COUNTY OF BUCKS

HUMAN SERVICES BLOCK GRANT

FISCAL YEAR 2019 - 2020

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

August 14, 2019

COUNTY OF BUCKS HUMAN SERVICES BLOCK GRANT
TABLE OF CONTENTS FISCAL YEAR 2019 - 2020

Appendix A:	Assurance of Compliance	1
Appendix B:	Bucks County's Human Services Plan	
Part I:	County Planning Process	2-4
Part II:	Public Hearing Notice	5-6
	1) Proof of publication;	
	a. Copy of actual newspaper ad	7-8
	b. Date of publication	9-10
	c. Flyer and Website notices	11-13
	2) Summary and sign-in sheets For three (3) public hearings	14-19
Part III:	Cross-Collaboration of Services	20-23
Part IV:	Human Services Narratives	
	1. Mental Health Services	
	a) Program Highlights	24-29
	b) Strengths and Needs	30-40
	c) Supportive Housing	41-45
	d) Recovery-Oriented Systems Transformation	46-50
	e) Existing County Mental Health Services	51
	f) Evidence Based Practices Survey	52-53
	g) Additional EBP, Recovery Oriented and Promising Practices Survey	54-55
	h) Certified Peer Specialist Employment Survey	56
	2. Intellectual Disability Services	57-78
	• 24 Hour Emergency Crisis Plan	79-88
	3. Homeless Assistance Services	89-97
	4. Substance Use Disorder Services	98-105
	5. Human Services and Supports/Human Services Development Fund	106-110
Appendix C-1:	Human Services Proposed Budget and Individuals Served Spreadsheet	111-112

Appendix A
Fiscal Year 2019-2020

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: BUCKS

A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.

B. The County assures, in compliance with Act 80, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.

C. The County assures that it and its providers will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.

D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (relating to contract compliance):

1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment; or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures	*Please Print*	*Date*
	Robert G. Loughery, Chairman	8/14/19
	Charles H. Martin, Vice-Chairman	8/14/19
	Diane M. Ellis-Marseglia, LCSW	8/19/19
	Brian Hessenthaler, COO	8/19/19
	Deanna Giorno, Chief Clerk	8/19/19

PART I: COUNTY PLANNING PROCESS

Critical Stakeholder Groups:

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

Additional critical stakeholder groups support the planning process throughout the course of the fiscal year including consumer and family groups such as PRO-ACT and the County's three Community Support Programs (CSP). Additionally the Mental Health and intellectual Disabilities planning committees including the Community Family Satisfaction Team (CFST) and providers are regularly invited to provide feedback on performance and outcomes.

Bucks County's DHHS has continued its involvement with the community of Physical Health providers as a member of the Bucks County Health Improvement Partnership (BCHIP) Board which includes participation of all six county hospital CEO's. As each of the hospitals completes regular community needs assessments, the input from the hospital CEO's and the collective community needs assessment has provided additional input and involvement for our block grant plan.

Additional input for Block Grant planning across systems involved participation by various Advisory Boards (see below), BC Department of Corrections, Adult Probation, Juvenile Probation, Housing Providers, Bucks County Area Agency on Aging, Bucks County Children and Youth, the Recovery community, Peer Specialists, Magellan Behavioral Health, and the County's Housing Continuum of Care.

This past year we solicited further expert input in the form of "task force" held collaboratively with Bucks County Congressman Brian Fitzpatrick. Specifically we co-sponsored a Social Determinants of Health task force meeting that enhanced provider engagement and gave participants the chance to hear what is happening nationally around eco-system development and human services collaborations.

Beyond the consumer input we receive throughout the year, we held three public hearings in May 2019 in advance of the completion of this plan, specifically with the intention of receiving stakeholder input for the plan. Unfortunately fewer community members attended this year from previous years but we are hopeful that dynamic reflects our efforts throughout the year to gather input.

The Bucks County Commissioners and the County Chief Operating Officer were informed throughout the process and were provided the opportunity for input. The resolution for the Block Grant allocation was approved publically at the Bucks County Commissioner's meeting held on August 14, 2019.

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

The stakeholder groups listed above were provided opportunities to participate in the planning process through various methods depending upon their role and interest in participation. This year our newest initiative toward collaboration was the development of an eco-system/cross system workgroup meant to identify our shared community needs. Participants from all aspects of our human services system attended along with representatives from physical health care, schools, state assistance programs, and local foundations. We identified needs around increased coordination of outcome measures. This work

will continue during 2019-20 through a grant from the Kresge Foundation and professional facilitation by staff at the American Public Human Services Association.

We hold regular cross system meetings that review service processes and outcomes that impact Block Grant planning including our: Executive Children's Steering Committee, Children's Coordination Steering Committee, Children's Roundtable, and our Transition Age Youth (TAY) Subcommittee of the Children's Coordination Committee. The Division of Housing and Human Services holds monthly Department Head meetings for the purpose of reviewing organizational goals and discussing strategic plans.
This year, our Human Services Subcommittee of the Criminal Justice Advisory Board was able to focus recommendations toward implementation of our Policy Research Associates (PRA) plan for supporting individuals in our community.

