

# Berks County Human Services Plan 2018-2019 Revision 8/20/18



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

**Appendix A**  
**Fiscal Year 2018-2019**

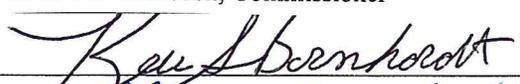
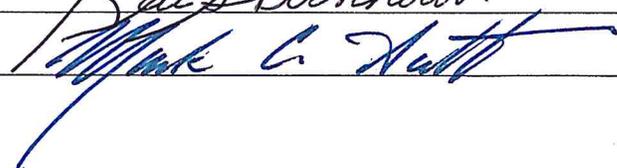
**COUNTY HUMAN SERVICES PLAN**

**ASSURANCE OF COMPLIANCE**

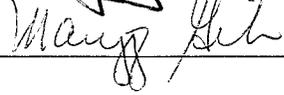
COUNTY OF:       BERKS      

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. The County assures, in compliance with Act 80, that the 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>	
<u>Not Present at meeting</u> Christian Y. Leinbach, Commissioner	Christian Y. Leinbach	Date: <u>5/24/18</u>
	Kevin S. Barnhardt	Date: <u>5/24/18</u>
	Mark C. Scott	Date: <u>5/24/18</u>

**COUNTY COMMISSIONERS/COUNTY EXECUTIVE**

<i>Signatures</i>	<i>Please Print</i>	
	Edward B. Michalik, Psy.D	Date: 5/24/18
	Stanley J. Papademetriou	Date: 5/29/18
Attest: 	Maryjo Gibson	Date: 5/24/18

## **Appendix B County Human Services Plan Template**

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

### **PART I: COUNTY PLANNING PROCESS** (Limit of 3 pages)

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds by answering each question below.

In consultation with the Board of Commissioners, the following Department Heads have been involved in the appointment of the Planning Team: Dr. Edward B. Michalik (MH/DD/AAA) and Stanley J. Papademetriou (Single County Authority-Berks SCA).

The Planning Team consists of Tiffany Hunter (MH/DD Fiscal Manager), Sheila Bressler (CASSP Coordinator), Mary Ertel (MH/DD Fiscal Officer), Mary Hennigh (MH/DD-Deputy Administrator), Lydia Singley (HC Program Director), Sharon Ingraham (Berks SCA- Fiscal Manager), Jessica Jones (Berks County Area Agency on Aging- Deputy Director), Kathleen Noll (Berks SCA-Drug and Alcohol Assistant Administrator), Marisa Printz (SAM-Director of Administrative Services), Todd Reinert (Area Agency on Aging/MH/DD-Contracts Manager), Michele Ruano-Weber (MH/DD-Deputy Administrator), Terri Salata, (SAM-Director of AE Support Services), Sarah Swartz (Berks Coalition to End Homelessness-Deputy Director) and Steven Young (SAM Fiscal Manager).

1. Please identify the critical stakeholder groups, including individuals and their families, consumer groups, providers of human services, and partners from other systems, involved in the county's human services system.

Notices were sent to the email distribution lists of CASSP, MH/DD Advisory Board, MH/DD Providers, CSP, Aging Advisory Council, COCA (Single County Authority) Distribution List as well as HAP and HSDF Providers. Please review sign-in sheets for a listing of stakeholders that attended these public forums.

2. Please describe how these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement efforts.

Two Public meetings were held to solicit feedback regarding the Human Services needs throughout the County. These meetings were held on May 17, 2018 and the County Commissioner's Meeting on May 24, 2018. Comments could be submitted verbally or in written form. In addition, each organization has multiple meeting held throughout the year to engage individuals and seek input including but not limited to numerous Advisory Boards, Councils, and Committees.

3. Please list the advisory boards that were involved in the planning process.

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

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

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

**SCA-Board of Directors** meets monthly.

4. Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. (The response must specifically address providing services in the least restrictive setting.)

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

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

5. Please list any substantial programmatic and/or funding changes being made as a result of last year's outcomes.

\$165,000 of Mental Health money was moved to the IDD system because of unused CHIPP money due to vacancies.

\$22,000 of money targeted in the Information and Referral section of HSDF was transferred to address a waiting list for Meals on Wheels for individuals under the age of 60 with serious medical conditions.

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

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

1. Proof of publication;
  - a. Please attach a copy of the actual newspaper advertisement for the public hearing (see below).
  - b. When was the ad published? Thursday, May 3, 2018

- c. When was the second ad published (if applicable)? Thursday, May 3, 2018

Please attach proof of publication(s) for each public hearing.

2. Please submit a summary and/or sign-in sheet of each public hearing. (This is required whether or not there is public attendance at the hearing.) See attached.

**NOTE:** The public hearing notice for counties participating in local collaborative arrangements (LCA) should be made known to residents of all counties. Please ensure that the notice is publicized in each county participating in the LCA.

### **PART III: CROSS-COLLABORATION OF SERVICES** (Limit of 4 pages)

For each of the following, please explain how the county works collaboratively across the human services programs. Please explain how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities. Lastly, please provide any updates to the county's collaborative efforts and any new efforts planned for the coming year.

#### **Employment:**

Berks County will be implementing Project Search for the 2018-2019 school year. This is a partnership between the Office of Vocational Rehabilitation, the Berks County Intermediate Unit, Goodwill Industries, the Berks County MH/DD Program, and Penn State Health St. Joseph. Students with disabilities who are in their last year of high school will participate in the program and learn job skills through three different internship rotations with the ultimate goal of obtaining permanent employment after graduation.

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

#### **Housing:**

The Berks Coalition to End Homelessness is the Berks County Continuum of Care (CoC) Lead agency and manages the HAP funds on behalf of the County. In addition to the housing support provided through HAP funding, the CoC uses several other strategies to assure families and individuals do not return to homelessness. Connection with job and job training, life skills classes, connection to mainstream benefits all assist in boosting income. The CoC implemented SOAR in Berks County to increase access to SSI for eligible adults. The Permanent Housing Subcommittee is actively attempting to engage landlords to work with clients exiting homelessness. The CoC also receives an Emergency Solutions Grant (ESG) grant for both the City and County which in Berks County is used to rapidly move persons out of a homeless situation or to prevent an episode of

homelessness from happening, fund street outreach efforts, and support emergency shelter operations.

In addition, The Berks County Mental Health/Developmental Disabilities (MH/DD) / HealthChoices Housing Plan provides reinvestment funds for capital development projects (project-based subsidy model), tenant-based rental assistance (TBRA) and Housing Supportive Services (HSS) to persons with Mental Illness and/or Substance Use Disorders.

Service Access and Management, Inc. (SAM) operates the Clearinghouse for the Housing Plan which provides oversight of the Capital Development Units, TBRA and HSS. This program has incorporated a collaboration of services for these target populations since its inception in FY 08/09. Examples include:

- Applications for the Housing Plan are accepted from across the mental health and substance use disorder service system continuum, and are not dependent on consumers being actively engaged in treatment or services. The Clearinghouse at SAM collaborates, on an ongoing basis with other local tenant-based rental assistance programs in order to best assist consumers with their housing needs and to make maximum use of all available resources. An example would be the collaboration of the program with the Shelter+Care Program, a partnership between the Berks County MH/DD Program and the Reading Housing Authority in which eligible consumers receive a Housing Choice Voucher. For those consumers, the HealthChoices Housing Plan is able to provide the Security Deposit payment, an ineligible expense from HUD resources; however, it is allowable through the HealthChoices Housing Plan.
- The Housing Plan is able to provide utility assistance for security deposits, hook-up fees and arrears assistance for eligible consumers. This, again, would be an ineligible cost using HUD resources and thus represents another example of collaboration between service systems and providers. Additionally, the utility assistance component of the program has been able to fill in gaps and assist consumers when resources such as LIHEAP have been extinguished.
- Collaboration is also demonstrated by virtue of the Housing Director at SAM serving as a member of the Boards of both the Berks Coalition to End Homelessness and the Reading Housing Authority and as such, is able to advocate for consumers, as well as identify and implement agendas that will benefit the housing needs of the entire community.

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

##### **MENTAL HEALTH SERVICES**

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

##### **a) Program Highlights:** (Limit of 6 pages)

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 17-18.

Berks County has a continuum of behavioral health services and supports available to consumers. Protocols have been established to ensure quality assurance measures are implemented for these

services, and these quality assurance measures yield data driven analyses, and ultimately, afford the opportunity to identify gaps in resources and/or programming, in efforts to augment and enhance programming and supports for consumers within the community. The narrative for each support and/or level of care identified below contains current practices and activities that are occurring related to programmatic enhancements. Additionally, other activities and initiatives have further enhanced the service system within Berks County during Fiscal Year 2017-2018, and they are outlined below as well.

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

Continued progress has been made to gain compliance with required CCRI reporting and to correctly enroll providers rendering county funded services, in partnership with OMHSAS. In Fiscal Year 18-19, Berks County will continue to educate and collaborate with both new and existing contracted providers regarding the required encounter level reporting and respective data elements and its overall value on service data trending and outcomes.

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

Crisis Intervention Services are available to consumers twenty-four hours daily, three hundred sixty-five days annually. Outcome data regarding crisis calls, services offered to individuals, and the rate at which each service is offered is collected and analyzed. In addition to overall consumer satisfaction with Crisis Intervention services, the engagement between the Crisis Interventionist and Targeted Case Management (TCM) provider, if applicable, is monitored to ensure continuity of care and effective communication between both levels of consumer care and support. Recent survey results regarding overall consumer satisfaction have indicated that approximately 91% of persons/family members surveyed identified their level of satisfaction as either Very Satisfied or Satisfied. The Crisis Intervention Department records the reported reason for each crisis call received, as well as the assessed reason for each call, as determined by Crisis Interventionists. Non-hospital referrals and dispositions are also tracked to permit further data analyses. Individuals, whether voluntarily or involuntarily assessed, receive follow up contact from Crisis Intervention, 100% of the time, provided there is viable contact information for the consumer.

Berks County's Crisis Intervention Services averaged 1,079 contacts per month in FY 16-17, compared to an average of 1,055 contacts in FY 15-16. Additionally, to date in FY 17-18, there has been an average of 39 voluntary and 41 involuntary hospital admissions per month. It should be noted that SAM Inc. is not made aware of, nor do they track, all voluntary admissions. Data is stored related to only those contacts in which SAM, Inc. assisted in accessing inpatient level of care.

Crisis also does educational outreach to law enforcement, schools, and other community providers and partners on a regular basis to develop working relationships, provide education about the role of the Crisis Interventionist, and to distribute contact information for the Crisis team and services. The Crisis Intervention Department completed approximately 58 community outreaches and presentations in collaboration with MH/DD Executive Staff during the 16-17 FY. This increased level of outreach has resulted in an enhanced knowledge about the services the department offers and has also developed a strong and trusting relationship with community providers, allowing crisis staff to assist those providers when they come in contact with someone in need. This approach not only benefits the providers, but ultimately the individuals in need of service, by assisting them to efficiently access the services that they need.

In October of 2016, the Crisis Intervention Department expanded its services to include texting as a means of access to Crisis Intervention. This service allows community members to text directly with Crisis Interventionists, thereby allowing them to communicate anonymously and securely. During the 16-17 Fiscal Year, the Crisis Intervention staff have fielded more than 3,500 texts, and data shows the primary topic of the texts received has been Depression (27%) followed by the subject of anxiety/worry (13%). It is hopeful that by continuing to support this communication medium, the Crisis Department will continue to meet the needs of the community and that the community will see this effort as an investment in their wellbeing.

This year, the Crisis Department has collaborated with Berks Counseling Center to offer Crisis Intervention services as part of the CCBHC (Certified Community Behavioral Health Clinic). In this capacity, those connected to the CCBHC are identified, and pertinent care information is shared allowing for increased continuity of care for the individual. The Crisis Department had 72 contacts through this initiative.

Another exciting initiative for the Crisis Intervention Department during the 17-18 fiscal year was the addition of a Crisis Peer. This peer is able to connect with an individual during or after a time of crisis from the perspective of someone who has had a similar experience.

Lastly, the provider of Crisis Intervention Services for Berks County maintains accreditation with the American Association of Suicidology (AAS), as well as CARF. The Crisis Centers Division of AAS supports the work of Crisis Centers and hotlines through training, accreditation, and certification. In May of 2018, the Crisis Department has undergone their five year re-accreditation with the AAS.

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

Case management in Berks County is available to children and adults, with a specialized unit that is dedicated to justice-involved adults. Services are voluntary and are intended to offer individualized, comprehensive, and holistic service planning in various domains of the consumer's life. There are a total of 4 targeted case management entities.

Targeted case managers work to identify the necessary supports that are needed to assist individuals that are dually-diagnosed with mental health concerns, as well as substance abuse issues and/or Intellectual and Developmental Disabilities (IDD). It is imperative that targeted case managers develop positive community partnerships to be able to accurately assess consumers' needs and assist in making appropriate referrals to provider agencies that can assist consumers in working towards their recovery. One Berks County agency's TCM program was awarded an accreditation through the National Association for the Dually-Diagnosed, and was the first behavioral health program to receive the accreditation in the nation.

Case managers often work with other County agencies such as the Area Agency on Aging, to coordinate appropriate skilled nursing home placements. Case managers also monitor the necessity, effectiveness and appropriateness of those services and supports while also assessing the consumer's satisfaction. Services are provided to a consumer in the least restrictive setting while also adjusting their intensity and frequency of services according to the needs of the consumer.

Due to the involved and dedicated nature of the work that targeted case managers do, it is essential for ongoing training to be offered and required of the staff. Training is offered within the provider agencies, and from various local agencies within Berks County and the surrounding counties. Some of the required trainings that are offered include: Diversity for Employees, Motivational Interviewing, Lethality Assessment, Service Planning, Services for individuals diagnosed with dual-diagnosis disorders, among many others. The ongoing training of case managers helps to ensure that staff are knowledgeable of current and evidenced-based practices. The utilization of bilingual staff is invaluable in working with individuals, because the goal of TCM is to serve individuals in their most natural setting and in their native language. TCM case managers also have the ability to utilize Interpretalk (or another comparable resource) or a representative from Berks Deaf & Hard of Hearing Services when communicating with individuals to attempt to minimize language barriers when engaging in services.

Case management providers in Berks have individual quality improvement mechanisms. Specifically, one agency's Targeted Case Management (TCM) Services in FY 16-17 identified measureable outcomes for TCM in the following quality domains: Effectiveness, Efficiency, and Satisfaction. This provider maintains accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF), which establishes consumer focused standards to assist organizations measure and improve the quality of their programming and services. Consumer satisfaction of TCM was reported by 97% of those surveyed.

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

The hallmark of the Berks County CHIPP model is "choice" of the individual receiving services. Two (2) contracted provider agencies serve CHIPP consumers. During the Fiscal Year 2017-2018, forty (40) persons were served through CHIPP. Additionally, Berks County received new CHIPP funding, which will permit five (5) people to be discharged from Wernersville State Hospital back into the community with individualized supports in place.

Outcomes data for Berks County CHIPP consumers is collected to monitor satisfaction with quality of life, effectiveness of support services, and the value of individual support services received by participants. Data was collected through interviews with thirty-nine (39) CHIPP consumers in Fiscal Year 2016-2017 and completed by members of the Berks County Consumer Family Satisfaction Team (CFST). Members of the CFST complete the surveys face-to-face with consumers or by telephone, depending on the consumer's level of comfort.

Over 92% of CHIPP consumers surveyed in Fiscal Year 2016-2017 reported satisfaction with supports provided to them to manage daily living activities and medical needs. Approximately 97% of CHIPP consumers in Fiscal Year 2016-2017 indicated they received information about their specific mental health issues and medications and also reported comfort in seeking assistance from CHIPP staff regarding the aforementioned. Finally, in Fiscal Year 2016-2017, 92% of respondents reported believing they could recover and felt supported by CHIPP staff in reaching their personal goals.

