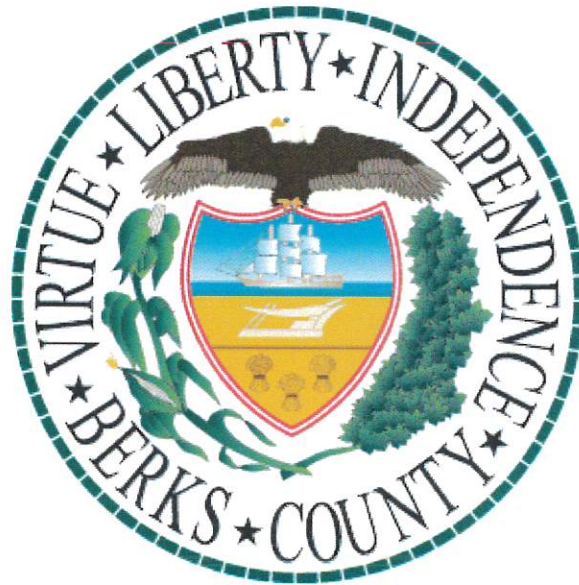


Berks County Human Services Plan 2022-2023



Christian Y. Leinbach, Commissioner Chair
Kevin S. Barnhardt, Commissioner Co-Chair
Michael S. Rivera, Commissioner

Appendix A
Fiscal Year 2022-2023



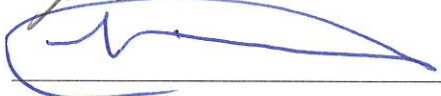
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

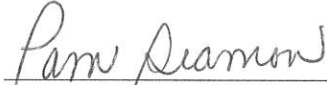


COUNTY OF: BERKS

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Christian Y. Leinbach Commissioner Chair	Date: 6/23/22
	Kevin S. Barnhardt Commissioner	Date: 6/23/22
	Michael S. Rivera Commissioner	Date: 6/23/22

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Pam Seaman, MPA	Date: 6/29/22
	Stanley J. Papademetriou	Date: 6/29/22
Attest: 	Carmen Torres Chief Clerk	Date: 6/23/22

RESOLUTION NO. 204-2022

BE IT RESOLVED AND IT IS HEREBY RESOLVED that the Berks County Board of Commissioners hereby authorizes execution of Appendix A, Fiscal Year 2022-2023 County Human Services Plan Assurance of Compliance form.

ADOPTED THIS 23rd DAY OF JUNE, 2022.

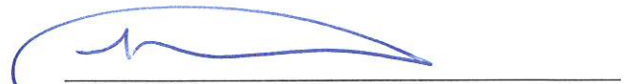
COUNTY OF BERKS


Christian Y. Leinbach, Chair


Kevin S. Barnhardt, Commissioner

Attest:


Carmen Torres, Chief Clerk


Michael S. Rivera, Commissioner

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 2022-01.

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), Mary Ertel (MH/DD Fiscal Officer), Greg Gerdeman (MH/DD-CASSP Coordinator), Tiffany Hunter (MH/DD-Fiscal Manager), Sharon Ingraham (Berks SCA-Fiscal Manager), Jessica Jones (Berks County Area Agency on Aging-Director), Elise McCauley (Berks Coalition to End Homelessness-HMIS Director), Kathleen Noll (Berks SCA-Drug and Alcohol Assistant Administrator), Marisa Printz (SAM- Provider Relations Manager), 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 the critical stakeholder groups, including individuals and their families, consumer groups, providers of human services, and partners from other systems involved in the county's human services system.

Notices were sent to the email distribution lists of CASSP, MH/DD Advisory Board, MH/DD Providers, CSP, Aging Advisory Council, COCA (Single County Authority) Distribution List as well as HAP and HSDF Providers. Please review 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 22 and June 23, 2021. The meeting on June 22nd was an in person meeting. The meeting on June 23rd 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)

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

Unspent funding in a single category 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.

HAP-Unspent money from one provider was shifted to another provider with documented expenses.

HSDf-Unspent money from one provider was shifted to another provider with documented expenses.

MH/DD-Unspent money in DD due to the continued pandemic decrease in the capacity of day programs and home service delivery was moved to MH to fund start up costs associated with the change in Crisis Provider as well as start up of Crisis Residential services within the County.

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? May 26, 2022
 - c. When was the second ad published (if applicable)? May 26, 2022
2. Please submit a summary and/or sign-in sheet of each public hearing. See Attachements

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

Berks County identified a point person in July 2021 per the HSBG Block Grant planning process last year, and the individual identified is the supervisor of the County's Base Service Unit (BSU). Initial steps began with contacting 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 commenced, and agenda items were 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 resume maintaining a presence within the BSU on scheduled days/times, so as to increase access and awareness of resources. While in its initial phase, OVR is currently scheduled to meet with individuals at the BSU twice per month in order provide direct support to individuals. The team of employment/vocational agencies that serve Berks Countians will continue to meet on a quarterly basis to discuss ways to expand and enhance employment opportunities .

The Berks County Committee on Increasing Opportunities for Individuals with Disabilities meets every other month through the Berks County Workforce Development Board. Members from the education system, employers, MH/DD Program, and supportive employment providers meet to discuss strategies to assist individuals with disabilities in obtaining employment. A survey has been created to understand the barriers for individuals with disabilities to become employed. There are 3 versions of this document: one for the individual job applicant, one for the employer, and one for community partners.

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.

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 also 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. Recently, the programming expanded to now be available to any individual in receipt of case management who has a forensic history and struggles to find/maintain employment.

Another resource is the Rebuilding Reentrants and Reading (R3) program operated by Berks Connections/Pretrial Services (BCPS). This registered pre-apprenticeship program offers an 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, it significantly reduces recidivism as well. BCPS provides case management, mentoring, and support for one year following graduation from the program.

COCA offers training for people to become Certified Recovery Specialists and some of the Treatment Court money is allocated to BCPS to provide employment services to Treatment Court participants.

The Berks Coalition to End Homelessness, "Jobs Assistance Program," began in February 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.

2. Housing:

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 is able to provide the Security Deposit payment, an ineligible expense from HUD resources; however, it is allowable through the Housing Plan. Another example, within FY 21/22, included directing consumers to apply for Emergency Rental Assistance Program (ERAP) funding, in cases where that program was most suitable for presented needs.

- The Housing Plan is able to provide utility assistance for security deposits, hook-up fees and arrears assistance for eligible consumers. This again would be an ineligible cost using HUD resources and thus represents another example of collaboration between service systems and providers. Additionally, the utility assistance component of the program has been able to fill in gaps and assist consumers when resources such as LIHEAP have been extinguished.
- The long-term impact of the COVID 19 Pandemic (Eviction Moratorium through 09/2021, increasing rents to above Fair Market Rent values, landlords being much more selective in selecting prospective tenants, etc.) continues to be evident in the reduced number of housed applicants within the Bridge Subsidy aspect of SAM's programs (long-term rental assistance) for FY 20/21. 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. However, the continued lack of available units continues to result in a significant number of approved applicants for monthly, on-going rental assistance, who have thus far been unsuccessful in securing housing.
- 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 both enhance services to the "rent-burdened" population and those individuals served through Forensic case management.
- 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 (BCEH) and the Reading Housing Authority and as such, is able to advocate for consumers, as well as identify and implement agendas that will benefit the housing needs of the entire community.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

The 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 FY21-22.

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 (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 APA's 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 have been, or will be, issued rate increases by the end of CY22.

CCRI POMS: During the last year, Berks County continued to work toward the improvement in the number of error-free encounter submissions and ensuring the correct enrollment and revalidation of contracted providers. Regular meetings are held with the software vendor responsible for Berks County's POMS data reporting. In addition, the continued participation in CCRI webinars and OMHSAS Stakeholder meetings provided Berks County with valuable information needed for the preparation of forthcoming CCRI systemic revisions and enhancements. In FY 22-23, Berks County will be transitioning to a new electronic records system which will also be used for POMS encounter data submission, and collaborative efforts are already underway with the new vendor, current vendor, OMHSAS and related administrative staff involved in the CCRI reporting initiative.

Respite: Berks HealthChoices utilized reinvestment funds for mental health respite services, which are available for youth and adults with a mental health diagnosis and Berks HealthChoices 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 Developmental Disability Program 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 is able to 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 for HealthChoices. While 19 total individuals (1 adult and 18 youth) received respite services in FY 20-21, the number who used the service decreased in FY 21-22 to 13 individuals, which encompasses 4 Adults (each utilized overnight, 24-hour respite), 8 youth (7 utilized hourly services for an average of 15 hours /month), and 1 youth attended a summer camp.

Crisis Intervention Services: Berks County's longstanding Crisis Intervention provider terminated their contract with Berks County MH/DD and Community Care to provide this service towards the end of FY 21-22. Interested providers submitted proposals, and as a result, Holcomb/Chimes was selected to be the new Berks County Crisis Intervention provider, and services include mobile, phone, and walk-in crisis services. Texting services will resume in August 2022. They will also provide Emergency Services, as approved by an OMHSAS waiver. There have been concerted efforts to market the new Crisis provider, including meetings with law enforcement, email announcements, Provider Meeting presentations, billboards, etc.

Crisis Intervention Services are available 24/7/365 and include bilingual Crisis services. In FY 20-21, there were 1,441 average monthly contacts and an average of 397 unduplicated individuals served per month. The number of average monthly contacts in FY 21-22 is 1,597 and the average monthly number of unduplicated individuals served by Crisis was 398. These figures support the fact that the majority of individuals will have multiple contacts with Crisis. Likewise, the number of average monthly 302 involuntary inpatient admissions increased from 24 adults in FY 20-21 to 33 in FY 21-22. Texting was another important means of access to Crisis Intervention in Berks. In FY 20-21, 2,099 total text messages were received from 112 unique users of the service, and there were an average of 175 texts received per month. The most common texting topics were those about depression, anxiety/worry, cutting/self-injury, and interpersonal concerns. Texting was not operational all of FY 21-22, but in total, 415 messages were received from 46 unique individuals. The most frequently texted topics include depression, cutting/self-injury, and family concerns.

