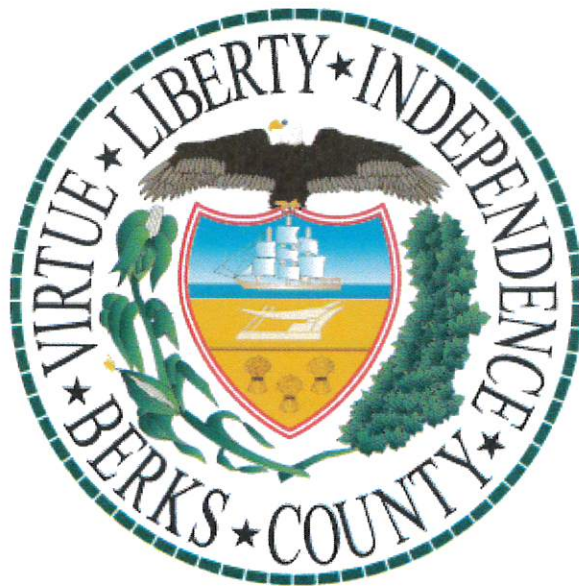


Berks County Human Services Plan 2023-2024



Christian Y. Leinbach, Commissioner Chair
Michael S. Rivera, Commissioner
Lucine Sihelnik, Commissioner

Appendix A
Fiscal Year 2023-2024




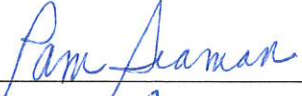

COUNTY HUMAN SERVICES PLAN

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 153 of 2016, 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 assures that it and its providers 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 (relating to contract compliance):
 - 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>Signature(s)</i>	<i>Please Print Name(s)</i>	
	Christian Y. Leinbach	Date: 9/12/23
	Michael S. Rivera	Date: 9/12/23
	Lucine E. Sihelnik	Date: 9/13/23
	Pam Seaman	Date: 9/13/23
ATTEST: 	Carmen Torres	Date: 9/13/23
<i>Kathleen F. Noll</i>	Kathleen Noll	Date: 7/19/2023

Appendix B
County Human Services Plan Template

The County Human Services Plan (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 instructed in the Bulletin 2023-01.

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.

The Planning Team consists of Cyndi Behney-Carnevale (SAM-Provider Relations Coordinator), Yomary Castro (Berks SCA-Fiscal Manager) Mary Ertel (MH/DD- Fiscal Officer), Greg Gerdeman (MH/DD-CASSP Coordinator), Tiffany Hunter (MH/DD-Fiscal Manager), Elise McCauley (Berks Coalition to End Homelessness-HMIS Director), Jessica Moore (SAM-Director of Provider Relations), Kathleen Noll (Berks SCA-Drug and Alcohol Assistant Administrator), Todd Reinert (Area Agency on Aging/MH/DD-Contracts Manager), Michele Ruano-Weber (MH/DD-Deputy Administrator), Andrea Rosa (SAM-County Programs Service Line) Terri Salata, (SAM-Director of AE Support Services), Lydia Singley (HC Program Director), Jack Williams (Berks Coalition to End Homelessness-Executive Director), and Steven Young (SAM-Fiscal Manager).

1. Please identify, as appropriate, the critical stakeholder groups, including:
 - a. Individuals and their families
 - b. Consumer groups
 - c. Providers of human services
 - d. 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 rosters 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 June 13 and June 22, 2023. The meeting on June 13th was an in-person meeting. The meeting on June 22nd was hybrid. Comments could be submitted verbally or in written form. In addition, each organization has multiple virtual meetings 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 participated in the planning process.

Aging-Advisory Council Meetings (bi-monthly)

CASSP-Meetings held monthly related to the Child serving systems.

CSP- 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). The HealthChoices and CASSP Advisory Committees are now a subset of the MH/DD Advisory Board.

SCA-Board of Directors meets monthly.

Berks County Stepping- Up Initiative Core Steering Committee-meets on a quarterly basis.

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 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 is 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 describe any substantial programmatic and funding changes being made as a result of last year's outcomes.

MH Base funding that was not spent was moved to the HSDF Programs to cover incurred costs by an HSDF Provider.

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 needed for non-block grant counties.

1. Proof of publication;
 - a. Please attach a copy of the actual newspaper advertisement(s) for the public hearing(s).
 - b. When was the ad published? 5/8/23
 - c. When was the second ad published (if applicable)? 5/8/23
2. Please submit a summary and/or sign-in sheet of each public 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

For each of the following, please explain how the county works collaboratively across the human services programs; how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities; and provide any updates to the county's collaborative efforts and any new efforts planned for the coming year. (Limit of 4 pages)

1. Employment:

The Single County Authority has contracted with a local organization to provide workforce development services to individuals with an opioid use disorder. This service is being funded through Opioid Settlement Funds. The program called Recovery Works provides a comprehensive, case managed approach to delivering employment support services. This model also includes an intensive focus on employer recruitment and engagement.

Berks County identified a point person in July of 2021 per the HSBG Block Grant planning process, and the individual identified is the supervisor of the County's Base Service Unit (BSU). Initial steps began with contacting our contracted employment/vocational providers, such as AHEDD and Berks Personnel Network (BPN) and Prospectus Berco. Outreach was also made to other integral vocational providers/agencies, including OVR and CareerLink. Quarterly meetings have been occurring with agenda items identified, such as how to increase referrals to employment agencies, steps to educate the community about resources available, and the barriers that agencies are facing with individuals served, to name a few. It was also determined that as a resource, OVR would maintain a presence within the BSU on scheduled days/times, to increase access and awareness of resources. Unfortunately, due to staffing concerns beginning in September 2022, OVR rescinded this opportunity and will re-establish once fully staffed.

The team of employment/vocational agencies that serve the residents of Berks County merged with our IDD Program as of August of 2023. The Employment Coalition has been meeting for several years and is made up of Providers, OVR and community members. Most recently, the group began to collaborate with Employers and hopes to expand on this in the future. Focus has been and will continue to be on resource development, education and training during scheduled meetings which will continue to occur on a quarterly basis.

Berks Administrative Entity Staff are closely involved in the planning and coordination of Project SEARCH. Project Search is a partnership between OVR, the BCIU, MH/DD/SAM, Penn State Health St. Joseph, and Goodwill. The Project SEARCH Program is a unique, business-led, one-year, school-to-work program that takes place entirely at the workplace. Students attend the program for a full school year in the host business. Throughout the school year, the students work on employability and functional skills. During the last few months of the program, the emphasis is on refining skills, achieving career goals, and job placement. Upon satisfactory completion of the program, students will receive a Career Portfolio. They also collaborate with many community partners to provide system education and support.

The Berks County MH/DD Program funds a supportive employment service which targets individuals with mental illness and forensic involvement, named Work in Progress (WIP), operated by Berks Connections/Pretrial Services (BCPS). WIP services include workforce readiness and preparation, instruction related to job search techniques, interviewing skills, creating a resume, the importance and development of soft skills, and the creation of an Individualized Employment Plan. BCPS also provides financial literacy education and access to a Computer Based Learning Center. Stable employment is promoted and facilitated via ongoing case management with participants that includes strategies for employment retention. In FY 22-23, the WIP program served 35 individuals, and the MH Employment through MH Treatment Court served 12 individuals.

The Berks Coalition to End Homelessness, "Jobs Assistance Program," began in February of 2017. This program is funded through the CDBG Program with the City of Reading. The goal of this program is to assist individuals experiencing homelessness in the community and in local shelters to return to work. The BCEH Jobs Assistance Program focuses on creating and maintaining partnerships with other organizations in Berks County. These partnerships have created a network for sharing information about employment opportunities and job readiness programs that greatly benefits the clients this program serves. Organizations who have joined this network include Hope Rescue Mission, Berks Connections Pre-Trial Services, Career Link, Mack Employment, Spherion Employment, Mary's Shelter, and the Alcon Corporation. The Jobs Assistance Program assists clients with transportation to job interviews, advice and counsel about available positions, and scheduling placement into job readiness programs. The Jobs Assistance Program works with approximately 40 new individuals per year.

Another resource is the program, Rebuilding Reentrants and Reading (R3), operated by Berks Connections/Pretrial Services (BCPS). This registered pre-apprenticeship program offering opportunity for individuals with a criminal history to acquire skills in the construction trades that lead to gainful employment. BCPS developed this innovative program which is based on best practices of reentry programming and adult career and technical education. The combination of best practices - classroom learning, hands-on experience, and cognitive interventions – not only improves employment outcomes for participants, but it also significantly reduces recidivism as well. BCPS provides case management, mentoring, and support for one year following graduation from the program. In FY 22-23, the BCPS WIP Program served 35 individuals and the MH Employment Program served 12 individuals.

2. Housing:

The Single County Authority has contracted with their case management provider to provide temporary rental assistance to individuals with either an opioid or stimulant use disorder using SOR Housing Funds.

The Berks 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, 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 Housing Plan can provide the Security Deposit payment, an ineligible expense from HUD resources; however, it is allowable through the Housing Plan.
 - An on-line application is being developed and should be operational withing FY 23/24. The on-line process is being developed to further ease the process of application, and to enhance tracking, statistical analysis, and reporting.
- Collaboration with the Berks County housing services community continues to be robust and beneficial to consumers. This collaboration is growing in the ability of the Housing Plan to assist consumers who are receiving permanent rental subsidy (such as through a Housing Authority), but who have fallen into arrears. Eviction due to arrears, in these circumstances will result in the loss of permanent

rental subsidy. The ability of the Housing Plan to pay arrears in these cases directly impacts the ability of consumers to permanently maintain safe, decent, and affordable housing. Collaboration with landlords is growing and has been impactful. The Housing Plan is assisting with such things as application fees, rental arrears, and damages. Working with landlords as cooperative partners in helping consumers stay stably housed and develop a positive rental experience is a key component of Housing Support Services.

- The Housing Plan can 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.
- The long-term impact of the COVID 19 Pandemic continues to be evident in such areas as landlords being much more selective in choosing tenants, increased rental costs, etc. ERAP has ended, but many consumers are still in very significant rental arrears. All SAM housing (rental assistance) programs are accepting and approving applications and have been able to assist with both rental and utility arrears, security deposit payments and other similar one-time payments.
- Further collaboration is also evident in the implementation of two other tenant-based rental assistance programs operated by SAM, Inc., which are funded through the Pennsylvania Housing Affordability and Rehabilitation Enhancement Fund ("PHARE"), provided through the Pennsylvania Housing Finance Agency (PHFA). Through these two programs, SAM is able to provide rental assistance to those consumers not eligible for the Housing Plan, as well as those consumers served through Forensic case management.
- In FY 22/23, Retained Earnings, provided through the Berks County MH/DD Program, enhanced the ability of SAM to use Housing Plan and PHARE Programs available funding to serve a greater number of consumers. The use of Retained Earnings was so successful that it was again offered for FY 23/24.
- 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 (as Board Chair) and as such, can 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 discussion 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, and other funding.

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

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 22-23.

Introduction: Berks County has a continuum of behavioral health programming and ancillary supports available to individuals. Protocol has been established by HealthChoices, commercial insurance, private funders, DHS, as well as by the County, to ensure the provision of quality supportive and treatment services by provider agencies and practitioners, including auditing and provider monitoring procedures. The Pandemic led to a major treatment modality change in many levels of care, even if temporary, from in-person to virtual/telehealth services. In the beginning of the pandemic, OMHSAS issued guidance on providing ambulatory services via telehealth. Community Care Behavioral Health

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(Berks HealthChoices Managed Care Organization) has tracked telehealth utilization with results showing that it has been used the most in outpatient mental health. While telehealth is provided in other levels of care, the volume is less for a variety of reasons. For some services such as Peer Support, consumers were not comfortable with telehealth, and for others, such as IBHS and Family Based, it was challenging to effectively provide services via telehealth. To mitigate financial losses incurred by providers, Berks HealthChoices and Community Care implemented Alternative Payment Arrangements (APAs) for all levels of care. These APAs served to maintain financial solvency for the providers and remained in place until June 30, 2022. To assist providers in sustaining and potentially increasing service access, various inpatient and ambulatory providers were subsequently issued rate increases by the end of CY22.

CCRI POMS: During this past year, Berks County has continued to demonstrate improvements towards their ongoing goal of increasing the number of approved, error-free encounter submissions, while assisting providers in their 5-year CCRI/EPOMS revalidation processes. Monthly meetings are held with the software vendor responsible for Berks County's POMS data reporting, in order to troubleshoot submission issues, including denials, so that we can reconcile the issues in a timely manner. Berks County's continued participation in quarterly CCRI webinars and OMHSAS Stakeholder's meetings has provided CCRI updates and planned enhancements, while soliciting county input in the development of future systemic improvements. In Fiscal Year 23-24, Berks County will be transitioning to a new electronic records system with the continued goal of timely and accurate CCRI provider, client level and service data, as the records information is migrated from the current records system. Staffing responsibilities have been recently redefined to promote a greater focus on the provider's CCRI enrollment and related processes as well as the timely, increased accuracy of Berks County's POMS submissions.

Respite: Berks County identified reinvestment dollars from HealthChoices for mental health respite services, which are available for youth and adults with a mental health diagnosis and CCBH eligibility. These services can be in-home or out-of-home, and hourly and daily services exist as well. In FY 21-22, the service delivery model was expanded to include what is known in DD as Agency with Choice. The main tenet of this modality of care is that the family selects the respite caregiver and following the successful completion of training and the securing of clearances, the chosen individual, given they meet other eligibility criteria, is eligible to be a paid caregiver. Also, an enhancement to respite in FY 21-22 was the onboarding of a new Social Recreational provider, as well as another provider agency that can accept youth for out-of-home placements on a 24-hour basis via the use of approved Host Homes. In addition to the reinvestment monies, a small base allocation for respite exists for those ineligible with CCBH.

While 13 total individuals (4 adult and 9 youth) received respite services in FY 21-22, the number decreased slightly to 12 individuals in FY 22-23. No individuals utilized county funding and 12 individuals utilized HealthChoices reinvestment funding. Of those, 6 were Adults who utilized a total of 182 overnight stays at local hotels and 6 were children. For the children served, hourly services were used primarily for a total of 510 hours, and 10 overnights were also utilized via Agency with Choice. Only one child utilized the summer camp/recreational service. This number reflects a continued decrease in Respite requests and utilization for children since the COVID pandemic. Additionally, providers have reported challenges with staff retention and recruitment.

Crisis Intervention Services: Holcomb/Chimes, Berks County's Crisis Intervention provider as of June 2022, continued to establish their presence as a new provider in the Berks County community making connections with various system partners (i.e.: education, law enforcement, aging, hospital systems, etc.). Like the experience of many varied levels of care, there is difficulty recruiting and maintaining staff; especially on evening and weekend shifts which results in not always able to provide mobile outreach as a first priority. Regardless, they are providing telephone, walk-in and mobile crisis

services also having expanded walk-in to 24 hours per day. Texting services have also resumed. Berks County MH/DD Program also requested and received waiver approval for Holcomb to also provide delegate services on behalf of the county. A training curriculum has been developed by Holcomb and is completed by staff and this information as well as education and employment backgrounds are reviewed by MH/DD Program prior to approval to function in this capacity. The MH/DD Program met biweekly with the Holcomb Management team throughout most of this past fiscal year to ensure as smooth a transition as possible. Recently, this was switched to one time per month, outside of specific situations, which are addressed immediately. The Crisis Intervention Director also participates in other monthly coordination meetings with the Tower Health Emergency Department and quarterly with Tower Behavior Health, one of our local inpatient psychiatric units. Crisis Intervention Services are available 24/7/365 and include bilingual Crisis services. In FY 22/23, there were 5,285 units of crisis intervention service delivered to 972 unique service utilizers.

Crisis Residential Service: Due to the number of individuals presenting at Emergency Departments (EDs) with increasingly significant behavioral health needs, Inpatient facilities often being full and not able to accept these members for admission, and/or many of these individuals not being in need of Inpatient treatment and able to be diverted, Berks HealthChoices and Community Care issued a RFP in Fall 2021 to open a Crisis Residential (Crisis Res) Service in Berks County. This RFP followed the Community Mental Health Services Block Grant (CMHSBG) funding awarded from OMHSAS for the MH/DD Program's submission for community crisis continuum expansion. Holcomb Behavioral Health was subsequently chosen to be the provider. The CMHSBG grant funding is covering start-up costs, primarily related to staffing, and Berks HealthChoices is utilizing reinvestment funds to cover lease-related costs for four years. Crisis Residential services provide short term, 24/7 crisis stabilization support in a safe, alternative environment. This is a blended recovery and medical model with integrated support for co-occurring disorders (MH/SUD), trauma-informed care, EBPs, individual and group therapy, psychoeducational groups and recreational activities, while coordination and collaboration with family, friends, treatment providers, and community supports will occur. The goal of the program is to increase diversion from Inpatient care, thus reducing the number of Inpatient admissions, and in turn increase Inpatient bed availability while also reducing ED lengths of stays. The program can accommodate six adults ages 18+ with any mental illness or co-occurring SUD in need of clinical supervision, intervention, and stabilization. The program opened in April 2023 and served 12 individuals in FY 22-23.

Community Based High-Risk Services: In response to the need to provide high-risk HealthChoices individuals with more intensive community-based services, primarily those with forensic concerns, SUD-related needs, and/or discharges from the state hospital, Berks County and Community Care partnered with Berks Counseling Center (BCC), an Integrated Community Wellness Center (ICWC), to provide services to these members through their High-Risk Team beginning in Fall 2021. The Team provides comprehensive risk screenings for behavioral and physical health conditions and SDoHs, assessments, MH/SUD behavioral health counseling, psychiatric evaluation and medication management, case management, peer and recovery support specialist services, crisis response, on-site physical health care, health and wellness supports, clinical care coordination, and housing support. This resource is expected to increase community tenure for individuals served.

Inpatient Treatment: Tower Behavioral Health, an inpatient psychiatric facility, opened in August 2020. As of May 2022, there are four adult units (one for general acute, one for mood disorders, one for co-occurring MH/SUD) and one adolescent unit open. An eating disorder unit opened in July 2022 for individuals ages 14 and older. There is another inpatient facility within the County, Haven, and contracts exist with facilities in neighboring counties should there not be local bed availability. A total of 4 individuals were County funded in FY 22-23, which is an increase from three in FY 21-22.