### **Outpatient, CRR, ACT, Inpatient, Partial Hospitalization Programming (PHP) & Family Based Mental Health (FBMH) Services**

A continuum of Behavioral Health treatment services is available for county base funded consumers within Berks County. Outpatient programming, including individual, family, and group therapy, as well as psychiatric and psychological services, is offered through a contracted provider

network for county base dollar funding, and additionally, by Health Choices funded, private practitioners and private practices also. Two area provider agencies deliver Parent Child Interaction Therapy (PCIT), and DBT is available at a number of outpatient providers in the community. Various specialty treatment modalities such as EMDR are also available in the community. Telepsychiatry is offered by many outpatient providers to increase access to psychiatric practitioners. PHP is accessible to adults and youth. Youth PHP is provided based on varying levels of acuity and offers an alternative to youth at risk for inpatient psychiatric hospitalization due to difficulty functioning in school, at home and in the community or as a step-down service after inpatient care.

FBMH services are offered by four providers in the community and are provided in the home and community by a treatment team.

Two local hospitals offer inpatient treatment for adult consumers, and one has a specialized emergency room for those presenting with behavioral health concerns. Plans are underway for a new inpatient hospitalization provider to begin offering services sometime in the near future. This is exciting for the County in that youth needing inpatient psychiatric care will not need to cross County lines for treatment, as is currently the practice due to an absence of providers in the County who serve that population.

ACT services for youth and adults are available to consumers as well and are offered by two providers in Berks County.

CRR treatment services are also available to both youth and adults in Berks County. CRR youth host homes offer youth an alternative to residential placement and permit the youth to reside in a family environment while receiving treatment. Adult CRR is a viable step down from inpatient treatment for adults and permits for skills such as medication compliance to be monitored in a less restrictive setting.

Contracted providers are visited a minimum of once annually to complete an on-site monitoring visit. Data is also collected quarterly based on self-reporting by providers, and the scope of monitoring includes: sufficient staff and size for the program/service, culturally and ethnically diverse consideration, cultural competence, timely access to service and demonstration of appropriate clinical judgment, demonstration of cooperative community relationships, information sharing on service availability, clinical records maintenance, conflict resolution processes, and referral/transition planning. Additional data collected includes the number of base funded consumers present in each identified program/service on a monthly basis. There has been a consistent decrease in the number of consumers participating in base-funded outpatient services since Medicaid expansion occurred, with the most significant decrease in the use of base funds occurring after the completion of a psychiatric evaluation has occurred.

An example of Fiscal Year 16-17 data within the base network for Quarters 1 and 2 is as follows:

- Nine (9) Outpatient providers averaged 23 total assessments for base funded consumers with a lapse of fifteen (15) calendar days from the initial assessment to the first appointment.
- Four PHP providers averaged nine (9) total base funded consumers per quarter.

### **Student Assistance Program**

The primary goal of Berks County's SAP is to help students overcome barriers in order that they may achieve academic and social success, remain in school, and advance in their future

aspirations. Outcomes for the Student Assistance Program include the number of students that were linked to a treatment service, such as Outpatient services. There has been a total of 583 assessments at the end of quarter 3 for the 17-18 Fiscal Year, and about 92%, or 536 students, who received a SAP assessment, participated with at least one of the interventions or treatment options recommended. The total number at the end of quarter three of those opting out of further services was 47 students. Student and parent refusal were the primary reasons for not pursuing additional recommended services. The number of students, who are able to pursue recommended outpatient services, if indicated, is certainly enhanced by the availability of licensed satellite outpatient providers within each school district of the County. Additional bilingual SAP staff will be sought for FY 18-19 to ensure the cultural and linguistic needs of students are met.

### **Vocational/Employment Services**

Berks County offers supportive services related to seeking and maintaining employment and the subsequent acquisition of vocational skills. The goal of collecting employment and vocational rehabilitation outcomes data is to determine the average number of participants involved in the service, their frequency of participation in team meetings, and the rate of transition to competitive employment and/or education programs. Data is collected based on self-reporting by providers, and the data includes the number of referrals received as well as the resulting numbers of employment placements. Likewise, contracted providers who render these services are required to maintain adherence to guidelines and parameters set forth in the established Performance Standards Monitoring processes for contracted providers of Mental Health services within the County. Results combined across three providers for two quarters of Fiscal Year 2017-2018 indicated an average of 64 participants involved per quarter and an average of 19 program participants obtaining competitive employment per quarter.

### **Psychiatric Rehabilitation: Adults & Transition Age Youth**

The Mosaic House Clubhouse is a site based psychiatric rehabilitation program for adults with mental illness. Mosaic House continues to maintain accreditation from Clubhouse International, as well as a Psychiatric Rehabilitation license from the Office of Mental Health and Substance Abuse Services (OMHSAS). All current members of Mosaic House have English as their primary language. However, cultural competency of all employees is a priority for Mosaic House, which is demonstrated through required diversity training. Also, addressing cultural considerations of all members at intake is completed. Currently, three staff (43%) have their CPRP (Certified Psychiatric Rehabilitation Practitioner) certification. All staff are required to take 12 hours of Orientation to Psychiatric Rehabilitation to ensure a base of knowledge regarding psychiatric rehabilitation upon hire, and additionally, staff are also required to take 18 hours of psychiatric rehabilitation trainings per year to maintain growth and knowledge.

Thus far, during Fiscal Year 17-18, the Clubhouse has had 32 admissions and an average daily attendance of 38 members. Mosaic House has maintained five Transitional Employment opportunity sites during this period, and 6 members have held a TE position. In addition, 10 members have secured independent employment, 3 are involved in a supported employment situation, and 19 have participated in volunteer opportunities that have been organized and supported by the clubhouse.

Hope Springs Clubhouse is a satellite program of Mosaic House that serves 16 – 30 year olds who are struggling with mental health conditions. Hope Springs is the first transitional age clubhouse in Pennsylvania. The program received the Innovation in Service Award at the 2018 Children's

Interagency Conference. The Manager of Hope Springs holds the CPRP certification, as well as the Child & Family Resiliency Practitioner (CFRP.) Likewise, Hope Springs currently employs one full-time Psychiatric Rehabilitation Specialist who has obtained the CFRP. The clubhouse's part-time Psychiatric Rehabilitation Worker is a Certified Peer Specialist. Due to membership growth in the program, Hope Springs added an additional full-time Psychiatric Worker position in April of 2018. Hope Springs Clubhouse staff have all attended the Orientation to Psychiatric Rehabilitation and the PR Documentation courses. Staff regularly attend continuing education trainings provided by Drexel University, Reading Hospital, and local organizations. The staff also regularly attend, participate, and present at local and state level conferences that relate to psychiatric rehabilitation and serving youth and young adults. All Hope Springs Clubhouse members' primary language is English, and all of the clubhouse staff are fluent in English. Though none of the staff are bilingual, staff continue to promote diversity by asking members on a regular basis about their cultural needs and attending cultural competency trainings.

The clubhouse currently operates on a 44 hour week, consisting of extended hours on Mondays and Wednesdays to meet the needs of the members in the transitional age population. Hope Springs Clubhouse has had 30 admissions in the 2017-2018 year (to date). During this time, the average daily attendance has been 9.98 members per day, and in March, the average daily attendance increased to 11.9 members per day. Hope Springs Clubhouse currently has 33 active members, with a total lifetime membership of 88.

### **Social Rehabilitation**

Circle of Friends (COF) provides mental health consumers with educational, recreational, and socialization opportunities, as well as offers assistance to mental health consumers in accessing basic services. Outcomes for Social Rehabilitation through COF, in terms of provision of opportunities, are measured through the results of an annual member survey administered to attending consumers, the number of activities/field trip opportunities, and the number of consumers participating in each activity. Outcomes for this program regarding the provision of assistance in accessing basic services are measured by the number of contact/meetings case management staff engages with consumers at COF, as well as data from the annual member survey. COF outcomes demonstrate service reauthorizations for 207 consumers for Fiscal Year 2016-2017 and authorizations for 97 new consumers. 34,380.75 hours of consumer services were provided in FY 2016-2017. The average daily attendance was 50 consumers, with a monthly average of 125 consumers.

The 2017 Member Survey reports that 69% of authorized consumers attend the center on a daily basis. In addition, 74% of consumers reported being better able to manage daily challenges, with 97% able to speak to staff and be heard, 97% feeling welcomed, and 68% stating that staff members have been able to help with resources and contact information. Outcomes also demonstrate that consumers are participating in opportunities and activities, and that such participation has increased within the last year. All of the consumers surveyed have participated in the center's socialization and recreational activities, which included watching TV/movies, playing bingo, playing games, participation in pool tournaments, and computer usage, to name a few.

Additional outcomes obtained from the Consumer Action Committee (CAC) demonstrate an average of 4-5 consumers participated in planning activities, as well as assisted with decorating the facility, and aided with the clarification of center regulations. 778 documented meetings were held at the center between consumers and case managers for FY 2016-2017, which is an increase

of over one hundred meetings from the prior fiscal year. The program has plans to expand and will possibly be the recipient of HealthChoices reinvestment monies which will permit expansion and relocation to ultimately enhance the quality of programming available to Berks County program attendees.

**b) Strengths and Needs:** (Limit of 8 pages)

Please identify the strengths and needs of the county/joiner service system specific to each of the following target populations served by the behavioral health system. When completing this assessment, consider any health disparities impacting each population. Additional information regarding health disparities is available at <https://www.samhsa.gov/health-disparities>.

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

- Strengths: The Area Agency on Aging (AAA) and Mental Health/Developmental Disabilities (MH/DD) Program Staff remain under the leadership of one department head. Crisis staff and Aging case managers continue to make joint visits to older adults when it is unclear which services are best suited to support the individual. Working together to identify the services best suited to support individuals in the community, staff makes referrals as needed. The health and safety needs of the individual are assessed. Future concerns are also taken into consideration in a plan for care. Individuals are referred to Older Adult trained Certified Peer Specialists as needed.
- Needs: A lack of nursing home treatment options for older adults with medical problems that no longer require a State Hospital level of mental health care remains a barrier. A Dementia diagnoses also remains a barrier for placement of older adults living in the community, at Wernersville State Hospital or in jail with or without an additional mental health diagnosis.

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

- Strengths: Berks County continues to offer numerous services for this age group: Inpatient, Partial Hospitalization, Outpatient, Case Management, Site Based and Mobile Psychiatric Rehabilitation, CRR, Social Rehabilitation, ACT, Telepsychiatry, DDTT and Peer Support. There is a new provider, Acadia that is interested in building an inpatient behavioral health facility in Berks County in the coming year.
- Needs: The Program continues to explore access to psychiatric care. Individuals with complex medical problems, developmental disabilities and individuals with acute mental health concerns from a prison setting need more options for resources than what is currently available. A discussion with Acadia and Lancaster Behavioral Health regarding each of these issues has begun as well as the need for additional extended acute care beds.

- **Transition-age Youth (ages 18-26)** - Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.

- Strengths: Berks HealthChoices submitted the Youth and Young Adult (YYA) Transition to Independence Pilot Reinvestment Plan in March 2018. The purpose was to develop a pilot program for 18-25 year olds transitioning out of HealthChoices/CYS placements with little to no family support/community resources and without the skills to live independently. The plan will allocate \$1,047,246 for 2 years and will be used for purchasing and renovation a building to house the YYS, fixed assets and staffing costs. A mental health provider will be identified through a Request for Proposal (RFP) process to be issued by Community Care Behavioral Health. Each accepted proposal will require a detailed budget description that outlines proposed expenditures. The provider will purchase a building, located on a bus route and accessible to community resources, that can house between 4-6 YYA in a mix of single and double bedrooms. Comprehensive treatment and support services will be offered with the goal of preparing these consumers to live on their own successfully. Berks HealthChoices will work on getting this program licensed and funded by HealthChoices.
- Needs: Housing resources and maintaining of housing for this age group continues to be a challenge.
- **Children (under 18)-** Counties are encouraged to include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.
  - Strengths: Berks County continues to have a robust respite program as it continues to be a HealthChoices funded Reinvestment Project. Allowing children and their families' access to convenient outpatient services continues to be a priority as there are a total of 89 school satellite programs that have been brought into the network. In addition, children in detention/shelter have access to psychiatric and outpatient services. The SCA continues to manage the SAP money with dual competent (MH/D/A) providers. This ensures that only one assessment is necessary for each child referred. Inter-agency collaboration and team meetings continue under the direction of the CASSP coordinator for more challenging cases. Berks County also has a Parent Partner whose role is to help families navigate the child serving system. There were a total of 38 families served in the last fiscal year.
  - Needs: There is an ongoing need for IRT Host Homes who have an expertise in sexual acting out behaviors or will serve one individual child at a time.

Identify the strengths and needs of the county/joiner service system (including any health disparities) specific to each of the following special/underserved populations. If the county does not currently serve a particular population, please indicate and note any plans for developing services for that population.

- **Individuals transitioning out of state hospitals**

- Strengths: Berks County offers a wide range of services to individuals transitioning out of Wernersville State Hospital (WeSH) which include: CHIPP, Project Transition, Community Residential Rehabilitation Programming, Blended Case Management, Forensic Blended Case Management, Intellectual and Developmental Disability (IDD) Supports Coordinators, Service Coordinators working within the Office of Long Term Living (OLTL) to serve the older adult population, Certified Peer Specialist Support Services trained to work with the Aging, Forensic, Veteran, Bi-lingual and multicultural populations. There are two Assertive Community Treatment Teams, 24 hour Crisis (Mobile, Walk-In, Phone, and Text Line), a Dual Diagnosis Treatment Team (DDTT) for Intellectual and Developmental Disability consumers with Mental Health diagnoses, Psychiatric Emergency Service Unit related Services (PES), two Psychiatric Rehabilitation Clubhouses (Mosaic House and Hope Springs), a Drop In Center, a local Physical Health/Behavioral Health Project, mobile psychiatric rehabilitation services, telepsychiatry and mobile mental health treatment offered to both English and Spanish speaking individuals. In addition, there is integrated treatment for mental health and substance abuse disorders, partial hospitalization programs, outpatient treatment providers, Dialectical Behavior Therapy, and Supportive Employment. For the older adult population transitioning from WeSH, assessments from the Berks County Area on Aging can result in additional services such as: home delivered meals, participation at senior center, Older Adult Protective Services, Home and Community Based services and assistance with finding appropriate housing. The MH/DD HealthChoices Housing Plan is also an option for these individuals.
  - Needs: Housing with a supportive component, especially for those individuals with complex physical health needs, continues to be a challenge. Berks County would like a third CHIPP provider, but several recent attempts to recruit have not been successful.
- **Co-occurring mental health/substance use disorder**
    - Strengths: Providing dual treatment for mental health and substance abuse remains a priority for Berks County. Several housing programs are available for both men and women along with case management services for individuals with dual diagnoses. Both ACT teams (Adult and Transition Age Youth) have staff available to provide appropriate treatment for this population. SAMHSA selected PA as 1 of 8 states to develop a demonstration project for the Certified Community Behavioral Health Clinic (CCBHC). The CCBHC began in July of 2017 with a local Berks County Provider-Berks Counseling Center. It is designed to provide a comprehensive range of mental health and substance use disorder services. Care coordination is the key to ensure that there is improvement over existing services. CCBHC's need to utilize evidence-based practices and they may contract out for other services. BCC sub-contracts with Services Access and Management, Inc. for crisis (after hours) and with Threshold Rehabilitation Services for site-based psychiatric rehabilitation. CCBHC's report on various quality measures to OMHSAS. This is a HealthChoices billable service and providers are paid through a fixed daily encounter rate representing an all-inclusive rate. Berks HealthChoices and Community Care have had regular

meetings with BCC to review progress. As of December 2017, BCC served 770 consumers in this project.