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. 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 program will accommodate six adults ages 18+ with any mental illness or co-occurring SUD in need of clinical supervision, intervention and stabilization. The CMHSBG grant funding will cover start-up costs, primarily related to staffing, and Berks HealthChoices was approved to utilize reinvestment funds to cover lease-related costs for four years. This service is expected to open in Fall 2022, with the goal 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.

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 three adult units (one for general acute, one for mood disorders, one for co-occurring MH/SUD) and one adolescent unit open. A child unit was planned for late 2021; however due to staffing challenges, this has been delayed. 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. Haven has plans to devise new diversionary programming in the near future. Three individuals were County funded in FY 21-22, which is a decrease from six in FY 20-21.

Outpatient: An array of Outpatient services exist, including individual, family, and group therapy, and bilingual services, as well as psychiatric, psychological and evaluative services, that are offered by a number of 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 four 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 in light of the pandemic, **telepsychiatry** has been offered by many outpatient providers to increase access to psychiatric practitioners. 28 individuals were County funded recipients of Outpatient treatment in FY 21-22, which is an increase from 22 in FY 20-21. Of the total 84 units billed in FY 21-22, 77 were telehealth, whereas in FY 20-21, 140 of the 147 units were delivered using the telehealth modality. The County also program funds a provider to deliver Outpatient services within **Abraxas' Detention facility**. Approximately, fourteen (14) youth per quarter in FY 21-22 have been seen by an outpatient therapist for an intake while detained, with the majority receiving ongoing clinical services. This number has also decreased from last year when 25 youth per quarter received services. Additionally, each school district within the County, including two of the main local universities, 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.

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. There are 4 PHP providers in the County funded network. Eleven(11) adults were County funded, with 1 being at the acute level. This is an increase from the prior year of FY 20-21, where nine adults required County funded PHP. No youth required County funding in FY 20-21 nor FY 21-22 likely due to the accessibility of Medical Assistance. One of the County's Youth contracted PHP providers is able to offer bilingual programming.

Family Based Mental Health (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. There are over a dozen providers in the Berks HealthChoices network, several with more than one site; the three located in Berks County are able to accept County funded youth. Two (2) youth were County funded in FY 20-21, although this level of care was not needed by any County funded individuals in FY 21-22.

Assertive Community Treatment Team (ACT) services for transition age youth, as well as adults, are available, which are community-based programs developed to serve individuals who have the most serious and persistent symptoms of severe mental illness. It is offered by two providers in Berks County, each offering other levels of care, subsequently permitting movements in levels of care. One individual was County funded for ACT in 20-21, and in FY 21-22, 2 individuals used County funding.

Community Residential Rehabilitation Services (CRR) 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. Seventeen adults were County funded in FY 21-22 for standard CRR and 3 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 8 individuals to date and County funding was used in some capacity for 4 of the individuals.

Targeted Case Management (TCM): Case Management is available for both children and adults, and one of the five case management entities in the HealthChoices network 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 were a total of 516 individuals who received case management funded by County dollars in FY 21-22 versus 421 in FY 20-21. 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 have the ability to utilize Interpretalk (or another comparable resource) or a representative from Berks Deaf & Hard of Hearing Services when communicating with individuals to attempt to minimize language barriers when engaging in services.

Student Assistance Program (SAP): The primary goal of Berks County's SAP is to help students overcome barriers so that they may achieve academic and social success, remain in school, and advance in future aspirations. In FY 21-22, there were a total of 1034 combined assessments completed by the three (3) County contracted SAP providers. 87% of the students who received a SAP assessment participated with at least one of the interventions or options recommended, 11% did not participate, and participation is unknown for 2%. In addition to student assessments, SAP providers offer collateral services to ensure student well-being. A total of 1175 collateral contacts occurred in FY 21-22. In FY 22-23, SAP services will be expanded to serve more school based youth.

Community Hospital Integration Project Program (CHIPP): There are 2 contracted provider agencies that serve CHIPP consumers. Services offered include: Clinical services, Supportive Living services, Family living, CHIPP PCBH, and CHIPP group homes. During the Fiscal Year 21-22, forty-two (42) persons were served through CHIPP. Satisfaction data was collected through interviews with thirty-five (35) CHIPP consumers in FY 21-22 and completed by members of the Berks County Consumer Family Satisfaction Team (CFST). 100% of CHIPP consumers surveyed in FY 21-22 reported satisfaction with supports provided to them to manage daily living activities and medical needs. Approximately 80% indicated they received information about their specific mental health issues and medications, and also reported comfort in seeking assistance from CHIPP staff regarding the aforementioned. Likewise, in FY 21-22, 88% of respondents reported believing they could recover and felt supported by CHIPP staff in reaching their personal goals.

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. Currently, the manager of the program holds a CPRP (Certified Psychiatric Rehabilitation Practitioner) certification. During FY 21-22, the Clubhouse had 22 admissions and an average daily attendance of 27 members. Due to the continuing COVID precautions, Mosaic House has been unable to maintain the majority of Transitional Employment opportunities sites. However, 9 members have maintained independent employment, 5 are involved in a supported employment situation, and 3 have participated in volunteer opportunities that have been organized and supported by the clubhouse. Mosaic House has also supported 3 individuals in their pursuit of higher education. A strong partnership with the Disability Office at Reading Area Community College continues.

Hope Springs Clubhouse's target population is Transition Age Youth, 16-30 year olds who are struggling with mental health conditions. Hope Springs is the first transitional age clubhouse in Pennsylvania. The manager and a full-time psychiatric rehabilitation worker are planning to sit for the CPRP (Certified Psychiatric Rehabilitation Practitioner) exam in 2022. Hope Springs had their first accreditation review in March 2022 and received a three year accreditation. They are sending a team to the Clubhouse training base at Gateway Clubhouse in South Carolina in October 2022. A detailed action plan will be developed at the training to address recommendations made by Clubhouse International. During FY 21-22, Hope Springs had 15 admissions and an average daily attendance of 6. Transitional Employment opportunities exist for members: 3 members receive support who have independent employment, and 3 members receive supported employment services. Hope Springs has an active social program for members and has started a garden on their property in order to grow healthy ingredients for their cafe.

Social Rehabilitation : Circle of Friends provides mental health consumers with educational, recreational, and socialization opportunities, as well as offers assistance to mental health consumers in accessing basic services. In FY 20-21, the pandemic affected operations, however 228 individuals still received services, with 94 new referrals being received this year, which is a 41% increase from the former year. The total number of meals/snacks served were 26,884, and the 3,922 care packages (food, toiletries, and miscellaneous items) were distributed. 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 available on-site parking.

Vocational/Employment Services: Berks County offers supportive services related to seeking and maintaining employment and the subsequent acquisition of vocational skills. Results of monitoring and data collection activities combined across 4 providers for FY 20-21 indicated a total of 63 total participants involved in vocational/employment services funded by County dollars, and in FY 21-22, the total participants were 70.

Miscellaneous: Berks also has other ancillary programs that contribute to the wellness of the community. One such program, **Parent Partner**, will be discontinued in FY 22-23, with the resources to be allocated in a more meaningful manner based on current dynamics. The program paired a Parent Partner with firsthand experience having a youth involved in one of the child serving systems. The Partner functioned as a mentor, guide and support throughout the course of the child serving system involvement. **Kids Against Pressure** is an after-school program geared towards students in grades 3-5 and is held weekly throughout the school year in 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 were an average of 30 active participants monthly in FY 21-22, and in FY 22-23, the program will be expanding to include additional schools. The program also has a summer camp.

A **Representative Payee** program is run by a local mental health advocacy agency. 63 individuals who cannot manage their funds independently per a physician's determination were served in FY 20 21 (49 in FY 21-22).

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. The

current membership consists of about 40 individuals. In FY 22-23, with the recent hiring of a permanent director, NAMI has intentions of expanding their footprint within the community.

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 provider selected, via a RFP process, began late in the fiscal year, and referrals have already been accepted and services initiated. This will be an invaluable resource in assisting individuals to maintain as much independence in the community as possible.

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 have been utilized for the 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, recent restrictions have been lifted, allowing for ICAN WeSH to focus on the active engagement of 5-10 participants per month.

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. It is currently in the preliminary stages, with the provider working with the only other Pennsylvania-based LOSS services provider (located in Bethlehem) for guidance and assistance.

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 as a result 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.

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 15 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 in order to ease the transition to community living from incarceration and reduce recidivism. In FY 21-22, the program successfully discharged nine (9) individuals from the program.

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 FY21-22. Opportunity House will ensure that Berks HC members they serve are connected to and/or provided resources and supports to address their SDoHs in order to ensure 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 CY20, Opportunity House served 105 Berks County members.

b) Strengths and Needs by Populations: (Limit of 8 pages-items b) #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:**

Two Certified Peer Specialists (CPS), employed among 1 Peer Support Service (PSS) providers, are trained to be Certified Older Adult Peer Specialists (COAPS). Five PSS agencies served 31 adults ages 65+ in CY21.

As of January 2022, at least 26 clinicians, employed among 9 Outpatient Mental Health providers, participate with Medicare. Of these, 7 providers have sites in suburban areas of the county and 2 have rural sites, resulting in various areas throughout the county with little to no availability.