Outpatient: An array of Outpatient services exists including individual, family, and group therapy, and bilingual services, as well as psychiatric, psychological, and evaluative services, that are offered by several providers. Ten providers are contracted to deliver County funded psychiatric outpatient treatment, thereby promoting choice. One provider agency, with bilingual capacity, delivers Parent Child Interaction Therapy (PCIT). DBT is available at six outpatient providers in the community in individual and group modalities. Several providers offering other levels of care have DBT embedded into their service delivery. Various specialty treatment modalities such as EMDR and Mobile Psychiatric Rehabilitation are also available. Particularly considering the pandemic, telepsychiatry has been offered by many outpatient providers to increase access to psychiatric practitioners. In FY 22-23 – a total of 86 Outpatient service units were delivered to 22 individuals, of which 20 were adults and 2 were children. A total of 25 units were delivered via telehealth for the Initial assessment or Individual therapy. Additionally, each school district within the County, have at least one licensed satellite outpatient provider onsite to deliver treatment services to students. Within the elementary and secondary educational settings, these services are coordinated in conjunction with SAP assessment services. In FY 22-23, the average number of youth seen for an intake with a satellite outpatient provider per quarter was 7. This is a 50% decrease in contacts for intake from FY 21-22. The County also funds a Coordinator through a provider to facilitate the delivery of Outpatient services within **Abraxas' Detention facility**. Approximately, fourteen (14) youth per quarter in FY 22-23 have been seen by an outpatient therapist for an intake while detained, with the majority receiving ongoing clinical services.

Partial Hospitalization Programming (PHP) is accessible to both 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 following inpatient care. Of the four in-county PHP providers (2 adult and 2 child) in the Berks HealthChoices network, the County contracts with both adult and one (1) child provider. In FY 22-23, six (6) adults were county funded.

FBMH services are offered to youth ages 3-21 as an intensive level of treatment aimed at circumventing out of home placement that is provided in the home and community by a treatment team. Of the three in-county FBMH providers in the Berks HealthChoices network, the County contracts with all of them. In FY 22-23, one (1) youth was county funded for FBMH Services.

ACT services are available, which are community-based programs developed to serve individuals who have the most serious and persistent symptoms of severe mental illness. Berks County had two ACT programs offered by two separate providers through February 2022: one for transition age and one for adults. In March 2022, the transition age ACT team transitioned to a transition age High Risk team. No individuals were County funded in FY 22-23.

CRR treatment services are also available to both youth and adults in Berks County. **CRR Host Homes (CRR HH)** offer youth an alternative to residential placement and permit the youth the ability to reside in a family environment while receiving treatment. **Adult CRR** is a viable step down from inpatient treatment for adults and permits the acquisition of life skills, such as medication compliance, and close monitoring that can be titrated, while in a less restrictive setting. In FY 22-23, 21 adults were county funded for standard CRR and four (4) youth were funded for Room and Board within CRR HH. There was also a new Adult CRR program created to assist with the forensic population, with the first admission occurring in June 2021. The program has admitted 12 individuals to date and County funding was used for one (1) of the individuals.

Targeted Case Management (TCM): Case Management is available for both children and adults. Of the three (3) in-county TCM providers in the Berks HealthChoices network, the County contracts with all of them. One of the providers offers a specialized unit able to offer services 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 was a total of 417 individuals who received case management funded by County dollars in FY 22-23 versus 516 in FY 21-22. The availability of bilingual staff at each agency is invaluable in working with individuals due to the demographics of the community, as the goal of TCM is to serve individuals in their most natural setting and in their native language. Case managers also can 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.

Student Assistance Program (SAP): The primary goal of Berks County's Student Assistance Program continues to focus on the removal of challenges to learning through the mobilization of school resources. The SAP team's early identification of student's struggling with issues including drugs, alcohol, and mental health provides the avenue for intervention which will encourage each student's academic and social successes, in addition to the advancement in their future aspirations. In FY 22-23, there continued to be an increase in demand for SAP services, grades K-12. A total of 1135 combined assessments were completed by the three (3) County contracted SAP providers, with 77% of completed SAP assessments resulting in Mental Health treatment recommendations, 15% in substance use recommendations, and 6% in co-occurring recommendation (MH/SA). Additionally, SAP providers offered supportive collateral services to the student and/or family when the student was waiting for their initial appointment with the mental health provider. In FY 22-23, this contributed in large part to nearly 200 additional collateral contacts from the prior year.

Community Hospital Integration Project Program (CHIPP): Two (2) contracted provider agencies serve CHIPP consumers. Services offered include clinical services, supportive living services, family living, CHIPP PCBH, and CHIPP group homes. During FY 22-23, forty (40) persons were served through CHIPP. Satisfaction data was collected through interviews with thirty-six (36) CHIPP consumers in FY 22-23 and completed by members of the Berks County Consumer Family Satisfaction Team (CFST). 100% of CHIPP consumers surveyed in FY 22-23 reported satisfaction with supports provided to them to manage daily living activities and medical needs. Approximately 83% indicated they received information about their specific mental health issues and medications and reported comfort in seeking assistance from CHIPP staff regarding the aforementioned. Likewise, in FY 22-23, 97% of respondents reported believing they could recover and felt supported by CHIPP staff in reaching their personal goals. In FY22-23, of the nineteen (19) Berks County individuals referred to WeSH, nine (9) (47%) were diverted to community-based living arrangements and services.

Psychiatric Rehabilitation: Adults & Transition Age Youth: The Mosaic House Clubhouse for adults continues to maintain accreditation from Clubhouse International, as well as a Psychiatric Rehabilitation license from OMHSAS. Cultural competency is evidenced by required staff trainings, forms used within the program, and the assessment, among other aspects. Addressing the special needs of the LGBT community has also been a priority at the clubhouse, and a partnership with the LGBT Center of Greater Reading who provides training and support. Sexual identity considerations have also been added to the intake process. In addition, a strong partnership with the Disability Office at Reading Area Community College continues. During Fiscal Year 22-23, the Mosaic House had 18 admissions and an average daily attendance of 29 members, of which 6 individuals were county funded and 23 and Health Choices funded individuals.

Hope Springs Clubhouse's target population is Transition Age Youth, 16-30 years old who are struggling with mental health conditions. Hope Springs is the first transitional age clubhouse in Pennsylvania. Hope Springs had their first accreditation review in March 2022 and received a three-year accreditation. A strong partnership with the Disability Office at Reading Area Community College continues. In FY 22-23, Hope Springs had 18 admissions (1 member was county funded) and an average daily attendance of 10.

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The Clubhouses restructured the management positions recently and now have one manager and one assistant manager overseeing both clubhouses. Both managers have the credential of CPRP (Certified Psychiatric Rehabilitation Practitioner). All staff are required to take the OMHSAS approved 12-hour Orientation to Psychiatric Rehabilitation class to ensure a base knowledge regarding psychiatric rehabilitation upon hire, and staff are also required to take 18 hours of psychiatric rehabilitation training per year to maintain growth and knowledge. Both clubhouses sent a team of staff and members to a clubhouse training base for the intense two-week colleague training required by Clubhouse International. Mosaic House went to Fountain House in New York City in February 2023 and Hope Springs went to Gateway Clubhouse in South Carolina in October 2022. Detailed action plans were developed at the training to address quality improvement efforts.

Social Rehabilitation: Circle of Friends provides mental health consumers with educational, recreational, and socialization opportunities, as well as aids mental health consumers in accessing resources to meet their basic needs. In FY 22-23, 162 individuals received services, with an average monthly increase of 20 individuals from FY 21-22. The total number of meals/snacks served in FY 22-23 were 47,284 versus 35,263 in FY 21-22. The Center underwent major renovations via a HealthChoices reinvestment plan, and the hours were extended for programming, thereby promoting the availability of additional activities; also, an extra meal and snack are served daily. The enhanced facility further lends to collaboration with case management with meeting rooms and the availability of on-site parking.

Vocational/Employment Services: Berks County offers supportive services related to seeking and maintaining employment and the subsequent acquisition of vocational skills. In FY 22-23, five (5) MH Vocational /Employment providers served a total of 96 county funded individuals. The BCPS Work in Progress (WIP) Program served 35 individuals, BCPS MH Employment served 12 individuals, the Threshold Vocational Program served two (2) individuals, Berks Personnel Network (BPN) served seven (7) individuals, AHEDD served 39 individuals, and Prospectus Berco served one (1) individual.

Kids Against Pressure is an after-school program geared towards students in grades 3-5 and is held weekly throughout the school year in five (5) Reading School District elementary schools. The goals are to have the students develop skills in the following areas: Resiliency Skills/Self-esteem, Drug and Alcohol Education and Prevention, Conflict Resolution, Nutrition/Personal Hygiene, Managing Peer Pressure, Diversity, and Bullying. There was an average of 30 active participants monthly in FY 21-22, and in FY 22-23, the program expanded to include additional schools. An average of 67 participants were served per month in FY 22-23, which is a significant increase from FY 21-22. Twelve (12) youth also attended the summer camp program that is offered.

A **Representative Payee** program is run by a local mental health advocacy agency. 43 individuals who cannot manage their funds independently per a physician's determination were served in FY 22-23.

Berks NAMI offers local support groups and likewise, NAMI National's formalized programs are available for Community residents. Other resources, such as book borrowing, are also available. In FY 22-23, a permanent director was hired, and NAMI intends to expand their footprint within the community. In FY 22-23, an average of 172 individuals were involved in a variety of support groups through NAMI including Connections LGBTQ+ and Family-to-Family group which are each offered multiple times each month.

Supported Living: In FY 21-22, the enhanced availability of MH Supported Living Services was made possible via program expansion and allocation of monies. The selected provider served 49 individuals in FY 22-23.

ICAN is a program conducted by mental health consumers for other mental health consumers. The program's goals are the provision of support, encouragement, and offering necessary supplies to mental health consumers living in the Community. The program has historically been run in coordination with a local church; however, due to ongoing COVID restrictions in FY 21-22, Personal Care homes were utilized for the meetings. In FY 22-23, two (2) Personal Care Boarding Homes continued to be utilized for the ICAN Meetings.

ICAN WeSH continues to focus on the goal of bridging the gap between consumers living in the State Hospital and re-entry into community living through socialization and role modeling. In FY 21-22, the state hospital-based program was not operational due to the COVID restrictions; however, ICAN WeSH focused on the active engagement of 5-10 participants per month once restrictions were lifted. In FY 22-23, there was an average of 18 individuals who participated monthly at WeSH. The departure of the ICAN/WeSH facilitator mid FY 22-23 resulted in a decrease in meetings which impacted the overall number of participants. New facilitators have been hired and it is anticipated that the ICAN meetings to resume in the first quarter of FY 23-24.

LOSS Group: Berks County has partnered with a provider to implement LOSS (Local Outreach to Suicide Survivors), with the goal that survivors of suicide, family, and friends, will partner to offer support and resource sharing. There are currently two professionals and several family members trained. Referrals began to be received in August of 2023.

Work in Progress (WIP): Berks Connections/Pretrial Services (BCPS) operates the Work in Progress (WIP) program, which is a comprehensive workforce development program for current or prior justice-involved persons receiving case management services who are struggling with obtaining employment because of forensic involvement. WIP services include workforce readiness and preparation, instruction related to job search techniques, interviewing skills, creating a resume, the importance and development of soft skills, and the creation of an Individualized Employment Plan. BCPS also provides financial literacy education and access to a Computer Based Learning Center. In FY 22-23, 35 individuals were served through this program.

Berks Counseling Center (BCC) Forensic Housing: The BCC Forensic Housing Program is operated in collaboration with the Berks County MH/DD Program and Forensic Diversion Specialists. The program offers 12 units that are fully furnished. The target population focuses on justice-involved individuals who are diverted from incarceration or who need suitable/supportive housing upon release from jail. The program houses individuals rent-free for a period of up to six (6) months while wrapping individuals with community supports/services to ease the transition to community living from incarceration and reduce recidivism. Several apartment leases for this program were lost since the onset of the pandemic and changes thereafter within the housing market. In FY 22-23, 20 individuals were served through this program, with 9 of the 13 discharges considered successful. Berks Counseling Center, provider agency for this service, has purchased a building with multiple apartments which will be used for this program. Renovations to the apartment building have been ongoing through FY 22-23 with projected completion date for several of the apartments expected in calendar year 2024.

Addressing Social Determinants of Health (SDoH) to increase community tenure: The Department of Human Services (DHS) developed a new initiative in HealthChoices entitled Community Based Care Management (CBCM), which is focused on whole person health care. One component is to connect with a local not-for-profit organization, referred to as a Community Based Organization (CBO), whose primary focus is to assist in addressing members' SDoH needs. Berks HealthChoices, MH/DD, and Community Care collectively determined housing as the primary SDoH need for Berks members and identified Opportunity House, an agency that addresses many SDoHs, including shelter/housing, vocational skills/opportunities, and financial/budgeting assistance. Opportunity House

contracted as the Berks HealthChoices CBO in April 2021, however implementation continued to evolve through FY22-23. Opportunity House ensures that Berks HC members they serve are connected to and/or provided resources and supports to address their SDoHs to enable community success and tenure while improving their overall physical and behavioral health. Their services include but are not limited to direct case management and supportive services to help members achieve goals; job training and employment opportunities; utilization of screening and assessment tools to address members' SDoHs; addressing members identified SDoHs that impact their behavioral and physical health and wellness; and supporting member engagement and ongoing attendance with aftercare. This is expected to increase community tenure and decrease utilization and associated costs of more intensive levels of care. In CY22, Opportunity House served 233 Berks County members.

b) Strengths and Needs by Populations: (Limit of 8 pages #1-11 below)

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>.

1. Older Adults (ages 60 and above)

▪ Strengths:

Four Certified Peer Specialists (CPS), employed among three providers are trained to be Certified Older Adult Peer Specialists (COAPS). Four PSS agencies served 25 adults ages 65+ in CY22.

As of January 2023, at least 24 clinicians, employed among seven Outpatient Mental Health providers, participate with Medicare. Of these, four providers have sites in suburban areas of the County, and one has a rural site, resulting in various areas throughout the county with little to no availability. This is monitored annually and provided to applicable human service agencies. Berks County attends quarterly CHC Partnership meetings with participants from OMHSAS, OLTL and CHC MCOs.

Staff from the MH/DD Program, Crisis Intervention Services, Mental Health Case Management, Developmental Disability Supports Coordination and the Area Agency on Aging continue to work in close collaboration to address the needs of individual situations on a regular basis.

The MH/DD Program participates in AAA Advisory Board Meetings and AAA also participates in the MH/DD Advisory Board Meetings, Suicide Prevention Task Force and Emergency Behavioral Health (EBH) response teams as needed.

▪ Needs:

The MH/DD Program will continue to solicit the support of provider organizations willing to credential with Medicare and problem solve individual situations because of the many available Medicare plans and varied networks.

2. Adults (ages 18 to 59)

▪ Strengths:

Berks County Human Services Block Grant 23-24-Final

Tower Behavioral Health, an inpatient psychiatric facility, opened in July 2020 and currently has three adult units open (one for general psychiatric, one for mood disorders, one for co-occurring MH/SUD). An eating disorder unit opened in July 2022.

Planning had occurred for Haven Behavioral Hospital to open an EAC at their Berks County location in FY23-24. However, plans fell through due to the building being for sale and lack of certainty on the new owner's arrangements.

Due to the number of members presenting at Emergency Departments (EDs) with behavioral health needs increasing significantly, Inpatient facilities often being full and not able to accept these members for admission, and/or many of these members not being in need of Inpatient treatment and able to be diverted, Berks HealthChoices and Community Care issued a RFP in Fall 2021 to open a Crisis Residential (Crisis Res) Service in Berks County. This RFP followed the Community Mental Health Services Block Grant (CMHSBG) funding awarded from OMHSAS for the MH/DD Program's submission for community crisis continuum expansion. Holcomb Behavioral Health was subsequently chosen to be the provider. The CMHSBG grant funding is covering start-up costs, primarily related to staffing, and Berks HealthChoices is utilizing reinvestment funds to cover lease-related costs for four years. Crisis Residential services provide short term, 24/7 crisis stabilization support in a safe, alternative environment. This is a blended recovery and medical model with integrated support for co-occurring disorders (MH/SUD), trauma-informed care, EBPs, individual and group therapy, psychoeducational groups, and recreational activities, while coordination and collaboration with family, friends, treatment providers, and community supports will occur. The goal of the program is to increase diversion from Inpatient care, thus reducing the number of Inpatient admissions, and in turn increase Inpatient bed availability while also reducing ED lengths of stays. The program can accommodate six adults ages 18+ with any mental illness or co-occurring SUD in need of clinical supervision, intervention, and stabilization. The program opened in March 2023, and served 12 individuals in FY 22-23.

Berks Counseling Center continues to operate as an ICWC Program and contracts with Holcomb for after-hours crisis intervention and Threshold Rehabilitation Services for site-based psychiatric rehabilitation as Designated Collaborative Organizations.

Adult Assertive Community Treatment (ACT) Team Services provided by Tower Behavioral Health increased licensing capacity from a modified team (64) to a full team (120) at the beginning of CY22 based on the service needs of the SMI target priority population.

There are two psychiatric rehabilitation services for adults in Berks County (one is mobile, one is a site-based clubhouse).

As of January 2023, there are at least 24 clinicians, employed among seven mental health community-based providers, who participate with Medicare. Of these, four providers have sites in suburban areas of the County and 1 has a rural site, resulting in various areas throughout the county with little to no availability. This is monitored annually and provided to applicable human service agencies.

In CY 21, a Transition to Community (Inpatient-Ambulatory) Value Based Purchasing (VBP) project was developed by Berks HealthChoices and Community Care. The goals through CY 23 are to increase 7-day follow-up rates post-inpatient discharge and decrease 30-day inpatient readmission rates post-inpatient discharge for members of all ages. In CY 23, 7 inpatient and 22 ambulatory providers (representing various levels of care) are participating in the VBP.