- Needs: There are a limited number of dual providers in the Berks system and the Program has spoken with Acadia about these needs in planning services for the future.
- **Justice-involved Individuals-** Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for justice-involved individuals to include diversionary services that prevent further involvement within the criminal justice system as well as reentry services to support successful community reintegration.
  - Strengths: The Berks County MH/DD Program and Service Access and Management, Inc. (SAM) have worked to expand the services available to justice-involved individuals through the development of a Forensic Provider Network. One component of this expansion has been the development of a Targeted Case Management Unit (TCM) within SAM, Inc. that works specifically with justice-involved adults. The program accepts referrals within thirty days of release from incarceration, so that blended case management staff can assist individuals to reinstate medical benefits, obtain psychiatric and outpatient therapy appointment, and work on individualized goal planning after individuals are released from prison. The program is run as a traditional targeted case management program while offering specialized training and support to staff. Since the inception of the program in August of 2016, the Forensic TCM staff have served 346 individuals, with 41 of those individuals returning to jail for more than 60 days. In addition to a specialized Forensic Case Management Unit, the Berks County MH/DD Program has collaborated with SAM, Inc. to continue to offer the Berks County Forensic Diversion Program. This program was designed to divert and serve individuals with mental health concerns. One option in use is unsecured bail with conditions for treatment. This has allowed individuals to be treated in the community, keeping their insurance intact, while eliminating or reducing jail time. The Diversion specialist reports that in the past year, 41 individuals were diverted from jail. Only 3 individuals were re-arrested during the course of their diversion plan. The specialist incorporates treatment options, case management, and referrals for Certified Peer Specialists (CPS) into the diversion plans. There are currently 5 providers who run Certified Peer Specialist Programs. 11 staff are trained to work with justice-involved individuals. Within the past year, SAM has been licensed to operate as the fifth CPS provider and began offering Forensic Peer Specialist services to individuals in the community. Staff emphasizes WRAP planning and individual recovery goals. Within the jail, the CPS staff places emphasis on support, coping skills, and WRAP planning in order to prepare individuals for their release from the jail. The components of the Forensic Provider Network could not be possible without the dedication of individuals within the community offering support and collaboration. The Forensic Coalition was established to increase the lines of communication among the provider network. The coalition is comprised of various community entities and law enforcement officials, ranging from local psychiatrists and outpatient providers to the chiefs of various law enforcement departments. All of the services available to the justice-involved

individuals are voluntary, so it is crucial to have a team of professionals who are dedicated to serving this population with the ultimate goal of reducing hospitalizations and incarceration.

- Needs: The Berks County MH/DD Program, in collaboration with SAM will be expanding the services offered by the Forensic Blended Case Managers to target juveniles involved with the criminal justice system. Plans exist to add one additional staff member to be able to offer these enhanced programs to the juvenile population of Berks County. Collaboration is key between Juvenile Probation, the Abraxas Detention Center, and the current outpatient provider who is licensed to operate outpatient services to place youth with the facility.

- **Veterans**

- Strengths: Berks County is in the Lebanon VA catchment area and the MH/DD Program continues to work with the staff at the local Berks County Veterans Center to link Berks County Veterans with appropriate services. The Program has brought training regarding Crisis Services to the local VA program to inform staff there of services available in Berks County.
- Needs: Our Crisis Department continues to have difficulty accessing VA services in the evening and on the weekends so there needs to be ongoing discussion regarding this matter.

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

- Strengths: The MH/DD Program through the Healthy Transition Grant partnered with the Berks County Intermediate Unit for their Keeping Kids Safe symposium which was entitled “Navigating Gender Identity Issues – Equality for All Students”? Almost 200 educators and providers attended the symposium. Through the Healthy Transitions grant, Berks County is also helping to fund a local support group called Spectrum for 14-24 year olds who identify as LGBTQ.
- Needs: Continued awareness and education is needed for school districts and provider agencies to ensure that they are delivering services to this population in a culturally competent manner.

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

- Strengths: Many providers employ Spanish speaking staff that are both bi-lingual and bi-cultural. All providers are required to have access to means to translate for the consumers they serve.
- Needs: The need for professionals who are bi-lingual, particularly psychiatrists, remains in Berks. Providers continue to search for additional staff.

- **Other (specify), if any** (including Tribal groups, people living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury, Fetal Alcohol Spectrum Disorders)
  - Strengths: Fetal Alcohol Spectrum Disorders are a challenge and we have reached out to the Health Care Quality Unit to provide regular trainings to staff and providers to improve the level of understanding and treatment for individuals with this diagnosis.
  - Needs: It is difficult to find providers willing to treat individuals with Traumatic Brain Injury.

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

Yes     No

If yes, please describe the CLC training being used. Descriptions should include training content/topics covered, frequency training is offered, and vendor utilized (if applicable). If no, Counties may include descriptions of any plans to implement CLC Trainings in the future. (Limit of 1 page)

The County has not formerly adopted a standardized training requirement for contracted providers. Each provider is monitored by OMHSAS, HealthChoices, and County, and other respective funding sources for compliance with consumer's access to culturally sensitive services. Providers who are contracted with Berks County are monitored for adherence to OMAP Bulletin 99-17-11. Additionally, contracted county mental health providers must assess and incorporate cultural and linguistic needs and strengths within their assessments and treatment planning activities. Training requirements of contracted providers also stipulate that annual Cultural Competency training must be included within their training curriculum.

**Does the county currently have any suicide prevention initiatives?**

Yes     No

If yes, please describe. Counties without current suicide prevention initiatives may also describe plans to implement future initiatives in the coming fiscal year. (Limit of 1 page)

Berks County Mental Health/Developmental Disabilities Program in conjunction with Reading Hospital developed a Suicide Prevention Task Force in 2015 with representatives from our local hospitals, Service Access & Management Crisis department, EMS, police, schools, Council On Chemical Abuse (COCA) the Single County Authority (SCA), Children & Youth, the coroner's office, the Red Cross, Greater Reading Mental Health Alliance, NAMI, The Reading Eagle, Clergy, Juvenile Probation, Co-County Wellness, Berks County Intermediate Unit (BCIU), Berks County Area Agency on Aging and the Mental Health/Developmental Disabilities Program.

The first step was to develop the following Mission Statement: "Community Leaders collaborating to reduce suicide in Berks County through advocacy, education and the reduction of stigma surrounding mental illness and suicide". There is a sub-committee working on increasing public awareness and providing on-going education through public service announcements, distribution

of information and participation in community events. Task Force members volunteer their time at community events, review statistics on an on-going basis to identify possible trends and offer feedback and suggestions to improve the outreach of the task force .A web page - <http://www.ruokberks.com/> has been developed to improve outreach to the community.

The Task Force has created information and resources for the general public, schools, police and EMS. Laminated cards with simple questions for use by police and others has been developed to identify risk level for suicide, enabling those individuals to seek additional assistance for the individuals at risk of attempting suicide. The Program has subsidized a local theatre group to present the play “Between Apartment 2-B and the End Zone” to numerous school districts within the County. This is an original drama presented by teens and young adults which takes a frank look at teen suicide.

The Task Force sponsored and presented information and resources at such activities as local 5 K races, school and community health programs and sporting events. Recently, the Task Force participated in National Crime Victims’ Rights Week and has plans to be a presence at the 2nd annual National Senior Health and Fitness Day for Berks 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 (CHIPP), 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
Beacon House	HC Reinvestment	N/A	N/A	2	2	2	20		2010
Elm View	HC	N/A	N/A	4	N/A	4	15		2011

	Reinvestment								
East Lancaster Avenue	HC Reinvestment, bank loan, grant from Federal HOME Program	N/A	N/A	2	4	4	30		2012
Big Mill	HC Reinvestment and bank loan	N/A	N/A	9	12	12	15		2016
Notes:	Elm View was sold in June 2017 and the prorated funds of \$268,066 were returned to Berks HealthChoices, who in turn provided it to Service Access and Management, Inc. (SAM) for rental assistance.								

<b>2. Bridge Rental Subsidy Program for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.</b>									
	*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
	HC Reinvestment	\$463,879	\$412,000	129	140	129	\$440	21	FY 08-09
Notes:									

<b>3. Master Leasing (ML) Program for Behavioral Health</b>					<input type="checkbox"/> Check if available in the county and complete the section.				
<b>Leasing units from private owners and then subleasing and subsidizing these units to consumers.</b>									
	*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
Notes:	N/A								

<b>4. Housing Clearinghouse for Behavioral Health</b>					<input checked="" type="checkbox"/> Check if available in the county and complete the section.				
<b>An agency that coordinates and manages permanent supportive housing opportunities.</b>									
	*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
	HC Reinvestment	\$161,142	\$170,493	181	185			2	FY 08-09

Notes:									

<b>5. Housing Support Services for Behavioral Health</b>	<input checked="" type="checkbox"/> Check if available in the county and complete the section.
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**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
	HC Reinvestment	\$112,595	\$138,421	119	88			1.57	FY 08-09

Notes:									
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<b>6. Housing Contingency Funds for Behavioral Health</b>	<input checked="" type="checkbox"/> Check if available in the county and complete the section.
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**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
	HC Reinvestment	\$60,151	\$55,000	52	45			\$1,133	FY 08-09
Notes:									

7. Other: Identify the Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
<p><b>Project Based Operating Assistance (PBOA)</b> 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); <b>Fairweather Lodge (FWL)</b> 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); <b>CRR Conversion</b> (as described in the CRR Conversion Protocol ), <b>other</b>.</p>									
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	
Notes: N/A									

**d) Recovery-Oriented Systems Transformation:** (Limit of 5 pages)

Based on the strengths and needs reported above in section (b), identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 18-19 at current funding levels. For **each** transformation priority, provide:

- A brief narrative description of the priority including action steps for the current fiscal year.
- A timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion.
- Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).
- A plan/mechanism for tracking implementation of priorities.

**1. Stepping Up Initiative**

**Narrative including action steps:** The National Stepping Up Initiative Resolution was signed by the County Commissioners in 2015 with the intent of meeting six key objectives to reduce the incarceration of the mentally ill. The objectives include:

- 1) Secure committed team leadership – the commissioners have shared their intent and various County departments and Providers in the County are working together to facilitate the diversion of the mentally ill into treatment versus incarceration. The Program continues to provide education to police, EMS, first responders, etc. to improve buy in from their leadership in relation to treatment versus incarceration. A Forensic Coalition was developed with members from community providers willing to serve the forensic population, Berks county Jail System (BCJS) management, Adult and Juvenile Probation, State Probation employees, Forensic Case Management and the Mental Health and Developmental Disabilities Program.
- 2) Ensure implementation of timely screening and assessments – with the reorganization of the Diversion Specialist into the Forensic Case Management Program, individuals are being screened and assessed for possible diversion in a more timely manner as forensic case managers also have access to individuals they can refer to the Diversion Specialist.
- 3) Obtain baseline data – additional data is being collected from BCJS as forensic case management and certified forensic peer support staff see individuals in the jail setting and can assist individuals in setting goals, signing up for Medical Assistance and planning for release with ongoing treatment to provide stability and reduce recidivism. The data gathered at the jail builds on the data collected from the Diversion Specialist over the past six years.
- 4) Complete a comprehensive process analysis and inventory of services – the County completed a Cross Systems Mapping update in 2015 with numerous stakeholders participating and continues to add services as needed such as the forensic case management and the certified forensic peer support. In time, additional services may be identified through ongoing discussion in the quarterly Forensic Coalition meetings.
- 5) Prioritize policy, practice and funding improvements – a core group was established to identify and create priorities, develop policies as well as explore funding as a result of the Data Driven Justice Initiative. This is an ongoing process with funding for services like peer support in the jail coming from base funds and retained earnings. HealthChoices funds peer support services once the individual is released from jail and qualifies for Medical Assistance.

6) Identify strategies to track and evaluate progress – Berks County was fortunate to be chosen as a participant in the Data-Driven Justice and Behavioral Health Initiative in September 2017 and the Program is in the process of gathering data, identifying measures of success and reviewing the costs for instituting the Open Lattice system for collecting data to identify top consumers of services across all systems. Through the use of the Open Lattice Platform staff will be able to identify those individuals that utilize the most services at each intercept and through review of the data identify what services would best serve these individuals to reduce their impact on the judicial system and improve their personal outcomes by getting them the Behavioral Health services that they need.

**Timeline:** Forensic case management, certified forensic peer support and the diversion specialist will track recidivism of individuals served throughout the coming year. The program continues to work with the warden regarding bringing certified forensic peer support group sessions (in addition to individual sessions) into the jail in the coming fiscal year. In order to better track data, the Program is in the planning sessions to purchase the Open Lattice system. At this time, the purchase is dependent on completion of contracts. Once acquired, Phase 1 of implementing the system will include project planning, preparation, and kick-off of the project. Phase 2 will establish data integration processes across County systems in order to seamlessly collect data. Phase 3 will involve the identification of high-utilizers of various services across the County. Training and documentation for users will also take place in Phase 3.

**Fiscal and Other Resources:** Base funds are used for individuals to receive services until they qualify for Medical Assistance and HealthChoices funding. Base funds or retained earnings will be used for outreach in the jail. Retained earnings continue to be used for formal training of staff, police, EMS, first responders and housing providers. Speakers at provider meetings have been supplied by our BH-MCO, CCBH or come from local providers who have volunteered their time to provide education to staff, families, police, etc. Outreach to the judicial system, police, probation, etc. has been done by members of the MH/DD Program staff as part of our duties. Outreach, education and tracking is done by staff in the course of their daily work responsibilities. MH/DD and HealthChoices funding will be used to implement the Open Lattice System for collecting data across various programs.

**Tracking Mechanism:** Forensic case management, forensic certified peer specialist and the diversion specialist will report monthly statistics to the Mental Health and Development Disabilities Program through established reporting methods. Yearly reviews will continue to identify any additional information that needs to be tracked and reported. The Open Lattice system will collect data across various County programs such as MH/DD, HealthChoices, BCJS, Adult Probation, etc. It is not known to the full extent what data can be extracted with other systems across the County.

## 2. Hearing Voices

**Narrative including action steps:** This training was developed by Pat Deegan, PhD to simulate the experience of hearing distressing voices for mental health and social service professionals, as well as first responders. MH/DD wants to ensure that these individuals continue to have access to this training.

**Timeline:** This training will be scheduled twice, at a minimum, in FY 18-19. Simulation exercises are designed to ensure the highest degree of relevance to participants; therefore, each training is agency

specific and tailored to the agency's needs. Announcements are made at least semi-annually at both the MH/DD and HealthChoices Provider meetings to solicit interest in this experiential training.

**Fiscal and Other Resources:** There is no cost for this training. Existing MH/DD, HealthChoices, and CCBH staff facilitates the training.

**Tracking Mechanism:** Course evaluations are provided at the end of the training.

### 3. Youth and Young Adults

**Narrative including action steps:** Berks County has been engaged in the Healthy Transitions grant since October of 2014. Through the grant, we have been able to partner with local providers to establish a Site Based Psychiatric Rehabilitation Clubhouse specifically for individuals ages 16-30, and expand Certified Peer Support Specialists and Mobile Psychiatric Rehabilitation services to ages 16&17.

The PA Healthy Transitions Partnership has also been busy expanding and creating services and supports for youth and young adults. The Pennsylvania Healthy Transitions Partnership is on a journey to capture authentic youth voice across the Commonwealth of PA, which will guide and inform system partners in working with transition age youth and young adults in the future. The statewide staff have started this process by creating the PA Healthy Transitions Partnership Youth and Young Adult Network. The Network is a safe space for the youth and young adult recipients of services, or youth and young adult Healthy Transitions staff, in the three learning laboratories to come together as a community and build their leadership, and professional and personal development skills. This youth driven group is facilitated by statewide Youth Coordinator, Lex Gingell and Youth Support Partner Specialist, Chad Owens. Since April 2016, the Network has grown to nearly 100 youth and young adults. The group meets in-person at their sites quarterly, assembles virtually via Nearpod in between months, connects on a private social media platform, and communicates in between by calling and text message. Currently, the Network is working to identify strengths and challenges to distinguish areas for future personal growth and leadership development opportunities within their counties and statewide.

Berks County MH/DD will partner with Community Care Behavioral Health to continue to work of the Network following the conclusion of the grant by hiring a Youth Engagement Specialist (YES). The YES will be responsible for the Network activities as well as act as an agent of meaningful change in partnership with providers, youth organizations, youth allies and system advisors to foster an environment where youth are true equal partners in their own treatment as well as in the creation and improvement of youth friendly policies and practices.