Berks County collaborates with the Berks Area Agency on Aging (AAA) Office to provide Community HealthChoices (CHC) trainings to Aging staff and Nursing Facilities (NFs) and provides resources on CHC and HealthChoices. As an example, in 2021, Berks HealthChoices and Community Care outreached to NFs to re-establish links regarding behavioral health services and supports available in addition to gauging any unmet mental health needs of residents due to the pandemic. As a result:

- Community Care first developed and provided an informational post card to the AAA in October 2021 to disperse to all NFs and Personal Care Homes (PCH).
- Community Care then offered a virtual training for all NFs and PCHs in November 2021, including a review of the different service systems, available behavioral health services and how to obtain them. The recorded training was posted on Community Care's website for any NF, PCH or AAA staff to view.
- Community Care subsequently offered all facilities the opportunity to meet individually with them.

In addition, 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.

A MH Outpatient provider offered on-site Mobile Mental Health Treatment services at a Berks County Personal Care Home (PCH) through CY21. In CY22, the PCH chose to partner with a Primary Care Physician's office to provide the services.

- 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:
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 opened in July 2022.

Planning is currently underway for Haven Behavioral Hospital to open an EAC at their Berks County location. This will hopefully come to fruition in FY22-23.

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. 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 program will accommodate six adults ages 18+ with any mental illness or co-occurring SUD in need of clinical supervision, intervention and stabilization. The CMHSBG grant funding will cover start-up costs, primarily related to staffing, and Berks HealthChoices was approved to utilize reinvestment funds to cover lease-related costs for four years. This service is expected to open in Fall 2022, with the goal 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.

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).

There are at least 26 clinicians, employed among 9 mental health community-based providers, who participate with Medicare. Of these, 7 providers have sites in suburban areas of the county and 2 have rural sites, resulting in various areas throughout the county with little to no availability.

Five PSS agencies served 497 adults ages 18-64 in CY21.

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. 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 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.

A more robust provider network for Medicare-eligible individuals is continually needed.

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, 17 Berks HealthChoices TAY members have been served. The average length of stay for the 6 members currently participating in the program is 360 days.

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

Eight Certified Peer Specialists, employed among 5 Peer Support providers, have completed the YYA PSS training. Five PSS agencies served 78 transition-age youth ages 18-25 in CY21.

- 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, staffing challenges have resulted in delays.

Holcomb Behavioral Health Systems began providing a specialized IBHS program at the Berks County Intermediate Unit (BCIU) in April 2021 in the pre-school classrooms. To date, 4 children have been served. Holcomb partners with the BCIU and families by providing support and consultation in the classroom and the home/community through a dedicated BSC and BHT. Holcomb and the BCIU collaborate on staff training and professional development to better address the behavioral dysregulation exhibited by these young children.

The Berks HealthChoices network has 5 ABA providers located in Berks County and 17 in contiguous counties 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.

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. Stakeholder meetings are held monthly for providers to offer ongoing learning opportunities and discuss challenges in everyday practice. Thirteen Berks PRTF providers participate in this initiative.

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.

Two PSS providers offer PSS services to individuals 14+ and 2 PSS providers offer PSS services to individuals 16+. The 4 PSS agencies served 13 children under age 18 in CY21.

- 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 and the MH/DD Program had begun working on an electronic data base of resources as well as healthfairs to provide information to families and school district personnel, however the pandemic surge prioritized other needs. At some point during this upcoming year, this project will be reinitiated. The Berks County Commissioners and the Berks County Intermediate Unit also organized a school safety summit following one of the recent national mass shooting events. Mental Health was a highlighted focal point from this summit which will continue to bring various community stakeholders together to problem solve. The MH/DD Program will be a partner in this community effort around school and student safety.

There is a lack of CRR Host Homes for some children/youth with complex needs stepping down from RTF's. Consequently, the end result is that there can sometimes be longer lengths of stay in RTF's. 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 in order 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 are 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 FY 21-22, 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 the Berks County Jail System, Berks MH/DD Program, Public Defender's Office, District Attorney's Office, Service Access and Management, Adult Probation and Norristown State Hospital meet on a monthly basis to discuss individuals currently at the jail who are being referred for treatment or competency restoration to the forensic state hospital or those individuals currently admitted 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 influence over.

More housing options with a supportive component are needed, especially for those individuals with complex physical health needs. Berks County continues to explore options of adding a third CHIPP provider for more consumer choice in selecting which provider to serve them in the community. Although attempts at this time have been unsuccessful in recruiting a new provider, Berks County will continue their search.

Berks County currently has 2 extended acute care beds that serve as a diversion to the state hospital. As mentioned above, planning is currently underway for Haven Behavioral Hospital to open an EAC at their Berks County location. This will hopefully come to fruition in FY22-23.

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

- Strengths:

Tower Behavioral Health opened a co-occurring unit in June 2020.

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 2023, 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 is developing 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.

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 37 CRSs. In addition, 3 CPS, employed among 2 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 providing 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. Additionally, Berks County is committed to the key measures of the Stepping Up Initiative and actively participates in technical assistance on the national and state levels utilizing data on inmates with serious mental illness to drive change around jail bookings, length of time in jail, connections to care at release, and recidivism. Due to loss of the contracted data platform vendor because of the pandemic, much of the focus of the local steering committee this year has been to identify the structure for ongoing collection, joining and storing of deidentified data sets needed for further action. The following are examples of processes or services that have been identified through some of the identified partnerships:

- Berks County has two forensic diversion specialists who respond to referrals at all intercept levels. The forensic diversion specialists also work closely with three forensic blended case managers who support individuals both in the community and in institutional settings.
- Berks County, Community Care and SAM Inc. Forensic Diversion Specialist hold tri-weekly 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 FY21-22, 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 continue 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. Coordination of care discussions occur regarding individuals with mental illness.

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, eight HealthChoices members have been served.

Six Certified Peer Specialists, employed among 4 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 and WIP Programs help individuals with an incarceration history to prepare themselves for the workforce in an effort to reduce recidivism.

The Berks Counseling Center (BCC) Forensic Housing Program is operated in collaboration with the Berks County MH/DD Program and Forensic Diversion Specialists. The program offers 15 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 in order to ease the transition to community living from incarceration and reduce recidivism. In FY 21-22, the program successfully discharged nine (9) individuals from the program.

- **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.

8. Veterans

- **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.

Two Certified Peer Specialists, employed with 1 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.

A provider meeting in 2021 focused a presentation by the LGBT Center to increase awareness of resources amongst the provider community.

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.

- 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 2022, 15 Berks County Outpatient (OP) MH providers have 154 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 4 Peer Support providers, are bilingual. Three PSS agencies served 56 bilingual members in CY21.

The Berks County CFST has a bilingual surveyor and the 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 occurs 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 2022, at least 46 clinicians, employed among 9 Outpatient Mental Health providers, have experience and/or training working with individuals with Intellectual Disability. This is monitored annually and provided to applicable human service agencies.

SAM's BCM program has NADD accreditation.

- Needs:

c) **Strengths and Needs by Service Type:** (items-c) #1-7 below)

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

In response to OMHSAS' guidance on telehealth, it has been available in ambulatory levels of care for both mental health and substance use disorders. As indicated above, utilization is highest in outpatient mental health.

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, from 3/15/20-12/31/20, approximately 75% of members who received any Mental Health (MH) service did so via telehealth. While this increased to 82% in 21Q1-Q2, utilization returned to the first pandemic year rate of 75%. Telehealth has primarily been used by MH Outpatient. Telehealth 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 in the county for telehealth appointment.) **(limit of one page).**

Berks County MH/DD is in discussion with our Base Service Unit and Mental Health Drop in Center regarding possible purchase of technology/equipment and identification of space at both locations for individuals to be able to utilize if this is their preferred method for service delivery with treatment services. Providers have also 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 FY22-23. (Limit of 1 page)

As of January 2022, at least 47 clinicians, employed among 11 Outpatient Mental Health providers, have trauma training and/or certification. This is monitored annually and provided to applicable human service agencies.

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

Berks HealthChoices offered a professional development opportunity to system partners in Fall 2020. Staff from Berks County Children and Youth, Juvenile and Adult Probation, and Area Agency on Aging, as well as Blended Case Management and Crisis provider(s) were invited to a three-day trauma training facilitated by Lakeside Global Training Institute. The training concentrated on: Trauma 101 - an overview of trauma-informed care (TIC); Trauma 102 - basic skills of TIC; and Trauma 103 - recognizing vicarious and secondary trauma for caregivers. The training was well-received with 283 individuals in attendance.

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 FY22-23. (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 will achieve the NCQA Distinction in Multicultural Health Care in CY23. 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 FY22-23. (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 2020, MY19 FUH rates were evaluated, with results showing racial and ethnic disparities: FUH rates were higher for Hispanic (vs non-Hispanic) and White (vs Black) members. In addition, there were disparities in penetration and utilization rates, with rates being higher in both areas for non-Hispanic members. As a result, a Quality Improvement Plan (QIP) was submitted by Berks HealthChoices to OMHSAS in March 2021, which included several monitoring and action steps to address racial and ethnic disparities. Since then, in MY20-21, Hispanic and White members have consistently maintained higher 7- and 30-day FUH rates; the only exceptions have been a higher 30-day FUH rate for non-Hispanic members in MY20 and a higher 7-day FUH rate for Black members in MY21. Additionally in CY20, despite there being an overall decrease in penetration (potentially due to the pandemic), there was an increase in Hispanic member enrollment and utilization for specific levels of care.

