with doctor appointment are some of the services available. Each client is evaluated and chooses the services they personally need.

Service Category: Personal Care - Includes assistance with ADL's and IADL's, such as feeding, ambulation, bathing, shaving, dressing, transfer activities, meal preparation, and assistance with self-administration of medications by an agency provider.

HUMAN SERVICES AND SUPPORTS/HUMAN SERVICES DEVELOPMENT FUND

Generic Services

Program Name: Bucks County Opportunity Council, Inc. (BCOC)

Description of Services: Bucks County proposes use of HSDF to support implementation of case management services specifically for homeless families with a "2-generation" approach. BCOC would utilize case management practices to assure services and supports are in place to support economic self-sufficiency and outcomes are tracked for both children and parents.

Service Category: Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.

Please indicate which client populations will be served (must select at least **two**):

Adult Aging CYS SUD MH ID HAP

Program Name: Family Service Association of Bucks County

Description of Services: This funding support FSA's work with information and referral services in our community, providing information about social and other human services to all persons calling in requesting it. This work includes referrals to other community resources by staff dedicated for this purpose.

Service Category: Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.

Please indicate which client populations will be served (must select at least **two**):

Adult Aging CYS SUD MH ID HAP

Specialized Services:

Program Name: Libertae, Inc.

Description of Services: Libertae has a Drug & Alcohol Program Inpatient, non-hospital Halfway House, and Residential Women and Children Services. The specialized service we seek to support is the implementation of Child Parent Psychotherapy (CPP) which is a multi-generational approach to servicing mothers suffering from substance use disorder (SUD) with the twin goals of improving child well-being through increased parent child attachment and to support maternal recovery through service integration. This intervention will focus on the parent/child dyad to address the parent/child relationship, parental trauma and child trauma and will be delivered in close coordination with the SUD treatment team.

Interagency Coordination:

While efforts at interagency coordination are embedded in many of our planning and implementation practices listed throughout this document, much of the information gathering and sharing is provided by the Policy and Planning Specialist. The allocation for that salary from the Block Grant is \$50,000.00.

Information obtained from the Specialist's interactions with social service providers, local business/government representatives, and service recipients is utilized by the Specialist, Director and Deputy Director to increase access to service, minimize duplication of service, improve resource allocation, and provide Bucks County Commissioners the information they need to approve HSDF Funded allocations to the agencies providing the services. The Specialist participates in many activities on behalf of the Division of Housing and Human Services including but not limited to the following:

1. HUBBUB, a community-driven group of residents and professionals dedicated to network, educate and coordinate family support services to improve the overall quality of life in the Upper Bucks area.
2. Bridge/Home Stabilization Program, a program administered by Bucks County CYSSA, that provides homeless families rent assistance and social service support while they improve their educational and training skills.
3. Bucks County CoC, a group of public/private social service providers that coordinate services for the homeless population in Bucks County. The Policy and Planning Specialist is a member of the Training, Outcomes and HMIS Data Management subcommittees.
4. Mid-Atlantic Region Homeless Management Information System (MARHMIS), dedicated to networking/technical assistance to insure compliance with federal mandates to capture homeless population data.
5. Bucks Promise, a coalition of community mobilizers, service providers, law enforcement, and key leaders working to improve community life in each of the county's school catchment areas. The Policy and Planning Specialist is a member of the Writing Committee which regularly submits op-ed informative commentaries to local Bucks County newspapers.
6. Bucks County Hunger Nutrition Coalition, a group of public and private non-profit agencies that works to ensure that low-income households have access to resources for food security/nutritional needs. The Policy and Planning Specialist helps organize a bi-annual Hunger Forum and collates data from approximately 1,400 county-wide surveys so local officials, legislators and the public understand the extent of food insecurity in Bucks County.
7. Bucks-Chester-Montgomery PA Link, which *connects individuals and families to services that support independence and help senior and intellectually disabled consumers remain/return to their community. The Specialist is also part of the three-county Oversight Committee.*
8. United Way Collaborative Impact, which employs a collective approach to solving community problems of hunger, homelessness, and child care, public benefits for seniors, emergency financial assistance, and standardized I&R.
9. HSDF Oversight/Performance Evaluation, through site visits to fund recipients to ensure regulatory adherence/responsible stewardship of funds for maximum impact on consumers.
10. BCHS Quality Assurance Group – supporting/strengthening individual and family wellness through community connections, collaboration, integration, innovation and stewardship of resources.

Additionally, HSDF funds are used to support the salary of the Bucks County Human Services Information Technology Manager whose work included development and design of reliable coordination and utilization of data related to the outcomes of the lock grant and cross system coordination and information sharing among departments. \$12,500.00 of block grant funds are dedicated to the IT Manager's work.

The activities of the Policy and Planning Specialist and the IT Manager support service delivery to the community by helping management stay informed relative to cross system partnership possibilities and to implement necessary efforts to share information, eliminate duplication, and generate solutions based on community needs.