On May 22, 2019, our County behavioral health partners including Magellan Behavioral Health and county departments worked together to provide a conference for our community entitled "Finding Recovery Through Real Connections: how can individuals, their families, and professionals work together for success". This conference was meant for both professionals and the public to attend and was a full day of speakers from NAMI and other organizations who focused on the challenges of recovery. The conference included a resource fair that helped spur additional contacts and engagement for all who attended.

Advisory Boards involved in the planning process:

The following county advisory boards all have strategic input into the ongoing work of the Division of Human Services and represent cross community leaders including youth and consumers along with professions in the legal, education, recovery support, finance, and medical fields: Bucks County Drug and Alcohol Commission Advisory Board, Bucks County MH/DP Advisory Board, Bucks County Continuum of Care Executive Team, Bucks County Health Improvement Partnership and the Bucks County Criminal Justice Advisory Board.

In June of 2019, the Director of Bucks County Housing and Human Services joined the county's Workforce Development Board meeting as an invited guest and began the conversation of how workforce integrates with an individual's other needs (health, housing, transportation, child care...).

The County's Board of Commissioners has final approval of the plan and votes to approve the submission at a public hearing.

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

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

One primary way we demonstrate our efforts to provide support in the least restrictive setting is to emphasize programs that provide mobile engagement services in the community. We find outcomes are improved and fewer inpatient hospitalizations are needed through these efforts. During this past year, we awarded a contract for mobile psychological rehabilitation services that will provide enhanced

services for keeping people in their homes and communities. This is following implementation of our streamlined mobile crisis services that were redesigned last year. These changes to mobile crisis has allowed us to expand the hours and improve response time. Additionally we will continue with our program that supports our Children and Youth Department providing mobile engagement services for families with newborns with Neonatal Abstinence Syndrome.

We also (through use of Medicaid reinvestment plan funding) supported the development of a new program called "The Lodge" provided by Lenape Valley Foundation. The Lodge will provide residential care in an open, home like setting with 24/7 on-site staffing. The Lodge will provide crisis intervention services with sufficient monitoring to assure the safety of the person admitted, but as an alternative to longer, inpatient hospitalization. The Lodge will focus on maintaining contact with family and other community resources during a person's stay. This new program highlights our community efforts towards engagement that helps guarantee services provided maintain the value of providing services in the least restrictive setting that meets the recipient's needs.

Additionally, we are using reinvestment funds this year to support recovery and re-entry into community based housing by supporting housing in approved recovery homes as monitored by our Bucks County Drug and Alcohol Commission, Inc.

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

Categorical funding for this year's plan remains the same as last years, but programmatic shifts continue based on shifting priorities and lessons learned from outcomes. For this year's plan we have maintained the shift in funding began four years ago that increased support for Substance Use Disorder services. Like many counties in PA, the opioid epidemic has severely impacted our community and this situation has been a driver of services and resource allocation.

Additionally in the Drug/Alcohol section of this year's plan there is additional information regarding overdose survivors and our warm handoff program. We are significantly increasing the hours and capacity of this program thanks to the generosity of the PA Department of Drug and Alcohol Programs (DDAP). This is the result of an effectiveness study of our initial warm handoff program and recommendations around systemic improvement. Through the efforts of the community and multiple stakeholders, we have seen overdose fatalities begin to decrease in Bucks County, although there is still much work to be done. Additional details are provided in the Drug/Alcohol section of this plan.

One example of how last year's outcomes are impacting this year's plan is the expansion of our Magisterial District Justice project for mental health assessments. We are proposing expansion for coverage hours based on the success of the program. The closure of the Civil Section of Norristown State Hospital and plans to provide supports to the forensic population with Mental Health needs also continue to drive service changes as detailed in the Mental Health section of this plan.

As a result of last year's positive outcomes we continue to make changes for the use of our Housing funds. The integration of the County's Housing Services Department with Human Services has allowed for more direct involvement in planning for housing services and integration of other human services programs. In alignment with the state's strategy we continue to work towards shifting funding from more expensive transitional housing programs to rapid rehousing or other housing supports. In our January 2019 Point in Time count we continued to see positive outcomes related to decreases in homelessness and improved performance of our homeless response system in Bucks County.

PART II: PUBLIC HEARING NOTICE

Prior to our public hearings, a public hearing notice was posted in the Bucks County Courier Times and The Intelligencer, the two primary local newspapers as per the Sunshine Act. The notice announced the County was holding public hearings on May 10th at 2:00 in Bensalem PA, May 13th at 1:30 in Doylestown PA, and May 13th at 6:00 PM in Quakertown, PA. Quakertown, Bensalem, and Doylestown were chosen as public hearing locations as they geographically represent the northern and southern parts of the county as well as the County seat and are easily accessible. The times were varied for the meetings in hopes of increasing community participation and allowing people to choose among daytime and early evening meetings.

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

Bucks County provided several avenues for making the public aware of the opportunity to provide input into 2019-20 Block Grant planning. Notice of the public hearings was posted on the official County website. The 2018-19 Block Grant Plan and an executive summary of services provided during the past through the block grant funding remained on our County website Human Services' page throughout the year.