Telehealth utilization is reviewed at least monthly. With regard to racial and ethnic disparities, in CY21, 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 and the Berks HealthChoices Program Director is a participant. The purpose of the RAHC is to serve as a platform for regional strategic planning to improve health outcomes across the region. Health equity zones have been identified, one of which being the City of Reading. The RAHC has developed interventions to address the root causes of these disparities through the creation of a Regional Health Transformation Plan.

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 an increase in suicide deaths in calendar year 2021. 75 individuals lost their lives to suicide. 2020 Coroner statistics showed that 52 individuals lost their lives to suicide.

During this past fiscal year, several QPR trainings and Mental Health First Aid trainings were held. It is estimated that a total of 16,389 individuals were reached through the various outreach efforts which occurred. They include: Put the Stigma on Ice Hockey Game, Strike out the Stigma Baseball Game, ruOK 5K Run, Out of the Darkness Walk, and various health fair and community events.

Bus advertisements and Radio PSA's were run throughout the year to direct individuals to the web site and texting service.

During the summer of 2021, over 250 community members across Berks County came together to paint pieces of cloth that were assembled for a HOPE mural. This mural was installed on the outside of Berks County's Mosaic House Clubhouse. The dedication of the mural occurred in October. Lastly, several staff from the Greater Reading Mental Health Alliance were trained in the area of Loss Teams. At present, recruitment efforts are underway to have loss survivors receive this training as well. The team will be an available resource to respond to suicide deaths within the County.

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
- Facilitated a *Best Practice in Suicide Prevention Webinar* and Booster Series (7 webinars and 1 booster resulted in >600 participants per webinar)
- 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. Employment First:

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 the [Employment-First-Act-three-year-plan.pdf](#).

- a. Please provide the following information for your county employment point of contact (POC).
 - Name(s): Bobbie Jo Hafer
 - Email address(es): bhafer@sam-inc.org
- b. Please indicate if your county follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):
 Yes No
- c. Please complete the following table for all county mental health office-funded supported-employment services.

County MH Office Supported Employment Data

- Please complete all rows and columns below with **FY 20-21** data.
 - If no data available, list as **N/A**.
 - If data is available, but no individuals were served within a category, list as **zero (0)**.
- 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).

Data Requested	County Response	Notes
i. Total Number Served	63	18-Adult, Justice-Served
ii. # served ages 14 up to 21	7	
iii. # served ages 21 up to 65	56	
iv. # of male individuals served	37	
v. # of females individuals served	25	
vi. # of non-binary individuals served	1	
vii. # of Non-Hispanic White served	25	
viii. # of Hispanic and Latino served	21	5 individuals speak English as a second language
ix. # of Black or African American served	12	
x. Asian	2	
xi. # of Native Americans and Alaska Natives served	0	
xii. # of Native Hawaiians and Pacific Islanders served	2	
xiii. # of multiracial (two or more races) individuals served	1	
xiv. # of individuals served who have more than one disability	7	Determined by the data record's system diagnostic information
xv. # of individuals served working part-time (30 hrs. or less per wk.)	10	
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	4	

Data Requested	County Response	Notes
xvii. lowest hourly earned wage of individuals served (ex: minimum wage)	\$12.47	
xviii. highest hourly earned wage of individuals served	\$14.00	
xix. # of individuals served who are receiving employer offered benefits; (i.e., insurance, retirement, paid leave)	4	

7. Supportive Housing:

- a. Please provide the following information for the county housing specialist/point of contact (POC).
 - **Name(s):** Lorena Keely
 - **Email address(es):** lkeely@sam-inc.org

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 includes Community Hospital Integration Projects Program funding (CHIPP), Reinvestment, County base-funded projects and others that were planned, whether funded or not. Identify Project Name, Year of Implementation, and Funding Source for all housing projects operationalized in SFY 20-21 and 21-22. Next, enter amounts expended for the previous state fiscal year (SFY 20-21), as well as projected amounts for SFY 22-23. If this data isn't available because it's a new program being implemented in SFY 21-22, do not enter any collected data. Please note: Data from projects initiated and reported in the chart for SFY 21-22 will be collected in next year's planning documents.***

Totals																				

Notes: The developer for Big Mill, 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. The refund is being allocated to another project with this developer and will be available for occupancy in the near future. Of the 8 HealthChoices members who were tenants at Big Mill, a few will remain while others moved to either a new unit or one funded through public housing.

2. Bridge Rental Subsidy Program for Behavioral Health

Check if available in the county and complete the section.

Short-term tenant-based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Vouchers.

1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY20-21	10. Number of Individuals Transitioned to another Subsidy in SFY20-21
HC Reinvestment	FY 08/09	HC Reinvestment	\$204,044	\$750,000	57	300	57	\$475	2
PHARE 2018	FY 17/18	PHARE	\$12,851	\$0	6	0	6	\$450	0
	FY 19/20	PHARE	\$56,052	\$67,000	16	50	16	\$650	0

Notes

4. Housing Clearinghouse for Behavioral Health

Check 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 SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23	8. Number of Staff FTEs in SFY20-21
HC Reinvestment	FY 08/09	HC Reinvestment	\$162,895	\$184,736	126	450	2
Totals							

Notes

5. Housing Support Services (HSS) for Behavioral Health Check 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 SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23	8. Number of Staff FTEs in SFY20-21
HC Reinvestment	FY 08/09	HC Reinvestment	\$57,443	\$225,000	75	160	1.50
PHARE 2018	FY 17/18	PHARE	\$2,771	\$0	11	0	1.50
PHARE 2020	FY 20/21	PHARE	\$0	\$5,000	0	35	N/A
Totals							
Notes							

6. Housing Contingency Funds for Behavioral Health		<input checked="" type="checkbox"/> Check if available in the county and complete the section.						
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, 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 SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23	8. Average Contingency Amount per person	
HC Reinvestment	FY 08/09	HC Reinvestment	\$104,846	\$200,000	69	200	\$2,000	
PHARE 2018	FY 17/18	PHARE	\$40,487	\$0	47	0	\$1,600	
	FY 19/20	PHARE	\$4,998	\$5,000	4	5	\$1,000	
	FY 20/21	PHARE	\$9,342	\$5,000	2	15	\$4,500	
Totals								
Notes								

7. Other: Identify the Program for Behavioral Health Check 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 SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23
Totals						
Notes						

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

- i. Provide a brief summary of the progress made on the priorities listed in the FY21-22 plan.
 - a. Priority 1 Anti-Stigma.
 - a) Hearing Voices - Due to COVID-19 pandemic restrictions, no trainings were provided in FY21-22 as this is an in-person training. Two trainings are scheduled in FY22-23: the first is with the Berks County Jail System's Special Operations Group in August 2022, and the second is with the Berks HealthChoices Community Based Organization, Opportunity House, in September 2022.
 - b) PEDTAR - Community Care developed four toolkits and implemented their anti-stigma campaign, called CCARE (Community Care's Anti-stigma Resources and Education Campaign) on July 1, 2021. The CCARE campaign includes anti-stigma education, targeted media posts, webinars, and community outreach and is designed to add to existing statewide SUD anti-stigma efforts rather than duplicate existing programs. The campaign has a focus on Black/African American racial disparities and builds upon recent SUD education and collaboration efforts with community partners and others to expand educational anti-stigma programs. CCARE resources are posted to the Community Care website along with a brief survey of stigma. Several trainings occurred in FY21-22, and Consumer and Family Satisfaction (C/FST) Surveys now include four questions focused on anti-stigma as of CY22.
 - b. Priority 2 Stepping Up Initiative/Forensic Diversion.

Berks County's Stepping Up Steering Committee, which includes membership from MH/DD and HealthChoices, Adult Probation Office, Berks County Jail, District Attorney's Office, Public Defender's Office, the Council on Chemical Abuse, Commissioner's Office, Berks Connections Pre-Trial Services, Service Access and Management, continues to meet ongoing with a focus on Stepping Up key metrics influential in understanding the over incarceration of individuals with a serious mental illness (SMI) in jails. Through the integration of various Berks de-identified data sets, the Committee is reviewing data on the SMI population at the Berks County Jail with the goal to lead to a measurable reduction. Metrics include the percentage of individuals admitted to the jail with an SMI compared to the overall population, the length of time in jail, connection to care following release, recidivism, top charges, etc. All datasets are further delineated by age, gender, race/ethnicity. Baseline data needed to be re-established this past year because of trend changes experienced during the pandemic. Length of stay is the first metric that Berks County is focused on utilizing in order to drive change. Diversion interventions at intercepts besides the jail continue to be a priority.
 - c. Priority 3- Individuals in Need of Long Term Care/Extended Acute Care (EAC).

Discussions with Tower Behavioral Health about the potential for an Extended Acute Unit at their new facility stalled, as did the option to acquire additional EAC beds in the Southeast region.
 - d. Priority 4-Mental Health First Aid. There were a total of 4 virtual Adult Mental Health First Aid Trainings held this past fiscal year. A total of 66 individuals participated in these virtual trainings. Participants came from the Single County Authority, School Districts, Developmental Disabilities Providers, YMCA, and CASA.

e. Priority 5-N/A

- ii. Based on the strengths and needs reported in section (b), please identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY22-23 at current funding levels.

For **each** transformation 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 transformation 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.
- e. A brief narrative description of the priority including action steps for the current fiscal year.
- f. A timeline to accomplish the transformation 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.
- g. Information on the fiscal and other resources needed to implement the priority. How much the county plans
- h. to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding and any non-financial resources.
- i. A plan mechanism for tracking implementation of the priorities.

1. Mental Health First Aid

Continuing from prior year New Priority

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.

Timeline: Completion June 30, 2023

Fiscal and Other Resources: Money will be requested in the Retained Earnings Plan for unused mental health funds from FY 21-22.