**Timeline:** The Youth Engagement Specialist will be hired by September 2018.

**Fiscal and Other Resources:** The SAMHSA Healthy Transitions grant will fund all expenses related to the Youth Engagement Specialist position from time of hire until the conclusion of the grant on September 30, 2019. Community Care Behavioral Health will assume all expenses for this position beginning October 1, 2019.

**Tracking Mechanism:** Community Care Behavioral Health will provide quarterly reports to the County regarding the activities of the Youth Engagement Specialist.



**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 checked="" 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	<input type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Residential Treatment Facility	<input type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Respite	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" 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	Yes	HC-146 Base-5	TMCACT	Berks HC and MCO	Annually	No	Yes	
Supportive Housing	Yes	HC-181 Base-41						HC Reinvestment
Supported Employment	Yes	Base-78						Include # Employed-78
Integrated Treatment for Co-occurring Disorders (MH/SA)	Yes	HC-666 Base-18	OQ45 and PHQ9	Agency	Quarterly	No	Yes	
Illness Management/ Recovery	Yes	100 per BCC provider count	OQ45	Agency	Quarterly	Yes	Yes	HC unable to determine distinct members served due to service not tracked by specific billing codes.
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	Yes	HC-39						
Multisystemic Therapy	Yes	HC-34	TAM-R and SAM-R	MST Institute	Quarterly	No	Yes	
Functional Family Therapy	No							
Family Psycho-Education	No							

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

**To access SAMHSA's EBP toolkits:**

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

**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
<b>Consumer/Family Satisfaction Team</b>	<b>Yes</b>	HC-256, Base-39	
<b>Compeer</b>	<b>No</b>		
<b>Fairweather Lodge</b>	<b>No</b>		
<b>MA Funded Certified Peer Specialist- Total**</b>	<b>Yes</b>	HC-516	
<b>CPS Services for Transition Age Youth</b>	<b>Yes</b>	HC-75	
<b>CPS Services for Older Adults</b>	<b>Yes</b>	HC-46	
<b>Other Funded Certified Peer Specialist- Total**</b>	<b>Yes</b>	Base-10	
<b>CPS Services for Transition Age Youth</b>	<b>Yes</b>	Base-3	
<b>CPS Services for Older Adults</b>	<b>Yes</b>	Base-7	
<b>Dialectical Behavioral Therapy</b>	<b>Yes</b>	HC-1,295	
<b>Mobile Meds</b>	<b>Yes</b>	HC-56	Mobile Therapy only
<b>Wellness Recovery Action Plan (WRAP)</b>	<b>Yes</b>	Base-75	
<b>High Fidelity Wrap Around/Joint Planning Team</b>	<b>No</b>		
<b>Shared Decision Making</b>	<b>Yes</b>	HC-582	
<b>Psychiatric Rehabilitation Services (including clubhouse)</b>	<b>Yes</b>	HC-270, Base-17	
<b>Self-Directed Care</b>	<b>No</b>		
<b>Supported Education</b>	<b>No</b>		
<b>Treatment of Depression in Older Adults</b>	<b>Yes</b>	HC-542, Base-2	
<b>Consumer Operated Services</b>	<b>No</b>		
<b>Parent Child Interaction Therapy</b>	<b>Yes</b>	HC-18	
<b>Sanctuary</b>	<b>Yes</b>	HC-724	
<b>Trauma Focused Cognitive Behavioral Therapy</b>	<b>Yes</b>		HC unable to determine distinct to determine members served due to service not tracked by specific billing codes
<b>Eye Movement Desensitization And Reprocessing (EMDR)</b>	<b>Yes</b>		HC unable to determine distinct members served due to service not tracked by specific billing codes
<b>First Episode Psychosis Coordinated Specialty Care</b>	<b>No</b>		
<b>Other (Specify)</b>	<b>N/A</b>		

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

\*\*Include CPS services provided to all age groups in Total, including those in the age break outs for TAY and OA below

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

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

**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

<b>Total Number of CPSs Employed</b>	<b>48</b>
<b>Number Full Time (30 hours or more)</b>	<b>23</b>
<b>Number Part Time (Under 30 hours)</b>	<b>25</b>

**INTELLECTUAL DISABILITY SERVICES**

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

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

With that in mind, describe the continuum of services to enrolled individuals with an intellectual disability and autism within the county. In a narrative format, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. In completing the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or

block grant funds except for the Administration category. Administrative expenditures should be included for both base/block grant and waiver administrative funds.

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

### Individuals Served

	<i>Estimated Individuals served in FY 17-18</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 18-19</i>	<i>Percent of total Individuals Served</i>
Supported Employment	29	0.016%	29	0.015%
Pre-Vocational	5	0.003%	5	0.003%
Community participation	10	0.006%	10	0.005%
Base Funded Supports Coordination	683	37.672%	683	35.947%
Residential (6400)/unlicensed	9	0.005%	8	0.004%
Life sharing (6500)/unlicensed	5	0.003%	5	0.003%
PDS/AWC	94	0.052%	94	0.049%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	36	0.020%	36	0.019%

**Supported Employment:** “Employment First” is the policy of all commonwealth executive branch agencies under the jurisdiction of the governor. Therefore, ODP is strongly committed to competitive integrated employment for all.

- Please describe the services that are currently available in your county such as discovery, customized employment, etc.
- Identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may assist the county in establishing employment growth activities.
- Please add specifics regarding the Employment Pilot if your county is a participant.

The Berks County Developmental Disability System remains committed to the Governor's Employment First Policy. Program staff works closely with the Office of Vocational Rehabilitation and other local community partners to increase opportunities for transition age youth and adults. Conversations continue with OVR to better coordinate referrals, however, staffing issues within that system remain a barrier. People requesting authorization for Job Finding Service are directed to the Office of Vocational Rehabilitation prior to requesting the service via Base funds. The program remains committed to competitive employment initiatives by encouraging individuals to move from Pre-Vocational Services to Transitional Work Services in efforts to move toward competitive employment. Despite these efforts, very few people were authorized for Supported Employment. This is attributed to delays within the OVR system and the shortage of base funding in the current fiscal year.

Berks County is fortunate to work with several agencies that provide employment supports. One provider completed an intensive training effort to certify all of their staff in the Discovery and Customized Employment Model. Another is working toward this as well, but in a slower-paced process. Both, however, are committed to this method of implementation of competitive employment opportunities. Other providers continue to work through the requirements related to Community Participation as well as revising their own internal processes. The AE continues to assist provider Leadership to ensure they remain abreast of best practices in this area. All agencies, along with OVR and local SCOs, participate in a local Employment First Workgroup. This has served as a vehicle to share information and assist providers to gain a better understanding of the changing requirements. In order to move to a higher level of employment supports for all, this local workgroup will become increasingly more important.

The Berks AE continues to participate in a collaborative effort with The Office of Vocational Rehabilitation and the Berks County Intermediate Unit in support of a Project Search Program. The local Project Search housed within a local manufacturing company unfortunately did not operate in the past two years. Conversations however continued and the program will be back in operation at a local hospital. The Project Search Team will be trained utilizing Retained Earnings. This revised program will allow students in their last year of high school to receive training and work experience in a variety of functions within a local health care system. This will allow participating students with Intellectual Disabilities and/or Autism to graduate with some unique skills and a competitive edge in the market. The Project Search Board and the Berks County MH/DD Program are very supportive of this program and look forward to its initiation in the next school year.

The Program continues to actively participate in Employment Coalition Meetings via continued collaboration with the Berks County Transition Coordinating Council (BCTCC). The Council has representation from local School Districts, the Berks County Intermediate Unit, Office of Vocational Rehabilitation, and local Supported Employment agencies. A member of the Berks Administrative Entity has served in a leadership position on the Council for several years. Because of this, the local educational system and other partners are very educated about the requirements of entry into the system supporting people with Developmental Disabilities and Autism. During the past year there have been several presentations on this topic, including the opportunity to talk directly with a group of school psychologists. This will no doubt create a transition experience for students.

The program also has staff representation at the Work Partners Leadership Program which is a local partnership between Berks Career and Technology Center and the Office of Vocational Rehabilitation. This partnership provides career planning services and related work experiences via the Service Occupations Program. The Reading/Muhlenberg Vo-Tech Service Occupations class

room also follows a similar model to the Work Partners program; both of which are designed to result in successful and sustainable competitive employment. The program has staff representation on the Reading/Muhlenberg Vo-Tech Service Occupations Advisory Committee as well.

Berks County is very committed to moving forward with Employment First opportunities. Staff continues to participate in employment webinars and training opportunities. In the coming year, the program hopes to increase efforts in sharing information and supporting individuals and their families in making the decision to become employed.

### **Supports Coordination:**

- Describe how the county will assist the supports coordination organization (SCO) to engage individuals and families in a conversation to explore the communities of practice /supporting family's model using the life course tools to link individuals to resources available to anyone in the community.
- Describe how the county will assist supports coordinators to effectively engage and plan for individuals on the waiting list.  
Describe the collaborative efforts the county will utilize to assist SCO's with promoting self-direction.

Berks County currently has six local Supports Coordination Organizations. In order to ensure consistency and expectations, information is consistently shared through emails, meetings and training opportunities. Quarterly meetings are held to further discuss the County's commitment to efforts to promote Employment, building Social Capital and Supporting Families. In the current year, much of the discussion has been focused on gaining a better understanding of revisions to the Waiver. Recently, the Berks AE held training for SCO Leadership to communicate the commitment to the Lifecourse Tools and Supporting Families. In the coming year, the AE would like to build upon that commitment and will continue to emphasize the importance of building Social Capital to enhance community life and the use of LifeCourse Framework. At least one SCO has reached out to ODP to schedule training for all staff. The Berks AE will encourage use of the Life Course Tools as they know it will help create and/or enhance the vision of family members. The AE will also work to develop their relationship with the PA Family Network to begin to assist families to communicate their vision for the future. Use of the Lifecourse Tools will help all individuals, especially those receiving TSM and little service time.

The AE will also ensure that SCOs working within Berks County receive training and have the capacity to support additional people with Autism. All providers feel they are on their way to being prepared but do require additional training. All are committed to providing the service and have the capacity to grow as the numbers of addition people to serve becomes clear. This, will no doubt, be a constant topic of discussion at future meetings.

All individuals receiving services are presented with the opportunity to self-direct their services. This is evident by the high number of people utilizing Agency with Choice and the Fiscal/Vendor Model. Several people have also begun to use a Supports Broker and one family has effectively created their own residential program. SCOs have become very creative and the AE assists when possible to support these efforts.

### **Lifesharing and Supported Living:**

- Describe how the county will support the growth of Lifesharing and Supported Living as an option.
- What are the barriers to the growth of Lifesharing/Supported Living in your county?
- What have you found to be successful in expanding these services in your county despite the barriers?
- How can ODP be of assistance to you in expanding and growing Lifesharing/Supported Living as an option in your county?

Berks County has had a strong Life Sharing Program for many years. In recent years the Berks County Provider Network experienced a decrease in the number of people in Lifesharing. This appears to be due to increased needs of individuals supported in the program and attrition. The County's Life Sharing Committee continues to be active and consists of Providers, SCO's, AE Staff and Regional representatives. The MH/DD Quality Management Plan includes an outcome to increase the number of individuals receiving this service each year. Because providers continue to have Lifesharing Families interested in providing the service, the program anticipates growth in the coming year. The changing structure of the service should also contribute to growth, providing enhanced ways to support people with changing needs. Overall, Berks County remains committed to this service which is one of the most inclusive and most cost effective community residential services available.

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

- Describe how the county will use funding, whether it is block grant or base, to increase the capacity of your community providers to more fully support individuals with multiple needs, especially medical needs.
- Describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age and promote the life course /supporting families' paradigm.
- Describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging and the mental health system to ensure individuals and families are provided with the information they need to access community resources as well as formalized services and supports through ODP.

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

In general, Base Funding is used to provide supports such as Respite, Companion/Family Aide, Habilitation and Transportation, Support in Medical Environment, and other unique services authorized via the Base Not Otherwise Specified service code through AWC and traditional provider agencies to protect/maintain the Health and Safety of individuals until waiver funding becomes available. As needs present, waiver capacity is reviewed along with the PUNS priority status. Other factors considered include: family situation - including the impact on the caregiver employment so as to prevent job loss for the wage earners who have no other supports; the age of the caregiver, level of

care required - multiple health and mental health issues co-existing with ID diagnosis that increase the challenge in care; and availability of other funding sources such as EPSDT, OVR, and other waivers to ensure that the Program is the payer of last resort. The Program successfully manages its existing capacity very closely. This continues to be accomplished by monitoring high risk situations through weekly review at a joint AE/SCO Meeting. Additionally, Base Service utilization is reviewed monthly to ensure unutilized service units are removed from plans freeing up dollars to meet other individuals' needs.

Lastly, Berks County participates in a great deal of collaboration with other Human Service Agencies. Some examples include a close relationship with the County Area Agency on Aging and the County Children and Youth Services System. As concerns arise or resources are needed, they are available for discussion and consultation.

### **Emergency Supports:**

- Describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
- Provide details on your county's emergency response plan including:
  - Does your county reserve any base or block grant funds to meet emergency needs?

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

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

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

- Does your county provide mobile crisis?

Yes, Berks County provides Mobile Crisis Services through a contracted provider. The Director and Supervisory Staff have access to Demographic and Plan information in HCSIS in order to gain background information as well as SCO contact data when necessary.

- If your county does provide mobile crisis, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?  
Do staff who work as part of the mobile crisis team have a background in ID and/or autism?

The Crisis Provider has developed much of their own training utilizing a variety of resources. Shadowing and coaching of new staff is a large part of their typical training. Formal training related to Autism has occurred but is limited. Their overall goal is to manage each situation on an individual basis since formal diagnostic information is usually not available. While staff members do not have a direct or extensive background in ID and/or autism, their agency does. This provides an additional resource when necessary.

- Is there training available for staff who are part of the mobile crisis team?

The crisis provider requires staff to participate in training through various methods. In the coming year, the County will consider specific training related to supporting people with ID and/or autism.

- If your county does not have a mobile crisis team, what is your plan to create one within your county's infrastructure?

N/A

- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

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

**Policy Statement:** The Berks MH/DD Program will comply with Article III, Section 301 (d) (4) of the Mental Health and Intellectual Disability Act of 1966.

**Purpose:** To ensure a system for 24 hour Emergency Services is provided and available to the local system.

**Responsibility:** Berks County MH/DD will maintain a contractual agreement for the provision of Emergency Services, including a system to provide support to people requiring services and supports after hours.

**Procedure:**

- a. Berks County MH/DD Program will maintain a contract with Service Access and Management, Inc. for crisis intervention and management of all after-hour calls.
- b. Crisis Intervention Staff will answer phone calls, provide outreach and emergency services coverage to the Intellectual Disabilities System at all times. They will be available outside of normal business hours, 365 days per year. *It should also be noted that in situations requiring a crisis worker, one will be dispatched to the person's location to assist the individual, family or provider agency.*
- c. Upon receiving emergent calls, the Crisis Intervention Staff will make every attempt to manage the needs presented. This could involve working with caregivers or talking with provider staff.
- d. As additional assistance is needed, the Crisis Intervention Staff will contact the appropriate Service Coordination Organization, if known. If the SCO is not known, or unavailable, a representative from the Administrative Entity will be contacted directly. (A list of contacts will be maintained.)
- e. The SCO will be expected to manage the situation at hand and to make certain the necessary supports are in place to ensure the individuals health and safety.
- f. If additional assistance is required, the SCO will reach out to the Waiver Administration Staff for support.
- g. In the event, paid supports are necessary, the MH/DD Administrator or Deputies will be contacted in order to obtain authorization for the service to be provided.

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

**Administrative Funding:** ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are person-centered trainers.

- Describe the county's interaction to utilize the network trainers with individuals, families, providers, and county staff.