Four PSS agencies served 398 adults ages 18-64 in CY22.

An RFP was issued for mental health supported living services to expand beyond those provided for individuals involved in the Community Hospital Integration Program Project (CHIPP) and those required for individuals receiving housing funds. Threshold Rehabilitation Services (TRS) was selected as the service provider with services beginning in the last quarter of FY 21/22. In FY 22-23, 49 individuals were served by supported living services. Additionally, TRS opened a 6-person, full care Community Residential Rehabilitation location this fiscal year. The opening of this location had been delayed because of various issues related to the pandemic.

- Needs:

Available, affordable long-term housing for this target population has been significantly impacted by the pandemic. Local landlords have substantially increased monthly rental fees which are not sustainable for individuals whose income comes from disability benefits. Some landlords also now include other requirements such as credit checks and application fees, adding more costs to the rental process. Berks HealthChoices continues to have a large Housing Reinvestment Plan that provides rental assistance and covers other related costs for HealthChoices members.

3. 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:

Threshold's RTF-A, which serves TAY ages 18-25, became operational in July 2020 and to date, 23 Berks HealthChoices TAY members have been served.

Threshold continues to provide site-based psychiatric rehabilitation clubhouse for TAY ages 16-30.

Eight Certified Peer Specialists, employed among four providers, have completed the YYA PSS training. Four PSS agencies served 52 transition-age youth ages 18-25 in CY22.

- Needs:

4. Children (under age 18)- Counties are encouraged to include services like Student Assistance Program (SAP), respite services, and Child and Adolescent Service System Program (CASSP) coordinator services and supports, System of Care (SOC) as well as the development of community alternatives and diversion efforts to residential treatment facility placements.

- Strengths:

Tower Behavioral Health's inpatient facility opened an adolescent unit in February 2021. Although a child unit was projected to open in late 2021, it did not come to fruition. At this time, the provider has yet to decide on the population for this unit."

The Berks HealthChoices network has 38 ABA providers, some with multiple sites, who serve children and adolescents from Berks County. Several of the latter group have sites in more than one contiguous county, thereby increasing their ability to serve Berks children and adolescents.

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Community Care's multi-year Psychiatric Residential Treatment Facility (PRTF) Transformation Initiative continues. The initiative supports PRTFs in developing sustainable plans to enhance youth- and family-driven care and engagement, improve community-based integration, and ensure psychotropic medication education and monitoring with members and families. There is an enhanced focus on quality and outcome measures. Twelve Berks PRTF providers participated in this initiative in CY22.

In CY 21, a Residential Treatment Facility (RTF) VBP project was developed by Berks HealthChoices and Community Care. The goals through CY 22 were for RTFs to increase 7-day follow-up rates post-RTF discharge and ensure contact with a community-based aftercare provider 30-days prior to an RTF discharge. In CY 23, two additional goals were added: increase 30-day follow-up rates post-RTF discharge and decrease 30-day inpatient readmission rates post-RTF discharge. In CY 23, 15 RTF providers are participating in the VBP.

In CY 21, a Transition to Community (Inpatient-Ambulatory) VBP project was developed by Berks HealthChoices and Community Care. The goals through CY 23 are to increase 7-day follow-up rates post-inpatient discharge and decrease 30-day inpatient readmission rates post-inpatient discharge for members of all ages. In CY 23, 7 inpatient and 22 ambulatory providers (representing various levels of care) are participating in the VBP.

Berks County continues to have school-based outpatient services in all school districts and virtually every building, as well as in the Detention Center. Berks County MH/DD Program, the Berks County Intermediate Unit, the Detention Center, school district staff, student assistance program coordinators, and outpatient providers have collaborated throughout the year to discuss the mental health and substance abuse needs and treatment barriers for children and adolescents heightened by the pandemic following a year and a half of remote learning. Funds identified through an approved retained earnings plan were also utilized to support mindfulness psychoeducational groups in school buildings as increased overall generalized anxiety for students was a concern identified by educators as they planned for in-person return.

KidsPeace is developing a free walk-in assessment center for children and adolescents at their Berks County site. This center will offer immediate crisis response and decrease the use of emergency services- hospital ED's and emergency responders. Services will include completing risk and level of care assessments as well as safety plans. Once renovations are complete, KidsPeace plans to provide additional Outpatient Mental Health services and Parent Child Interactive Therapy (PCIT).

Two PSS providers offer PSS services to individuals 14+ and two PSS providers offer PSS services to individuals 16+. The 4 PSS agencies served 11 children under age 18 in CY22.

Berks MH/DD, HealthChoices, and CCBH collaborated with Berks County CYS over several months to address ways to serve children and youth in the CYS system that have complex behavioral health needs. As a result, an outpatient mental health provider, ACE, set up a satellite office at the Children's Home of Reading (CHOR)'s CYS funded shelter program in CY 23.

In March of 2023 Berks Counseling Center (BCC) ended their transition age ACT Team. BCC then formed the High-Risk Care Team. The High-Risk Care Team is like ACT- i.e., peer, case manager, clinician, MD, RN. Members are seen 3x/week in the community. It offers more supports to members than other levels of care that are mostly clinical in nature. This High-Risk Care Team now serves members as young as 14, rather than 16 as with ACT. This change has led to almost a 50% increase in their current caseload with very limited marketing of the program. The High-Risk Care

Team has also demonstrated their ability and willingness to work with some of the more complex cases.

- **Needs:**

Continued collaboration with the educational system as identified above will remain a significant need. Resource identification is critical as children in the educational system have varied levels of treatment and service needs and a broad array of public and privately funded payment sources. The BCIU, in collaboration with the MH/DD Program, developed a mental health resource page on their website with focus areas for school administrators, school mental health workers, parents and students. It was also discussed that a brief resource map for families on how to navigate a crisis with their child in Berks County would be useful and is being spearheaded by the MH/DD CASSP Coordinator and members of the CASSP Sub-committee. Penn State Pro Wellness, in collaboration with the Berks County Suicide Prevention Task Force, applied for and was awarded Department of Health grant funding to address suicide prevention amongst adolescent populations. Activities covered under this grant will include review of current inventory of program/service resources, identification of gaps, promotion of resource access, partnerships with several county high schools to complete an environmental, mental health assessment and develop an action plan, train school staff and students in one grade level in Mental Health First Aid. Through these interventions, additional information on resource needs will likely surface and be useful for future planning.

It is truly difficult to assess the mental health needs of children when across all of the child serving systems there is a staffing crisis. Wait lists for services, lack of bed spaces at inpatient/residential facilities, and constant staff turnover with providers are just some examples of why we truly cannot assess our needs. Workforce Development is not something counties can do on their own, it would require some new initiatives at the State level.

Berks County offers several respite options, but it remains an under-utilized service. All too often, respite is only looked at as an option during crisis situations. Inevitably, respite providers are not willing to take on children who might be in the midst of a crisis. We need to work on having children utilize respite more often to help them build a rapport/relationship with a respite provider. Doing so will hopefully make respite services a more realistic option for families when emergent situations arise.

There is a lack of CRR Host Homes for some children/youth with complex needs stepping down from RTFs. Consequently, the result is there can sometimes be longer lengths of stay in RTFs. This can occur even when other treatment services are available to supplement those provided by the CRR Host Homes. Efforts continue to be made to develop comprehensive discharge plans for these children/youth to be successfully discharged from RTF.

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

5. Individuals transitioning from state hospitals

- **Strengths:**

Berks Counseling Center provides high risk community-based services through their High-Risk Team for individuals discharging from state hospital to increase their success in maintaining community tenure. The Team provides comprehensive risk screenings for behavioral and

physical health conditions and SDOHs, assessments, MH/SUD behavioral health counseling, psychiatric evaluation and medication management, case management, peer and recovery support specialist services, crisis response, on-site physical health care, health and wellness supports, clinical care coordination, and housing support.

Wernersville State Hospital (WeSH) utilizes CPS in their programming. In order to assist individuals in transitioning out of WeSH, Berks County PSS providers will collaborate with an individual's WeSH team during transition planning, including attending transition planning meetings to provide a warm handoff from the individual's current CPS to the community-based PSS provider. WeSH leadership has also participated in Berks County's PSS Supervisor meetings to network with the community-based PSS providers.

Berks County, Community Care, and the SAM Inc. CHIPP Coordinator hold monthly coordination meetings to develop diversion plans for individuals being treated in inpatient level of care who have been referred to WeSH. Various community-based level of care options is discussed with the team, member, and families (if applicable). In addition, extensive efforts are made with treating providers to enhance potential diversion activities in order to preemptively avoid individuals being referred to WeSH. In FY22-23, of the 41 Berks County individuals referred to WeSH, 18 (44%) were diverted to community-based living arrangements and services. Berks County follows the Behavioral Health Equity model to provide all individuals transitioning out of Wernersville State Hospital with a wide range of services.

Representatives from Berks HealthChoices, Berks MH/DD, BCPS, and Community Care meet monthly to develop potential diversion plans for individuals referred to the state hospital. This collaboration is essential for continuity of care and discharge planning.

- Needs:

The needs of many individuals who have been patients in the state hospital setting transition over time from mental health treatment to skilled nursing care for physical health conditions. As is true for individuals with similar needs in the community, there are few skilled nursing care facilities willing to accept individuals with a history of serious mental illness. Resources to provide this level of care are a community need and not one that we have direct control over.

More housing options with a supportive component are needed, especially for those individuals with complex physical health needs. Another Personal Care Boarding Home previously utilized by individuals exiting the state hospital and in need of a higher level of support for meeting ADLs has closed for business at the end of July. This was one of the few PCBH's remaining in Berks County that accepted individuals with Social Security income.

Threshold Rehabilitation Services was awarded a contract to provide supported living services for individuals diagnosed with a mental illness. Struggles with workforce recruitment hindered the start-up of these services last fiscal year. Now that staffing is in place, we are expecting that many individuals will benefit from the addition of this service during the 23-24 fiscal year.

Berks County currently has 2 extended acute care beds that serve as a diversion to the state hospital. More beds are needed to meet the growing demands of the community. Options are being explored to add more beds.

6. Individuals with co-occurring mental health/substance use disorder

- Strengths:

Tower Behavioral Health has a co-occurring adult unit.

Berks Counseling Center provides high risk community-based services through their High- Risk Team for individuals with SUD-related needs to increase their success in maintaining community tenure. The Team provides comprehensive risk screenings for behavioral and physical health conditions and SDoHs, assessments, MH/SUD behavioral health counseling, psychiatric evaluation and medication management, case management, peer and recovery support specialist services, crisis response, on-site physical health care, health and wellness supports, clinical care coordination, and housing support.

OMHSAS developed the Prevention, Early Detection, Intervention, and Retention in Treatment (PEDTAR) for Substance Use Disorders Performance Improvement Project (PIP) to significantly slow (and eventually stop) the growth of Substance- Use Disorder (SUD) prevalence among HealthChoices members while improving outcomes for members with SUD by taking a systematic and person-centered approach. The PIP will run from 2021 through 2024, with five performance indicators noted: Follow-Up After High-Intensity SUD Care, SUD-related Avoidable Readmissions, MH-related Avoidable Readmissions, Psychosocial Intervention and Pharmacotherapy for Opioid Use Disorder (OUD) and Psychosocial Intervention and Pharmacotherapy for Alcohol Use Disorder (AUD). Community Care developed educational alcohol- and opioid-specific toolkits for individuals and families, as well as an anti-stigma campaign. Aggregate and Berks-specific data is monitored quarterly and annually.

In CY 23, a Centers of Excellence (COE) VBP project was developed by Berks HealthChoices and Community Care. COEs focus on substance use disorder treatment within a whole person care model. The primary goal of the VBP is to increase retention in treatment.

Community education, provider expectations and treatment interventions related to Medication Assisted Treatment continued for individuals with co-occurring disorders in Berks County.

Access to providers with co-occurring expertise is available across the continuum of care (Inpatient, Outpatient, ACT, Case Management, Center of Excellence).

The Opioid Coalition, a collaboration of many community organizations and partners, including MH/DD, HealthChoices, and Community Care, continues to meet monthly. The Coalition's focus remains to reduce stigma and provide resource and treatment information to individuals and families.

There are four Certified Recovery Specialist (CRS) providers, who employ 40 CRSs. In addition, five CPS, employed among three PSS providers, are also CRSs.

- Needs

7. Criminal justice-involved individuals-

Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards (CJABs) to implement enhanced services for individuals involved with the criminal justice system including diversionary services that prevent further involvement with the criminal justice system as well as reentry services to support successful community reintegration.

▪ Strengths:

Berks County continues to be dedicated to forensic diversion for individuals with mental illness or developmental disabilities across all intercepts. There is a strong partnership and involvement of the MH/DD Program in the Criminal Justice Advisory Board and Re-Entry Coalition. Out of these partnerships, many relationships have led to program planning and coordinated response as well as support and collaboration with police departments, the District Attorney's Office, the Public Defender's Office, the Berks County Jail System, Judges and Magisterial District Justices, pre-trial services, etc. Berk County has been committed to involvement in the Stepping Up initiative and has made significant advances over the past year in collecting and analyzing key measures for individuals with Serious Mental Illness who are admitted, discharged, and recidivate to the jail. The intent of this initiative is to utilize data analytics to drive policy and service development decision making with realized impact as demonstrated in the data over time. As expected, but now validated through the data, a significant percentage of individuals admitted to the jail with a serious mental illness also having a co-occurring substance use disorder history. Further work is underway to determine factors that influence levels of care recommendations and the length of time it takes to connect this co-occurring population with treatment providers. This past fiscal year, Berks County relocated two existing forensic diversion specialists, who respond to referrals at all intercept levels, to Berks Connections Pre-Trial Services, the county's re-entry provider. The forensic diversion specialists work closely with various community mental health and substance abuse service providers, our local police departments, Probation and Parole, Emergency Departments, the Berks County Jail System, Magisterial District Judges, Commonwealth Judges, District Attorney's Office and Norristown State Hospital to identify diversionary options for individuals charged or facing charges. A Blended Case Management Provider continues to have three positions with dedicated forensic caseloads.

This past year, Base Service Unit Staff at SAM Inc. and Diversionary Staff updated the referral process for inmates with an SMI currently incarcerated at State Correctional Institutes. Staff are utilizing the monthly state roster to outreach to those facilities to ensure coordination for individuals who will be maxing out on their sentences and returning to the community.

- Berks County, Community Care and SAM Inc. Forensic Diversion Specialist hold monthly coordination meetings to plan future treatment for forensic individuals being released from incarceration. Various community-based level of care options are discussed with the team, member and families (if applicable). In FY22-23, of the 56 Berks County individuals having the option to participate in a post-incarceration diversionary disposition plan, 27 (48%) were transitioned from jail to community-based living arrangements and services.
- Monthly coordination of care meetings continues to occur with representatives from the Berks County Jail System, Public Defenders Office, District Attorney's Office, Adult Probation, SAM Inc. Forensic Diversion Specialists, MH/DD Program and Norristown State Hospital.
- Forensic transitional apartments continue to be available to divert individuals from jail or step down after incarceration. The number of apartments available has decreased since the beginning of the pandemic when landlords became very selective about who they rent to and the lease amounts. Berks Counseling Center, the provider of the apartment leases and supportive services, with the assistance of MH/DD Retained Earnings Plans and the Berks County Redevelopment Authority has purchased an apartment building which has been under renovation throughout this last year. The apartment building, when finished, will offer 7 or 8 apartments for this target population without the typical landlord struggles. Berks Counseling Center will continue to lease a few apartments in addition to this building to meet the needs for the target population supported by this program.

Berks Counseling Center provides high risk community-based services through their High- Risk Team for forensic individuals, including those being released from jail, to increase their success in maintaining community tenure. The Team provides comprehensive risk screenings for behavioral and physical health conditions and SDoHs, assessments, MH/SUD behavioral health counseling, psychiatric evaluation and medication management, case management, peer and recovery support specialist services, crisis response, on-site physical health care, health and wellness supports, clinical care coordination, and housing support.

Berks MH/DD, HealthChoices and Community Care developed a 6-bed forensic Community Residential Rehabilitation (CRR) program operated by PCS Mental Health, which opened in June 2021 with the first admission. The target population for this program is forensically involved individuals with a serious mental illness that can be diverted from more restrictive levels of care such as forensic/civil state hospital admission or incarceration. This is a voluntary, clinically intense program that provides various levels of treatment and support, therapy, medication management, psychosocial rehabilitation, certified peer specialist services, etc. Average length of stay is longer in duration because of the chronicity of the disability for the target population. To date, 12 HealthChoices members have been served.

Seven Certified Peer Specialists, employed among four Peer Support providers, have completed the Forensic PSS training.

There are also two employment-related programs which are specifically tailored for justice-involved individuals. The R3 (Rebuilding Reentrants and Reading) and WIP (Workforce Investment) Programs help individuals with an incarceration history to prepare themselves for the workforce to reduce recidivism. The MH/DD Program contributes a small amount of funding alongside other community partners to the R3 Program, which is a career and technical training program for all community re-entrants. Graduates of this program complete a construction apprenticeship with significant outcomes. Since the program's inception in 2017, 60% of program graduates maintain employment. The WIP Program is a program targeted specifically for individuals diagnosed with a mental illness and has also shown very positive outcomes with 8 of the 13 participants in the last quarter employed.

Berks HealthChoices provided 13 separate Hearing Voices trainings to a total of 217 correctional officers at the Berks County Jail System in FY 22-23.

- Needs:

Forensically involved individuals who are not far enough into their recovery and not willing to voluntarily engage in treatment are a target population with continued struggles. Berks County has several different levels of care and support services available, but all are services that require voluntary engagement. Options for individuals in need of treatment on an involuntary basis are limited to state hospital or continued incarceration. Our civil state hospital waiting list as of July 2023 consists entirely of individuals at our jail or Norristown State Forensic Hospital with a finding of Not Guilty by Reason of Insanity or Not Competent and Not Restorable. Berks County submitted a proposal in Fiscal Year 22/23 to the Office of Mental Health and Substance Abuse Services for the development of a Long- Term Structured Residence that would begin to make an impact on this issue. The County has an existing facility that is ideal for development of this type of program. There have been numerous attempts to contract with other existing LTSRs throughout the Commonwealth which have been unsuccessful because capacity is full, or access limited to the counties who have developed the programs. For Berks County to develop this level of care, we will need additional block grant funding.