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:

The Stepping Up Initiative and forensic diversion efforts continue to be a key focus for the Berks County MH/DD Program and Berks County community. Because of the loss of the database subcontracted vendor due to the pandemic, Berks County prioritized researching and identifying a new structure for data sharing, data matching, storage, and analytics. Those decisions have been made and currently the Steering Committee meets on a quarterly basis to review data. The first metric that is being examined more closely is length of stay for individuals with SMI in the jail.

Retained Earnings funding from FY20/21 was utilized for a down payment on the purchase of an apartment building to consolidate leases for forensic apartments currently managed by one of our community providers, Berks Counseling Center (BCC). This past year several of the 17 forensic apartment leases held by BCC have been terminated with landlords taking advantage of the housing market and selling their properties. Finding new apartments to rent for this target population has been increasingly difficult as the monthly rental costs have nearly doubled since a year ago. Renovations for the building have also been delayed due to contractor and supply chain difficulties.

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 what is happening with other initiatives (i.e., policies, procedures, services having impact on a particular metric).

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 requires additional renovation before the apartments can be occupied by individuals being

diverted. The apartment building should be available for occupancy by the 3rd quarter of FY22-23, if not before.

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. BCC has submitted an application to the County for American Rescue Act funding for additional renovation costs at the purchased apartment building that could not be completed by June 30th because of the contractor and supply chain issues. Services and supports provided with the apartments will continue to be funded utilizing mental health block grant funds and provided by Diversion Specialists.

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)
Authorization and utilization data for specific services.

Progress as noted by data in achieving Stepping Up Initiative goals (i.e., reducing SMI population admitted to the jail by 10% from the baseline). The County continues to submit tracking on all individuals moving in and out of the forensic apartments on occurrence into DocuShare as well as monthly narrative reports to OMHSAS .

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

Continuing from prior year New Priority

a. Narrative including action steps:

Haven Behavioral Hospital 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.

Efforts are underway for Haven to add EAC beds.

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

Planning for an EAC is underway and will hopefully come to fruition in FY22-23.

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

Continuing from prior year New Priority

a. Narrative including action steps:

Berks County and Community Care developed the following 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, and/or
- Many of these members not being in need of Inpatient treatment and able to be diverted.

1) An RFP was issued in Fall 2021 to open a Crisis Residential (Crisis Res) Service in Berks County. Holcomb Behavioral Health was subsequently chosen to be the provider. Crisis Res is a voluntary, temporary service with residential accommodations and continuous supervision (24/7) for those in crisis who need to be removed from a stressful environment, a place to stay for stabilization, or a place to stay until other arrangements are made. The Crisis Res will provide 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 program will accommodate six adults ages 18+ with any mental illness or co-occurring SUD in need of clinical supervision, intervention and stabilization.

2) Berks Counseling Center (BCC), an Integrated Community Wellness Center (ICWC), will station 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). The BCC staff will assist members able to be diverted from Inpatient treatment with linkage to community-based services by providing immediate initiation, evaluation and connection with services either on-site at the PES or via a same day/next day appointment.

3) Haven Behavioral Hospital is developing a 24/7 Crisis Response Center (CRC) for adults, which will include crisis walk-in and observation beds. The CRC will address mental health and substance use crisis needs, while delivering care for minor physical health challenges; individuals that have more serious physical health challenges will be transferred to an appropriate level of care for stabilization. The CRC will provide assessment, intervention, family engagement, counseling, crisis observation, and appropriate disposition utilizing choice and a wide range of linkages to referral sources in the community. The CRC staffing will include a multidisciplinary team of psychiatrists and/or psychiatric nurse practitioners, nurses, licensed and/or credentialed mental health professionals, and support staff. The CRC will be located at Haven's downtown Reading location, which is accessible for walk-ins and has an existing entrance for ambulance and first responder drop-off. The service capacity is yet to be determined.

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

- 1) This service is expected to commence in Fall 2022.
- 2) This service is expected to commence in Summer 2022.
- 3) This service is expected to commence in Spring 2023.

b. Fiscal and Other Resources:

- 1) This is a covered service in the HealthChoices Program. Berks MH/DD was awarded a Community Mental Health Services Block Grant (CMHSBG), which will cover start-up costs, primarily related to staffing, and Berks HealthChoices was approved to utilize reinvestment funds to cover lease-related costs for four years.
- 2) This is a covered service in the HealthChoices Program.
- 3) This is a covered service in the HealthChoices Program.

- c. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)
 - 1) Monthly utilization reports.
 - 2) Quarterly utilization reports.
 - 3) Monthly utilization reports.

d) 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 checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility-Based Vocational Rehabilitation	<input type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input 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 checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
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 checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Residential Treatment Facility (RTF)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment

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Mental Health Respite	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Residential Treatment Facility-Adult (RTFA)	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment

Note: HC= HealthChoices

e) Evidence-Based Practices (EBP) Survey*:

(Below: if answering Yes (Y) to #1. **Service available**, please answer questions #2-7)

Evidenced-Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	YES	HC-112 Base-2	TMACT BCC-Supervision and Observation	Berks HC and MCO	Annually	Yes-Tower Behavioral Health No-BCC	Yes	
Supportive Housing	YES	HC-126 Base-12		County	Monthly	No		HC Reinvestment
Supported Employment	Yes	Base-63			Quarterly	No		Include # Employed 40
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	YES	HC-1,399 Base-29	PHQ9	Agency	Initial Plan and Updates	No	Yes	
Illness Management/ Recovery	YES	Base-14	OQ45	Agency	Quarterly	Yes	Yes	HC unable to determine distinct members served due to service not tracked by specific billing codes.
Medication Management (MedTEAM)	NO							
Therapeutic Foster Care	YES	HC-14 Base-3			Quarterly	No	No	TF and CBT trainings provided to therapists
Multisystemic Therapy	YES	HC-53	TAM-R and SAM-R	MST Institute	Quarterly	No	Yes	
Functional Family Therapy	No							
Family Psycho-Education	No							

*Please include both county and HealthChoices funded services.

To access SAMHSA's EBP toolkits visit:

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

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

Recovery-Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	YES	HC-124, Base-36	
Compeer			
Fairweather Lodge			
MA Funded Certified Peer Specialist (CPS)- Total**	YES	HC-487	
CPS Services for Transition Age Youth (TAY)	YES	HC-79	
CPS Services for Older Adults (OAs)	YES	HC-65	
Other Funded CPS- Total**	Yes	Base-1	Adult Justice Involved Individual
CPS Services for TAY			
CPS Services for OAs			
Dialectical Behavioral Therapy	YES	HC-1,037	
Mobile Medication	YES	HC-43	Mobile Therapy only
Wellness Recovery Action Plan (WRAP)	Yes	Base-14	2 attend transition age Clubhouse
High Fidelity Wrap Around			
Shared Decision Making	YES	HC-845	
Psychiatric Rehabilitation Services (including clubhouse)	YES	HC-194	
Self-Directed Care			
Supported Education			
Treatment of Depression in OAs	YES	HC-700, Base -2	
Consumer-Operated Services			
Parent Child Interaction Therapy	YES	HC-3	
Sanctuary	YES	HC-78	
Trauma-Focused Cognitive Behavioral Therapy	YES		HC unable to determine distinct #
Eye Movement Desensitization and Reprocessing (EMDR)	YES	Base	HC and Base unable to determine distinct #
First Episode Psychosis Coordinated Specialty Care	No		

Other - Applied Behavior Analysis (ABA)	YES	HC-632	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.
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(Below: if answering yes to #1. **service provided**, please answer questions #2 and 3)

*Please include both county and HealthChoices funded services.

**Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.

g) 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

Name and email of county CPS Point of Contact (POC)	Rebecca Dorsey, rdorsey@countyofberks.com
Total Number of CPSs Employed	28
Average number of individuals served (ex: 15 persons per peer)	20
Number of CPS working full-time (30 hours or more)	18
Number of CPS working part-time (under 30 hours)	10
Hourly Wage (low and high)	\$15.30/\$32
Benefits (Yes or No)	Yes (full-time)

Note: The number of CPS has gradually decreased over the past two years during the pandemic, primarily due to fear of face-to-face and community contact. Although there are no access issues, PSS providers are diligently working to increase their CPS staff caseloads.

h) Involuntary Mental Health Treatment

1. During CY2021, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
 - No, chose to opt-out for all of CY2021
 - Yes, AOT services were provided from date: _____ to date: _____ after a request was made to rescind the opt-out statement
 - Yes, AOT services were available for all of CY2021

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 CY2021 (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 CY2021:
 - a. Provide the number of written petitions for AOT services received during the opt-out period. # _____
 - 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)). # _____

4. Please complete the following AOT/IOT 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. **IOT services column:** if no one has been served in the last year, enter 0. (Row V) Administrative costs of AOT and IOT

	i. AOT	ii. IOT
I. Number of individuals subject to involuntary treatment in CY2021	0	25

II. Number of inpatient hospitalizations following an involuntary outpatient treatment for CY2021		8
III. Number of AOT modification hearings in CY2021	N/A	
IV. Number of 180-day extended orders in CY2021	0	46
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2021	0	\$66,070.27

i) CCRI 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 a Member. 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 validate the accuracy of data on the encounter.

File/Report Name	Description	Date Format Transfer/Mode	Due Date	Reporting Document
837P Reporting	Reports each time consumer has an encounter with county/provider. Format/data based on HIPAA compliant 837P format	ASCII files via FTP	Due within 90 calendar 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 2021 been reported to the state as a pseudo claim? Yes No

j) Categorical State Funding-FY 21-22 (ONLY to be completed by counties not participating in the Human Services Block Grant) -N/A

1. Does the county currently receive state funds for Respite services?

Yes No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

2. Does the county currently receive state funds for Consumer Drop-in Centers?

Yes No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

3. Does the county currently receive state funds to be used for the Direct Service Worker Initiative?

Yes No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

4. Does the county currently receive state funds to support the closure of Philadelphia State Hospital closure?

Yes No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

5. Does the county currently receive state children's funds to support the closure of the Eastern State School & Hospital?