Summary of Public Hearings:

The public hearing in Bensalem on May 10th was facilitated by Bucks County's Department of Housing and Human Services Director and included participation from the Director of the Bucks County Drug and Alcohol Commission, the Director of Bucks County Mental Health/Developmental Programs, and the Director of the Bucks County Opportunity Council who provides many of the housing supports services funded through the block grant. The meeting was attended by only three individuals, all of whom are County departmental staff members. It is hard to determine the reason for the lack of turnout. In previous years few members of the community attended but we typically had other human service professionals from partner agencies attend. It may be due to enhanced meetings and participation of our professional partners during the year there was less need for them to attend the public hearing.

As there were no members of the public present for the hearing, we briefly covered the purpose of the block grant for the record. The meeting was recorded and the recording will be available on the County website.

The public hearing in Doylestown on May 13th was facilitated by the same group of County leaders as the first meeting. The public hearing was attended by five members of the community along with additional County staff members.

Each of the County leaders presented relevant information regarding this past year's accomplishments and proposed plans for 2019-20.

Attendees were given the opportunity to ask questions following department presentations and at the completion of the overall agenda. At this hearing, we were able to hear from attendees who mostly focused on the mental health service needs in our community. Specifically, questions regarding how the County is addressing school safety relative to youth mental health and questions about how the County is going to support caregivers with older children were discussed.

Additionally, at this meeting questions were asked about where to turn for assistance with drug/alcohol supports and information was shared about the new website for the Bucks County Drug and Alcohol Commission which was developed this past year.

Bucks County held our final public hearing in Quakertown, PA on May 13th at 6:00 PM. Unfortunately, although some additional County staff attended, there were no community members present for the hearing.

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

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

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

A 24, May 1 7284831

NOTICE

Notice is hereby given that the ard of Trustees of Bucks unty Community College will et on Thursday, May 9, 2019 at Newtown Campus, 275 Swamp ad, Newtown, PA 18940. The Board of Trustees will meet at :00 am in Tyler 142.
Elizabeth Fineburg, Chair, Board of Trustees
May 1 7286209

NOTICE OF INTENT TO ADOPT THE 2019-2020 FINAL BUDGET

COUNCIL ROCK SCHOOL DISTRICT

The Board of School Directors of Council Rock School District inds to adopt the Final General id Budget for the 2019-2020 fisyear at the Board of School Ditors meeting on May 30, 2019. meeting will be held at 7 p.m. The Chancellor Center, 30 N. ancellor St., Newtown, PA 18940. ies of the Proposed Final Budgare available for inspection on the rict's website at www.crsd.org, at Chancellor Center or by conding the Director of Business Adistration at 215-944-1040.
May 1 7286211

ESTATE NOTICE

Estate of **ALBERT C. KOLBER,** DECEASED. Late of Newtown, cks County, PA. LETTERS OF ADMINISTRATION the above Estate have been nted to the undersigned, who reest all persons having claims or ands against the estate of the edent to make known the same all persons indebted to the dement to make payment without y to:
izabeth Long, Adminsitratrix
Forrest Blend Drive
tusville, NJ 08560
17, 24, M 1 7283686

ESTATE NOTICE

ESTATE OF **LISA A. TTERLINE a/k/a LISA ANN TTERLINE,** DECEASED. Late of Township of Falls, Bucks Coun- PA.
ETTERS of ADMINISTRATION the above Estate have been nted to the undersigned, who reest all persons having claims or ands against the estate of the edent to make known the same all persons indebted to the dent to make payment without y to:
ARK S. BUTTERLINE, SR., DMINISTRATOR,
Joseph A. Bellinghieri, Esq., W. Miner St.,
est Chester, PA 18382,
his Attorney:
ISEPH A. BELLINGHIERI
cELREE HARVEY, LTD.
W. Miner St.
est Chester, PA 19382
24, May 1, 8 7284842

ESTATE NOTICE

Estate of **PAUL HARRIS** /NOW DECEASED. Late of hington Crossing, Bucks Coun- A.
ETTERS TESTAMENTARY or above Estate have been grantthe undersigned, who request ersons having claims or deds against the estate of the dent to make known the same all persons indebted to the de-

This position is 7.5 hours per day, 8:00 am to 2:00 pm (with half hour unpaid lunch). This is a support staff contracted position and receives

Link to clearances: https://www.palitad.org/our_district/employment_opportunities/employment_forms_clearances

EOE

Public Notices

cedent to make payment without delay to:
Greg Voynow, Executor
2 Hampstead Court
Princeton, NJ 08540
3t A 17, 24, M 1 7283658

ESTATE NOTICE

Estate of **ROBERT C. RUMPEL,** DECEASED. Late of Levittown, Bucks County, PA.
LETTERS TESTAMENTARY on the above Estate have been granted to the undersigned, who request all persons having claims or demands against the estate of the decedent to make known the same and all persons indebted to the decedent to make payment without delay to:
John W. Rumpel,
Executor
6 Fawn Lane
Levittown, PA 19055
3t May 1, 8, 15 7286027

NOTICE OF HEARINGS COUNTY OF BUCKS HUMAN SERVICES DEPARTMENT

County of Bucks Human Services Department Will hold three (3) public hearings on the Human Services Block Grant Plan – FY 2019-2020
Public input encouraged
Friday, May 10, 2019
2:00 – 4:00 PM
Bensalem Branch Library
Large Meeting Room
3700 Hulmeville Road
Bensalem, PA 19020
AND
Monday, May 13, 2019
1:30 – 3:30 PM
Bucks County
Administration Building
Commissioners' Meeting Room
55 East Court Street, 1st Floor
Doylestown, PA 18901
AND
Monday, May 13, 2019
6:00 – 8:00 PM
Quakertown Branch Library
Small Meeting Room
401 West Mill Street
Quakertown, PA 18951
(The Bucks County Free Library does not endorse or advocate the views of any group using our meeting or conference rooms).
For additional information or unable to attend please forward written comment to email: jerubin@buckscounty.org Or call: 215-348-6203 or 215-348-6201.
1t May 1 7284012