The Program welcomes all resources available to strengthen and educate the local system. The PA Family Network will be welcome to attend the various stakeholder groups within Berks County. As the Network further develops, the Program will explore ways to share information and attempt to organize families interested in training related to the Lifecourse Tool and developing their vision for their loved ones.

- Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families.

Berks County makes every attempt to be both collaborative and community-minded in order to make information available to the community. Staff participates in many presentations throughout the year to share information related to the purpose of the system and ways to become connected. This year, Berks County looks forward to the initiation of the PA Family Network as well any newly formed Self Advocacy Networks. Both groups will be welcomed into the County to assist with networking among families and self-advocates.

- What kinds of support do you need from ODP to accomplish the above?

Berks County will welcome ODP's support in development of these local resources. Additional training will be essential to teach people about the Lifecourse Tools and other efforts related to helping build Social Capital or developing richer lives within the community.

- Describe how the county will engage with the Health Care Quality Units (HCQU) to improve the quality of life for the individuals in your community.

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

- Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.

The HCQU assists in many ways, participating in the Positive Practices Committee, the Human Rights Committee, Employment First Workgroup and any other complex case discussions related to health, wellness and risk. Their information, data and observations are extremely helpful in development of the quality plan and basic system monitoring. The HCQU is also helpful in turning any system concerns or needs into training for providers or individual teams.

- Describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals in your program.

Berks County currently contracts with the Advocacy Alliance to implement the IM4Q Program locally. They are responsive to the needs of the program and generate all necessary information related to their findings and recommendations. They work closely with the Berks County IM4Q Coordinator, who in turn, uses the information received to develop and monitor the local Quality Plan.

- Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc.

Berks County has an excellent provider network that provides a full array of services and supports. The Dual Diagnosis Treatment Team in the County continues to be a tremendous support in helping provider agencies deal with complex behavioral health issues. The local Positive Practices Committee, has also been instrumental in providing suggestions to Teams and helping them problem-solve difficult situations. ODP has been a great support in these efforts, often participating in meetings. Moving forward, additional support and local training would certainly assist to move the process even further. Local providers, like in other areas of the state, continue to deal with challenging situations related to severe trauma, fetal alcohol syndrome and at times autism. Locally, Berks County is also supporting more and more people with fragile medical conditions. The HCQU has been an immense support but more needs to be done to support these individuals, their families and the local provider network.

- How can ODP assist the county's support efforts of local providers?

Any training efforts or resources that ODP can provide will be welcome. In all of high risk situations, along with having an aging population, providers face the challenge of training and maintaining high quality staff. The more the Program can support Providers, the higher quality their supports will be for the individuals supported by the program.

- Describe what risk management approaches your county will utilize to ensure a high-quality of life for individuals.

Positive Practices Meetings are held monthly to review individual complex needs and to help teams that may be struggling. The ultimate goal is to provide creative solutions and to support residential caretakers. Providers, the HCQU and ODP Regional Staff attend these meetings.

Discussion is active and is helpful to all who attend. Berks County has a Dual Diagnosis Treatment Team (DDTT) for high risk individuals with severe psychiatric needs. They provide staff training, and teach individuals how to live more successfully in a community setting.

- Describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.

As LifeCourse and the Family Network training sessions develop, information related to risk management activities can be shared. This may also be done with the assistance of the provider network as well as through the various local workgroups and community presentations.

- How can ODP assist the county in interacting with stakeholders in relation to risk management activities?

The Berks AE remains a willing to partner and welcome ODPs assistance in this area. Additional detailed discussion would be helpful to gain clarification of the expectation within this area.

- Describe how you will utilize the county housing coordinator for people with autism and intellectual disability.

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

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

Berks County participates in SMART 911, a program between the Human Services System and the Berks County Department of Emergency Services. Supports Coordinators discuss the program with individuals and families, throughout the year, and offer to assist with their registration of information with the County 911 System. On an annual basis, they are asked to provide updates to their profiles, which are maintained by the 911 Center. In the event of an emergency, workers would then be aware of any special or complex concerns within the home.

### **Participant Directed Services (PDS):**

- Describe how your county will promote PDS (AWC VF/EA) services including challenges and solutions.

Berks County currently has high usage of Person Directed Supports. The AE continues to ensure the SCOs are offering both models of Person Directed Supports when assisting families/individuals with choice of service and provider.

- Describe how the county will support the provision of training to SCO's, individuals and families on self-direction.

Berks County recently introduced the use of a Supports Broker and continues to share information about the usefulness of this service. As the message spreads of the purpose and integral role they can play in a person's Team, the more people may utilize Person Directed Supports. In regard to the high numbers of people currently self-directing their services, the County may consider additional training opportunities to support families, individuals, SCOs and the AWC provider.

- Are there ways that ODP can assist you in promoting/increasing self-direction?

Any information or training assistance that ODP can provide in this area will be greatly appreciated. The Berks AE welcomes the Partnership with the Regional and State Offices.

**Community for All:** ODP has provided you with the data regarding the number of individuals receiving services in congregate settings.

- Describe how the county will enable these individuals to return to the community.

Berks County has several people residing in congregate settings. During the current fiscal year, the program used Money Follows the Person funds to facilitate Benjamin Class Members to move from PA State Centers. Efforts also continue to finalize community placements for Berks County residents affected by the closure of Hamburg Center. The AE also pays close attention to people residing in Nursing Homes and Private ICF's. Program Staff will make an effort to assess the remaining people, residing in such settings to determine their needs for community placement. In addition, education will need to occur with the local provider network to identify their needs related to supporting people in the community with complex medical needs. That said, without additional funding, it is doubtful that Base/Block Grant Funds will be available to that level.

### **HOMELESS ASSISTANCE SERVICES**

Describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction by answering each question below.

An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

Berks County has a well-developed Continuum of Care (CoC) system. The Berks Coalition to End Homelessness (BCEH) is the CoC Lead for Berks County. Starting November of 2017 the CoC's capacity to serve those persons with the most need expanded through the implementation of a robust coordinated entry system. Persons at risk of or currently experiencing an episode of homelessness can access services that meet their level of need through the use of 2-1-1 or by interacting with an agency providing housing services within the CoC.

In Berks County, our current CoC has 24 programs: 15 Permanent Housing projects, 7 Transitional Housing projects, 1 HMIS project, and 1 CoC Planning Project. Over 350 people were served by these housing programs in 2017. There are 62 beds dedicated to serving the chronically homeless. There is a housing stability rate over 80%. In addition to the CoC Programs, Berks County has a well-coordinated Emergency Solutions Grant Program serving over 100 households with children last year to achieve housing stability.

In the past year Berks County was able to assist with the creation of a jobs program that is designed to assist men and women living in Emergency Shelter or who are literally homeless living on the streets or in a place not meant for habitation to connect with sustainable employment. There is an ongoing street outreach program that is tied to a street medicine team supported by our local hospital. Additionally a day center has opened at our largest men's shelter which is acting as a services hub that both men and women can utilize for access to connect with various services.

Berks County now has two Emergency Shelter units available for intact families with multiple children to stay. Larger households that find themselves in a housing crisis have limited resources available to them but the gap is met through partnering with local government officials. Unaccompanied Youth under 18 currently do not have any emergency shelter beds available to them. This is a priority for Berks County and all opportunities to develop this housing are being perused as they become available.

HAP funded programs play a vital role in filling the gaps in service that other funding sources may not be able to meet. Especially for those families that do not meet the HUD definition of homelessness who are in need of rental assistance to prevent homelessness.

### **Bridge Housing:**

- Please describe the bridge housing services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of bridge housing services?
- Please describe any proposed changes to bridge housing services for FY 18-19.
- If bridge housing services are not offered, please provide an explanation.

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

There are not currently any changes being proposed for Bridge Housing funded through HAP.

### **Case Management:**

- Please describe the case management services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

- How does the county evaluate the efficacy of case management services?
- Please describe any proposed changes to case management services for FY 18-19.
- If case management services are not offered, please provide an explanation.

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

There are not currently any changes being proposed for Case Management funded through HAP.

#### **Rental Assistance:**

- Please describe the rental assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of rental assistance services?
- Please describe any proposed changes to rental assistance services for FY 18-19.
- If rental assistance services are not offered, please provide an explanation.

Rental Assistance provides the pass-through funds to the clients to prevent eviction as well as the case management portion of those assisting clients with a housing crisis. Counselors do a complete assessment to determine housing status, client's income and expenses, and assist the client in determining all available resources. Clients are required to attend financial workshops and budget education classes. The County evaluates the program through 6-month audits on site, review of financial records, and review of performance outcomes through the Homeless Management Information System.

There are not currently any changes being proposed for Rental Assistance funded through HAP.

#### **Emergency Shelter:**

- Please describe the emergency shelter services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of emergency shelter services?
- Please describe any proposed changes to emergency shelter services for FY 18-19.
- If emergency shelter services are not offered, please provide an explanation.

Due to decreases in funding, Berks County is not using HAP funding for Emergency Shelter Services.

### **Other Housing Supports:**

- Please describe the other housing supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of other housing supports services?
- Please describe any proposed changes to other housing supports services for FY 18-19.
- If other housing supports services are not offered, please provide an explanation of why services are not offered.

There is no funding for this category. The other funding categories better suit the proposals submitted by agencies interested in HAP funding.

### **Homeless Management Information Systems:**

- Describe the current status of the county's Homeless Management Information System (HMIS) implementation. Does the Homeless Assistance provider enter data into HMIS?

Berks County's HMIS is currently fully operational and has been so since 2004. The Coalition is able to utilize it to generate HUD required reports and it meets the needs of our service providers very well. Currently all HAP providers are entering data into HMIS with the exception of a domestic violence service provider that is prohibited by law from doing so.

### **SUBSTANCE USE DISORDER SERVICES** (Limit of 10 pages for entire section)

This section should describe the entire substance use service system available to all county residents regardless of funding sources.

Berks County supports a full continuum of drug and alcohol prevention, intervention, treatment, and recovery support services. Funding from the Department of Human Services, the Department of Drug and Alcohol Programs (DDAP), HealthChoices, the Berks County Commissioners as well as an array of other grant funding is used to provide a full continuum of drug and alcohol treatment and recovery services to the people of Berks County. All treatment services are provided by DDAP licensed facilities. Treatment services include; Inpatient Hospital services including detoxification and residential treatment, Inpatient Non-Hospital services including detoxification, residential treatment and halfway housing, Partial Hospitalization, Intensive Outpatient, Outpatient, and Medication Assisted Treatment. Treatment related and recovery services include; Case Management, Recovery Management and Recovery Housing. The Berks SCA monitors local contracted facilities at least once annually and/or as the need occurs. Berks County has established a multiple point of entry system for accessing both assessment and treatment services. A majority of residents in Berks County, requiring public funding, access assessment services for entry into treatment at the Treatment Access and Services Center (TASC), Berks County's licensed Central Intake Unit. However, Berks County also allows residents to directly access publicly funded assessment and treatment services at any of the local contracted outpatient or detoxification providers. Additionally, inmates at Berks County Prison and the Community Reentry Center can receive assessment services through SCA-contracted treatment programs at the prison. This multiple point of entry system allows for more immediate treatment access assessments and decreases the need for waiting lists.

Please provide the following information:

**1. Waiting List Information:**

	<b># of Individuals</b>	<b>Wait Time (days)**</b>
Detoxification Services	0	0
Non-Hospital Rehab Services	0	0
Medication Assisted Treatment	0	0
Halfway House Services	0	0
Partial Hospitalization	0	0
Outpatient	0	0

\*\*Use average weekly wait time

There are no waiting lists at this time for individuals to access treatment.

**2. Overdose Survivors' Data:** Describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in your county. Indicate if a specific model is used.

The Berks SCA utilizes a Certified Recovery Specialist Model as the means of outreach and engagement for those individuals who have experienced an opioid overdose. The two local hospital Emergency Rooms (ER) have agreed to link opioid overdose survivors with Certified Recovery Specialists (CRS). CRS are on site 24 hours per day, 7 days per week at the larger of the two hospitals and are on call 24 hours per day, 7 days per week for the other hospital. The Berks SCA contracts with the Treatment Access and Services Center (TASC) to provide outreach and engagement to opioid overdose survivors through CRS services. All CRS employed by TASC are people in personal long term recovery.

When an overdose survivor is revived, hospital personnel discuss CRS services with the client. With proper consent from the overdose survivor, hospital personnel contact the CRS for an immediate response. If the client refuses to speak with the CRS, the hospital ER personnel provide the individual with information about CRS services.

When the CRS is contacted, a face-to-face meeting occurs within 30 minutes. If it is apparent the client needs detoxification services, an immediate referral to a detoxification unit is made. If the client is not in need of immediate detoxification, the CRS arranges for a level of care assessment, referral to treatment, and authorization of treatment funding. If the client is engaged during normal TASC business hours, the client is seen that day, if client engagement occurs during off-hours, the client can be seen the next business day. With the client's consent to participate in service, the CRS maintains regular contact with the client during all phases of the treatment/recovery process including: before entering treatment, during all levels of treatment and following the completion of the prescribed course of treatment. Additionally, the CRS assists the individual in developing a Recovery Plan. The Recovery Plan is client-driven and outcomes based and focuses on recognizing and removing barriers to treatment as well as identifying supports to enhance recovery.

While overdose survivors are a priority population, the Berks SCA offers Warm Hand Off Services to individuals presenting to the ER with any substance use issue. The information in the following table is for calendar year 2017 represents only overdose survivors.

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
96	45	51	119

During calendar year 2017, Warm Hand Off Services were also provided to 466 individuals who presented at the ER with substance use related issues and 341 of these individuals were referred to treatment. Overall in calendar year 2017 562 individuals received Warm Hand Off services with 388 (69%) individuals accepting treatment.

**OR**

3. **Levels of Care (LOC):** Please provide the following information for your contracted providers.

The following charts include both SCA contracted providers as well as HealthChoices providers.

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	4	0	Adolescents, Dual Diagnosis, Spanish Speaking
Inpatient Hospital Rehab	3	0	Adolescents, Dual Diagnosis, Spanish Speaking
Inpatient Non-Hospital Detox	32	2	Adolescents, Dual Diagnosis, Spanish Speaking, MAT
Inpatient Non-Hospital Rehab	90	3	Adolescents, Dual Diagnosis, Spanish Speaking, Women with Children, MAT
Partial Hospitalization	6	1	Adolescents
Intensive Outpatient	32	3	Adolescents, Dual Diagnosis, Pregnant Women
Outpatient	63	7	Adolescents, Dual Diagnosis, Spanish Speaking, MAT
Halfway House	28	0	Adolescents, Dual Diagnosis, Spanish Speaking, Women with Children

*\*\* 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:** Provide a brief overview of the services needed in the county to ensure access to appropriate clinical treatment services. Include any expansion or enhancement plans for existing providers or any use of HealthChoices reinvestment funds for developing new services.

As illustrated by the Levels of Care chart above, Berks County has inpatient non-hospital services and all outpatient protocols available within the county. However non-hospital services are only available for English speaking adults. It would be ideal to have inpatient for adolescents, women with children and individuals who are Spanish speaking within Berks County. However both the SCA and HealthChoices contract for these services to insure that all individuals have access to the clinically appropriate level of care.

In addition to treatment services the SCA supports 161 recovery housing beds in Berks County, including beds for special populations such as dual diagnosis, Spanish speaking, women and women with children. Both the SCA and HealthChoices fund the necessary behavioral health services for individuals residing in Berks County recovery housing.

With regard to expansion of services, Tower Health, one of the two hospitals in the county has partnered with Acadia Healthcare to build a behavioral healthcare facility in Berks County. This facility will provide inpatient psychiatric care for children, adults and seniors, as well as offer counseling for substance abuse disorders. This facility is expected to open in 2019.

5. **Access to and Use of Narcan in County:** Include what entities have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan.