Yes No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

6. Does the county currently receive state funding to support the closure of the Mayview Children's Unit Closing?

Yes No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

7. State Categorical Funding Chart (ONLY to be completed by counties not participating in the Human Services Block Grant)-N/A

State Categorical Funding

Please complete the following chart below for all funding received. Funding expended can be estimated for fourth quarter expenditures of FY 21-22. 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 FY 21-22	Funding Expended FY 21-22	Balance of funds
Respite Services			
Consumer Drop-in Center			
Direct Service Worker initiative			
Philadelphia State Hospital Closure			
Eastern State School & Hospital			
Mayview Children's Unit Closing			
Student Assistance Program			

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 21-22</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 22-23</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	24	1.36%	26	1.44%
Pre-Vocational	0	0%	0	0%
Community participation	6	0.34%	10	0.55%
Base-Funded Supports Coordination	254	14.43%	300	16.61%
Residential (6400)/unlicensed	4	0.23%	2	0.11%
Lifesharing (6500)/unlicensed	4	0.23%	4	0.22%
PDS/AWC	138	7.84%	150	18.31%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	53	3.01%	60	3.32%

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.

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 Administrative Entity 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 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 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 tracking of OVR referral timeframes 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.

All local employment agencies, along with OVR and local SCOs, will continue to participate in a local Employment First Workgroup. This forum serves as a vehicle to share information and assist providers to gain a better understanding of the changing requirements related to employment and community participation supports. Berks County is very committed to moving forward with Employment First opportunities and in the coming year, the program hopes to increase efforts for sharing information and supporting individuals and their families in making the decision to become employed.

- 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. In order 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 changes and priorities has been, and continues to be, at the forefront of all SCO and Provider discussions. Recently, the Berks AE developed a Supporting Families Collaborative and SCOs have been invited to participate.

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

Through a relationship with the PA Family Network, the Berks AE will continue to share information related to Charting the LifeCourse and other training topics with SCOs and families. The Berks AE also plans to use the newly developed Supporting Families Collaborative to help drive this effort. As able, the AE will attempt to engage in collaborative activities to strengthen the local system and create richer opportunities for individuals and families. Above all, teams will be encouraged to become more comfortable with using Lifecourse Tools, sharing/creating resources for families in order to create their vision for a "good life".

As new referrals are assigned to local SCOs, the AE will 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 four 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 all of these 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. In the coming year, the Berks AE will work to develop options for Supported Living. At this time, no local providers are offering the service but several are interested in learning more. Due to the severe staffing crisis and other strains on the local system, this is taking time to develop. The AE does believe in the importance of this service choice and will continue to encourage and support its development.

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

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 encouraged to consider the Lifesharing Model whenever possible and provider training is encouraged. In regard to Supported Living, Berks County has no providers offering the service at this time. Recent priorities, and again staffing, have made it difficult for Providers to learn about, develop and commit to a new program.

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

In the past, Berks County had an active Lifesharing Committee. In the coming year and through the current Quality Management Plan, Berks County will reinstate this committee and consider adding Supported Living to this effort. At this time, several local agencies offer Lifesharing but none have begun to offer Supported Living. Several are however interested. Through relationships with agency leaders, along with support and training, the Berks AE will continue working to develop this service option. The addition of Housing Tenancy and Support to our local provider network has also 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 will work with the ODP Northeast Region to obtain support in this area. ODP's support and assistance is always 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 multiple needs, especially medical needs.

The Health Care Quality Unit is Berks County's most valuable support within the system for education and support for 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. 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 nursing staff, the HCQU and other system stakeholders, complex case reviews are completed and thoughtful recommendations are shared with individual teams. In regard to complex medical cases, the Berks AE has placed a strong focus on educating the local system on the "Fatal Five".

In light of the introduction of children with medical complexities to our system, the Berks AE is spending time becoming more educated on the topic and plans to expand this education interested providers. This will be accomplished through local partnerships and ODP resources. The AE also plans 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. 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 promotional events, resource fairs and conduct presentations for the purpose of educating school districts and the community in general, about how to become involved in the local Service System. This year, the Berks AE will expand 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 participates in a great deal of collaboration with other Human Service Agencies. Some examples include a close relationship with the County Area Agency on Aging and the County Children and Youth Services System. 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, they are available for discussion and consultation.

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

- What is 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 calls and issues on behalf of the County MH/DD Program. Specific to the ID/A System, all local SCOs also have an emergency on-call component and have the ability to address individual and family concerns at any time of the day or night. The AE maintains an updated list of after hour emergency contacts for all providers and SCOs. If an urgent need arises, providers have the ability to communicate via cell phone with designated AE Support Staff, regarding extreme situations and immediate service needs.

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 maintains 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 on an individual basis, since formal diagnostic information is usually 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 also willing to consider specific training related to supporting people with ID and/or autism upon request. Crisis system leadership also attend local provider meetings and events in order 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.

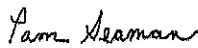
- If the county does not have a mobile crisis team, what is the county's plan to create one within the county's infrastructure?

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.

The Berks County Policy is below.

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

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

- 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 became stronger over the past year, as we worked to develop our own Supporting Families Collaborative. PAFN continues to be instrumental in assisting families and providing support to our group. The Berks AE looks forward to expanding this effort in the next fiscal year to further explore ways to engage families.

- 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. Staff continues to offer presentations throughout the year to share information related to the purpose of the system and ways to become connected. Berks County has slowly been working to enhance the "front door" experience but does offer information about LifeCourse. A member of the AE Support Services Team completed the LifeCourse Ambassador Program and continues to work with other team members to more effectively accomplish this goal. With the assistance of the new ARPA Funding, the AE has been able to add a second eligibility manager and will have a better chance this year to develop this process.

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

Berks County will welcome ODP's support in development of these local resources.

Additional training and discussions continue to be essential to coach teams in the use of Lifecourse Tools. Assistance in the development of a local Supporting Families Collaborative is also welcomed. Continued funding for the ARPA positions is also crucial for helping the county to meet its obligations of the new work around 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 Four 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. Throughout the past few years, the Berks AE held frequent provider discussions and the HCQU was an active participant in every meeting.

- 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 Berks County 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 provider network that provides a full array of services and supports. The Dual Diagnosis Treatment Team in the County continues to be a tremendous support in helping provider agencies deal with complex behavioral health issues. The local Positive Practices Committee, has also been instrumental in providing suggestions to Teams and helping them problem-solve difficult 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. Local providers, like in other areas of the state, continue to deal with challenging situations related to severe trauma, fetal alcohol syndrome and autism. Locally, Berks County is also supporting more and more people with fragile medical conditions. The HCQU has been an immense support and will continue efforts to support these individuals, their families and the local provider network.

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

Any and 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. At this time, due to the state emergency and continued staffing crisis, Berks County providers are struggling to fully open their programs. Conversations and support continue to be offered to all 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 Meetings are held in order to support individual complex needs and to help teams that may be struggling. The ultimate goal is to provide creative solutions and to support residential 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.

Additionally, the AE holds local provider meetings on a monthly basis 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.

Lastly, the HealthChoices Program has been in discussion with a Family Based Provider regarding creation of a team with expertise in dually diagnosed youth who are heading toward residential treatment facility placement or stepping down from that level of care to support the viability of individuals remaining with families. Planning also occurs on an annual basis with Berks County Children and Youth Services, AE and SCO staff for individuals with developmental disability who are in CYS custody.

- 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 as a way 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 recently began to hold quarterly individual provider meetings. This has been valuable to have these one on one conversations and to have open dialog with agency leadership. The AE hopes that building 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 an emphasis on curbing issues related to homelessness. The AE interacts with the Berks Coalition to End Homelessness as well as the Housing Director who coordinates the Reinvestment Housing Plan for the County. Information in turn is shared with system provider agencies. Many of them also participate in the Coalition. This collaborative relationship will continue throughout the next plan year.

- 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. In regard to the Pandemic, Berks County continues to remain in close contact with the Provider Network. Frequent virtual meetings are held, sharing of resources and group problem-solving have been at the forefront and will continue into this Plan Year. All local providers have developed and continue to update their Emergency Plans. The AE will continue to review and discuss these plans as system and Appendix K requirements change.

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.

A large number of Berks County participants and their families currently utilize Person Directed Supports. The AE continues to ensure the SCOs are offering both models of support when assisting families/individuals with choice of service and provider. In addition, the Supports Broker option is being used frequently. Berks County has multiple agencies providing this service. Information about all service options will continue to be shared with SCOs and in turn, will be 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. In regard to Person Directed Services, in general, there is a high number of people currently self-directing their services. If the need arises, the County would certainly offer training opportunities to support families, individuals and SCOs to help better understand this topic.

- 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 57 programs: 19 permanent housing projects, 10 rapid rehousing projects, 11 transitional housing projects, 1 HMIS project, and 1 CoC Planning project and 15 emergency shelter projects. There are over 300 beds devoted to people experiencing chronic homelessness, the vast majority are in permanent housing projects. During this funding year, BCEH implemented an emergency shelter for families with children; over 77 families (238 individuals) were served (funded by ESG CV).

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.

Berks County has a well-coordinated Emergency Solutions Grant Program that served 270 households with and without children consisting of 734 individual people during the 21-22 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 homeless 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 22-23.
- 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.