NOTICE TO BIDDERS

Sealed bids for the **ELECTRICAL MAINTENANCE SERVICE CONTRACT** for Properties of the **BUCKS COUNTY HOUSING AUTHORITY** for the one (1) year term beginning August 1, 2019 and ending July 31, 2020, will be received by the Authority, 350 South Main Street, Suite 205, P.O. Box 1329, Doylestown, Pennsylvania 18901, until **3:00 P.M. on Tuesday, June 4, 2019,** at which time they will be publicly opened and read aloud.
Specifications and contract documents for the contract will be on file and copies thereof will be made available to prospective bidders during business hours at the office of the Bucks County Housing Authority, 350 South Main St., Suite 205, Doylestown, PA.
Bids will be submitted in a sealed envelope and plainly endorsed on the outside specifying "Bid on Electrical Maintenance Service for Properties of the Bucks County Housing Authority" and addressed to the Bucks County Housing Authority, 350 S. Main Street, Suite 205, Doylestown, Pennsylvania, and must be accompanied by bid security in the form of a certified check, bid bond or cash in the amount of Ten Thousand Dollars ($10,000.00). The retention of the Certified Check, Bid Bond or cash will conform with the provisions and specifications in the Contract documents: No bids may be withdrawn for a period of sixty (60) days after the opening of bids. The Bucks County Housing Authority reserves the right to waive any requirements inserted for the protection of the Authority, if the Authority deems such waiver to be in their best interest and as may be permitted by law. Award of the Contract will be made to the lowest responsible bidder as determined by Bucks County Housing Authority, and the Authority reserves the right to waive informalities and irregularities in the bid submission permitted by Law and the unqualified right to reject any and all bids.
BUCKS COUNTY HOUSING AUTHORITY
Joyce E. Snyder, Chairperson
Donald E. Grondahl, Executive Director
3t May 1, 8, 15 7286610

NOTICE

YMCA of Bucks County will receive bid response to their RFP for **cleaning services** at multiple branches in Bucks County as detailed here http://bit.ly/ymcaRFP1 with bid deadlines as follows: Scheduled tours of facilities, April 15- May 10, 2019. **Deadline for proposal: May 17, 2019.** Response from YMCA: June 7, 2019. Contract start date: Monday, July 1, 2019.
2t A 28, May 1 7285075

NOTICE

William Watson
330 Cottonwood Drive
Langhorne, PA 19047
Silver Lake Nursing Home
905 Tower Road
Bristol, PA 19007
Reasoning: Transferring Nursing Home Administrator License from different sate
Effective date April 23, 2019
Expiration date August 31, 2019
3t May 1, 8, 15 7286055

NOTICE

UPPER SOUTHAMPTON TOWNSHIP ZONING HEARING BOARD

Take notice that the Upper Southampton Township Zoning Hearing Board will hold a public hearing on **Wednesday, May 15, 2019 at 7:00PM** in the Upper Southampton Township Building, 939 Street Road, Southampton, PA, on the appeal of Outdoor Partnership, LLC, for a zoning Special Exception and zoning variances so as to convert an existing billboard sign from static

Keystone Blue Ridge Blind Apply online at http://www.keystoneblind.org.
BC-0007285921-01

We are looking for a competent
MILL BENCH WORKER
for our **Custom Millwork Division** in **Phoenixville, PA.**
Cut, shape, assemble, and make parts for wood products. They will also design and create customized products, specifically custom cabinets and custom millwork. The ideal candidate will have 10 years of experience and be a highly skilled professional who is able to work with great concentration and precision.
APPLY NOW! Tague Lumber offers excellent compensation programs, a very comprehensive benefits package to all eligible associates and a professional and challenging work environment. If you are looking for a rewarding career, we would love to speak with you!
Please send your cover letter & resume to **careers@tagueLumber.com.**
BC-0007285085-01

COX
ON-SITE HIRING EVENT
in Bordentown
Part Time and Full Time Drivers
Thursday, May 9th, 9am-12pm
730 Route 68, Bordentown, NJ 08505
Apply Online: jobs.manheim.com
Search Keywords: Bordentown Driver
Cox is an equal opportunity employer

FIND US ONLINE:
facebook.com/BucksCourierTimes
twitter.com/CourierTimes

1a) Copy of actual newspaper advertisement

To place an ad call 1-866-938-3010
or online at theintell.com/classifieds

Classifieds

Notices

make payment without

rence, Executor
ses Bluff Road
32097
M 1 7283673

STATE NOTICE

E OF CATHERINE A.
ECEASED. Late of the
of Warminster, Bucks

TESTAMENTARY on
Estate have been grant-
ndersigned, who request
having claims or de-
nst the estate of the de-
make known the same
ons indebted to the de-
make payment without