In July 2015, the Berks SCA established a naloxone distribution program for Berks County residents while the Berks County District Attorney provided naloxone to all County police departments. The SCA has a standing order from our partner physician to obtain and distribute naloxone. More recently the SCA has been designated as the Centralized Coordinating Entity in Berks County for distribution of naloxone to first responders. In this capacity, the SCA works in partnership with the District Attorney's office to replace expired naloxone for all Berks County police departments. Since the program's inception, the SCA has distributed over 800 doses of naloxone to community members, schools, treatment agencies, shelters, and first responders. Prior to distributing naloxone to any individual or agency, the Berks SCA requires proof of opioid overdose training. Acceptable proof training includes a certificate from [getnaloxonenow.org](http://getnaloxonenow.org), PAV.net or an SCA approved onsite training. The SCA provides outreach and education programs to promote community understanding of the importance of naloxone as an overdose prevention strategy.

6. **ASAM Training:** Provide information on the SCA plan to accomplish training staff in the use of ASAM. Include information on the timeline for completion of the training and any needed resources to accomplish this transition to ASAM. See below to provide information on the number of professionals to be trained or who are already trained to use ASAM criteria.

To accomplish the transition to ASAM, the Berks SCA, in collaboration with the Berks County MH/DD/HealthChoices Programs and Community Care Behavioral Health has established a training plan to provide the two day ASAM Criteria, 3<sup>rd</sup> edition Training through a contract with Train for Change. The goal of this plan is to insure that all Berks County provider agencies and the majority of staff receive the required two day training by July 1, 2018. To accomplish this goal, four ASAM trainings were scheduled during a three month period from April through June 2018. A total of 14 Berks County agencies responsible for the provision of drug and alcohol evaluation and/or treatment services are eligible to attend this training at no cost. Resources included in this training are the ASAM Criteria books and other Train for Change materials. The status of the provision of training as of May 1, 2018:

	<b># of Professionals to be Trained</b>	<b># of Professionals Already Trained</b>
SCA	6	4
Provider Network	137	68

Based on DDAP guidance, all provider agencies will be directed to participate in any required following trainings/webinars and will receive approved level of care documentation forms.

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

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures (please refer to the HSDF Instructions and Requirements for more detail). ***Dropdown menu may be viewed by clicking on “please choose an item”.***

Copy and paste the template for each service offered under each categorical, ensuring each service aligns with the service category when utilizing Adult, Aging, Children and Youth, or Generic Services.

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

Program Name: Berks Encore Meals on Wheels <60

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

Service Category: Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes. Each client is served a minimum of one but no more than two meals daily, up to 7 days a week.

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

Program Name: Berks Community Action Program

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

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

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

Program Name: Boyertown Multi Services Center

Description of Services: This program provides case management, information and referral to individuals who reside in rural Berks County. Case managers connect individuals with the support that they need to mitigate homelessness, loss of heat, and fuel. Case managers provide direct assistance with the completion of various applications such as LIHEAP, Rent Rebate, and Public Assistance as well as determine eligibility for programs such as their Food Panty. Application Assistance, eligibility, and referrals are also made for such programs as the Dollar Energy Grant, Social Security, and Transportation.

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.

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

Program Name: Berks Encore

Description of Services: This program provides information and referral regarding food, housing, utilities, medical insurance and medical expenses

Service Category: Information & Referral - Provides information on available services and facilities and links the consumer with appropriate agencies or community resources that can provide the needed service.

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

Program Name: N/A

Description of Services:

Service Category: Please choose an item.

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

Program Name: Co-County Wellness

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

Service Category: Service Planning/Case Management - 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

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

Program Name: Community Prevention Partnership

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

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

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

Program Name: Family Guidance Center

Description of Services: Counseling to low income adults who have no insurance regarding depression, anxiety, and emotional and physical abuse.

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.

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

Adult  Aging  CYS  SUD  MH  ID  HAP

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

Program Name: Council on Chemical Abuse

Description of Services: Dual diagnosis counseling (MH/D/A)-Counseling services are offered to individuals who have both a mental health and drug/alcohol diagnosis but do not have access to insurance. This service is provided by providers who are dually licensed to treat both disorders simultaneously.

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.

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

Adult  Aging  CYS  SUD  MH  ID  HAP

**Specialized Services:** Please provide the following: (Limit of 1 paragraph per service description)

Program Name: Berks Visiting Nurses

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

**Specialized Services:** Please provide the following: (Limit of 1 paragraph per service description)

Program Name: Opportunity House-Children’s Alliance Center

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

**Specialized Services:** Please provide the following: (Limit of 1 paragraph per service description)

Program Name: Council on Chemical Abuse

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

**Interagency Coordination:** (Limit of 1 page)

If the county utilizes funds for Interagency Coordination, describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain both:

- how the funds will be spent (e.g. salaries, paying for needs assessments, etc.).

A Board that includes representatives from the Public Utilities Commission, First Energy, UGI and numerous human services providers organize and assist in sponsoring a “Be Wise About Human Services” training event. Funds are utilized to support this event. There were a total of 275 participants representing 139 different community agencies during ’17-’18 fiscal year event.

- how the activities will impact and improve the human services delivery system.

The goal of this conference is to educate the work force within the County. The number of attendees and number of unique agencies continues to grow. Topics included: Weatherization and Conservation, Budget and Finance, Criminal Justice System, Domestic Violence Programs for Youth, Berks Teens Matter (pregnancy prevention), Opioid Task Force, Mental Health and Suicide Prevention, Homeless Resources, and Employment and Training of Older Adults.

**Other HSDF Expenditures – Non-Block Grant Counties Only-N/A**

If you plan to utilize HSDF for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder, please provide a brief description of the use and complete the chart below. Only HSDF-allowable cost centers are included in the dropdowns.

Category	Allowable Cost Center Utilized
Mental Health	
Intellectual Disabilities	
Homeless Assistance	
Substance Use Disorder	

***Note: Please refer to Planned Expenditures directions at the top of Appendix C-2 for reporting instructions (non-block grant counties only).***

## **Appendix D**

### **Eligible Human Services Cost Centers**

#### **Mental Health**

For further detail refer to Cost Centers for County Based Mental Health Services Bulletin (OMHSAS-12-02), effective July 1, 2012.

#### **Administrative Management**

Activities and administrative functions undertaken by staff in order to ensure intake into the county mental health system and the appropriate and timely use of available resources and specialized services to best address the needs of individuals seeking assistance.

#### **Administrator's Office**

Activities and services provided by the Administrator's Office of the County Mental Health (MH) Program.

#### **Adult Development Training (ADT)**

Community-based programs designed to facilitate the acquisition of prevocational, behavioral activities of daily living, and independent living skills.

#### **Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT)**

SAMHSA-recognized Evidence Based Practice (EBP) delivered to individuals with serious mental illness (SMI) who have a Global Assessment of Functioning (GAF) score of 40 or below and meet at least one other eligibility criteria (psychiatric hospitalizations, co-occurring mental health and substance abuse disorders, being at risk for or having a history of criminal justice involvement, and a risk for or history of homelessness).

#### **Children's Evidence Based Practices**

Practices for children and adolescents that by virtue of strong scientific proof are known to produce favorable outcomes. A hallmark of these practices is that there is sufficient evidence that supports their effectiveness.

#### **Children's Psychosocial Rehabilitation Services**

Activities designed to assist a child or adolescent (e.g., a person aged birth through 17, or through age 21 if enrolled in a special education service) to develop stability and improve capacity to function in family, school and community settings. Services may be delivered to the child or adolescent in the home, school, community or a residential care setting.

#### **Community Employment and Employment Related Services**

Employment in a community setting or employment-related programs, which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry.

#### **Community Residential Services**

Care, treatment, rehabilitation, habilitation, and social and personal development services provided to persons in a community based residential program which is a DHS-licensed or approved community residential agency or home.

### **Community Services**

Programs and activities made available to community human service agencies, professional personnel, and the general public concerning the mental health service delivery system and mental health disorders, in order to increase general awareness or knowledge of same.

### **Consumer-Driven Services**

Services that do not meet the licensure requirements for psychiatric rehabilitation programs, but which are consumer-driven and extend beyond social rehabilitation services.

### **Emergency Services**

Emergency related activities and administrative functions undertaken to proceed after a petition for voluntary or involuntary commitment has been completed, including any involvement by staff of the County Administrator's Office in this process.

### **Facility Based Vocational Rehabilitation Services**

Programs designed to provide paid development and vocational training within a community-based, specialized facility (sheltered workshop) using work as the primary modality.

### **Family-Based Mental Health Services**

Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home.

### **Family Support Services**

Services designed to enable persons with serious mental illness (SMI), children and adolescents with or at risk of serious emotional disturbance (SED), and their families, to be maintained at home with minimal disruption to the family unit.

### **Housing Support Services**

Services provided to mental health consumers which enable the recipient to access and retain permanent, decent, affordable housing, acceptable to them.

### **Mental Health Crisis Intervention Services**

Crisis-oriented services designed to ameliorate or resolve precipitating stress, which are provided to adults or children and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships.

### **Other Services**

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

### **Outpatient**

Treatment-oriented services provided to a consumer who is not admitted to a hospital, institution, or community mental health facility for twenty-four hour a day service.

### **Partial Hospitalization**

Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents

with serious emotional disturbance (SED) who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

### **Peer Support Services**

Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 1, 2006.

### **Psychiatric Inpatient Hospitalization**

Treatment or services provided an individual in need of twenty-four hours of continuous psychiatric hospitalization.

### **Psychiatric Rehabilitation**

Services that assist persons with long-term psychiatric disabilities in developing, enhancing, and/or retaining: psychiatric stability, social competencies, personal and emotional adjustment and/or independent living competencies so that they may experience more success and satisfaction in the environment of their choice, and can function as independently as possible.

### **Social Rehabilitation Services**

Programs or activities designed to teach or improve self-care, personal behavior and social adjustment for adults with mental illness.

### **Targeted Case Management**

Services that provide assistance to persons with serious mental illness (SMI) and children diagnosed with or at risk of serious emotional disturbance (SED) in gaining access to needed medical, social, educational, and other services through natural supports, generic community resources and specialized mental health treatment, rehabilitation and support services.

### **Transitional and Community Integration Services**

Services that are provided to individuals who are residing in a facility or institution as well as individuals who are incarcerated, diversion programs for consumers at risk of incarceration or institutionalization, adult outreach services, and homeless outreach services.

## **Intellectual Disabilities**

### **Administrator's Office**

Activities and services provided by the Administrator's Office of the County ID Program. The Administrator's Office cost center includes the services provided relative to the Administrative Entity Agreement, Health Care Quality Units (HCQU) and Independent Monitoring for Quality (IM4Q).

### **Case Management**

Coordinated activities to determine with the individual what services are needed and to coordinate their timely provision by the provider and other resources.

### **Community Residential Services**

Residential habilitation programs in community settings for individuals with intellectual disabilities.

### **Community Based Services**

Community-based services are provided to individuals who need assistance in the acquisition, retention, or improvement of skills related to living and working in the community and to prevent institutionalization.

### **Other**

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

### **Homeless Assistance**

#### **Bridge Housing**

Transitional services that allow individuals who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently.

#### **Case Management**

Case management is designed to provide a series of coordinated activities to determine, with each individual, what services are needed to prevent the reoccurrence of homelessness and to coordinate their timely provision by administering agency and community resources.

#### **Rental Assistance**

Provides payments for rent, mortgage arrearage for home and trailer owners, rental costs for trailers and trailer lots, security deposits, and utilities to prevent and/or end homelessness or possible eviction by maintaining individuals and families in their own residences.

#### **Emergency Shelter**

Refuge and care services to persons who are in immediate need and are homeless; e.g., have no permanent legal residence of their own.

#### **Other Housing Supports**

Other supportive housing services outside the scope of existing Homeless Assistance Program components for individuals and families who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

### **Substance Use Disorder**

#### **Care/Case Management**

A collaborative process, targeted to individuals diagnosed with substance use disorders or co-occurring psychiatric disorders, which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs to promote self-sufficiency and recovery.

#### **Inpatient Non-Hospital**

##### **Inpatient Non-Hospital Treatment and Rehabilitation**

A licensed residential facility that provides 24-hour professionally directed evaluation, care, and treatment for individuals with substance use disorder in acute distress, whose addiction

symptomatology is demonstrated by moderate impairment of social, occupation, and/or school functioning. Rehabilitation is a key treatment goal.

**Inpatient Non-Hospital Detoxification**

A licensed residential facility that provides a 24-hour professionally directed evaluation and detoxification of an individual with a substance use disorder.

**Inpatient Non-Hospital Halfway House**

A licensed community based residential treatment and rehabilitation facility that provides services for individuals to increase self-sufficiency through counseling, employment and other services. This is a live in/work out environment.

**Inpatient Hospital**

**Inpatient Hospital Detoxification**

A licensed inpatient health care facility that provides 24-hour medically directed evaluation and detoxification of individuals diagnosed with substance use disorders in an acute care setting.

**Inpatient Hospital Treatment and Rehabilitation**

A licensed inpatient health care facility that provides 24-hour medically directed evaluation, care and treatment for individuals with substance use disorder with co-existing biomedical, psychiatric and/or behavioral conditions which require immediate and consistent medical care.

**Outpatient/Intensive Outpatient**

**Outpatient**

A licensed organized, non-residential treatment service providing psychotherapy and substance use/disorder education. Services are usually provided in regularly scheduled treatment sessions for a maximum of five hours per week.

**Intensive Outpatient**

An organized non-residential treatment service providing structured psychotherapy and stability through increased periods of staff intervention. Services are provided in regularly scheduled sessions at least three days per week for at least five hours (but less than ten).

**Partial Hospitalization**

Services designed for those individuals who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24-hour inpatient care. Treatment consists of the provision of psychiatric, psychological and other types of therapies on a planned and regularly scheduled basis at least three days per week with a minimum of ten hours per week.

**Prevention**

The use of social, economic, legal, medical and/or psychological measures aimed at minimizing the use of potentially addictive substances, lowering the dependence risk in susceptible individuals, or minimizing other adverse consequences of psychoactive substance use.

**Medication Assisted Therapy (MAT)**

Any treatment for opioid addiction that includes a medication approved by the U.S. Food and Drug Administration for opioid addiction detoxification or maintenance treatment. This may include methadone, buprenorphine, naltrexone, or vivitrol.

## **Recovery Support Services**

Services designed and delivered by individuals who have experience with substance-related disorders and recovery to help others initiate, stabilize, and sustain recovery from substance abuse. These services are forms of social support not clinical interventions. This does not include traditional 12 step programs.

### **Recovery Specialist**

An individual in recovery from a substance-related disorder that assists individuals in gaining access to needed community resources to support their recovery on a peer to peer basis.

### **Recovery Centers**

A location where a full range of Recovery Support Services are available and delivered on a peer to peer basis.

### **Recovery Housing**

A democratically run, self-sustaining and drug-free group home for individuals in recovery from substance related disorders.

## **Human Services Development Fund**

### **Administration**

Activities and services provided by the Administrator's Office of the Human Services Department.

### **Interagency Coordination**

Planning and management activities designed to improve the effectiveness of county human services.

### **Adult Services**

Services for adults (a person who is at least 18 years of age and under the age of 60, or a person under 18 years of age who is head of an independent household) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other service approved by DHS.

### **Aging**

Services for older adults (a person who is 60 years of age or older) include: adult day service, assessments, attendant care, care management, congregate meals, counseling, employment, home delivered meals, home support, information and referral, overnight shelter, personal assistance service, personal care, protective services, socialization/recreation/education/health promotion, transportation (passenger), volunteer services or other service approved by DHS.

### **Children and Youth**

Services for individuals under the age of 18 years; under the age of 21 years who committed an act of delinquency before reaching the age of 18 years or under the age of 21 years who was adjudicated dependent before reaching the age of 18 years and while engaged in a course of instruction or treatment requests the court to retain jurisdiction until the course has been completed and their families include: adoption services counseling/intervention, day care, day treatment,

emergency placement services, foster family services (except room & board), homemaker, information and referral, life skills education, protective and service planning.

**Generic Services**

Services for individuals that meet the needs of two or more populations include: adult day care, adult placement, centralized information and referral, chore, counseling, employment, homemaker, life skills education, service planning/case management, and transportation services.