One organization that currently receives case management funds will now be branching out to serve families with a new bridge housing program. 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 brief summary of case management services results.
- Please describe any proposed changes to case management services for FY 22-23.
- 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, child care 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 22-23.
- 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. 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.

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 22-23.
- 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 22-23.
- 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 current 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 with the exception of a domestic violence service provider that is prohibited by law from doing so.

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

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

Berks County supports a full continuum of drug and alcohol prevention, intervention, treatment, and recovery support services. Funding from the Department of Human Services, the Department of Drug and Alcohol Programs (DDAP), HealthChoices, the Berks County Commissioners as well as an array of other grant funding is used to provide a full continuum of drug and alcohol treatment and recovery services to the people of Berks County. All treatment services are provided by DDAP licensed facilities. Treatment services include; Withdrawal Management, Medically Managed Intensive Inpatient services Opioid Treatment services, Clinically Managed, High-Intensity, Residential services, 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. A majority of residents in Berks County, requiring public funding, access assessment services for entry into treatment at the Treatment Access and Services Center (TASC), Berks County's licensed Central Intake Unit. However, Berks County also allows residents to directly access publicly funded assessment and treatment services at any of the local contracted outpatient or detoxification providers. Additionally, inmates at Berks County Prison and the Community Reentry Center can receive assessment services through SCA-contracted treatment programs at the prison.

This multiple point of entry system allows for more immediate treatment access assessments and decreases the need for waiting lists.

Please provide the following information:

1. Waiting List Information:

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

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 20/21. **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
79	33	Warm Hand Off – CRS referring directly from Emergency Department	39

3. **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	38	1	14
3.7	11	0	5
3.5	75	2	22
3.1	31	0	10
2.5	11	1	2
2.1	31	6	12
1	58	10	5

4. **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. Include any expansion or enhancement plans for existing providers and any use of HealthChoices reinvestment funds to develop new 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 is currently one licensed 2.5 Partial Hospital provider located in the county. This provider is working with DDAP for ASAM alignment approval. At this time, 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 provides methadone and buprenorphine.

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. During FY 2021/2022, the RISE Center re-opened to support groups offering different paths to recovery after being closed due to the Covid 19 pandemic.

At this time, there are no plans in Berks County to use HealthChoices reinvestment funds to develop any new substance use disorder services. While not currently at 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.

5. **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 2020/2021, the SCA distributed 1,657 two-dose boxes of Narcan® to community members, schools, treatment agencies, shelters, and first responders. Prior to distributing naloxone to any individual or agency, the Berks SCA provides an opioid overdose training 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 and the Berks County Adult Probation and Parole Department have begun to distribute Narcan® to high risk for overdose individuals being released from the jail and under Berks County Court supervision.

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

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, 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, 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 2020/21 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 89 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. Additionally, there were 158 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.**

Warm Handoff Data:

# of Individuals Contacted	1,044
# of Individuals who Entered Treatment	421
# of individuals who have Completed Treatment	Unknown

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 and Boyertown Multi-Service Unit 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

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 2020/21 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 89 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. Additionally, there were 158 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.**

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

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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 and Boyertown Multi-Service Unit 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: Caregivers America

Description of Services: This program provides chore services for consumers under the age of 60.

Service Category: Homemaker - Activities provided in the person's own home by a trained, supervised homemaker if there is no family member or other responsible person available and willing to provide the services, or relief for the regular caretaker.

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

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

A Board that includes representatives from the Public Utilities Commission, First Energy, UGI and numerous human services providers organize and assist in sponsoring a “Be Wise about Human Services” training event. Funds are utilized to support this event. There were a total of 239 virtual participants. A total of 31 organizations registered information in the virtual Resource Guide.

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

The goal of this conference is to educate the work force within the County. There were a total of 266 Participants representing 73 organizations. Workshops included: Utilities panel regarding Home Energy Assistance, Weatherization Programs, Mental Health and COVID, How to Advocate for Your Client, Talking to Youth about Sexual Health and Relationships, Community Health Services and COVID Resources.

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

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
MENTAL HEALTH SERVICES					
ACT and CIT	5	\$ 4,856		\$ 144	
Administrative Management	2,500	\$ 818,341		\$ 24,305	\$ -
Administrator's Office	-	\$ 507,625		\$ 15,076	\$ 400,000
Adult Developmental Training	-				
Children's Evidence-Based Practices	-				
Children's Psychosocial Rehabilitation	-				
Community Employment	40	\$ 84,199		\$ 2,501	\$ -
Community Residential Services	70	\$ 3,498,655		\$ 167,758	
Community Services	1,500	\$ 834,907		\$ 24,797	
Consumer-Driven Services	-				
Emergency Services	1,100	\$ 258,147		\$ 7,667	
Facility Based Vocational Rehabilitation	5	\$ 61,067		\$ 433	
Family Based Mental Health Services	5	\$ 4,856		\$ 144	
Family Support Services	5	\$ 4,856		\$ 144	
Housing Support Services	200	\$ 1,465,856		\$ 43,536	
Mental Health Crisis Intervention	2,400	\$ 1,319,329		\$ 37,589	
Other					
Outpatient	35	\$ 18,938		\$ 562	
Partial Hospitalization	10	\$ 66,532		\$ 1,976	
Peer Support Services	5	\$ 9,712		\$ 288	
Psychiatric Inpatient Hospitalization	5	\$ 97,116		\$ 2,884	
Psychiatric Rehabilitation	15	\$ 102,614		\$ -	
Social Rehabilitation Services	200	\$ 311,489		\$ -	
Targeted Case Management	550	\$ 396,232		\$ 11,768	
Transitional and Community Integration	-				
TOTAL MENTAL HEALTH SERVICES	8,650	\$ 9,865,327	\$ -	\$ 341,572	\$ 400,000

INTELLECTUAL DISABILITIES SERVICES					
Administrator's Office		\$ 791,125	\$ 249,364	\$ 23,496	\$ 387,065
Case Management	300	\$ 352,145		\$ 5,754	
Community-Based Services	300	\$ 1,232,239	\$ 173,340	\$ 36,598	\$ -
Community Residential Services	7	\$ 478,252		\$ 14,204	\$ -
Other	125	\$ 92,145		\$ 2,737	\$ -
TOTAL INTELLECTUAL DISABILITIES SERVICES	732	\$ 2,945,906	\$ 422,704	\$ 82,789	\$ 387,065

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	34		\$ 134,400			
Case Management	887		\$ 120,000			
Rental Assistance	408		\$ 155,886			
Emergency Shelter						
Innovative Supportive Housing Services						
Administration			\$ 45,587			
TOTAL HOMELESS ASSISTANCE SERVICES	1,329		\$ 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	293		\$ 117,215			
Aging Services						
Children and Youth Services						
Generic Services	122		\$ 103,540			
Specialized Services	670		\$ 66,362			
Interagency Coordination			\$ 3,000			
Administration			\$ 32,235			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	1,085		\$ 322,352	\$	\$	\$

GRAND TOTAL	13,927	\$	\$ 15,078,529	\$ 422,704	\$ 424,361	\$ 787,065
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**Proof of Publication Notices
Attendance Rosters
Power Point**

AFFIDAVIT OF PUBLICATION

390 Eagleview Boulevard • Exton, PA 19341

**BERKS COUNTY MH/DD
633 COURT ST, 8TH FLOOR
BERKS CO. SERVICES CTR.
READING, PA 19601**

STATE OF PENNSYLVANIA,

The undersigned *Shelley M. J. ...* 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 2022/2023 Human Services Block Grant Public Meeting on Wednesday, June 22, 2022 at 9 a.m. with registration starting at 8:30 a.m. This meeting will be held in person at BCIU, 1111 Commons Blvd, Reading, PA 19605. RSVP is required. To register for the meeting please email tovans@countyofberks.com or register by phone at 610-478-3273, extension 6580 by close of business 6/17/2022 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 Seamans, MH/DD Program Administrator, 633 Court Street, 8th Floor, Reading PA 19601

BERKS COUNTY AREA AGENCY ON AGING

Published in the following edition(s):

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ATTEST: Carriann Torres,
Chief Clerk
RE May 26 A-1

Sworn to the subscribed before me this 5/26/2022

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
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Member, Pennsylvania Association of Notaries

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Human Services Block Grant Meeting (BCIU) – June 22, 2022
Sign In

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Modesto Fiume	Opportunity House		
Linda Groff	Threshold	610 777 7691	lgroff@trinc.org
Bev Hirneisen	Literacy Council	610-670-9960	bev@lerb.org
Tiffany Hunter	HealthChoices	610 478 3271 x1587	Thunt@countyofberks.com

Kathryn Cabdo-Homes BCIU - Head of Staff (610) 989-8242 Kcabdo@berksio.org
pg. 1

Human Services Block Grant Meeting (BCIU) – June 22, 2022
Sign In

NAME	ORGANIZATION	TELEPHONE	EMAIL
Lorena Keely	SAM Inc.	Lorena P/605	LKeely@sam-inc.org
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Kimberly McConnell	Family Guidance Center		
Lori McGeehan	Catholic Charities	610-376-7144 Ext 307	lmcgeehan@callenfoundat.org
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Julie Moore	The Arc Alliance		
Kathy Noll	COCA		
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James Reece	Friend, Inc.	610-683-9012	jreece@friendinc.org
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Human Services Block Grant Meeting (BCIU) – June 22, 2022
Sign In

NAME	ORGANIZATION	TELEPHONE	EMAIL
Aaron Rineer	LGBT Center of Reading		
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Lisa Tumbleson	Opportunity House		
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Melissa Shingle SAM, Inc. 484-638-4592 Mshingle@sam-inc.org