IE M. COUGHLIN,
RIX,
P. Coughlin, Esq.,
eting Corporate Center,
vest Dr., Blue Bell, PA

orney:
P. COUGHLIN
TEWART MELOFF
STEIN, P.C.
ting Corporate Center
st Dr.
PA 19422
1, 8 7284850

TATE NOTICE

OF EDWIN JOSEPH
ECEASED. Late of the
Doylestown, Bucks

TESTAMENTARY on
state have been grant-
dersigned, who request
having claims or de-
ist the estate of the de-
nake known the same
ons indebted to the de-
nake payment without

TA Di GIROLAMO,
IX,
V. Bond, Esq.,
klin St., Ste. 300,
, PA 18901,
orney:
/. BOND
cCULLOUGH
klin St., Ste. 300
53
, PA 18901
15 7286008

Public Notices

ESTATE NOTICE

ESTATE OF **EMMA FRANCICA**, DECEASED. Late of the Township of Warwick, Bucks County, PA.

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

JOHN FRANCICA, JR.,
EXECUTOR,
C/o William J. Benz, Esq.,
307 Lakeside Dr.,
Southampton, PA 18966.
Or to his Attorney:
WILLIAM J. BENZ
HOWLAND HESS GUINAN
TORPEY CASSIDY &
O'CONNELL, LLP
307 Lakeside Dr.
Southampton, PA 18966
3t A 24, May 1, 8 7284852

ESTATE NOTICE

ESTATE OF **FRANCES A. SABATINI**, DECEASED. Late of the Township of Newtown, Bucks County, PA.

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

MICHELE PETRILLO,
EXECUTRIX,
111 Pond View Dr.,
Washington Crossing, PA 18977,
Or to her Attorney:
YVETTE E. TAYLOR-HACHOOSE
LAW OFFICES OF
TAYLOR-HACHOOSE
301 Oxford Valley Rd., Ste. 102A
Yardley, PA 19067
3t May 1, 8, 15 7286047

ESTATE NOTICE

ESTATE OF **GEORGE H. MILL**, DECEASED. Late of the Borough of Doylestown, Bucks County, PA.

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

CARL W. MILL,
EXECUTOR,
C/o Hilary Fuelleborn, Esq.,
745 Yorkway Place,
Jenkintown, PA 19046,
Or to his Attorney:
HILARY FUELLEBORN
LUSKUS & FUELLEBORN, P.C.
745 Yorkway Place
Jenkintown, PA 19046
3t May 1, 8, 15 7286022

ESTATE NOTICE

ESTATE OF **HOWARD B. FRANCE**, DECEASED. Late of the Township of Buckingham, Bucks County, PA.

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

DAVID A. FRANCE
And
ROBERT E. FRANCE,
EXECUTORS,
C/o George P. O'Connell, Esq.,
2444 Huntingdon Pike,
Bethayres, PA 19006,
Or to their Attorney:
GEORGE P. O'CONNELL
HOWLAND, HESS, GUINAN,
TORPEY, CASSIDY
& O'CONNELL, LLP
2444 Huntingdon Pike
Bethayres, PA 19006
3t May 1, 8, 15 7286017

ESTATE NOTICE

ESTATE OF **MARTIN W. BEER a/k/a MARTIN WILLIAM BEER**, DECEASED. Late of the Township of Hilltown, Bucks County, PA.

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

MELODY L. REED,
EXECUTRIX,
C/o Kathryn H. Crary, Esq.,
1275 Drummers Ln., Ste. 210,
Wayne, PA 19087-1571,
Or to her Attorney:
KATHRYN H. CRARY
GADSDEN SCHNEIDER &
WOODWARD LLP
1275 Drummers Ln., Ste. 210
Wayne, PA 19087-1571
3t A 24, May 1, 8 7284846

ESTATE NOTICE

ESTATE OF **NORMAN W. RANZER**, DECEASED. Late of the Township of Warwick, Bucks County, PA.

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

ROSEMARY R. FERRINO,
ADMINISTRATRIX,
608 W. Main St.,
Lansdale, PA 19446,
Or to her Attorney:
ROSEMARY R. FERRINO
MONTCO ELDER LAW
608 W. Main St.
Lansdale, PA 19446
3t May 1, 8, 15 7286043

ESTATE NOTICE

ESTATE OF **WILLIAM E. BIERLIN, JR.**, DECEASED. Late of the Borough of Doylestown, Bucks County, PA.

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

ELIZABETH K. BIERLIN,
EXECUTRIX,
C/o Brian R. Price, Esq.,
140 E. Butler Ave.,
Chalfont, PA 18914,
Or to her Attorney:
BRIAN R. PRICE
SEMANOFF ORMSBY
GREENBERG & TORCHIA, LLC
140 E. Butler Ave.
Chalfont, PA 18914
3t A 24, May 1, 8 7284849

ESTATE NOTICE

ESTATE OF **WILLIAM R. BARNES**, DECEASED. Late of the Township of Warminster, Bucks County, PA.