- 8. Veterans-**counties are encouraged to collaboratively work with the Veterans' Administration and the PA Department of Military and Veterans' Affairs (DMVA) and county directors of Veterans' Affairs (found at the following list):

<https://www.dmva.pa.gov/Veterans/HowToGetAssistance/Documents/MA-VA%20400%20County%20Directors.pdf>

▪ Strengths:

Berks Counseling Center continues to target outreach to veterans as part of the services that they provide under the Integrated Community Wellness Center (ICWC).

The Berks County MH/DD Program collaborates with Berks County Veteran's Affairs on individual situations and as systems supporting each other's initiatives. Veteran's Affairs has a representative from their staff participate in the Berks County Suicide Prevention Task Force.

Berks County has a Veteran's Court. SAM Forensic Case Management participates as a system partner to meet the needs of those identified for that process when they are actively serving participants in the program.

In FY22-23, Community Care met with the VISN. They are planning to meet in FY23-24 to share a high-level overview of VISN behavioral health priorities, community engagement work, and VISN's MH/Clinical programs etc.

Two Certified Peer Specialists, employed with one Peer Support provider, have completed the Veteran PSS training.

▪ Needs:

9. Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI)

▪ Strengths:

Community Care developed LGBTQIA+ Performance Standards for all providers in all levels of care. These standards are also included on the monitoring tools used to assess the competency of the County funded network of providers.

The Mosaic House, psychiatric rehabilitation program for adults, has a partnership with the local LGBT Center.

Email communications related to trainings are consistently shared with the provider network.

The local center has recently expanded and has two satellite locations, one of which is on the outskirts of the County.

The local center features the availability of advocacy, support groups, professional development training, resources such as information about terminology, clinical services, and more.

The NAMI Berks Chapter also offers a support group called Connections LGBTQ+ which is offered several times per month.

▪ Needs:

A LGBTQI peer support training was developed by PA Peer Support Coalition, with support from DHS. Peer Support providers are continually encouraged to have their CPS attend this training.

10. Racial/Ethnic/Linguistic Minorities (RELM) including individuals with Limited English Proficiency (LEP)

- Strengths:

As of January 2023, 15 Berks County Outpatient (OP) MH providers have 149 bilingual and/or bicultural staff across multiple disciplines to serve individuals. This is monitored annually, and the listings are provided to applicable human service agencies. Community Care's Provider Directory also lists providers with Spanish-speaking staff.

Seven Certified Peer Specialists, employed among four Peer Support providers, are bilingual. Three PSS agencies served 53 bilingual members in CY22.

The Berks County CFST survey is available in Spanish. A goal of at least 300 Berks County CFST surveys are completed annually for HealthChoices; no concerns or complaints have been noted related to cultural or linguistic competency. There are multiple survey questions related to cultural/linguistic competency, including if an individual's provider fully understands them in terms of their cultural and personal experiences (religion, culture, ethnicity).

Berks HealthChoices monitors complaints daily; no complaints have been substantiated regarding cultural or linguistic concerns.

Race/Ethnicity penetration and utilization for HealthChoices is monitored annually by Berks HealthChoices and Community Care; no concerns related to access have been noted.

The HealthChoices Member Satisfaction Surveys are completed annually. There are multiple survey questions related to cultural/linguistic competency, including if an individual or their child's race, culture, language, religion, sexual orientation, or ethnicity need to be considered when going for counseling or treatment; there are low response rates for relevancy.

Community Care has a Spanish member line that is monitored annually; no concerns or complaints have been noted.

The County funded network of providers has monitoring instruments that contain indicators related to these competencies, and information about resources and trainings are consistently shared with the provider network.

- Needs:

11. Other populations, not identified in #1-10 above (if any, specify) (including tribal groups, people living with HIV/AIDS or other chronic diseases or impairments, acquired brain injury (ABI), fetal alcohol spectrum disorders (FASD), or any other groups not listed)

- Strengths:

Problem solving by teams inclusive of HealthChoices, MH/DD, CCBH, SAM Forensic Diversion Specialists, Case Management, Supports Coordination, Community HealthChoices, Department of Health, hospital social workers occur routinely for individuals who are challenged/impacted by

other chronic diseases or traumatic brain injury, as well as mental illness or developmental disability.

As of January 2023, at least 189 clinicians, employed among 13 Outpatient Mental Health providers, have experience and/or training working with individuals with ID. This is monitored annually and provided to applicable human service agencies.

SAM's BCM program is accredited through the National Association for the Dually Diagnosed (NADD).

- Needs:

c.) Recovery-Oriented Systems Transformation (ROST): *(Limit of 5 pages)*

i. *Previous Year List:*

- Provide a brief summary of the progress made on your FY 22-23 plan ROST priorities:
 - i. Priority 1 - Mental Health First Aid:
There was a total of 3 Adult Mental Health First Aid Trainings and 4 Youth Mental Health First Aid Trainings held this past fiscal year. A total of 130 individuals participated in these trainings. Participants came from the School Districts, Children's Alliance Center, and the Hope Rescue Mission.
 - ii. Priority 2 - Stepping Up Initiative/Forensic Diversion:
Berks County's Stepping Up Steering Committee continues to meet on a quarterly basis to review data on specific measures in comparison to baseline data and goals for each of the measures. A sub-committee has been created to focus on data for individuals dually diagnosed (SMI and SUD) admitted to jail, their length of stay and the time it takes to connect to treatment. Differences in the metrics for those on parole vs no involvement with parole and the length of time to treatment have been identified and we are currently working on process changes for impact. Berks County has also participated in state and national Stepping Up technical assistance sessions and Community of Practice Co-Ops to problem solve around barriers and learn about promising practices from other communities.
 - iii. Priority 3 - Individuals in Need of Long-Term Care/Extended Acute Care (EAC):
As mentioned above, plans fell through with Haven developing an EAC. However, Berks MH/DD and HealthChoices intend to resume these discussions with new leadership at Haven.

And, if the county had more than three (3) priorities during FY 22-23:

- iv. Priority 4 – Inpatient Diversion:
The Crisis Residential Services program opened in March 2023 and has served 22 members to date. Berks Counseling Center (BCC) began stationing a Clinical Care Coordinator, Certified Peer or Recovery Specialist, Case Manager, or Crisis Counselor on-site at Tower Health Reading Hospital's Psychiatric Emergency Services (PES) in July 2022. Through 2023Q2, BCC has engaged with 360 members at the PES; 284 (79%) were diverted from Inpatient care, with 227 (80%) of those diverted agreeing to a referral to an ambulatory service or community resource. A Reinvestment Plan was approved to develop a Crisis Resource Center (CRC) at Haven Behavioral Health Hospital. Ultimately, a sustainable payment model could not be established and therefore, the plan will not be

implemented. Also, the plan was impacted by the building being for sale and lack of certainty on the new owner's arrangements.

v. Priority 5 – N/A

ii. *Coming Year List:*

- Based on Section b **Strengths and Needs by Populations**, please identify the top three (3) to five (5) ROST priorities the county plans to address in FY 23-24 at current funding levels.
- For each coming year (FY 23-24) ROST priority, please provide:
 - a. A brief narrative description of the priority including action steps for the current fiscal year.
 - b. A timeline to accomplish the ROST priority including approximate dates for progress steps and priority completion in the upcoming fiscal year.
 - Timelines which list only a fiscal or calendar year for completion are not acceptable and will be returned for revision.
 - c. Information on the fiscal and other resources needed to implement the priority. How much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding, and any non-financial resources.
 - d. A plan mechanism for tracking implementation of the priorities.
 - Example: spreadsheet/table listing who, when and outputs/outcomes

1. Mental Health First Aid

Continuing from prior year New Priority

- a. **Narrative including action steps:** Mental Health First Aid Training is an 8-hour certification course that introduces participants to the risk factors and warning signs of mental health problems and builds an understanding of the importance of early intervention. There continues to be high interest from the public to receive this training.
- b. **Timeline:** Completion June 30, 2024
- c. **Fiscal and Other Resources:** Money will be requested in the Retained Earnings Plan for unused mental health funds from FY 22-23.
- d. **Tracking Mechanism:** Sign-In Sheets and Course Evaluations.

2. (Identify Priority) Stepping Up Initiative/Forensic Diversion

Continuing from prior year New Priority

- a. **Narrative including action steps:**
Diversion for individuals with a serious mental illness or developmental disability from the forensic system and into treatment/supports continues to be a priority for the county. Efforts are underway at all intercepts using new, continued, or refreshed strategies for impacting this area of substantial need. Through recently awarded CMHSBG grant funding, a part time dedicated staff person has been hired, at a community partner organization, to develop a community CIT

Program enhancing our existing collaborations with law enforcement to divert individuals from arrest.

We also continue to utilize existing community treatment programs and supports for forensically involved individuals willing to work toward their recovery. We do, however, encounter many individuals who are experiencing setbacks with their illness and a disinterest in treatment/service engagement. These individuals often are committed to a forensic state hospital from jail for competency restoration which is not realized during their admission. With non restorable determinations and disinterest in diversionary options, Berks County's civil state hospital list is predominantly comprised of referrals from forensic settings. The development of an LTSR, Long Term Structured Residence, with an option for involuntary admission, could significantly enhance our diversionary efforts at the onset of an incarceration or at the identification of a non-restorable determination for those individuals that require this level of care. Funding is needed, however, to develop this service.

b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)

The Stepping Up Committee meets on a quarterly basis to review data on each of the Stepping Up metrics. Members of the Committee participate in ongoing national, state and Berks County specific Stepping Up technical assistance forums to compare and learn from what is happening with other initiatives (i.e., policies, procedures, services having impact on a particular metric/population).

The two forensic diversion specialists continue to provide support at all intercepts and their activity data is received monthly by the MH/DD Program. The building purchased by BCC required renovation before the apartments can be occupied by individuals being diverted. Apartments in the building should be available for admission in 2024.

The part time CIT Coordinator is in place and organizing start up activities. The first 40-hour CIT Training curriculum has been developed and will be scheduled for some time in early 2024. Information on police department training needs on mental health awareness, intervention and community resources has already been collected. Brief trainings, based on the request of individual police departments, are in the process of being developed and will continue throughout the year based on identified need.

Should LTSR funding become available, an RFP would be developed and distributed to those providers we have already determined have interest. A floor of a county owned facility, which is currently unoccupied and already environmentally suitable for this type of programming, would be utilized for the operation of this program.

c. Fiscal and Other Resources:

HealthChoices administrative resources continue to be utilized through an expanded contract scope with a data management company for the Stepping Up project. Services and supports provided with the forensic apartments and Diversion Specialists will continue to be funded utilizing mental health block grant funds. New funding is needed for the development of an LTSR in Berks County. A preliminary service description and budget has already been submitted to OMHSAS for consideration should funding become available.

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)

Authorization and utilization data for specific services.

Stepping Up Metrics are collected ongoing and analyzed on a quarterly basis for individuals who are incarcerated. Basic data is collected manually on diversionary activity that occurs at other intercepts. Over the course of the next year, we would like to create an electronic data base that

would look at the impact of other interventions, such as CIT, on reducing incarceration of individuals with and SMI.

3. (Identify Priority) Individuals in Need of Long-Term Care

Continuing from prior year New Priority

a. Narrative including action steps:

Haven Behavioral Health is an adult inpatient psychiatric facility located in Berks County, which lessens the need to place consumers out of county for inpatient mental health services. This in-county location also affords better coordination on discharge planning and potentially decreases length of stays.

As mentioned above, plans fell through with Haven developing an EAC. However, Berks MH/DD and HealthChoices intend to resume these discussions with new leadership at Haven during 2024.

b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)

During FY 23/24, Berks MH/DD and HealthChoices will further explore with Haven whether an EAC can be developed.

c. Fiscal and Other Resources:

EAC is a covered service in the HealthChoices Program.

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)

TBD

4. (Identify Priority) Inpatient Diversion/Crisis Service Continuum Expansion

Continuing from prior year New Priority

a. Narrative including action steps:

Berks County and Community Care continue to develop Inpatient Diversion services to address the following concerns:

- Significantly increasing number of members presenting at Emergency Departments (EDs) with behavioral health needs and/or challenging behaviors
- Inpatient facilities often being full, not able, or willing to accept these members for admission which results in long ED lengths of stay (ED Boarding), and/or
- Many of these members not needing Inpatient treatment and able to be diverted.

Efforts are underway to develop a 24/7 crisis diversion service for adults to address mental health and substance use crisis needs.

b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)

Discussions will continue in 2024. Further guidance provided under new crisis regulations including a payment structure that is sustainable for providers is needed before any real movement can be made with implementation of this.

c. Fiscal and Other Resources:

This would be a covered service in the HealthChoices Program. Increased block grant funding for individuals not covered by Medicaid and/or movement on willingness of commercial insurance and Medicare to reimburse for such models.

- d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)
Monthly utilization reports.

5. (Identify Priority) Autism Spectrum Disorder Services

- Continuing from prior year New Priority

a. Narrative including action steps:

Berks County and Community Care are developing the following services to address the increasing service need for adult individuals diagnosed with an Autism Spectrum Disorder (ASD):

1. Merakey currently provides Dual Diagnosis Treatment Team (DDTT) services for individuals aged 18+ with a co-occurring diagnosis of mental health (MH)/intellectual and developmental disability (IDD). DDTT provides intensive supports with a primary focus on crisis intervention, hospital diversion, and community stabilization.

The current DDTT has a census of 30, which is split between Berks and two other counties. Berks HealthChoices is developing a Berks-specific DDTT through a reinvestment plan that will serve 20 individuals annually. In addition to co-occurring MH/IDD diagnoses, the DDTT will serve individuals with a co-occurring ASD/IDD or ASD/MH diagnosis, with a focus on the transition age population (18-25 years old).

2. Threshold currently provides a psychiatric rehabilitation Clubhouse program for individuals 16-30 years old. The program provides a full array of services including vocational, educational, and social supports. Discussions are underway to include a track for individuals with an ASD diagnosis.

b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)

- 1) This service will commence in 2024.
- 2) This service is planned to commence in FY23-24.

c. Fiscal and Other Resources:

- 1) This is a covered service in the HealthChoices Program.
- 2) This is a covered service in the HealthChoices Program.

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)

- 1) Monthly utilization reports.
- 2) Quarterly utilization reports.

d) Strengths and Needs by Service Type: (#1-7 below)

1. Describe telehealth services in your county (limit of 1 page):

a. How is telehealth being used to increase access to services?

With the increase in telehealth availability in ambulatory levels of care since the pandemic, providers have reported increases in both provider access and member engagement. And while there has been an increase in face-to-face services accompanied by a decrease in telehealth service utilization across levels of care in the second year of the pandemic, this has not impacted access. For example, in CY 22, approximately 60% of members who received any Mental

Health (MH) service did so via telehealth. This is a decrease from 79% in CY 21. Telehealth has primarily been used by MH Outpatient and is used by the County funded network as well.

- b. Is the county implementing innovative practices to increase access to telehealth for individuals in the community? (For example, providing technology or designated spaces for telehealth appointments)

Providers have been creative with having technology in their office space for telehealth services to ease some of the staffing difficulties that have occurred since the pandemic. It is important to note that there have been no complaints regarding telehealth access.

2. Is the county seeking to have service providers embed trauma informed care initiatives (TIC) into services provided?

Yes No

If yes, please describe how this is occurring. If no, indicate any plans to embed TIC in FY 23-24. (Limit of 1 page)

As of January 2023, at least 47 clinicians, employed among 10 Outpatient Mental Health providers, have trauma training and/or certification. This is monitored annually and provided to applicable human service agencies.

CCBHO and the county/HealthChoices primary contractor have been involved with OMHSAS in the development of the premise and content for the trauma summit that is occurring in early fall. This will be the kick-off, laying the groundwork for PA DHS's vision to become TIPA (Trauma Informed PA) and activities that will permeate throughout our service delivery system.

All quality provider record reviews evaluate if an appropriate referral was made, or addressed in the treatment plan, if trauma is identified.

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

Yes No

If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of plans to implement CLC trainings in FY 23-24. (Limit of 1 page)

All provider staff are required to complete annual cultural competency trainings for licensing; no providers have been cited for not providing/making available this training to their staff.

County funded providers have monitoring instruments that assess compliance with LEP and Cultural Competency. Resources are consistently shared with the provider network, as are training opportunities.

Community Care achieved the NCQA Distinction in Multicultural Health Care in February 2023. This distinction focuses on race, ethnicity, and linguistic disparities. The goals are to meet cultural and linguistic needs with appropriate services, while decreasing any disparities.

4. Are there any Diversity, Equity, and Inclusion (DEI) efforts that the county has completed to address health inequities?

Yes No

If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY 23-24. (Limit of 1 page)

DEI efforts have increased significantly with DEI embedded in most Berks HealthChoices projects. As an example, Berks HealthChoices evaluates 7- and 30-day follow-up from MH Inpatient (FUH) rates, including for racial and ethnic disparities. In CY22, 7-day FUH rates were similar among Hispanic/Non-Hispanic and White/Black members, while 30-day FUH rates were slightly higher for Hispanic and White members.

Telehealth utilization is reviewed at least monthly. Regarding racial and ethnic disparities, in CY22, of all members who received services, Hispanic and Other/Mixed members had statistically significant higher utilization of telehealth than White members. There was no disparity between White and Black members.

There have been no complaints regarding DEI.

Information is consistently shared with the provider network, including training and resources.

In February 2021, the Lehigh-Capital Regional Accountable Health Council (RAHC) was created, Regarding and the Berks HealthChoices Program Director was a participant. The purpose of the RAHC was to serve as a platform for regional strategic planning to improve health outcomes across the region. Plans are underway to align RAHC's with Health Equity Action Teams (HEAT) by the end of September 2023. This will result in a single state-wide initiative focusing on health disparities and equity. The HealthChoices Program Director will then be a member of the SE Regional HEAT Zone.