**Specialized Services**

New services or a combination of services designed to meet the unique needs of a specific population that are difficult to meet with the current categorical programs.

**APPENDIX C**

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

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

1.	2.	3.	4.	5.	6.
ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
County:					
<b>MENTAL HEALTH SERVICES</b>					
ACT and CTT	7	\$ 6,797	\$	\$ 202	
Administrative Management	3,091	\$ 761,236	\$	\$ 22,609	
Administrator's Office		\$ 585,334	\$	\$ 17,384	
Adult Developmental Training	-	\$ -	\$	\$ -	
Children's Evidence-Based Practices	-	\$ -	\$	\$ -	
Children's Psychosocial Rehabilitation	-	\$ -	\$	\$ -	
Community Employment	42	\$ 121,103	\$	\$ 3,597	
Community Residential Services	38	\$ 2,385,563	\$	\$ 67,359	
Community Services	508	\$ 385,606	\$	\$ 11,452	
Consumer-Driven Services	-	\$ -	\$	\$ -	
Emergency Services	961	\$ 733,187	\$	\$ 21,776	
Facility Based Vocational Rehabilitation	3	\$ 77,965	\$	\$ 935	
Family Based Mental Health Services	2	\$ 4,856	\$	\$ 144	
Family Support Services	5	\$ 19,423	\$	\$ 577	
Housing Support Services	41	\$ 1,428,619	\$	\$ 42,430	
Mental Health Crisis Intervention	2,242	\$ 1,363,592	\$	\$ 40,499	
Other		\$ -	\$	\$ -	
Outpatient	600	\$ 165,097	\$	\$ 4,903	
Partial Hospitalization	20	\$ 53,423	\$	\$ 1,587	
Peer Support Services	13	\$ 6,434	\$	\$ 191	
Psychiatric Inpatient Hospitalization	3	\$ 19,423	\$	\$ 577	
Psychiatric Rehabilitation	17	\$ 219,173	\$	\$ 4,520	
Social Rehabilitation Services	208	\$ 285,378	\$	\$ 4,054	
Targeted Case Management	537	\$ 647,374	\$	\$ 19,227	
Transitional and Community Integration	-	\$ -	\$	\$ -	
<b>TOTAL MENTAL HEALTH SERVICES</b>	<b>8,338</b>	<b>\$ 9,269,583</b>	<b>\$ -</b>	<b>\$ 264,023</b>	<b>\$ -</b>

<b>INTELLECTUAL DISABILITIES SERVICES</b>					
Administrator's Office		\$ 1,110,810	\$	\$ 80,392	
Case Management	683	\$ 409,003	\$	\$ 7,443	
Community-Based Services	182	\$ 750,770	\$	\$ 22,298	
Community Residential Services	12	\$ 1,138,324	\$	\$ 33,808	
Other	96	\$ 82,067	\$	\$ 2,438	
<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	<b>973</b>	<b>\$ 3,490,974</b>	<b>\$ -</b>	<b>\$ 146,379</b>	<b>\$ -</b>

**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
<b>HOMELESS ASSISTANCE SERVICES</b>						
Bridge Housing	50		\$ 96,500			
Case Management	500		\$ 106,835			
Rental Assistance	450		\$ 206,951			
Emergency Shelter						
Other Housing Supports						
Administration			\$ 45,587			
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	<b>1,000</b>	<b>\$ 455,873</b>	<b>\$ 455,873</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<b>SUBSTANCE USE DISORDER SERVICES</b>						
Case/Care Management	5		\$ 17,641			
Inpatient Hospital	221		\$ 582,912			
Medication Assisted Therapy	165		\$ 98,481			
Other Intervention						
Outpatient/Intensive Outpatient	243		\$ 133,986			
Partial Hospitalization	41		\$ 51,040			
Prevention	120		\$ 10,000			
Recovery Support Services	300		\$ 126,550			
Administration			\$ 180,108			
<b>TOTAL SUBSTANCE USE DISORDER SERVICES</b>	<b>1,095</b>	<b>\$ 1,200,718</b>	<b>\$ 1,200,718</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<b>HUMAN SERVICES DEVELOPMENT FUND</b>						
Adult Services	364		\$ 88,275			
Aging Services	830		\$ 13,848			
Children and Youth Services						
Generic Services	255		\$ 99,031			
Specialized Services	1,206		\$ 88,163			
Interagency Coordination			\$ 3,000			
Administration			\$ 30,035			
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	<b>2,655</b>	<b>\$ 322,352</b>	<b>\$ 322,352</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>GRAND TOTAL</b>	<b>14,061</b>	<b>\$ 14,739,500</b>	<b>\$ 14,739,500</b>	<b>\$</b>	<b>\$ 410,402</b>	<b>\$</b>

**PROOF OF PUBLICATION NOTICES**

**SIGN IN SHEETS**

**HANDOUTS**

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

{ No.0000622443

Page 1 of 1

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

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

Commonwealth of Pennsylvania,  
County of Berks

} SS:

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

**Reading Eagle Thursday, May 03, 2018, A.D.**

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

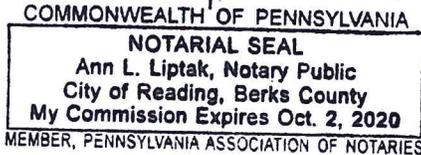
*Lynn Schittler*

Lynn Schittler

Sworn to and subscribed before me on this day of May 03, 2018

*Ann L. Liptak*

Notary



**Legal Classified**

The County of Berks, through the MH/DD Program, will conduct the fiscal year 2018/2019 MH/DD Human Services Block Grant Public Meeting on Thursday, May 17, 2018 at 9:00 a.m. at the McGlinn Conference Center, Alvernia University, 460 Bernardine Street, Reading, Pennsylvania, 19607. Registration will start at 8:30 a.m. RSVP (610) 478-3271, ext. 6580 or [mhdd@countyofberks.com](mailto:mhdd@countyofberks.com) by close of business 5/10/18. If you are unable to attend but wish to comment please direct correspondence to Edward B. Michalik, Psy.D., MH/DD Program Administrator, 633 Court Street, 8th Floor, Reading PA 19601

ATTEST: Maryjo Gibson,  
Chief Clerk

Received  
Berks County

MAY 14 2018

MH/DD/HC  
Programs

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

{ No.0000622444

Page 1 of 1

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County of Berks

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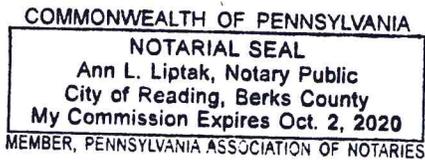
*Lynn Schittler*

Lynn Schittler

Sworn to and subscribed before me on this day of May 03, 2018

*Ann L. Liptak*

Notary



**Legal Classified**

The County of Berks will conduct a Public Hearing concerning the MH/DD Human Services Block Grant for FY 2018/2019 on Thursday, May 24, 2018 during the regular scheduled Commissioners' Meeting, commencing at 10:00 AM., Berks County Services Center, 13th Floor, Commissioners' Boardroom, 633 Court Street, Reading, Pennsylvania. If you are unable to attend but wish to comment please direct correspondence to Edward B. Michalik, Psy.D., MH/DD Program Administrator, 633 Court Street, 8th Floor, Reading PA 19601

ATTEST: Maryjo Gibson,  
Chief Clerk

Received  
Berks County

MAY 15 2018

MH/DD/HC  
Programs



## County of Berks

Edward B. Michalik, Psy. D., Administrator  
Mental Health/Developmental Disabilities Program

County Services Center 8<sup>th</sup> Floor – 633 Court Street – Reading, PA 19601

### **Human Services Block Grant Meeting Thursday, May 17, 2018**

***McGlenn Conference Center – Alvernia College***  
*460 St. Bernardine Street*  
*Reading, PA 19607*

Join us for this opportunity for interested individuals to ask questions and offer comments on the human services delivery system for the County of Berks.

\* Registration starting at 8:30 AM \*

**RSVP no later than May 10, 2018**

Call 610-478-3271, extension 6580

Christian Y. Leinbach  
County Commissioner, Chair

Kevin S. Barnhardt  
County Commissioner

Mark C. Scott, Esq.  
County Commissioner



**Berks County Human Services Block Grant Public Meeting –  
May 17, 2018 McGlenn Conference Center Sign In**

NAME	ORGANIZATION	E-MAIL ADDRESS	SIGNATURE
Allen, Brenda			
Althouse, Scott	Easy Does It	salthouse@edinc.org	[Signature]
Barnhardt, Kevin	Commissioner	[Signature]	[Signature]
Bazik, Carolyn	Co-County Wellness	cbazik@coconorth.org	[Signature]
Beltz, Trish	Justice Works Youth Care	[Signature]	[Signature]
Bilinski, Tom	Justice Works Youth Care	tbilinski@justiceworksberks.com	[Signature]
Braun, Mark	Progressions Behavioral Health	mark@brunpsn.com	[Signature]
Bressler, Sheila	MH/DD Program	sbressler@countyofberks.com	[Signature]
Carabello, Damian	SAM Inc.	dcarabello@SAM-inc.org	[Signature]
Carl, Emily	Kidspace	emilie.carl@kidspace.org	[Signature]
Castro, Holly	Caregivers America	Hcastra@caregiversamerica.com	[Signature]
Dixon, Desha	Reading Hospital		
Ertel, Mary	MH/DD Program		[Signature]
Evans, Tracy	MH/DD Program	Tracy Evans	[Signature]
Ferry, Chris	Kidspace		[Signature]

Shingle, Melissa SAM, Inc. mshingle@sam-inc.org  
 Caladady, Tony Pre-Salvation Army TonyCaladady@use.salvation.org



**Berks County Human Services Block Grant Public Meeting –  
May 17, 2018 McGlenn Conference Center Sign In**

NAME	ORGANIZATION	E-MAIL ADDRESS	SIGNATURE
Ferry, Patty	CYS	perry@countyofberks.com	<i>Patty Ferry</i>
Foulds, Amanda	Progressions Behavioral Health	afoulds@phhsi.com	<i>Amanda Foulds</i>
Garipoli, Shara	SAM, Inc.	sgaripoli@sam-inc.org	<i>Shara Garipoli</i>
Geist, Jamie	YMCA	jgeist@ymca-berkscounty.org	<i>Jamie Geist</i>
Gerhart, Toni	Family Guidance	<i>Toni Gerhart</i>	<i>Toni Gerhart</i>
Goodman-Hinnershitz, Marcia	Council on Chemical Abuse	msghinners@coconest.net	<i>Marcia Goodwin</i>
Grinage, Kim	Area Agency on Aging		
Habecker, Nicki			
Hannah, Leah	PA Counseling Services		
Hartraft, Debbie	Berks County Health Center		
Hawkins, Gary	Greater Reading MH Alliance		
Hennigh, Mary	MH/DD Program		<i>Mary Hennigh</i>
Horvat, Debbie	Clare Assisi House	DHORVATCPA@COMCAST.NET	<i>Debbie Horvat</i>
Hunter, Tiffany	MH/DD Program	<i>Tiffany Hunter</i>	<i>Tiffany Hunter</i>
Ingram, Sharon	Council on Chemical Abuse	SINGRAHAM@COCABERKS.ORG	<i>Sharon Ingram</i>

Cuerra, Karina  
 PA Counseling Services  
 Kguerra@PACounseling.com  
 Kguerra

Grott, Linda  
 Threshold  
 PG.2  
 (907)-475-1107  
 2-23-18



Berks County Human Services Block Grant Public Meeting –  
May 17, 2018 McGlenn Conference Center Sign In

NAME	ORGANIZATION	E-MAIL ADDRESS	SIGNATURE
Jones, Jessica	Area Agency on Aging		<i>Jess Jones</i>
Kasper, Bill	Children's Home of Reading	<i>bkasper@chwrreading.org</i>	<i>BK</i>
Kuller, Father Tom	Clare Assisi House		
Malloy, Dan	TASC	<i>dan.malloy@berkstar.com</i>	<i>DM</i>
Messinger, Lydia	BAMS	<i>LMessinger@BoyerstownAreaMulti-SerVICES.org</i>	<i>Lydia Messinger</i>
Meyer, Al	Gaudenzia Inc.		
Michalik, Dr. Edward	MH/DD Program		<i>Ed Michalik</i>
Mills, Pam	Clare Assisi House	<i>pmills.clareofassisihouse@gmail.com</i>	<i>Pamela Mills</i>
Montgomery, Tiffany	Easy Does It		
Moore, Heather	Kidspace	<i>heather.moore@kidspace.org</i>	<i>Heather Moore</i>
Myers, James	Community Care Behavioral Health	<i>myersj2@cebh.com</i>	<i>James Myers</i>
Neidert, Chris	MH/DD Advisory Board		<i>Chris Neidert</i>
Nelson, Corey	Easter Seals	<i>Corey@eseep.org</i>	<i>Corey Nelson</i>
Nicolella, Rob	Catholic Charities		
<i>Molloy</i>	<i>ACC</i>		<i>Far Molloy</i>



**Berks County Human Services Block Grant Public Meeting –  
May 17, 2018 McGlenn Conference Center Sign In**

NAME	ORGANIZATION	E-MAIL ADDRESS	SIGNATURE
Noll, Kathy	Council on Chemical Abuse		
Papademetriou, Stan	Council on Chemical Abuse		
Pilat, Cathy	MH/DD Advisory Board		
Printz, Marisa	SAM, Inc.	mprintz@sam-inc.org	
Beltz, Trish	Justice Works Youth Care		
Reeser, Eric	Reading Hospital D&A Center		
Reinert, Todd	MH/DD Program		
Richardson, Brian	Greater Reading MH Alliance		
Rizzo, Mary	Clare Assisi House	marizzo1@adventista-live.com	
Ruano-Weber, Michele	MH/DD Program	MKRuanoWeber@communityofberks.com	
Rumberger-Concordia, Andrea	SAM, Inc.	arumberger@sam-inc.org	
Salada, Terri	SAM, Inc.		
Sanabria, Amanda	Kaleidoscope Family Solutions		
Scheffler, Bob	Haven Behavioral Health	bscheffler@berchavenille.com	
Schwartz, Sarah	Berks Coalition to End Homelessness		



**Berks County Human Services Block Grant Public Meeting –  
May 17, 2018 McGlenn Conference Center Sign In**

NAME		ORGANIZATION	E-MAIL ADDRESS	SIGNATURE
Seidel, Jessie	County of Berks, Commissioners			
Shaak, Becci	Teen Challenge	BShaak@PAATE.ORG	<i>[Signature]</i>	
Singley, Lydia	HealthChoices	<i>[Signature]</i>		
Smith, Stephanie	Prison	<i>[Signature]</i>		
Stoudt, Keith	Easy Does It	KStoudt@ed-inc.org	<i>[Signature]</i>	
Swain, Vicki	Dayspring Homes	<i>[Signature]</i>	VSwain@dayspringhomes.org	
Szwak, Autumn	Caregivers America			
Thomas, Mary	Reading Hospital D&A Center	Mary.Thomas@towerhealth.org	<i>[Signature]</i>	
Venus, Whitney	BVNA	Whitney.Venus@inhome.org	<i>[Signature]</i>	
Wert, Marietta	Berkshire Psychiatric	M.WERT@BERKSHIREPSYCHIATRIC.COM	<i>[Signature]</i>	
Zeller, Gene	Wernersville Connections, Chaplain			
Younis, Steven	SAM-Berks		<i>[Signature]</i>	
Greggio, Jeffrey	Berks Juvenile Probation	JGreggio@countyofberks.com	<i>[Signature]</i>	
Datman, LAnn	Berks Encore	lDatman@Berksencore.org	<i>[Signature]</i>	



## County of Berks Pennsylvania

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**Berks County Board of Commissioners**  
Shoshone W. Leightner, Chair  
Kevin S. Farnham, II  
Mark C. Seavey, Esquire

**Edward B. Michalik, Psy D**  
Human Services Block Grant County Lead

### FY 2018/2019 Block Grant Public Meeting May 17, 2018

## History

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Initially, the Commonwealth of PA had 7 line item categoricals that would be passed to the Counties. Currently, there are 6 funding streams involved in the Block Grant with the deletion of Child Welfare Special Grants.