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

JEANNE M. CAMERON,
EXECUTRIX,
C/o Michael D. Betts, Esq.,
887 W. Bristol Rd.,
Warminster, PA 18974,
Or to her Attorney:
MICHAEL D. BETTS
887 W. Bristol Rd.
Warminster, PA 18974
3t May 1, 8, 15 7286012

NOTICE OF HEARINGS
COUNTY OF BUCKS
HUMAN SERVICES
DEPARTMENT

County of Bucks Human Services Department Will hold three (3) public hearings on the Human Services Block Grant Plan – FY 2019-2020
Public input encouraged
Friday, May 10, 2019
2:00 – 4:00 PM
Bensalem Branch Library
Large Meeting Room
3700 Hulmeville Road
Bensalem, PA 19020
AND
Monday, May 13, 2019
1:30 – 3:30 PM
Bucks County
Administration Building
Commissioners' Meeting Room
55 East Court Street, 1st Floor
Doylestown, PA 18901
AND
Monday, May 13, 2019
6:00 – 8:00 PM
Quakertown Branch Library
Small Meeting Room
401 West Mill Street
Quakertown, PA 18951
(The Bucks County Free Library does not endorse or advocate the views of any group using our meeting or conference rooms).
For additional information or unable to attend please forward written comment to email: jerubin@buckscounty.org Or call: 215-348-6203 or 215-348-6201.
1t May 1 7284011

Proof of Publication - Affidavit

Bucks County, SS.

NOTICE OF HEARINGS
COUNTY OF BUCKS
HUMAN SERVICES
DEPARTMENT

County of Bucks Human Services Department Will hold three (3) public hearings on the Human Services Block Grant Plan – FY 2019-2020
Public input encouraged
Friday, May 10, 2019
2:00 – 4:00 PM
Bensalem Branch Library
Large Meeting Room
3700 Hulmeville Road
Bensalem, PA 19020
AND
Monday, May 13, 2019
1:30 – 3:30 PM
Bucks County
Administration Building
Commissioners' Meeting Room
55 East Court Street, 1st Floor
Doylestown, PA 18901
AND
Monday, May 13, 2019
6:00 – 8:00 PM
Quakertown Branch Library
Small Meeting Room
401 West Mill Street
Quakertown, PA 18951
(The Bucks County Free Library does not endorse or advocate the views of any group using our meeting or conference rooms).
For additional information or unable to attend please forward written comment to email: jerubin@buckscounty.org Or call: 215-348-6203 or 215-348-6201.
1t May 1 7284012

COUNTY OF BUCKS
ATTN: DAVID P. BOSCOLA
DOYLESTOWN, PA 18901

2153486564A
0007284012-01
Stacey Lear being duly affirmed according to law, deposes and says that he/she is the Legal Billing Co-ordinator of the COURIER TIMES INCORPORATED, Publisher of The Bucks County Courier Times, a newspaper of general circulation, published and having its place of business at Levittown, Bucks County, Pa; that said newspaper was established in 1910; that securely attached hereto is a facsimile of the printed notice which is exactly as printed and published in said newspaper on

---

May 01, 2019

---

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

LEGAL BILLING CO-ORDINATOR

Affirmed and subscribed to me before me this 1st day of May 2019 A.D.

Commonwealth of Pennsylvania - Notary Seal
MICHAEL DANIEL FERNANDEZ - Notary Public
Bucks County
My Commission Expires Jul 25, 2022
Commission Number 1338186

RECEIVED
MAY 0 3 2019
HUMAN SERVICES

Proof of Publication - Affidavit

Bucks County, SS.

NOTICE OF HEARINGS
COUNTY OF BUCKS
HUMAN SERVICES
DEPARTMENT

County of Bucks Human Services Department Will hold three (3) public hearings on the Human Services Block Grant Plan – FY 2019-2020
Public input encouraged
Friday, May 10, 2019
2:00 – 4:00 PM
Bensalem Branch Library
Large Meeting Room
3700 Hulmeville Road
Bensalem, PA 19020
AND
Monday, May 13, 2019
1:30 – 3:30 PM
Bucks County
Administration Building
Commissioners' Meeting Room
55 East Court Street, 1st Floor
Doylestown, PA 18901
AND
Monday, May 13, 2019
6:00 – 8:00 PM
Quakertown Branch Library
Small Meeting Room
401 West Mill Street
Quakertown, PA 18951
(The Bucks County Free Library does not endorse or advocate the views of any group using our meeting or conference rooms).
For additional information or unable to attend please forward written comment to email: jerubin@buckscounty.org Or call: 215-348-6203 or 215-348-6201.
1t May 1 7284011

COUNTY OF BUCKS
ATTN: DAVID P. BOSCOLA
DOYLESTOWN, PA 18901

2153486564A
0007284011-01
Stacey Lear being duly affirmed according to law, deposes and says that he/she is the Legal Billing Co-ordinator of the INTELLIGENCER INCORPORATED, Publisher of The Intelligencer, a newspaper of general circulation, published and having its place of business at Doylestown, Bucks County, Pa. and Horsham, Montgomery County, Pa.; that said newspaper was established in 1886; that securely attached hereto is a facsimile of the printed notice which is exactly as printed and published in said newspaper on

May 01, 2019

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

LEGAL BILLING CO-ORDINATOR

Affirmed and subscribed to me before me this 1st day of May 2019 A.D.