At the Stepping Up national level, much attention is focused on applying the framework to effect more racially equitable outcomes among individuals with a serious mental illness in the criminal justice system. In Berks County, we have further delineated our data to look at areas such as race and ethnicity for each of the metrics. After we have tackled some of the initial goals of our initiative, it is our intention to use this data to address policy, program and practice that increase racial equity and mitigates disparity.

5. Does the county currently have any suicide prevention initiatives which addresses all age groups?

Yes No

If yes, please describe the initiatives. If no, counties may describe plans to implement future initiatives in the coming fiscal year. *(Limit of 1 page)*

The Mission Statement of the Berks County Suicide Prevention Task Force is as follows: "Community Leaders collaborating to reduce suicide in Berks County through advocacy, education and the reduction of stigma surrounding mental illness and suicide". The Task Force has been operational since 2016. A web page - <http://www.ruokberks.com/> is maintained to improve outreach to the community.

There was a decrease in suicide deaths in calendar year 2022 by 15 individuals resulting in a total of 60 individuals who died by suicide.

During this past fiscal year, QPR trainings and Mental Health First Aid trainings were held. It is estimated that a total of 11,293 individuals were reached through the various outreach efforts which occurred. They include: Strike out the Stigma Baseball Game, ruOK 5K Run, Out of the Darkness Walk, and various health fair and community events.

Mailers to Berks County homes and Radio PSAs were run throughout the year to direct individuals to the web site and texting service during May Mental Health Awareness Month. In addition, PSA videos were run at a local movie theatre during the months of May-June which increased visibility to our ruOK web site.

Several staff from the Greater Reading Mental Health Alliance were trained around Loss Teams. This past year, family members were trained as well. The team has begun to be a resource since August 2023. Presentations with Crisis, Law Enforcement, and the coroner's office are scheduled for the Fall of 2023.

The Task Force partnered with Mission 23, a veteran's organization to view, "Hell or High Seas" during Suicide prevention month in September of 2022. There were 65 attendees that viewed the video. In addition, the movie "Wake Up" was shared with 45 young adults at the Penn State Berks Campus during this month.

The Reading Film Fest had a segment of short movies during their October event that touched on mental health topics. The Task Force was available following this segment to discuss the ruok Campaign as well as to address the resources that available in the Berks County community.

Community Care supports suicide prevention efforts within Berks County (sponsorships, resource sharing, event attendance) and maintains a presence on the ruOK? Berks Suicide Prevention Task Force. The following are examples of Community Care's suicide prevention action steps to date:

- Established an internal company wide Zero Suicide Initiative to identify gaps.
- Screen members at multiple intersection points (welcome calls, 24/7-member Line calls, reviews, discharge/treatment team meetings).
- Develop educational handouts and share suicide prevention information with members and providers.
- Embed suicide prevention resources within presentations/Member Advisory Meeting materials.
- Enhance and share information on their website and Facebook page such as the National Suicide Prevention Lifeline and ruOK? Berks website/contact information
- Offered quarterly suicide prevention webinars as part of their Suicide Prevention Strategy.
- Support providers via webinars, online resources, and presentations as they develop/implement suicide prevention protocols, per their Provider Alert issued in 2021. This provider alert established the expectation that all providers design and/or enhance their organization's suicide prevention plans based on the following evidence-based recommendations, which are reviewed and evaluated through quality and care management activities:
 - Develop an organizational suicide care management plan, policies, and procedures.
 - Train all staff annually on evidence-based suicide prevention skills relevant to the staff member's role and responsibilities
 - Utilize an evidence-based screening tool to identify individuals at risk for suicide.
 - For those identified as at-risk: conduct a thorough age-appropriate suicide risk assessment, engage them in developing and using a suicide care plan, and closely monitor them at every encounter.
 - Use evidence-based treatment specifically designed to target and treat suicidal ideation and behaviors.
 - Collaborate with individuals to use warm hand-offs and supportive contacts to help them transition through and between various levels of care.
 - Conduct an internal annual review of policies and procedures for continuous quality improvement and assessment of fidelity to their suicide prevention program.
 - Collect and analyze outcomes data on their suicide prevention program.

6. Individuals with Serious Mental Illness (SMI): Employment Support Services

The Employment First Act (Act 36 of 2018) requires county agencies to provide services to support competitive integrated employment for individuals with disabilities who are eligible to work under federal or state law. For further information on the Employment First Act, see [Employment-First-Act-three-year-plan.pdf \(pa.gov\)](#)

- a. Please provide the following information for your County MH Office Employment Specialist single point of contact (SPOC).
- Name: BobbiJo Hafer
 - Email address: bhafer@sam-inc.org
 - Phone number: (484) 577-9265
- b. Please indicate if the county **Mental Health office** follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):
- Yes No

Berks County Human Services Block Grant 23-24-Final

Please complete the following table for all supported employment services provided to **only** individuals with a diagnosis of Serious Mental Illness.

Previous Year: FY 22-23 County Supported Employment Data for ONLY Individuals with Serious Mental Illness		
<ul style="list-style-type: none"> • Please complete all rows and columns below • If data is available, but no individuals were served in a category, list as zero (0) • Only if no data available for a category, list as N/A <p><i>Include additional information for each population served in the Notes section. (For example, 50% of the Asian population served speaks English as a Second Language, or number served for ages 14-21 includes juvenile justice population).</i></p>		
Data Categories	County MH Office Response	Notes
i. Total Number Served	96	
ii. # served ages 14 up to 21	4	
iii. # served ages 21 up to 65	92	
iv. # of male individuals served	61	
v. # of female individuals served	35	
vi. # of non-binary individuals served	0	
vii. # of Non-Hispanic White served	61	
viii. # of Hispanic and Latino served	18	
ix. # of Black or African American served	12	
x. # of Asian served	0	
xi. # of Native Americans and Alaska Natives served	0	
xii. # of Native Hawaiians and Pacific Islanders served	0	
xiii. # of multiracial (two or more races) individuals served	5	
xiv. # of individuals served who have more than one disability	52	
xv. # of individuals served working part-time (30 hrs. or less per wk.)	25	
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	31	
xvii. # of individuals served with lowest hourly wage (i.e.: minimum wage)	6	\$2.83/hour lowest wage
xviii. # of individuals served with highest hourly wage	14	\$20.35/hour highest wage
xix. # of individuals served who are receiving employer offered benefits (i.e., insurance, retirement, paid leave)	6	

7. Supportive Housing:

- a. Please provide the following information for the County MH Office Housing Specialist/point of contact (SPOC).

Name: Lorena Keely
Email address: lkeely@sam-inc.org
Phone number: 610-468-7270

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 with the Office of Mental Health and Substance Abuse Services (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, or at risk of, experiencing homelessness.

- b. **Supportive Housing Activity to include:**

- *Community Hospital Integration Projects Program funding (CHIPP)*
- *Reinvestment*
- *County Base funded*
- *Other funded and unfunded, planned housing projects*

- i. Please identify the following for all housing projects operationalized in SFY 22-23 and 23-24 in each of the tables below:

- Project Name
- Year of Implementation
- Funding Source(s)

- ii. Next, enter amounts expended for the previous state fiscal year (SFY 22-23), as well as projected amounts for SFY 23-24. If this data isn't available because it's a new program implemented in SFY 23-24, do not enter any collected data.

Please note: Data from projects initiated and reported in the chart for SFY 23-24 will be collected in next year's planning documents

1. Capital Projects for Behavioral Health		Check box <input checked="" type="checkbox"/> 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).								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (Including grants, federal, state & local sources)	4. Total Amount for SFY 22-23 (only County MH/ID dedicated funds)	5. Projected Amount for SFY 23-24 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Targeted BH United	9. Term of Targeted BH Units (e.g., 30 years)
Beacon House	2010	HC Reinvestment	N/A	N/A	2	2	2	20
East Lancaster Avenue	2012	HC Reinvestment, bank loan, grant from HOME Program	N/A	N/A	4	4	4	30
Big Mill	2016	HC Reinvestment, bank loan	N/A	N/A	8	N/A	N/A	15
Totals								
Notes	Shuman Development Group refinanced their loan for this property and the lender would not permit other financing. Therefore, a refund of \$636k was paid to Berks County Redevelopment Authority in September 2021, representing the unpaid principal and interest. Initially, consideration was given to investing in another development project with Shuman Development Group. However, that fell through so therefore, the funds were transferred to SAM to use for tenant based rental assistance in January 2023.							

2. Bridge Rental Subsidy Program for Behavioral Health		Check box <input checked="" type="checkbox"/> if available in the county and complete the section.								
Short-term tenant-based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Vouchers.										
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY 22-23	10. Number of Individuals Transitioned to another Subsidy in SFY 22-23	
HC Reinvestment	FY 08/09	HC Reinvestment	\$588,837	\$1,000,000	147	500	147	\$620	9	
PHARE 2019 (FORENSIC)	FY 19/20	PHARE	\$33,068	\$1,000	8	2	8	\$600	0	
PHARE 2020	FY 20/21	PHARE	\$32,366	\$2,000	33	1	33	\$735	0	
Totals										
Notes:										

3. Master Leasing (ML) Program for Behavioral Health		Check box <input type="checkbox"/> if available in the county and complete the section.							
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY 22-23	10. Average Subsidy Amount in SFY 22-23
Totals									
Notes									

4. Housing Clearinghouse for Behavioral Health		Check box <input checked="" type="checkbox"/> if available in the county and complete the section.							
An agency that coordinates and manages permanent supportive housing opportunities.									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Staff FTEs in SFY 22-23		
HC Reinvestment	FY 08/09	HC Reinvestment	\$183,232	\$228,039	220	750	2		
Totals									
Notes									

5. Housing Support Services (HSS) for Behavioral Health		Check box <input checked="" type="checkbox"/> if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.							
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Staff FTEs in SFY 22-23
HC Reinvestment	FY 08/09	HC Reinvestment	\$55,406	\$225,000	191	250	1.50
PHARE 2020	FY 20/21	PHARE	\$10,882	\$5,000	29	20	1.50
Totals							
Notes:							

6. Housing Contingency Funds for Behavioral Health

Check box if available in the county and complete the section.

Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.

1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Average Contingency Amount per person
HC Reinvestment	FY 08/09	HC Reinvestment	\$65,060	\$100,000	57	200	\$2,000
PHARE 2019 (FORENSIC)	FY 19/20	PHARE	\$300	\$0	1	0	\$300
	FY 20/21	PHARE	\$9,317	\$12,000	19	25	\$490
Totals							
Notes							

7. Other: Identify the Program for Behavioral Health					Check box <input type="checkbox"/> if available in the county and complete the section.	
Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; Fairweather Lodge (FWL) is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; CRR Conversion (as described in the CRR Conversion Protocol), other .						
1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24
Totals						
Notes:						

e) **Certified Peer Specialist Employment Survey:**

Certified Peer Specialist” (CPS) is defined as:

An individual with lived mental health recovery experience who has been trained by a Pennsylvania Certification Board (PCB) approved training entity and is certified by the PCB.

In the table below, please include CPSs employed in any mental health service in the county/joinder including, but not limited to:

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- HealthChoices peer support programs
- consumer-run organizations
- residential settings
- ACT or Forensic ACT teams

County MH Office CPS Single Point of Contact (SPOC)	Name: Rebecca Dorsey
	Email: rdorsey@countyofberks.com
	Phone number: 610-478-3271 x6586
Total Number of CPSs Employed	24
Average number of individuals served (ex: 15 persons per peer, per week)	6-25, depending on if FT or PT
Number of CPS working full-time (30 hours or more)	12
Number of CPS working part-time (under 30 hours)	12
Hourly Wage (low and high), seek data from providers as needed	\$16-\$23
Benefits, such as health insurance, leave days, etc. (Yes or No), seek data from providers as needed	Yes
Number of New Peers Trained in CY 2022	5

f) Existing County Mental Health Services

Please indicate all currently available services and the funding source(s) 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
Partial Hospitalization - 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
Assertive Community Treatment (ACT) or Community Treatment Team (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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Telephone Crisis Services		
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input 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 Rehabilitation 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility-Based Vocational Rehabilitation	<input type="checkbox"/>	<input 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
Behavioral Health Rehabilitation Services for Children and Adolescents	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient Drug & Alcohol (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient Drug & Alcohol 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
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Respite (Mental Health)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Residential Treatment Facility (RTF) and (RTF-A)	<input type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment

Note: HC= HealthChoices

g) Evidence-Based Practices (EBP) Survey

Evidenced-Based Practice	1. Is the service available in the County/ Joinder? (Y/N)	2. Current number served in the County/ Joinder (Approx.)	3. What fidelity measure is used?	4. Who measures fidelity? (agency, county, MCO, or state)	5. How often is fidelity measured?	6. Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	7. Is staff specifically trained to implement the EBP? (Y/N)	8. Additional Information and Comments
Assertive Community Treatment	Yes	County-0 Health Choices-101	TMACT and BCC Supervision and Observation	Agency, Berks HC and MCO	Annually	Yes – Tower Behavioral Health No-BCC	Yes	DBT, Trauma and CBT-p, EFT for the majority of individuals served in ACT. 20 individuals served with SE services, and 33 co-occurring; BCC closed ACT in March 2023
Supportive Housing	Yes	County-24 Health Choices - 220	Monthly Submission to County	Agency and County	Monthly	Yes	Yes	HC Reinvestment
Supported Employment	Yes	County-77 Health Choices-0	Agency tracking specific to individual's job placement(s) and individualized employment goals	Agency and County	Quarterly	No	No	Include # Employed- 45 28 % of individuals served are Hispanic. 2 individuals participated in volunteer work
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Yes	Health Choices-996	Model Specific, PHQ-9, Supervision and Observation	Agency, County and HC	Quarterly by Clinicians, and at Initial/ Update of Individual Treatment Plans	No	Yes	ICWAlso provides Cognitive Behavioral Training for Individuals with Dual needs, Motivational Interviewing, and Seeking Safety for Individuals with Dual needs

Illness Management/ Recovery	Yes	County-0	OQ45, Supervision and Observation	Agency, County and CCBH	Quarterly	Yes	Yes	HC unable to determine distinct members served due to services not being tracked by specific billing codes
Medication Management (MedTEAM)	No	N/A	N/A	N/A	N/A	N/A	N/A	
Therapeutic Foster Care	Yes	HC-13	Supervision	Agency	Quarterly	No	No	TF and CBT trainings provided to therapists
Multisystemic Therapy	Yes	HC - 56	TAM-R and SAM- R	MST Institute	Quarterly	No	Yes	
Functional Family Therapy	No	N/A	N/A	N/A	N/A	N/A	N/A	
Family Psycho-Education	No	N/A	N/A	N/A	N/A	N/A	N/A	

SAMHSA's EBP toolkits: <https://store.samhsa.gov/product/Supported-Education-Evidence-Based-Practices-EBP-KIT/SMA11-4654>

h) Additional EBP, Recovery-Oriented and Promising Practices Survey:

- Please include both county and HealthChoices funded services.

Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	County – 26, HC-260	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	HC-392	
CPS Services for Transition Age Youth (TAY)	Yes	HC-74	
CPS Services for Older Adults (OAs)	Yes	HC-52	
Other Funded CPS- Total**	No		
CPS Services for TAY	No		
CPS Services for OAs	No		
Dialectical Behavioral Therapy	Yes	HC-928	
Mobile Medication	Yes	HC-16	Mobile therapy only
Wellness Recovery Action Plan (WRAP)	Yes	County - 80	
High Fidelity Wrap Around	No		
Shared Decision Making	Yes	HC-792	
Psychiatric Rehabilitation Services (including clubhouse)	Yes	County – 6, HC 134	1 County-funded individual attended the Transition-Age Clubhouse Psychosocial Rehabilitation Program
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in OAs	Yes	County – 3, HC-755	
Consumer-Operated Services	No		
Parent Child Interaction Therapy	Yes	County/HC – 0	
Sanctuary	Yes	County – 0, HC-53	
Trauma-Focused Cognitive Behavioral Therapy	Yes	County/HC – Unknown	Reported as Outpatient service and not distinctly tracked as a separate service; HC unable to determine distinct #

Eye Movement Desensitization and Reprocessing (EMDR)	Yes		HC unable to determine distinct #
First Episode Psychosis Coordinated Specialty Care	No		
Other (Specify)	Yes	HC-600	Count reflects ABA in IBHS only; although ABA is provided in other levels of care, it does not have a separate procedure code to identify members who receive ABA in those services.

- Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.
 (Below: if answering yes to #1. **service provided**, please answer questions #2 and 3)

Reference: Please see SAMHSA's National Registry of Evidenced-Based Practices and Programs for more information on some of the practices: [Resource Center | SAMHSA](#)

i) Involuntary Mental Health Treatment

1. During CY 2022, did the County/Joinder offer *Assisted Outpatient Treatment (AOT) Services* under PA Act 106 of 2018?
 - No, chose to opt-out for all of CY 2022
 - Yes, AOT services were provided from: _____ to _____ after a request was made to rescind the opt-out statement
 - Yes, AOT services were available for all of CY 2022

2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY 2022 (check all that apply):
 - Community psychiatric supportive treatment
 - ACT
 - Medications
 - Individual or group therapy
 - Peer support services
 - Financial services
 - Housing or supervised living arrangements
 - Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
 - Other, please specify: _____

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY 2022:
 - a. Provide the number of written petitions for AOT services received during the opt-out period. 0
 - b. Provide the number of individuals the county identified who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c)). Not collected

4. Please complete the following chart as follows:
 - a. Rows I through IV fill in the number
 - i. **AOT services column:**
 - 1) Available in your county, BUT if no one has been served in the year, enter 0.
 - 2) Not available in your county, enter N/A.
 - ii. **Involuntary Outpatient Treatment (IOT) services column:** if no one has been served in the last year, enter 0.
 - b. Row V fill in the administrative costs of AOT and IOT

	AOT	IOT
I. Number of individuals subject to involuntary treatment in CY 2022	N/A	21
II. Number of involuntary inpatient hospitalizations following an IOT or AOT for CY 2022	N/A	0
III. Number of AOT modification hearings in CY 2022	N/A	
IV. Number of 180-day extended orders in CY 2022	N/A	21
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2022	N/A	\$18,513.83

j) Consolidated Community Reporting Initiative Data reporting

DHS requires the County/Joinder to submit a separate record, or "pseudo claim," each time an individual has an encounter with a provider. An encounter is a service provided to an individual. This would include, but not be limited to, a professional contact between an individual and a provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the DHS with accurate and complete encounter data. DHS' point of contact for encounter data will be the County/Joinder and no other subcontractors or providers. It is the responsibility of the County/Joinder to take appropriate action to provide DHS with accurate and complete data for payments made by County/Joinder to its subcontractors or providers. DHS will evaluate the validity through edits and audits in PROMISe, timeliness, and completeness through routine monitoring reports based on submitted encounter data.