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



Berks County was one of the initial pilot Counties for the Block Grant concept.

## Minimum Expenditure Levels

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Since 16/17- Berks County has full flexibility across all funding streams but no program area may be eliminated



## Funding Combined under the Block Grant

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



## County Planning and Needs Assessment Team

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The Berks County team consists of representatives from Aging, CASSP, Mental Health/Developmental Disabilities, Service Access and Management, Berks Coalition to End Homelessness and COCA, the Drug/Alcohol Single County Authority.



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



## County of Berks Pennsylvania

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## Block Grant Implementation

### MH/ID Allocation Projections

FY 17-18	
MH	\$9,112,083
ID	\$3,490,974
<b>Totals</b>	<b>\$12,603,057</b>

<p><b>MH Funds encompass:</b></p> <ul style="list-style-type: none"> <li>• ACT</li> <li>• Blended Case Management</li> <li>• Vocational Rehabilitation</li> <li>• OIHP</li> <li>• SSP</li> <li>• Community Support</li> <li>• Social Rehabilitation</li> <li>• IRR</li> <li>• Respite</li> <li>• Psychiatric Rehabilitation</li> <li>• Peer Support</li> </ul>	<p><b>ID Funds encompass:</b></p> <ul style="list-style-type: none"> <li>• Parent/Partner Housing</li> <li>• Medication</li> <li>• Outpatient</li> <li>• Family Based</li> <li>• Partial Hospitalization</li> <li>• Crisis</li> <li>• Emergency Services</li> <li>• Forensic Diversion</li> <li>• Vocational Employment</li> <li>• Inpatient</li> </ul>
--	---

### Mental Health Services FY 16-17

Mental Health Services	Number Served
Community Services	679
Targeted Case Management	683
Outpatient	2,271
Psychiatric Inpatient Hospitalization	2
Partial Hospitalization	15
Mental Health Crisis Intervention Services	2,153
Community Employment & Employment Related Svcs.	58
Facility Based Vocational Rehabilitation	11
Social Rehabilitation Services	247

### Mental Health Services FY 16-17 (continued)

Mental Health Services	Number Served
Family Support Services (Respite)	2
Community Residential Services	48
Administrative Management	2,991
Emergency Services	923
Housing Support Services	77
Assertive Community Treatment Teams/Community Treatment Teams	7
Psychiatric Rehabilitation	15
<b>Total MH Services</b>	<b>10,182</b>

### Intellectual Disabilities Services FY 16-17

Intellectual Disabilities Services	Number Served
Case Management	605
Community Residential Services	14
Community Based Services	217
<b>Total ID Services</b>	<b>836</b>

### Human Services Development Funds (HSDF) Allocation Projections

FY 17-18	
HSDF	\$322,352

**HSDF Funds encompass:**

- Aging
- Adult Services
- Specialized Services
- Generic

**Currently this money funds:**

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

### Human Services Development Funds (HSDF) FY 16-17

Human Services Development Fund	Number Served
Adult Services	254
Aging Services	1,707
Generic Services	211
Specialized Services	1,098
<b>Total Human Services</b>	<b>3,270</b>

### Homeless Assistance Program (HAP) Allocation Projections

	FY 17-18
HAP	\$455,873

**HAP Funds encompass:**

- Bridge Housing
- Rental Assistance
- Case Management

### HAP Services FY 16-17

Homeless Assistance	Number Served
Bridge Housing	88
Case Management	650
Rental Assistance	561
<b>Total HAP Services</b>	<b>1299</b>

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

	FY 17-18
BHSI	\$ 974,141

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

- Inpatient
- Outpatient
- Recovery Supports
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### ACT 152 Allocation Projections (Drug & Alcohol Treatment Services)

	FY 17-18
ACT 152	\$ 357,930

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

### BHSI and ACT 152 Drug/Alcohol Services FY 16-17

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### Human Services Block Grant County Lead:

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



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



## County of Berks Pennsylvania

Berks County Board of Commissioners  
Christine Y. Lombardi, Chair  
Kevin S. Borchardt  
Mark C. Scott, Esquire

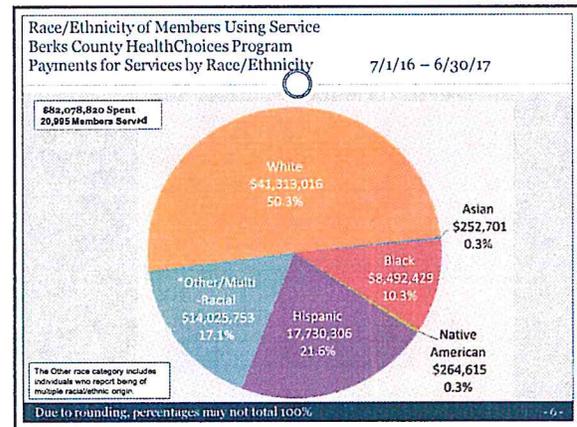
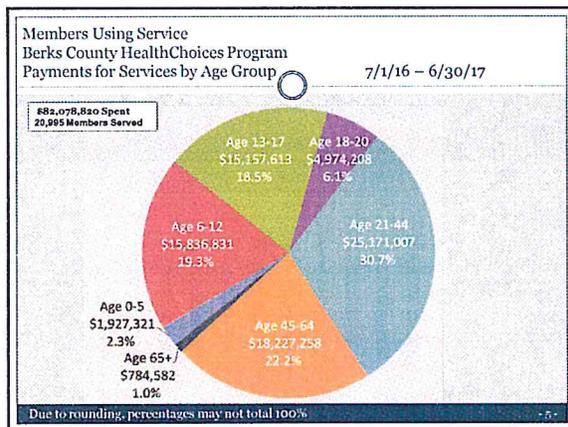
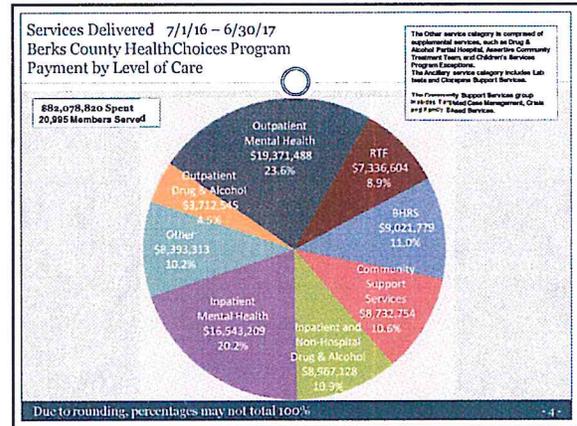
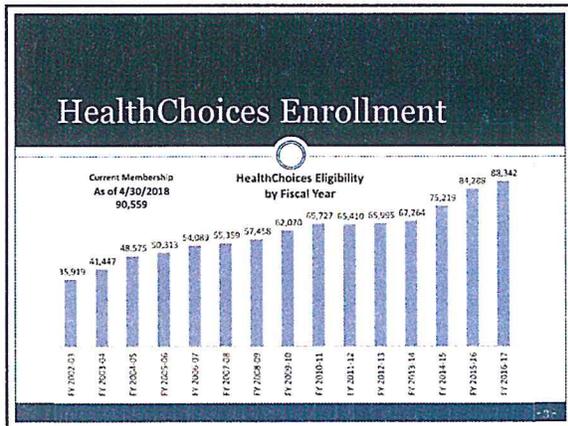
Edward B. Michalik, Psy. D.  
MH/DD Program Administrator

### HealthChoices Program Update FY 2016/2017

### HealthChoices Implementation

Berks County began subcontracting with Community Care Behavioral Health Organization in October, 2001. July, 2018 will mark the beginning of the eighteenth year of HealthChoices. The current agreement with the Department of Human Services is from July 1, 2011 through June 30, 2019.





### Reinvestment Plans Approved with 2015/2016 Funds

- Continued Permanent Supportive Housing Plan until June 2019 and added \$949,971 to this plan.

- ### Program Highlights
- Permanent Supportive Housing
  - Centers of Excellence (COE)
  - Warm Handoff
  - Certified Community Behavioral Health Clinic (CCBHC)
  - Forensic Conference

## Plans being submitted with 2016/2017 Funds

- Respite- \$707,796 and continuation for 5 years.
- Youth & Young Adult Transition to Independence Pilot- \$1,047,246 for 2 years.
- Drop-In Center- \$651,600 for 2 years.
- Transferred \$437,761 into Risk & Contingency Funding.

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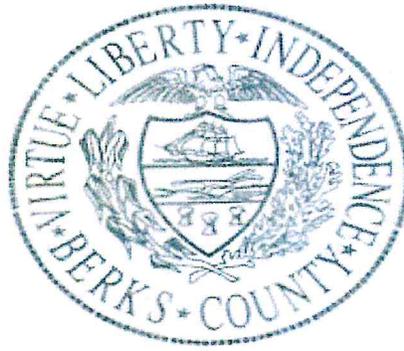
**Any operational questions, please contact:**

Lydia Singley, HealthChoices Program Director  
[lsingley@countyofberks.com](mailto:lsingley@countyofberks.com)



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633 Court Street, 8<sup>th</sup> Floor  
Reading, PA 19601  
610-478-3271, ext. 6581

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## Attendance Sheet

**Meeting: '18-'19 Human Services Block Grant Commissioner's  
Public Meeting**

**Date: May 24, 2018**

Name	Organization	Email Address
1. Michele Ruanu Weber	MH/DD	MRUANUWEBER@COUNTYOFBERKS.COM
2. MARY EKTEL	MH/DD	MERTEL@COUNTYOFBERKS.COM
3. Tiffany Hunter	MH/DD	
4. Sarah Swick	BCEH	Sswick@bceh.org
5. Stan Papademetriou	COCA	
6. Mike Malinowski	EHID	MMALINOWSKI@EHD-INS.COM
7. Astra Marx	EHD	AMMARX@EHD-INS.COM
8. Karen Shvey	Reading Eagle	KSHVEY@READINGEAGLE.COM
9. Todd Reinert	MA/DD	
10. Melissa Shingle		

Name	Organization	Email Address
11. Stephanie Smith	BCSS	
12. Mary Hennigh	MH/DD	
13. Kimberly Grinage	Berks Co. AAA	
14. Jessica Jones	Agixy	
15. Dennis Soj-	Security	
16. Dawn Wivell	WFMZ.com	
17. Steve Young	SAM	
18. Shela Boyd	MH/DD	
19. Mary Beth	Chief Clerk	
20. Mark Pitz	SAM	
21. Shana Siquah	COCA	
22. Brian Kammerer	COCA	
23. Kristin Schreffler	HR	
24. ALEX DIEM	HR	
25. Ronald R Sama	CAO	

Name	Organization	Email Address
26. Paul Bradshaw	Solicitor	
27. KEVIN S. BARNHART	COMMISSIONER	
28. Ronald M. Entwistle	Controller	
29. Janet Lee	Information Systems	
30. Kathy Noll	COCA	
31. Jess Serdel	COMMS.	
32. Kay Leisey	Commissioners	
33. Jonathan Del Colo	Prothonotary	
34. Robert Shook	Reading Dept	
35. Dr. Ed Michalik	MH/100/14,15	
36. Rich Ford	Sam	
37. Teri Salata	SAM AE	
38. Molly Sanders	Court Admin	
39. Mary Buerer	Commissioners	
40. Tracy Evans	MH/100/14,15	



## County of Berks Pennsylvania

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**Berks County Board of Commissioners**  
 Frederick F. Leinhardt, Chair  
 Mark S. Barbour  
 Mark C. Scott, Esquire

**Edward B. Michalik, Psy. D.**  
 Human Services Block Grant County Lead

**FY 2018/2019  
 Berks County Commissioners Public Meeting  
 May 24, 2018**

## History

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Initially, the Commonwealth of PA had 7 line item categoricals that would be passed to the Counties. Currently, there are 6 funding streams involved in the Block Grant with the deletion of Child Welfare Special Grants.

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



Berks County was one of the initial pilot Counties for the Block Grant concept.

## Minimum Expenditure Levels

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Since 16/17- Berks County has full flexibility across all funding streams but no program area may be eliminated



## Funding Combined under the Block Grant

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



## County Planning and Needs Assessment Team

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The Berks County team consists of representatives from Aging, CASSP, Mental Health/Developmental Disabilities, Service Access and Management, Berks Coalition to End Homelessness and COCA, the Drug/Alcohol Single County Authority.

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




## County of Berks Pennsylvania

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## Block Grant Implementation

### MH/ID Allocation Projections

FY 17-18	
MH	\$9,112,083
ID	\$3,490,974
<b>Totals</b>	<b>\$12,603,057</b>

<p><b>MH Funds encompass:</b></p> <ul style="list-style-type: none"> <li>• ACT</li> <li>• Blended Case Management</li> <li>• Vocational Rehabilitation</li> <li>• CHIPP</li> <li>• SAP</li> <li>• Community Support</li> <li>• Social Rehabilitation</li> <li>• ORR</li> <li>• Respite</li> <li>• Psychiatric Rehabilitation</li> <li>• Therapeutic</li> </ul>	<p><b>ID Funds encompass:</b></p> <ul style="list-style-type: none"> <li>• Parent Partner</li> <li>• Housing</li> <li>• Medication</li> <li>• Outpatient</li> <li>• Family Based</li> <li>• Partial Hospitalization</li> <li>• Crisis</li> <li>• Emergency Services</li> <li>• Forensic Diversion</li> <li>• Vocational Employment</li> <li>• Inpatient</li> </ul>
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### Mental Health Services FY 16-17

Mental Health Services	Number Served
Community Services	679
Targeted Case Management	683
Outpatient	2,271
Psychiatric Inpatient Hospitalization	2
Partial Hospitalization	15
Mental Health Crisis Intervention Services	2,153
Community Employment & Employment Related Svcs.	58
Facility Based Vocational Rehabilitation	11
Social Rehabilitation Services	247

### Mental Health Services FY 16-17 (continued)

Mental Health Services	Number Served
Family Support Services (Respite)	2
Community Residential Services	48
Administrative Management	2,991
Emergency Services	923
Housing Support Services	77
Assertive Community Treatment Teams/Community Treatment Teams	7
Psychiatric Rehabilitation	15
<b>Total MH Services</b>	<b>10,182</b>

### Intellectual Disabilities Services FY 16-17

Intellectual Disabilities Services	Number Served
Case Management	605
Community Residential Services	14
Community Based Services	217
<b>Total ID Services</b>	<b>836</b>

### Human Services Development Funds (HSDF) Allocation Projections

FY 17-18	
HSDF	\$322,352

**HSDF Funds encompass:**

- Aging
- Adult Services
- Specialized Services
- Generic

**Currently this money funds:**

<ul style="list-style-type: none"> <li>• Homemaker Services</li> <li>• Wellness Services</li> <li>• Home Delivered Meals</li> <li>• Information and Referral Services</li> <li>• Case Management Services</li> </ul>	<ul style="list-style-type: none"> <li>• Child Abuse Interventions</li> <li>• Drug/alcohol treatment for those without insurance</li> <li>• Budget Counseling</li> <li>• Prevention Activities</li> </ul>
--	---

### Human Services Development Funds (HSDF) FY 16-17

Human Services Development Fund	Number Served
Adult Services	254
Aging Services	1,707
Generic Services	211
Specialized Services	1,098
<b>Total Human Services</b>	<b>3,270</b>

### Homeless Assistance Program (HAP) Allocation Projections

	FY 17-18
HAP	\$455,873

**HAP Funds encompass:**

- Bridge Housing
- Rental Assistance
- Case Management

### HAP Services FY 16-17

Homeless Assistance	Number Served
Bridge Housing	88
Case Management	650
Rental Assistance	561
<b>Total HAP Services</b>	<b>1299</b>

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

	FY 17-18
BHSI	\$ 974,141

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

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