Commonwealth of Pennsylvania - Notary Seal
MICHAEL DANIEL FERNANDEZ - Notary Public
Bucks County
My Commission Expires Jul 25, 2022
Commission Number 1338186

RECEIVED
MAY 0 3 2019
HUMAN SERVICES

COUNTY OF BUCKS

UBLIC HEARING DATES

- **FRIDAY, MAY 10, 2019**
  2:00 PM – 4:00 PM
  Bucks County Free Library
  Bensalem Branch
  Large Meeting Room
  3700 Hulmeville Road
  Bensalem, PA 19020

- **MONDAY, MAY 13, 2019**
  1:30 PM – 3:30 PM
  Bucks County Administration Building
  Commissioners' Meeting Room
  55 East Court Street-1st Floor
  Doylestown, PA 18901

- **MONDAY, May 13, 2019**
  6:00 PM – 8:00 PM
  Bucks County Free Library
  Quakertown Branch
  Small Meeting Room
  401 West Mill Street
  Quakertown, PA 18951

COUNTY OF BUCKS
HUMAN SERVICES DEPARTMENT

Human Services Block Grant Hearings
Fiscal Year 2019-2020

The County of Bucks Human Services Department will hold three (3) public hearings on the Human Services Block Grant Plan for the Fiscal Year 2019-2020

For additional information or if unable to attend, please forward written comment(s) to email: [redacted] or call 215-348-6203 or 215-348-6201

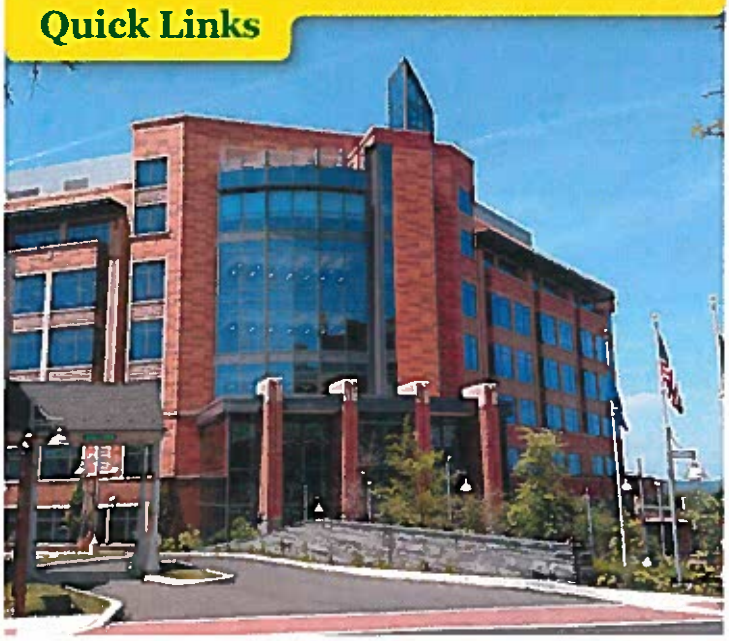
PUBLIC INPUT ENCOURAGED

The Bucks County Free Library does not endorse or advocate the views of any group using their meeting or conference rooms

County of Bucks Human Service Department
55 East Court Street Doylestown, PA 18901

WWW.BUCKSCOUNTY.ORG

Quick Links



Latest Bucks County News

- **Moody's Affirms County's Triple-A Bond Credit Rating**

  April 26, 2019
  Full story

- **Countywide Prescription Drug Take Back Day is Saturday, 4/27**

  April 24, 2019
  Full story

- **Commissioners Urge Full Participation as 2020 Census Prep Gears Up**

  April 18, 2019
  Full story

- **Don't Wait for the May 14 Deadline to Apply for an Absentee Ballot; Completed Absentee Primary Ballots MUST Be Received by 5 p.m. May 17**

  April 17, 2019
  Full story

Bucks County Commissioners

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

On behalf of the Board of Bucks County Commissioners, welcome! Whether you're here to search for a park where you can enjoy recreational time with family, research human services, apply for a county position, read a news summary, or download an official form, this is your portal.

Next Commissioners Meeting:
Wednesday, May 1, 2019 @ 10:00 a.m.
Lincoln Properties
225 Lincoln Highway
Fairless Hills, PA 19030
Building A, 2nd Floor Conference Room
Draft Agenda

Audio from Last Commissioners' Meeting - April 17, 2019

2019 Bucks County Commissioners' Meetings (Agendas, Minutes, Audio)

2018 Bucks County Commissioners' Meetings (Agendas, Minutes, Audio)

Highlights

Human Services Block Grant Hearings
FY 2019-2020

Notice of TEFRA Public Hearing for The George School

Bucks County Recycling Information
From batteries to yard waste and everything in between including Hazardous Waste and televisions, find out how to recycle products in and around Bucks County

37th Annual Bucks County Senior Games
June 3-14, 2019
Open to all adults 50+, the 2019 Senior Games have games for all talents, including golf, billiards, bocce, bridge, darts, pinochle, quoits and track and field. There are also some new events, this year including pickleball, zumba and orienteering. Save the dates! More information coming soon.