File	Description	Data Format/Transfer Mode	Due Date	Reporting Document
837 Health Care Claim: Professional Encounters v5010	Data submitted for each time an individual has an encounter with a provider. Format/data based on HIPAA compliant 837P format	ASCII files via SFTP	Due within 90 days of the county/joinder accepting payment responsibility; or within 180 calendar days of the encounter	HIPAA implementation guide and addenda. PROMISe™ Companion Guides

- ❖ Have all available claims paid by the county/joinder during CY 2022 been reported to the state as an encounter? Yes No

Some rejected claims must be resubmitted.

k) Provide a brief narrative as to the services that would be expanded or new programs that would be implemented with increased base funding?

As noted in other sections, additional Block Grant funding is needed to develop LTSR services. CMHSBG funding received for Crisis Residential start-up funding will be coming to an end in December of 2023. At that time, crisis residential services will be rolled into the HealthChoices Program as a supplemental service. Authorization for crisis residential services for individuals in need of this service, who are not enrolled in Medical Assistance, will be cautionary depending upon the availability of Block Grant funding throughout the year. Any changes that occur related to Crisis Intervention Regulatory changes (i.e.: qualifications for staff change, mobile team delivery model, etc.) may be impossible to implement without additional funding as well as any interest in expanding the crisis intervention continuum (i.e.: Crisis Stabilization development, embedding Certified Peer Specialists in Crisis Services, etc.). Overall, any expansion or new program development cannot be considered without additional block grant funding as we are unable to fund existing service providers and their program costs with many years of inflation and no allocation increases.

I) Categorical State Funding-FY 22-23 [ONLY to be completed by counties not participating in the Human Services Block Grant (i.e. Non-Block Grant)]

State Categorical Funding				
Please complete the following chart below for all funding received. Funding expended can be estimated for fourth quarter expenditures of FY 22-23. If yes, complete the question below the chart that pertains to the specific line of funding. If no funding received for a line, please indicate with n/a. These numbers will be compared to the county Income and Expenditure Reports when received to ensure accuracy.				
Program	Funding Received Yes or No	Funding Received FY 22-23	Funding Expended FY 22-23	Balance of funds
Respite Services				
Consumer Drop-in Center				
Direct Service Worker R&R				
Philadelphia State Hospital Closure				
Forensic Support Team				
Eastern State School & Hospital				
Mayview Children's Unit Closing				
Student Assistance Program				

1. If your county currently receives state funds for Respite services, describe the services rendered with these funds, including an estimate of the number of individuals served.
2. If your county currently receives state funds for Consumer Drop-in Centers, describe the services rendered with these funds, including an estimate of the number of individuals served.
3. If your county currently receives state funds for Direct Care Worker Recruitment & Retention, describe the services rendered with these funds, including an estimate of the number of individuals served.
4. If your county currently receives state funds for the closure of Philadelphia State Hospital, describe the services rendered with these funds, including an estimate of the number of individuals served.

5. **If your county currently receives state funds to support the Forensic Support Team, describe the services rendered with these funds, including an estimate of the number of individuals served.**
6. **If your county currently receives state funds to support the closure of the Eastern State School & Hospital, describe the services rendered with these funds, including an estimate of the number of individuals served.**
7. **If your county currently receives state funds to support the closure of the Mayview Children's Unit, describe the services rendered with these funds, including an estimate of the number of individuals served.**
8. **If your county currently receives state funds to for the Student Assistance Program, describe the services rendered with these funds, including an estimate.**

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: Withdrawal Management, Medically Managed Intensive Inpatient services, Medically Monitored Intensive Inpatient services, Opioid Treatment services, Clinically Managed High-Intensity Residential services, Clinically Managed Low-Intensity services, Partial Hospitalization, Intensive Outpatient, and Outpatient services. 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. Most 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 Jail 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 for FY 22-23:

1. Waiting List Information:

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	0	
Medically-Managed Intensive Inpatient Services	0	
Opioid Treatment Services (OTS)	0	
Clinically-Managed, High-Intensity Residential Services	0	
Partial Hospitalization Program (PHP) Services	0	
Outpatient Services	0	
Other (specify)	0	

*Average weekly number of individuals

**Average weekly wait time per person

2. Overdose Survivors' Data: Please describe below the SCA plan for offering overdose survivors direct referral to treatment for FY 22-23.

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 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. The information in the following chart is for fiscal year 22/23. **Note: there were 7 overdose survivors willing to accept a referral to substance use disorder treatment but could not be placed due to needing to be hospitalized for medical or psychiatric issues.**

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
46	18	Warm Hand Off – CRS referring directly from Emergency Department	21

Levels of Care (LOC): Please provide the following information for the county's contracted providers.

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	6	0	1
4	3	0	1
3.7 WM	41	1	14
3.7	11	0	5
3.5	77	2	22
3.1	32	0	10
2.5	14	2	3
2.1	40	7	12
1	66	11	5

3. **Treatment Services Needed in County:** Please provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services.

As illustrated by the Levels of Care chart above, Berks County has ASAM 3.5 inpatient and outpatient protocols available within the county. There are currently two licensed 2.5 Partial Hospital providers located in the county. Currently, 3.5 residential services are only available for English speaking adults in Berks County and there is a statewide lack of capacity for inpatient adolescent services. 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 ensure that all individuals have access to the clinically appropriate level of care. As the opioid crisis continues, access to Medication Assisted Treatment is vital. The SCA currently supports all FDA approved medications to treat opioid use disorder.

In addition to treatment services, the SCA supports 129 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. Additionally, Berks County has a Community Recovery Center, operated by the SCA. The RISE (Recovery Information, Support and Education) Center is open 5 days per week and is staffed by Certified Recovery Specialists. The RISE Center is available for use to support groups offering different paths to recovery as well as to groups offering education and support to families.

Currently, there are no plans in Berks County to use HealthChoices reinvestment funds to develop any new substance use disorder services. While still in the planning stage, there has been discussions between the Berks County Office of Mental Health Developmental Disabilities, the HealthChoices Program, and the Single County Authority for the potential establishment of a 24/7 crisis stabilization center for those in need of immediate attention due to a mental health and/or substance use emergency.

4. **Access to and Use of Narcan in County:** Please describe the entities that 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. In November 2017, through a grant from the Pennsylvania Commission on Crime and Delinquency, the SCA was designated as the Centralized Coordinating Entity in Berks County for distribution of naloxone to first responders. In this capacity, we work in partnership with the District Attorney's office to replace expired naloxone for all Berks County police departments. During fiscal year 2022/2023, the SCA distributed 2,703 two-dose boxes of Narcan® to community members, schools, treatment agencies, recovery organizations, shelters, doctor's offices, outreach groups, business, churches and first responders. The Berks SCA provides opioid overdose training to the community on how to recognize and respond to an opioid overdose, including how to use Narcan®. The SCA provides outreach and education programs to promote community understanding of the importance of naloxone as an overdose prevention strategy. Additionally, the SCA provides Narcan® for individuals with an opioid use disorder and their families at the Emergency Department of the Reading Hospital. The SCA also provides Narcan® for re-distribution to treatment providers, recovery support providers, Berks County's Drug and Alcohol Central Intake Unit, and several private physicians. Additionally, the Berks County Jail also distributes Narcan® to individuals being released from the jail and under Berks County Court supervision.

5. **County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county including challenges with implementing warm handoff process.

Berks County's Warm Hand Off program was implemented in 2015 in partnership with our local hospitals and HealthChoices, our managed care partner. While overdose survivors are a priority population, through a contract with Treatment Access and Services Center (TASC) the Berks SCA offers Warm Hand Services to individuals presenting to the ER with any substance use issue. When an overdose survivor is revived or an individual presents in the emergency room with a substance related issue, hospital personnel discuss CRS services with the individual. With proper consent from the individual, hospital personnel contact the CRS for an immediate response. If the person refuses to speak with the CRS, the hospital ER personnel provide the individual with information about CRS services.

As CRS are on site at Reading Hospital 24/7, a face-to-face meeting with the individual occurs immediately. When the CRS is contacted by Penn State St. Joseph Hospital, a face-to-face meeting occurs as soon as possible. If it is apparent the individual needs detoxification services, an immediate referral to a detoxification unit is made. If the individual is not in need of immediate detoxification, the CRS arranges for a level of care assessment and referral to treatment. 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 course of treatment. Additionally, the CRS assists the individual in developing a Recovery Plan. The Recovery Plan is client-driven based

and focuses on removing barriers to treatment as well as identifying supports to enhance recovery.

The information in the following table is for fiscal year 2022/23 and represents both overdose survivors and those seen in local emergency rooms with a substance related issue. We cannot provide information about the number of people completing treatment. Due to HIPPA and confidentiality concerns, our hospitals only report de-identified information to us regarding individuals who receive a Warm Hand Off. Therefore, we cannot track individuals who enter treatment through a Warm Hand Off. **Note: There were 49 people served by the Warm Hand Off program who were willing to accept a referral to substance use disorder treatment but could not be placed immediately into treatment for various reasons. Additionally, there were 131 individuals who were willing to accept a referral to substance use disorder treatment but could not be placed due to needing to be hospitalized for medical or psychiatric issues.**

a. Warm Handoff Data:

# of Individuals Contacted	834
# of Individuals who Entered Treatment	427
# of individuals who have Completed Treatment	Unknown

INTELLECTUAL DISABILITY SERVICES

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

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

With that in mind, please describe the continuum of services to registered 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 individuals for whom Base or HSBG funds have been or will be expended. Appendix C should reflect only Base or HSBG funds except for the Administration category. Administrative expenditures should be included for both base and HSBG 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 Number of Individuals served in FY 22-23</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 23-24</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	10	0.57%	16	0.91%
Pre-Vocational	0	0.00%	0	0.00%
Community participation	3	0.17%	4	0.23%
Base-Funded Supports Coordination	236	13.45%	236	13.41%
Residential (6400)/unlicensed	1	0.057%	3	0.17%
Lifesharing (6500)/unlicensed	3	0.17%	3	0.17%
PDS/AWC	139	7.92%	139	7.90%
PDS/VF	0	0.00%	0	0.00%
Family Driven Family Support Services	0	0.00%	0	0.00%

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

- Please describe the services that are currently available in the county such as discovery, customized employment, and other services.

Berks County is fortunate to work with several agencies that provide employment supports. All are trained in the Discovery and Customized Employment Model. The AE continues to assist provider leadership to remain aware of best practices in this area. The Berks AE also continues strong collaboration with The Office of Vocational Rehabilitation and the local Intermediate Unit. One way is the continuation of Project Search. The AE plays an active role in this important program that occurs within the local Healthcare Industry. The County, through Block Grant Funding, has provided financial support in the past and is proud to be part of this effort. Project Search assists participating students with Intellectual Disabilities and/or Autism to graduate with some unique skills and an increased chance of being competitively employed. Staff from the AE Support Team supports this program through serving on the planning committee and this year participated in the candidate interview process.

The Berks AE continues to actively participate in 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 AE has served in a leadership position on the Council for many 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. Several presentations on this topic occur throughout the year, including periodic opportunity to talk directly with school psychologists. Without a doubt this helps to create a more robust transition experience for students and families. Lastly, the Berks AE has staff representation on the Reading/Muhlenberg Vo-Tech Service Occupations Advisory Committee. This program follows a similar model to the Work Partners program and is designed to result in successful, sustainable competitive employment upon graduation.

- Please identify changes in the 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.

The Berks County Developmental Disability System continues to be committed to the Governor's Employment First Policy. Administrative Entity (AE) Program staff works closely with the Office of Vocational Rehabilitation (OVR) and other local community partners to increase opportunities for transition age youth and adults. Teams are, and will continue to be encouraged, to assist individuals in transition from Pre-Vocational Programs to Transitional Work Services and eventually toward competitive employment. In cooperation with the Supports Coordination Organizations, the AE will continue to ensure a smooth OVR referral process and that all people requesting authorization for Employment Supports exhaust Office of Vocational Rehabilitation funding first. Once this occurs, the Berks AE will prioritize these authorization requests for Human Services Block Grant (Base) Funding.

Berks County aligned with a neighboring County during the 22/23 Fiscal Year. Together, the group began to collaborate with local employers to discuss ways to help each other's mission. Moving forward, the County Behavioral Health Program will also be joining. Together we will continue to enhance the Coalition Workgroup, expand on our commitment to the Employment First philosophy, and increase efforts for supporting individuals and their families in making the decision to become and remain employed.

The MH/DD Program has representation in the Berks County Workforce Development Board's Diversity, Equity, and Inclusion Sub-committee. A conference was held this past Spring for employers to specifically address concerns they may have regarding the employment of an individual that has a disability.

- Please add specifics regarding the Employment Pilot if the county is a participant.

Berks County is not part of the Employment Pilot but had participated in past years.

Supports Coordination:

- Please describe how the county will assist the supports coordination organization (SCO) to engage individuals and families to explore the communities of practice/supporting families model using the life course tools to link individuals to resources available in the community.

Berks County currently has six local Supports Coordination Organizations. To ensure consistency and expectations, information is shared through emails, meetings, and training opportunities. Frequent provider meetings and monthly SCO meetings are held to further discuss the County's

commitment to efforts which promote employment, building social capital, supporting families, wellness, safety, and risk mitigation. This effort to manage the collective understanding of system expectations and priorities has been, and continues to be, at the forefront of all SCO and Provider discussions. Over the past year, the Berks AE further enhanced their Supporting Families Collaborative. SCOs have been invited to participate and challenged to increase family involvement. The AE also has a LifeCourse Ambassador on staff. Their main responsibility is intake, but they can assist SCOs with LifeCourse concepts as needed.

- Please describe how the county will assist supports coordinators to effectively engage and plan for individuals on the waiting list.

The Berks AE expects that all local SCOs closely monitor their caseloads and ensure use of natural, and community supports. As situations demonstrate the potential for risk, names are added to the County's high-risk case list. This list is reviewed weekly to ensure that all needs are managed appropriately and that the AE can manage base funding or other system capacity in a responsible manner. Through a partnership with the PA Family Network, the Berks AE continues to share information related to Charting the LifeCourse and other training topics with SCOs and families. The Berks AE also has an active Supporting Families Collaborative and continues to try to engage with as many families as possible. The AE is dependent upon SCOs to share the mission of the Collaborative to assist with connection, networking, and resources. As new referrals are assigned to local SCOs, the AE will continue to encourage use of the tools, especially for families of young children and those with autism, developmental delays, and medical complexities.

- Please describe the collaborative efforts the county will utilize to assist SCOs with promoting self-direction.

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 others who choose the Fiscal/Vendor Model. Many have been using a Supports Broker Services of which Berks has a relationship with several agencies. One family created their own residential program and continues to do this in a very successful manner. SCOs have become very creative and the AE assists whenever possible, to support self-direction and all family-centered efforts.

Lifesharing and Supported Living:

- Please describe how the county will support the growth of Lifesharing and Supported Living as an option.

Berks County has had a strong Life Sharing Program for many years. This service is always encouraged prior to authorization of residential services. Recently, the Berks AE has been working to develop options for Supported Living. Currently, there is one local provider offering this service. Several are interested but due to continued staffing struggles and other strains on the local system, they are not prepared to engage in the development of a new service. The AE believes in the importance of this service choice and committed to its expansion. This is discussed in Provider Meetings and educational sessions will continue to be provided. The enhancement of both services is also part of the AE Quality Management Plan.

- Please describe the barriers to the growth of Lifesharing and Supported Living in the county.

Very limited staffing, and the complex nature of many residential service referrals, are the major barrier for people not moving into Lifesharing. Providers report they are not able to accommodate the severe complexities of such referrals. That said, support teams are always encouraged to consider the Lifesharing Model whenever possible and provider training is encouraged and supported by the AE. Regarding Supported Living, Berks County has only one provider offering the service at this time and to date it is not being utilized. Recent priorities, and again staffing, have made it difficult for Providers to learn about, develop and commit to a new program. Berks County is also experiencing extremely high rents and a lack of housing options throughout our communities.

- Please describe the actions the county found to be successful in expanding Lifesharing and Supported Living in the county despite the barriers.

As mentioned above, Berks County has been promoting both services. Lifesharing is expected to be explored through the Team process, prior to searching for higher level residential settings. Providers are encouraged to offer this option and periodically provide "bios" describing available families. The County has been in discussions with providers regarding Supported Living. As stated previously, there is only one provider currently offering the service. Several are however interested. Through relationships with agency leaders, along with support and training, the Berks AE will continue working to further develop this service option. The addition of Housing Tenancy and Support to our local provider network has been valuable. Although it is a different service, it helps teams, individuals and families focus on more independent living options.

- Please explain how ODP can be of assistance to the county in expanding and growing Lifesharing and Supported Living as an option in the county.

Provider representatives have requested additional and more intensive training related to Supported Living. The AE held an educational session about this topic and will work with the ODP Northeast Region to obtain additional support in this area. ODP's support and assistance will be greatly appreciated.

Cross-Systems Communications and Training:

- Please describe how the county will use funding, whether it is HSBG or Base funding, to increase the capacity of the county's community providers to more fully support individuals with multisystem needs, and complex medical needs.

The Health Care Quality Unit continues to be Berks County's most valuable support within the system for education and support for individuals with medical issues. They are at the table for all local committees, complex discussions, and provider meetings. 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 behavioral 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 issuing a notice of discharge. Both the HCQU and DDTT work with individuals, families, provider staff, and the medical community.