Andra Rosa SAM, Inc. 717-801-8984 andraro@sam-inc.org

~~Steve~~



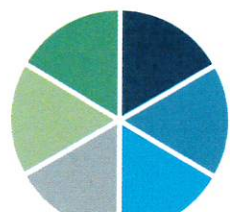
COUNTY OF BERKS, PENNSYLVANIA
Mental Health/Developmental Disabilities Program

Christian Y. Leinbach, Chair
Kevin S. Barnhardt, Vice Chair
Michael S. Rivera, Commissioner

Pam Seaman, MPA, Administrator

FY21/22
Block Grant Public Meeting
BCIU
June 22, 2022

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 2021 - 2022

Many challenges occurred across the board for service delivery because of the continued experience of the pandemic


- State program areas (OMHSAS, ODP, OCDEL, DDAP) continues to allow for flexibility in service delivery
- Providers responded with flexible, adaptive & creative measures to meet the needs of those they already supported and new referrals
- Early Intervention Services delivered services via a hybrid model
- Mental Health Services and Drug/Alcohol services were offered primarily through telehealth; although some levels of care offered in person and telehealth or virtual platforms
- Developmental Disabilities services were delivered in person with reduced census due to the need to remain socially distant and mask wearing for Day Programs. Community Living Homes were impacted substantially due to illness of residents and staff

3

FISCAL YEAR 2021 - 2022

- Funders continued alternative payment arrangements and enhanced service rates to keep providers financially functional because of the changes in service delivery
- The Program added Supportive Living Services due to an increased need in supporting people in their home.
- Federal and State funds also became available during the pandemic to address specific areas such as eviction:
 - ERAP (Emergency Rental Assistance Program) because of the influx of these dollars, use of block grant allocations for HAP as planned were reallocated
 - ARAP (American Rescue Act Plan)
 - Additional Allocation for DD-AE Administration
 - CMHSBG funding was awarded to develop crisis residential services in the Community

4



BLOCK GRANT IMPLEMENTATION

5

CONSOLIDATED PLANNING PROCESS

On an annual basis, the Berks County MH/DD Program organizes a leadership team to evaluate the strengths and needs of human services touched by Human Services Block Grant Funds. This information is received from various sources and collected throughout the year including input from service utilizers, family members and advocates. The leadership team includes membership from:

- Single County Authority
- Developmental Disability Community
- Mental Health Community
- HealthChoices
- Homeless Assistance Program

6

Despite all those efforts, prior years funding experiences did not carry through in Fiscal Year 20/21


Many program areas saw decreases in the number of individuals accessing services and the volume of service requested

Our fiscal forecast for Block Grant Funding through the end of June indicates a strong likelihood that some funding from 21/22 will need to be returned to the state

FISCAL YEAR 2021/2022

7

MH/DD ALLOCATION PROJECTIONS



DD \$2,945,906
MH \$9,876,650

People Served in FY20-21:
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HAP Funds:

- Bridge Housing
- Rental Assistance
- Case management

Served: 819 in FY20/21




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Human Service Block Grant Categorical Reallocation

 **FY21-22**

 **Money was reallocated from MH/DD to HSDF**

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Retained Earnings Plan

14

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FEEDBACK HIGHLIGHTS ON LAST YEAR'S PLAN

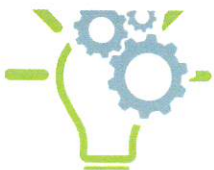
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- Programmatic needs in a post-pandemic environment
- Mental health concerns post-pandemic
- State budget restoration of 10% cuts
- Status of Retained Earning Plan




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PAM SEAMAN, MPA, ADMINISTRATOR

pseaman@countyofberks.com



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

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AFFIDAVIT OF PUBLICATION
390 Eagleview Boulevard • Exton, PA 19341

BERKS COUNTY Commissioners
633 COURT ST, 8TH FLOOR
BERKS CO. SERVICES CTR.
READING, PA 19601

STATE OF PENNSYLVANIA,

The undersigned *Shelley M. Torres* 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:

BERKS COUNTY AREA AGENCY ON AGING

Published in the following edition(s):

Reading Eagle, Reading Eagle Digital
05/26/22

Legal Classified

The County of Berks, through the Commissioners Program, will conduct the fiscal year 2022/2023 Human Services Block Grant Public Meeting for FY 2022/2023 on Thursday, June 23, 2022, 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 tcavans@countyofberks.com or by phone 630-478-3271, extension 6580 along with your name agency and agency role if applicable, by close of business 6/17/2022. 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: Carmel Torres,
Chief Clerk
RE May 26 A-1

Sworn to the subscribed before me this 5/26/2022

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

Advertisement Information

Client Id: 1333490 Ad Id: 2331626 PO: Sales Person: PRC307



Human Services Block Grant Meeting (Commissioners Meeting) – June 23, 2022
Sign In

NAME		ORGANIZATION	VIRTUAL	SIGNATURE
Tom McNelis	Threshold Rehab		VIRTUAL	tmcnelis@trsinc.org
Cary Moyer	CHOR		VIRTUAL	cmoyer@choreading.org
Kathy Noll	COCA			
LuAnn Oatman	Encore			
Stan Papademetriou	COCA			
Marisa Printz	SAM Inc.			
Stephanie Quigley	AIM			
Elise McCauley	Berks Coalition to End Homelessness		VIRTUAL	elise@bceh.org
Commissioner Michael Rivera	MH/DD Advisory			
Michele Ruano-Weber	MH/DD			
Terri Salata	SAM Inc.			

Human Services Block Grant Meeting (Commissioners Meeting) – June 23, 2022 Sign In

ORGANIZATION		VIRTUAL	SIGNATURE
Chris Axford	Berks Counseling	VIRTUAL	caxford@berksc.org
Cyndi Behney	SAM Inc.	VIRTUAL	cbehney@sam-inc.org
Rachael Clineff	Berks Coalition to End Homelessness	VIRTUAL	rachael@bceh.org
Melissa DeMotta	BCIU	VIRTUAL	meldem@berksiu.org
Mary Ertel	MH/DD	VIRTUAL	mertel@countyofberks.com
Jeffrey Gregro	JPO	VIRTUAL	jgregro@countyofberks.com
Tiffany Hunter	HealthChoices	VIRTUAL	thunter@countyofberks.com
Jessica Jones	Aging		
Lorena Keely	SAM Inc.		
Tabitha Kramer	BCIU	VIRTUAL	tabkra@berksiu.org
April McNally	Hope Rescue Mission	VIRTUAL	amcnally@hopeforreading.org

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NAME	ORGANIZATION	VIRTUAL	SIGNATURE
Wendy Seidel	GRMHA		
Lydia Singley	HealthChoices		
Yvonne Stroman	COCA	VIRTUAL	ystroman@cocaberks.org
Vicki Swain	Dayspring Homes, Inc.	VIRTUAL	vswain@dayspringhomes.org
Steve Young	SAM Inc.	VIRTUAL	syoung@sam-inc.org



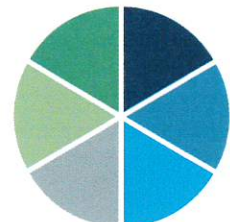
COUNTY OF BERKS, PENNSYLVANIA
Mental Health/Developmental Disabilities Program

Christian Y. Leinbach, Chair
Kevin S. Barnhardt, Vice Chair
Michael S. Rivera, Commissioner

Pam Seaman, MPA, Administrator

FY21/22
Block Grant Public Meeting
Commissioners' Board Room
June 23, 2022

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 2021 - 2022

Many challenges occurred across the board for service delivery because of the continued experience of the pandemic


- State program areas (OMHSAS, ODP, OCDEL, DDAP) continues to allow for flexibility in service delivery
- Providers responded with flexible, adaptive & creative measures to meet the needs of those they already supported and new referrals
- Early Intervention Services delivered services via a hybrid model
- Mental Health Services and Drug/Alcohol services were offered primarily through telehealth; although some levels of care offered in person and telehealth or virtual platforms
- Developmental Disabilities services were delivered in person with reduced census due to the need to remain socially distant and mask wearing for Day Programs. Community Living Homes were impacted substantially due to illness of residents and staff

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FISCAL YEAR 2021 - 2022

- Funders continued alternative payment arrangements and enhanced service rates to keep providers financially functional because of the changes in service delivery
- The Program added Supportive Living Services due to an increased need in supporting people in their home.
- Federal and State funds also became available during the pandemic to address specific areas such as eviction:
 - ERAP (Emergency Rental Assistance Program) because of the influx of these dollars, use of block grant allocations for HAP as planned were reallocated
 - ARAP (American Rescue Act Plan)
 - Additional Allocation for DD-AE Administration
 - CMHSBG funding was awarded to develop crisis residential services in the Community

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BLOCK GRANT IMPLEMENTATION

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CONSOLIDATED PLANNING PROCESS

On an annual basis, the Berks County MH/DD Program organizes a leadership team to evaluate the strengths and needs of human services touched by Human Services Block Grant Funds. This information is received from various sources and collected throughout the year including input from service utilizers, family members and advocates. The leadership team includes membership from:

- Single County Authority
- Developmental Disability Community
- Mental Health Community
- HealthChoices
- Homeless Assistance Program

6

Despite all those efforts, prior years funding experiences did not carry through in Fiscal Year 20/21

Many program areas saw decreases in the number of individuals accessing services and the volume of service requested

Our fiscal forecast for Block Grant Funding through the end of June indicates a strong likelihood that some funding from 21/22 will need to be returned to the state

FISCAL YEAR 2021/2022

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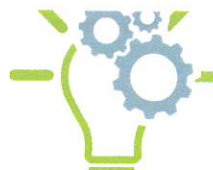
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