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

Directions:	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. ESTIMATED INDIVIDUALS SERVED	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. HSBG ALLOCATION (STATE & FEDERAL)	Please enter the county's total state and federal DHS allocation for each program area (MH, ID, HAP, SUD, and HSDF).
3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	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. NON-BLOCK GRANT EXPENDITURES	Please enter the county's planned expenditures (MH, ID, and SUD only) that are not associated with HSBG funds in the applicable cost centers. <i>This does not include Act 152 funding or SUD funding received from the Department of Drug and Alcohol.</i>
5. COUNTY MATCH	Please enter the county's planned match amount in the applicable cost centers. 3.89%
6. OTHER PLANNED EXPENDITURES	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.
■	Please use FY 17-18 primary allocation plus the supplemental state PATH funds received during the year. If the county received a supplemental CHIPP allocation during FY 17-18, include the annualized amount in the FY 18-19 budget.
■	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 18-19 are significantly different than FY 17-18. In addition, the county should notify the department and submit a rebudget form via email when funds of 10% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
BUCKS						
MENTAL HEALTH SERVICES						
ACT and CTT	79		\$ 485,385	\$ -	\$ -	\$ -
Administrative Management	3,440		\$ 1,822,667	\$ 51,680	\$ -	\$ -
Administrator's Office			\$ 1,827,878	\$ -	\$ -	\$ 221,650
Adult Developmental Training	-		\$ -	\$ -	\$ -	\$ -
Children's Evidence-Based Practices	-		\$ -	\$ -	\$ -	\$ -
Children's Psychosocial Rehabilitation	-		\$ -	\$ -	\$ -	\$ -
Community Employment	196		\$ 386,954	\$ -	\$ -	\$ -
Community Residential Services	344		\$ 11,031,259	\$ -	\$ 791,867	\$ -
Community Services	2		\$ 331,310	\$ -	\$ -	\$ 224,648
Consumer-Driven Services	-		\$ -	\$ -	\$ -	\$ -
Emergency Services	2,204		\$ 1,077,101	\$ -	\$ -	\$ -
Facility Based Vocational Rehabilitation	11		\$ 101,400	\$ -	\$ -	\$ -
Family Based Mental Health Services	24		\$ 20,255	\$ -	\$ -	\$ -
Family Support Services	121		\$ 251,573	\$ -	\$ -	\$ -
Housing Support Services	54		\$ 140,637	\$ -	\$ -	\$ 48,144
Mental Health Crisis Intervention	2,167		\$ 1,045,795	\$ -	\$ -	\$ 37,500
Other	-		\$ -	\$ -	\$ -	\$ -
Outpatient	838		\$ 281,522	\$ -	\$ -	\$ -
Partial Hospitalization	82		\$ 150,000	\$ -	\$ -	\$ -
Peer Support Services	92		\$ 160,407	\$ -	\$ -	\$ -
Psychiatric Inpatient Hospitalization	62		\$ 336,730	\$ -	\$ -	\$ -
Psychiatric Rehabilitation	-		\$ -	\$ -	\$ -	\$ -
Social Rehabilitation Services	68		\$ 310,000	\$ -	\$ -	\$ -
Targeted Case Management	795		\$ 710,769	\$ -	\$ -	\$ -
Transitional and Community Integration	-		\$ -	\$ -	\$ -	\$ -
TOTAL MENTAL HEALTH SERVICES	10,579	\$ 20,604,975	\$ 20,471,642	\$ 51,680	\$ 791,867	\$ 531,942

INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			\$ 3,054,288	\$ -	\$ -	\$ 40,000
Case Management	315		\$ 608,343	\$ -	\$ -	\$ -
Community-Based Services	269		\$ 590,460	\$ -	\$ -	\$ -
Community Residential Services	49		\$ 3,423,131	\$ -	\$ 279,542	\$ -
Other	-		\$ -	\$ 5,000	\$ -	\$ -
TOTAL INTELLECTUAL DISABILITIES SERVICES	633	\$ 7,942,889	\$ 7,676,222	\$ 5,000	\$ 279,542	\$ 40,000

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
BUCKS						
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	49		\$ 154,054		\$ 5,993	\$ -
Case Management	1,019		\$ 35,175		\$ -	\$ -
Rental Assistance	481		\$ 154,132		\$ 9,614	\$ -
Emergency Shelter	-		\$ -		\$ -	\$ -
Other Housing Supports	381		\$ 57,835		\$ -	\$ -
Administration			\$ -		\$ -	\$ -
TOTAL HOMELESS ASSISTANCE SERVICES	1,930	\$ 401,196	\$ 401,196		\$ 15,607	\$ -

SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	-		\$ -		\$ -	\$ -
Inpatient Hospital	12		\$ 40,000		\$ -	\$ -
Inpatient Non-Hospital	483		\$ 1,046,841		\$ 34,079	\$ -
Medication Assisted Therapy	100		\$ 160,000		\$ 25,000	\$ -
Other Intervention	420		\$ 133,891		\$ -	\$ -
Outpatient/Intensive Outpatient	180		\$ 83,000		\$ -	\$ -
Partial Hospitalization	15		\$ 15,000		\$ -	\$ -
Prevention	-		\$ -		\$ -	\$ -
Recovery Support Services	360		\$ 40,000		\$ -	\$ -
Administration			\$ -		\$ -	\$ -
TOTAL SUBSTANCE USE DISORDER SERVICES	1,570	\$ 1,085,732	\$ 1,518,732		\$ 59,079	\$ -

HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	1,378		\$ 105,271		\$ 4,095	\$ -
Aging Services	24		\$ 95,000		\$ 3,695	\$ -
Children and Youth Services	-		\$ -		\$ -	\$ -
Generic Services	1,090		\$ 51,422		\$ 2,000	\$ -
Specialized Services	212		\$ 26,000		\$ 1,011	\$ -
Interagency Coordination			\$ 62,500		\$ 2,431	\$ -
Administration			\$ 37,744		\$ 1,470	\$ -
TOTAL HUMAN SERVICES DEVELOPMENT FUND	2,704	\$ 410,937	\$ 377,937		\$ 14,702	\$ -

GRAND TOTAL	17,416	\$ 30,445,729	\$ 30,445,729	\$ 56,680	\$ 1,160,797	\$ 571,942
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