Berks County also has a robust Positive Practices Committee. Together with provider representatives, local provider nursing staff, the HCQU and other system stakeholders, complex case reviews are completed, and thoughtful recommendations are shared with individual teams. Regarding complex medical cases, the Berks AE has placed a strong focus on educating the local system on the "Fatal Five". There is also a process in place for when a fatal five incident occurs. This involves the Incident Management Provider sending a "red flag" alert to the AE and the AE requesting immediate follow up from the SCO. The Team discussed what occurred and reports back with actions to prevent reoccurrence. This topic continues to be part of the county's Quality Management Plan.

Regarding children with medical complexities, the Berks AE is still becoming more educated on the topic and plans to expand this education to interested providers. This will be accomplished through local partnerships and ODP resources. The AE has also begun to connect with local partners within Early Intervention and Children and Youth Services.

In general, Base Funding is used to provide supports such as Respite, Companion, In-Home & Community Support, Transportation, Support in Medical Environment, and other unique services are authorized. Majority are provided through the AWC model of service while some continue to choose traditional provider agencies. All services are provided with choice and with the intention of protecting/maintaining the health and safety of individuals until natural supports or 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 physical and behavioral health issues co-existing with ID/A diagnosis that increase the challenge in care; and availability of other natural supports or 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 and this continues to be accomplished by monitoring high risk situations through joint AE/SCO Meetings. Additionally, Base Service utilization is reviewed monthly to ensure unutilized service units are removed from plans freeing up dollars to meet other service's needs.

- Please 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.

As discussed in previous sections, the Berks AE, actively participates in the several local transition and employment groups. Throughout the year, AE representatives participate in numerous promotional events, resource fairs and conduct presentations for the purpose of educating school districts and the community in general, about how to become enrolled in the local Service System. This year, the Berks AE will continue discussions with Early Intervention Leadership as well as Children and Youth Services and the Local Interagency Coordinating Council.

- Please 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 enable individuals and

families to access community resources, as well as formalized services and supports through ODP.

Berks County naturally collaborates 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. The AE holds a bi-annual meeting with C&Y to discuss shared individuals and new initiatives. As other concerns arise or resources are needed, all offices are available for discussion and consultation. Frequent conversations also occur with probation and the justice/court system.

Regarding the Mental Health System of services, they are under the same agency, as is the Health Choices Program. As situations arise, the MH, ID/A and CASSP systems are readily available to collaborate on individual cases.

Emergency Supports:

- Please describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
Please provide details on the county's emergency response plan including:

- Does the county reserve any base or HSBG funds to meet emergency needs?

Berks County remains 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 have the ability to act quickly when needed.

- What is the 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 crisis calls and issues on behalf of the County MH/DD Program. As extraordinary needs arise and if the Crisis Provider requires assistance beyond their capacity, they will contact the Administrator, Deputy, or AE Support Staff to obtain assistance. In such cases, the Administrative Entity reaches out to the assigned SCO or provider agency, to manage the situation. All SCOs and residential providers are expected to have an after-hour emergency system and process. The AE maintains a directory containing cell phone and email contacts for SCO and Provider Leadership as well as each agency's emergency process.

As emergencies arise during or outside of business hours, the AE works diligently to manage the situation. Staff closely monitor capacity, funding, and provider availability in order to maintain a strong understanding of the local system. The Berks AE also has very strong relationships with providers, community partners and with ODP. This is essential when faced with urgent situations.

- Does the county provide mobile crisis services?

Yes, Berks County provides Mobile Crisis Services through a contracted provider. Crisis leadership have contact information for the AE points as well as emergency contact information for local providers and SCOs.

- If the county does provide mobile crisis services, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?

The crisis provider employs trained staff who are well rounded in dealing with crisis situations for all people. They utilize a variety of resources for training and are invited to local system events. Their overall goal is to manage each situation individually since formal diagnostic information is typically not available. Internally, the crisis provider is part of a larger organization with extensive knowledge of working with children and adults with ID, autism as well as behavioral health disorders.

- Do staff who work as part of the mobile crisis team have a background in ID and/or autism?

The crisis provider requires staff to participate in training through various methods. The County is always willing to consider specific training related to supporting people with ID and/or autism upon request. Crisis system leadership are also invited to attend local provider meetings and events to remain knowledgeable of ODP system concerns.

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

The crisis provider requires staff to participate in training through various methods. The County is also willing to consider specific training related to supporting people with ID and/or autism upon request.

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

Berks County does have a mobile crisis team.

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

Berks Administrative Entity Policy & Procedure	Title: Emergency Services
Effective Date: 7/01/2016 Revision/Review Date: 5/25/2017; 8/01/2019. 2/24/22	Approved by: Pam Seaman, Administrator <i>Pam Seaman</i>

- I. Policy Statement: The Berks County MH/DD Program will comply with Article III, Section 301 (d) (4) of the Mental Health and Intellectual Disability Act of 1966.
- II. Purpose: To ensure a system for 24-hour Emergency Services is provided and available to the local system.
- III. Responsibility: Berks County MH/DD will ensure the provision of Emergency Services, including a system to provide support to people requiring services and supports outside of typical business hours.
- IV. Procedure:
 - a. Supports Coordination Organizations:
 - i. Berks County MH/DD Program will ensure all local Supports Coordination Organizations (SCOs) have a system for the management of calls and issues that occur outside of typical business hours.
 - ii. SCOs will be required to submit a copy of their process to the AE annually.
 - iii. SCOs will be expected to manage calls received. If assistance is needed or if paid services must be implemented for the protection of health and safety, the SCO will reach out to the Administrative Entity Support Staff.
 - b. Crisis Intervention:
 - i. Berks County MH/DD Program will ensure a contract is in place to manage the provision of crisis intervention and general management of system-wide after-hour calls.
 - ii. Crisis Intervention Staff will answer phone calls, provide outreach and emergency services coverage to the Intellectual Disabilities System, as well as the general community, at all times. They will be available outside of normal business hours, 365 days per year.
 - iii. If a situation requires a crisis worker, one will be dispatched to the person's location, in order to assess the situation.
 - iv. Upon receiving emergent calls, the Crisis Intervention Staff will make every attempt to manage the needs presented. This could involve working with caregivers, talking to provider staff or even the SCOs.
 - v. The AE will provide the Crisis Intervention Agency with the necessary after-hour contact information for all SCOs within Berks County and for the Berks AE Points.
 - c. In General:
 - i. If additional assistance is required, the Crisis Intervention Contractor or the SCO will reach out to the AE Support Staff.
 - ii. If paid supports are required to maintain safety, the County MH/DD Administrator or Deputy will be notified.

- iii. On the next business day after the emergency, AE Support Staff will ensure that appropriate follow-up occurs so that longer-term supports can be put in place.
- iv. The Administrative Entity will also maintain an after-hours contact list for all local provider agencies.

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.

- Please describe the county's interaction with PA Family Network 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 and the PA Family Network is one of them. The County's relationship with this entity continues to evolve and become stronger. Their resources and information sessions provide a great deal of help to the Supporting Families Collaborative. PAFN continues to be instrumental in assisting families and providing support to our group.

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

Berks County makes every attempt to be both collaborative and community-minded in order to make information available. AE Staff continue to offer numerous presentations to share information related to the purpose of the ID/A System and how to become connected. Berks County continues to enhance the intake/front door experience by offering information about LifeCourse and various supports in the community. Individual Teams are highly encouraged to use LifeCourse in the planning process to develop outcomes, locate resources and in other ways to help enrich lives. The Berks AE also has a LifeCourse Ambassador on staff.

- Please describe the kinds of support the county needs from ODP to accomplish the above.

Berks County welcomes ODP's support in development of additional resources. Additional training and discussions continue to be essential to encourage teams to use Lifecourse Tools in creative ways. Lastly, continued funding for the AEs two ARPA positions is also crucial to support the County in meeting its obligations related to eligibility determination, supporting families and risk management.

- Please describe how the county will engage with the Health Care Quality Units (HCQUs) to improve the quality of life for individuals in the county's program.

The Health Care Quality Unit routinely presents on a variety of system and health topics. In the past, topics have included Overall Health, Wellness and Recovery, Fetal Alcohol Syndrome, Healthy Relationships, Fatal Five as well as the creation of a periodic dysphasia clinic in order to educate people about proper food consistencies. They are and continue to be, an integral part of the local system and an essential support to providers and individual teams.

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

The HCQU assists in numerous ways. They are active participants 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 oversight. The HCQU is also helpful in turning any system concerns or needs into training for providers or individual

teams. The Berks AE holds frequent provider discussions and the HCQU is most always an active participant.

- Please describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals and families.

Berks County 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 AE IM4Q Coordinator, who in turn, uses the information received to develop and monitor the local Quality Plan.

- Please 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, and other reasons.

Berks County has an excellent network of agencies that provide a full array of services and supports. The Dual Diagnosis Treatment Team (DDTT) in the County continues to be a tremendous support in helping provider agencies deal with complex behavioral health issues. Currently, the County Program is in discussion of possibly expanding the DDTT to support people with autism and have a dedicated team for Berks individuals only rather than sharing one team with multiple counties. The local Positive Practices Committee has also been instrumental in providing suggestions to Teams and helping them problem-solve difficult and "at-risk" situations. ODP has been a great support in these efforts, often participating in meetings. Moving forward, additional support and local training could certainly assist to move this process even further.

- Please describe how ODP can assist the county's support efforts of local providers.

All training efforts or resources that ODP can provide will be welcomed. With the numerous high-risk situations, along with an aging population, providers face the challenge of training and maintaining high quality staff. The more support ODP and the AE can offer to providers, the higher quality their supports will be for the individuals supported by the program. Currently, the providers are still experiencing the effects of the staffing crisis. As a result, Berks County providers are still struggling to fully open their programs. Conversations and support continue to be offered to local agency leadership.

- Please describe what risk management approaches the county will utilize to ensure a high quality of life for individuals and families.

Positive Practices Committee Meetings are held to support individual complex needs and to help teams that may be struggling. The goal is to provide creative solutions to support residential and family caretakers. AE Staff, 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 intensive clinical support and teach individuals how to live more successfully in a community setting. Currently the County Health Choices Program is exploring the ability for DDTT to support a small number of individuals with autism.

Additionally, the AE holds local provider meetings monthly to share resources and ideas. These discussions are collaborative and offer provider leadership a chance to interact with each other. Individual Agency and AE meetings are held quarterly for the purpose of maintaining relationships, assess risk and discuss any concerns.

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

The Berks AE will use the Supporting Families Collaborative to connect with individuals and families for all topics. A Facebook page has been created and is being used as another way to share system information as well as community events. The AE also holds monthly all provider meetings and monthly AE/SCO meetings. System information is shared, and agency representatives have the chance to interact with each other. Lastly, the AE holds quarterly individual provider meetings. It has been valuable to have these one-on-one conversations and to have open dialog with agency leadership. The AE hopes that further enhancing these relationships will help identify and address any potential risk from occurring.

- Please describe how ODP can assist the county in interacting with stakeholders in relation to risk management activities.

The Berks AE remains a willing to partner and welcomes ODPs assistance in this area. The Provider Risk Screening Process continues to be a robust process within the County and rich discussions are routinely held. Actions will continue to be taken as necessary and the AE will work cooperatively with ODP in all situations.

- Please describe how the county will utilize the county housing coordinator for people with autism and intellectual disabilities.

Berks County has an extensive Housing Program with a strong emphasis on curbing issues related to homelessness. The AE participates in discussions and interacts as necessary with the Housing Director. As new supports and information is learned, this information is shared with the SCO/Provider network as well as with families and individuals. This collaborative relationship will continue throughout the plan year.

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

Berks County participates in SPIN 911, a program between the Human Services System and the Berks County 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. The Berks AE learned many lessons from the pandemic, and above all remain in close contact with the local Provider Network. Frequent virtual meetings are held, sharing of resources and group problem-solving have been at the forefront and will continue. All local providers have developed emergency plans and they are encouraged to update them as needed. The AE will continue to review and discuss this topic as well as to maintain after-hour management contacts and other important information.

Berks County will also use the Supporting Families Collaborative to share such information and gain insight from families across the County. Resources and emergency information will be shared in a variety of ways including the new *Berks County Supporting Families Collaborative* Facebook Page.

Participant Directed Services (PDS):

- Please describe how the county will promote PDS (AWC, VF/EA) including challenges and solutions.

Many Berks County participants and their families utilize Person Directed Supports. The AE continues to ensure the SCOs offer all models of support when assisting families/individuals with choice of service and provider. In addition, the Supports Broker option is being used and Berks County has multiple agencies providing this service. Information about all service options continues to be shared with SCOs and in turn, is discussed in individual team meetings.

- Please describe how the county will support the provision of training to SCOs, individuals and families on self-direction.

Berks County introduced the use of a Supports Broker Services a several years ago and as a result, this is a routine part of service discussions. Regarding Person Directed Services, in general, there is a high number of people currently self-directing their services. If the need arises, the County will certainly offer training opportunities to support families, individuals and SCOs to help better understand this topic. As PA shifts to a new Fiscal Vendor Provider, Berks County will do what is necessary to assist families and SCOs through this transition.

- Are there ways that ODP can assist the county in promoting or 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 ODP Regional and State Offices.

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

- Please describe how the county will enable individuals in congregate settings to return to the community.

As situations arise, Berks County will assist people to transition from congregate settings into community placements. The AE pays very close attention to people residing in Nursing Homes, Residential Treatment Facilities and Private ICF's. Program Staff will continue to maintain this as a priority and will assess the needs of individuals residing in such settings. In addition, Berks County will continue to discuss such placement needs with the local provider network, explore resources, and identify training needs to help support people with complex medical needs.

HOMELESS ASSISTANCE PROGRAM SERVICES

Please describe the continuum of services to individuals and families within the county 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.

Berks County has a well-developed Continuum of Care (CoC) system. The Berks Coalition to End Homelessness (BCEH) is both the CoC and HMIS Lead for Reading and Berks County. The CoC has 52 programs: 18 permanent housing projects, 9 rapid rehousing projects, 8 transitional housing projects, 1 HMIS project, 1 Coordinated Entry project, and 1 CoC Planning project and 14 emergency shelter projects. There are over 400 beds devoted to people experiencing chronic homelessness, the vast majority are in permanent housing projects.

Coordinated Entry processes help Berks County prioritize assistance based on the vulnerability of people who need assistance. BCEH implemented a Coordinated Entry program in November of 2017. The Coordinated Entry System (CES) facilitates the coordination and management of resources and services through the crisis response system. CES allows providers to efficiently and effectively connect people to interventions that aim to rapidly resolve their housing crisis. CES works to connect the individuals and families with the highest need in the community to available housing and supportive services in an equitable way. Additionally, those experiencing a housing crisis or other needs can call 2-1-1 to access services 24/7 and be referred to the appropriate agency or CES.

The Berks County Emergency Solutions Grant Program served 249 households with and without children consisting of 698 individual people during the 22-23 funding year. This funding source helped these individuals and families achieve long term housing stability through rapid rehousing and homeless prevention funding.

In 2017, Berks County created an employment program that focuses on assisting individuals who are living in the streets or in emergency shelter with searching for employment. This effort, called the Jobs Assistance Program, is part of the BCEH Street Outreach Program. BCEH continues to collaborate with the Tower Health Street Medicine Program to provide medical services to those experiencing homelessness in emergency shelters and in unsheltered situations.

In 2019, an emergency shelter was created for unaccompanied youth under the age of 18 where they can stay for up to 21 days and receive case management. This emergency shelter is currently in the process of expanding their youth shelter program to allow for more youth experiencing homelessness to stay in the shelter. This type of program is a priority for Berks County, as unaccompanied youth are a historically underserved population. Two local shelters offer drop-in centers for youth to access additional supportive services and case management. There are three emergency shelters with limited capacity in the area that accept families with children, and several shelters in the area have transitional housing programs for families and individuals.

HAP funded programs play a vital role in filling the gaps in service that other funding sources may not be able to meet.

Bridge Housing Services:

- Please describe the bridge housing services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of bridge housing services? Please provide a brief summary of bridge housing services results.
- Please describe any proposed changes to bridge housing services for FY 23-24.
- If bridge housing services are not offered, please provide an explanation of why services are not offered.

The Men's Bridge House is a residential service program that focuses on support for individuals experiencing substance abuse issues. Direct services are provided through the development and implementation of an individualized service plan. Services that are offered include: substance abuse treatment, employment counseling, HIV/AIDS education, family planning education, financial counseling, nutrition education and job training.

Last year a family bridge housing program was funded for the first time. This program is set in a home-like environment to mitigate the trauma often experienced by families in traditional shelter settings.

BCEH currently monitors all bridge housing programs through review of case notes during monitoring, yearly on-site audits, review of financial records, and review of performance outcomes through HMIS.

Case Management:

- Please describe the case management services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of case management services? Please provide a summary of case management services results.
- Please describe any proposed changes to case management services for FY 23-24.
- If case management services are not offered, please provide an explanation of why services are not offered.

Case management services are provided through several different service providers. Case managers perform a comprehensive assessment with each client. The services provided are intended to broker clients to services. These services include treatment for mental health or chemical dependency, family or individual counseling, job skills and job training programs, nutrition counseling and HIV/AIDS education classes. Many case managers will connect individuals with applications for Medical Assistance, SNAP benefits, childcare subsidies, cash assistance, or applications for social security and disability. Victims of domestic and family violence are given education, advocacy tools, and emotional support. BCEH currently monitors all case management programs through review of case notes during monitoring, yearly on-site audits, review of financial records, and review of performance outcomes through HMIS.

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 provide a brief summary of rental assistance services results.
- Please describe any proposed changes to rental assistance services for FY 23-24.
- If rental assistance services are not offered, please provide an explanation of why services are not offered.

Several service providers in Berks County offer rental assistance programs with HUD funding for individuals and families who are currently homeless or who are facing homelessness, however there is still a further need for rental assistance in Berks County. Rental Assistance provides funds to clients to prevent eviction, for rapid re-housing, as well as the case management services used to support clients who are experiencing a housing crisis. Case managers do a complete assessment to determine housing status, income and expenses, and assist the client in determining all available resources.

The county saw a gap when the Emergency Rental Assistance Program funding was fully allocated, and chose to address this gap by funding a previously operational HAP funded rental assistance project. In the 22-23 FY, this program served 79 families, consisting of over 200 people.

BCEH will monitor the program through yearly audits, a review of financial records, and a review of performance outcomes through HMIS.

Emergency Shelter:

- Please describe the emergency shelter services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of emergency shelter services? Please provide a brief summary of emergency shelter services results.
- Please describe any proposed changes to emergency shelter services for FY 23-24.
- If emergency shelter services are not offered, please provide an explanation of why services are not offered.

Berks County is not using HAP funding for Emergency Shelter services due to a lack of funding.

Innovative Supportive Housing Services:

- 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 provide a brief summary of other housing supports services results.
- Please describe any proposed changes to other housing supports services for FY 23-24.
- If other housing supports services are not offered, please provide an explanation of why services are not offered.

Berks County is not using HAP funding for Innovative Supportive Housing Services due to a lack of funding.

Homeless Management Information Systems:

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

A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Berks County's HMIS is currently fully operational and has been implemented since 2004. HMIS is utilized to generate reports required by HUD and it meets the needs of service providers. Currently, all HAP providers are entering data into HMIS except for a domestic violence service provider that is prohibited by law from doing so.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND (HSDF)

Please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures for the following categories. (Please refer to the HSDF Instructions and Requirements for more detail.)

Dropdown menu may be viewed by clicking on "Please choose an item." Under each service category.

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: **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.

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.

Aging Services: Please provide the following:

Program Name: N/A

Description of Services:

Service Category:

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: **District Attorney's Office-Children's Alliance Center**

Description of Services: This funds 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 in various Berks County school districts.

Interagency Coordination: (Limit of 1 page)

If the county utilizes funds for Interagency Coordination, please 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, and other allowable costs).

A Board that includes representatives from the Public Utilities Commission, First Energy, UGI and numerous human service providers organize a yearly training.

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

The Be Wise Fall Conference of 2022 had a total of 243 participants representing 84 organizations. This hybrid event had a total of 190 participants in person. There was a total of 21 vendors in the Resource Guide provided to all participants. The topics included: Utility Panel, Homelessness, Mental Health Crisis, and Domestic Violence Discussion. The goal of this conference is to educate the work force within the County regarding utility and human service assistance.

Other HSDF Expenditures – Non-Block Grant Counties Only

If the county plans to utilize HSDF funds for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder services, 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 (applicable to 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)

ACT is a SAMHSA-recognized Evidence Based Practice (EBP) delivered to individuals with Serious Mental Illness (SMI) who meet multiple specific eligibility criteria such as psychiatric hospitalizations, co-occurring mental health and substance use disorders, being at risk for or having a history of criminal justice involvement, and at risk for or having a history of experiencing homelessness. CTT services merge clinical, rehabilitation and support staff expertise within one delivery team.

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 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 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 adolescents 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 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 SMI and children diagnosed with or at risk of 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 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 or autism.

Community-Based Services

Community-based services are provided to individuals with intellectual disabilities or autism 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 Program

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 experiencing homelessness and to coordinate timely provision of services by the administering agency and community resources.

Rental Assistance

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 experiencing homelessness; e.g., have no permanent legal residence of their own.

Innovative Supportive Housing Services

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, 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).

Warm Handoff

Direct referral of overdose survivors from the Emergency Department to a drug treatment provider.

Partial Hospitalization

Services designed for those individuals who would benefit from more intensive services than are offered in outpatient treatment programs, 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 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 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 use disorder. 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 (persons who are at least 18 years of age and under the age of 60, or persons under 18 years of age who are the 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 services approved by DHS.

Aging

Services for older adults (persons who are 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 services 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 requests retention in the court's jurisdiction until treatment is complete. Services to these individuals 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 services 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 within 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
HOMELESS ASSISTANCE SERVICES					
Bridge Housing	28	\$ 126,302			
Case Management	388	\$ 120,000			
Rental Assistance	265	\$ 163,984			
Emergency Shelter					
Innovative Supportive Housing Services					
Administration		\$ 45,587			
TOTAL HOMELESS ASSISTANCE SERVICES	681	\$ 455,873	\$	\$	\$

SUBSTANCE USE DISORDER SERVICES					
Case/Care Management	213	\$ 77,000			
Inpatient Hospital	3	\$ 17,641			
Inpatient Non-Hospital	265	\$ 582,912			
Medication Assisted Therapy	50	\$ 98,481			
Other Intervention	125	\$ 10,000			
Outpatient/Intensive Outpatient	163	\$ 133,986			
Partial Hospitalization	12	\$ 21,040			
Prevention	1,000	\$ 141,353			
Recovery Support Services	300	\$ 226,550			
Administration		\$ 180,108			
TOTAL SUBSTANCE USE DISORDER SERVICES	2,131	\$ 1,489,071	\$	\$	\$

HUMAN SERVICES DEVELOPMENT FUND					
Adult Services	240	\$ 111,875			
Aging Services					
Children and Youth Services					
Generic Services	123	\$ 105,000			
Specialized Services	631	\$ 70,242			
Interagency Coordination		\$ 3,000			
Administration		\$ 32,235			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	994	\$ 322,352	\$	\$	\$

GRAND TOTAL	13,564	\$ 15,078,966	\$ 442,460	\$ 424,375	\$ 682,000
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**Proof of Publication Notices
Attendance Rosters
Power Point**

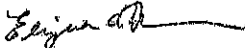
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390 Eagleview Boulevard • Exton, PA 19341

BERKS COUNTY COMMISSIONERS
COUNTY SERVICES CENTER, 13TH FLOOR
633 COURT STREET
READING, PA 19601
Attention:

STATE OF PENNSYLVANIA,

Legal Classified

The undersigned , being duly sworn the he/she is the principal clerk of Reading Eagle, Reading Eagle Digital, published in Berks County for the dissemination of local or transmitted news and intelligence of a general character, which are duly qualified newspapers, and the annexed hereto is a copy of certain order, notice, publication or advertisement of:

The County of Berks, through the MH/DD Program, will conduct the fiscal year 2023/2024 Human Services Block Grant Public Meeting on Tuesday, June 13, 2023, at 9 a.m., with registration starting at 8:30 a.m. This meeting will be held in person at McGinn Conference Center, Alvernia University, 460 Bernardine Street, Reading, Pennsylvania, 19607. RSVP is required. To register for the meeting, please email tevans@countyofberks.com or register by phone at 610-478-3271, extension 6580, by close of business June 9, 2023, along with your name, agency, and agency role, if applicable. If you are unable to attend but wish to comment, please direct correspondence to Pam Seaman, MH/DD Program Administrator, 633 Court Street, 8th Floor, Reading PA 19601.


BERKS COUNTY COMMISSIONERS

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Acting in County of Delaware

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Delaware County
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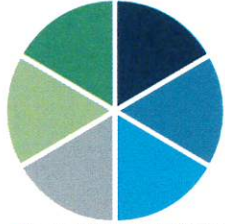
COUNTY OF BERKS, PENNSYLVANIA
Mental Health/Developmental Disabilities Program

Christian Y. Leinbach, Chair
 Michael S. Rivera
 Lucine Sihelnik

Pam Seaman, MPA, Administrator

FY22/23
Block Grant Public Meeting
McGlinn Conference Center
June 13, 2023

1



HUMAN SERVICES BLOCK GRANT FUNDS

- Mental Health Community-Base Funded Service
- Behavioral Health Services Initiative
- Intellectual Disabilities Community Based Services
- Act 152 of 1988 Drug and Alcohol Services
- Homeless Assistance Program Funding
- Human Services Development Funding

Since 2012 Berks County has participated as a Block Grant County allowing for greater flexibility in the use of the state funds in these areas

2

FISCAL YEAR 2022 - 2023


- State program areas (OMHSAS, ODP, OCDEL, DDAP) continue to allow for flexibility in service delivery. Most flexibilities are being phased out with the expiration of the public health emergency.
- Capacity in Community Support Programs in the Developmental Disability system continues to be an issue.
- Mental Health Services and Drug/Alcohol services are offered in person or virtual platforms.
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 MH – 8,242
 DD – 1,580

DD \$2,946,343
 MH \$9,865,327

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HOMELESS ASSISTANCE PROGRAM (HAP) ALLOCATION PROJECTIONS

HAP Funds:

- Bridge Housing
- Rental Assistance
- Case management

Served: 1,017 in FY21/22

FY22/23 \$455,873

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Behavioral Health Services Initiatives
 FY22-23 \$974,141

Opioid Use Disorder
 FY22-23 \$157,000

ACT152
 FY22-23 \$357,930

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- Inpatient
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THE CONTINUING OPIOID CRISIS

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3,009 – Medication Disposal Bags and Medication Lock Boxes Distributed

12

Human Service Block Grant Categorical Reallocation



FY22-23



Minimal reallocation from MH to HSDF (less than \$15,000)

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RETAINED EARNINGS PLAN

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- **Berks Supporting Families Collaborative**
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 - ✓ IAM Able Event
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15


FEEDBACK HIGHLIGHTS ON LAST YEAR'S PLAN

System Strengths:

- Comprehensive and well funded reinvestment housing plan
- Comprehensive continuum of services
- Transition Aged Youth focused services
- Outpatient MH services in all school districts & community college
- MAT Access, COE, Opioid Task Force

System Needs:


- Supported Housing Services
- Extended Acute Services
- Additional Medicare Providers
- Expansion of Service Providers for co-occurring disorders



16

16

FORWARD CONSIDERATIONS




- Ideas regarding Program Gaps/Services
- Workforce Development
- State budget restoration of 10% cuts
- Status of Retained Earning Plan

17

17

PAM SEAMAN, ADMINISTRATOR

pseaman@countyofberks.com



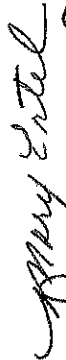
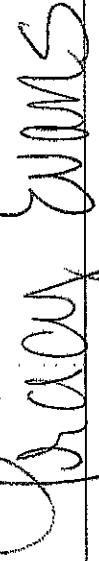




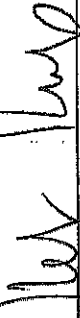


Berks County MH/DD Program
633 Court Street, 8th Floor
Reading, PA 19601
610-478-3271





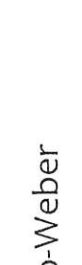

18

18

Human Services Block Grant Meeting (McGlinn) – June 13, 2023
 Sign In

NAME	ORGANIZATION	SIGNATURE
Chris Axford	Berks Counseling Center	
John Bastek	MH/DD Advisory Board	
Michelle Dech	LGBTQ Center of Reading	
Mary Ertel	MH/DD Program	
Tracy Evans	Aging & MH/DD Program	
Greg Gerdeman	MH/DD Program	
Toni Gerhart	Family Guidance	
Linda Groff	Threshold Rehab. Services Inc.	
Tiffany Hunter	MH/DD Program	
Lorena Keely	SAM Inc.	
Kelly Kulp	GRMHA	

Human Services Block Grant Meeting (McGlenn) – June 13, 2023
 Sign In

NAME	ORGANIZATION	SIGNATURE
Natalie Lytle	Fleetwood School District	
Zach Milch	Muhlenburg School District	
Sarra Molina	SAM Inc.	
Jennifer Mongi	SafeGuards Foster Care	
Timothy Nicklas	PA Counseling Services	
Rick Olmos	Centro Hispano	
Marisa Printz	SAM Inc.	
James Reece	Friend, Inc.	
Aaron Rineer	LGBTQ Center of Reading	
Michele Ruano-Weber	MH/DD Program	
Joe Rudden	The Rudden Family Foundation	

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NAME	ORGANIZATION	SIGNATURE
Pam Seaman	MH/DD Program	<i>Pam Seaman</i>
Wendy Seidel	Greater Reading MH Alliance	<i>Wendy Seidel</i>
Lydia Singley	HealthChoices	<i>Lydia Singley</i>
Yvonne Stroman	COCA	<i>Yvonne Stroman</i>
Vicki Swain	Dayspring Homes	
Bonnie Triebig	Berks Counseling Center	<i>Bonnie Triebig</i>
Jack Williams	Coalition to End Homelessness	<i>Jack Williams</i>
Steve Young	SAM, Inc.	<i>Steve Young</i>
Tommy Castro	COCA	<i>Tommy Castro</i>
Victoria Laidy	Health Choices	<i>Victoria Laidy</i>
Hector Cruz	BCAF	<i>Hector Cruz</i>

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Sign In

NAME	ORGANIZATION	SIGNATURE
Dustin Corbett	SAM, Inc.	Dustin Corbett
Bernie Triebig	Berk Counseling Center	Bernie Triebig
Michelle Huf	Bell	Michelle Huf

AFFIDAVIT OF PUBLICATION
390 Eagleview Boulevard • Exton, PA 19341

BERKS COUNTY COMMISSIONERS
COUNTY SERVICES CENTER, 13TH FLOOR
633 COURT STREET
READING, PA 19601
Attention:

STATE OF PENNSYLVANIA,

The undersigned *Elizaveta A. R.*, being duly sworn the he/she is the principal clerk of Reading Eagle, Reading Eagle Digital, published in Berks County for the dissemination of local or transmitted news and intelligence of a general character, which are duly qualified newspapers, and the annexed hereto is a copy of certain order, notice, publication or advertisement of:

Legal Classified

The County of Berks, through the MH/DD Program, will conduct the fiscal year 2023/2024 Human Services Block Grant Public Meeting on Thursday, June 22, 2023, during the regular scheduled Commissioners' Meeting commencing at 10:00 AM, Berks County Services Center, 13th Floor, Commissioners' Boardroom, 633 Court Street, Reading, Pennsylvania.

To register for the meeting please email tevens@countyofberks.com or by phone 610-478-3271, extension 6580 along with your name, agency and agency role if applicable, by close of business 6/15/2023. Please indicate if you are attending in person or virtually. If you are unable to attend but wish to comment please direct correspondence to Pam Seaman, MH/DD Program Administrator, 633 Court Street, 8th Floor, Reading PA 19601.

ATTEST: Carmen Torres,
Chief Clerk
RE May 8 A-1

BERKS COUNTY COMMISSIONERS

Published in the following edition(s):

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05/08/23

Sworn to the subscribed before me this 5/8/2023

Mary D. Allison
Notary Public, State of Pennsylvania
Acting in County of Delaware

Commonwealth of Pennsylvania - Notary Seal
Mary D. Allison, Notary Public
Delaware County
My commission expires October 7, 2025
Commission number 1406447
Member, Pennsylvania Association of Notaries

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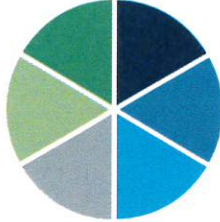
COUNTY OF BERKS, PENNSYLVANIA
Mental Health/Developmental Disabilities Program

Christian Y. Leinbach, Chair
 Michael S. Rivera
 Lucine Sihelnik

Pam Seaman, MPA, Administrator

FY22/23
Block Grant Public Meeting
Commissioners' Board Room
June 22, 2023

1



HUMAN SERVICES BLOCK GRANT FUNDS

- Mental Health Community-Base Funded Service
- Behavioral Health Services Initiative
- Intellectual Disabilities Community Based Services
- Act 152 of 1988 Drug and Alcohol Services
- Homeless Assistance Program Funding
- Human Services Development Funding

Since 2012, Berks County has participated as a Block Grant County allowing for greater flexibility in the use of the state funds in these areas

2

FISCAL YEAR 2022 - 2023


- State program areas (OMHSAS, ODP, OCDEL, DDAP) continue to allow for flexibility in service delivery. Most flexibilities are being phased out with the expiration of the public health emergency.
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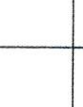



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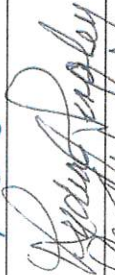







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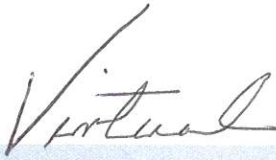
18

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 Sign In

NAME	ORGANIZATION	VIRTUAL	SIGNATURE
Carolyn Bazik	Co County Wellness		
Olivia Best	Holcomb		
Teri Dakuginow	Catholic Charities		
Tiffany Hunter	MH/DD Program		
Mary Jimenez	United Way		
Lorena Keely	SAM Inc.		
Lori McGeehan	Catholic Charities		
Timothy Niklas	PA Counseling Services		
Jessica Penchard	Prospectus Berco		
Cindy Quinter	NAMI		
Andrea Rosa	SAM Inc.		

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Joe Rudden	The Rudden Family Foundation		
Michele Ruano-Weber	MH/DD Program		
Lydia Singley	HealthChoices		
Steve Young	SAM Inc.		
Lately Nal	CoCA		
Jess Weakencht	Chy		
DAMD PERUS	County		
Peter Edelman	Stevens + Lee		
Jessica Penchard	Prospectus Berco		
Cody Kauffman	County		
ASCIAN JASIC	WYOUSM.		
TRACY EVANS	Aging & MHDD		Tracy Evans



Row Labels

Attendee

8 Anonymous

Berger, Heather
Beth Garrigan
Blimline, Tyndra
Cindy Milian
Cindy Quinter
David Klein
Dewald, Michael W
Ditizio, John W
Ertel, Mary
Gerdeman, Gregory
Grinage, Kim
Hunter, David
IS Production
Janine Beidler
Jennifer Harvan
Katie Hetherington Cunfer
Marisa Printz, LSW Provider Relations Manager
Monick, Elizabeth
Pauley, Georgia
Rebekah Super
Rick Pletz
Saling, Virra
Santarelli, Elise
Sarah Patschke
Scheffler, Kristin
Studio Info

Event Team Member

Berger, Heather
Burns, Lynne A.
Commissioner Boardroom
Frankowski, Brittney
Frantz, Angela
Gottschall, Brian
Graffius, Sandra
IS Production
Kozak, Mary
Long, Carl
Lopez, Barbara
Myers, Suzanne
Nykiel, Grazyna
Rivera, Michael S
Sadler, Christine

Shupp, Pamela
Smith, Jeffrey R
Smith, Timothy F
Socrates Georgeadis
Torres, Carmen L
Weaver, Linda
Weaver, Stephanie M
Yocom-Grill, Anne-Marie

Grand Total