Recorder of Deeds' Adopt A Book Program
Help preserve historic Deed Books

Bucks County Boards, Authorities and Commissions

Bucks County is seeking volunteers who want to make a difference in the community, sitting on a Board and making changes and decisions to shape the future. If you are interested in becoming a citizen member, or would like more information, please visit the **Boards, Authorities and Commissions page.**

Bucks County Election Information

Unofficial Candidate List with Button Numbers - Municipal Primary - May 21, 2019

Nomination Papers and Instructions for Circulating - Municipal Primary - 2019 - for Political Bodies

Register to Vote

- Online Voter Registration
- Download Mail Application

Board of Elections

- 2019 Municipal Primary: Official Notice for Military and Overseas Voters

Administration
Commissioners
Community Services
Corrections
Emergency Services
Finance
General Services
Health Services
Housing and Human Services
Parks and Recreation
Planning Commission
Row Officers
ADA

Government

Housing and Human Services

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

- Area Agency on Aging
- Department of Behavioral Health
- Children & Youth
- Drug and Alcohol Commission, Inc
- Housing Services
- Mental Health/Developmental Programs

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

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

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

Human Services Block Grant Final Fiscal Year 2018-2019

Human Services Block Grant FY 2019-2020 Public Hearings

- **Friday, May 10 from 2:00 - 4:00 pm** Bucks County Free Library, Bensalem Branch
- **Monday, May 13 from 1:30 - 3:30 pm** Bucks County Administration Bldg., Commissioners' Meeting Room
- **Monday, May 13 from 6:00 - 8:00 pm** Bucks County Free Library, Quakertown Branch

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

Non-Profit Wish List - The Bucks County Commissioners, along with the Bucks County Human Services Division, is working with Non-Profits to assist them in getting the everyday items not necessarily budgeted, or paid for with other funding sources. If you are a non-profit in need, please contact Human Services; if you are able to help a non-profit, via supply items requested or gift cards to buy them, you can contact Human Services or the non-profit directly. *Last updated 07/25/17*

Bucks County Crisis Intervention Team (CIT) Task Force - For more information on the Bucks County Crisis Intervention Team, please contact Wendy Flanigan at 215-444-2882 or wflanigan@buckscounty.org

Bucks County Human Services Block Grant Public Hearing

@ The Bucks County Free Library
Bensalem Branch Library – Large Conference Room
3700 Hulmeville Road, Bensalem, PA 19020
Friday, May 10, 2019 @ 2:00 PM
Agenda

- Introduction (Jon Rubin)

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

- Questions/comments from attendees

- Wrap up (Jon Rubin)

Next Meetings:

Monday, May 13, 2019
1:30 PM – Commissioners' Meeting Room
Bucks County Administration Building
55 East Court Street
Doylestown, PA 18901

Monday, May 13, 2019
6:00 PM – Small Meeting Room
Quakertown Branch Library
401 West Mill Street
Quakertown, PA 18951

COUNTY OF BUCKS
HUMAN SERVICES BLOCK GRANT
PUBLIC HEARING - MAY 10, 2019
BENSALEM LIBRARY 2:00 PM - 4:00 PM

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

NAME	ORGANIZATION	E-MAIL ADDRESS	TELEPHONE NUMBER	
Cindy Grezeszak	Bucks County Behavioral Health	CGREZESZAK@BUCKSCOUNTY.org	215-444-2723	O
Andrew Kulczytzky	Bucks Canty BH	avkulczytzky@buckscounty.org	215-444-2701	O
Vickie Tasher	Bucks Co. Public Info	VJTASHER@BUCKSCOUNY.ORG	215-345-6412	

Bucks County Human Services Block Grant Public Hearing

@ The County of Bucks Administration Building
Commissioners' Meeting Room-1st Floor
55 East Court Street, Doylestown, PA 18901
Monday, May 13, 2019 @ 1:30 PM
Agenda

- Introduction (Jon Rubin)

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

- Questions/comments from attendees

- Wrap up (Jon Rubin)

Next Meeting:

Monday, May 13, 2019
6:00 PM – Small Meeting Room
Quakertown Branch Library
401 West Mill Street
Quakertown, PA 18951

COUNTY OF BUCKS
HUMAN SERVICES BLOCK GRANT
PUBLIC HEARING - MAY 13, 2019
DOYLESTOWN ADMINISTRATION BUILDING
1:30 PM - 3:30 PM

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

NAME	ORGANIZATION	E-MAIL ADDRESS	TELEPHONE NUMBER	
Margie Tolen	BCDAC	mbtolen@buckscounty.org	215-622-8785	
Dennie Baker	NAMI	harry10863@gmail.com	2153430372	
Brett Wells	ICF	BWELLS@INDCREEK.OAK	~~[illegible]~~ 267-205 1500	P
Laura Ferreri	BCHG	LFerreri@bchg.org	215-394-8257 x107	P
Marlene Piasecko	FSA	mpiasecki@fsabc.org	215-~~[illegible]~~ 454-6416, x208	P

Bucks County Human Services Block Grant Public Hearing

@ The Bucks County Free Library
Quakertown Branch – Small Meeting Room
401 West Mill Street, Quakertown, PA 18951
Monday, May 13, 2019 @ 6:00 PM
Agenda

- Introduction (Jon Rubin)

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

- Questions/comments from attendees

- Wrap up (Jon Rubin)

COUNTY OF BUCKS
HUMAN SERVICES BLOCK GRANT
PUBLIC HEARING - MAY 13, 2019
QUAKERTOWN LIBRARY 6:00 PM - 8:00 PM

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

NAME	ORGANIZATION	E-MAIL ADDRESS	TELEPHONE NUMBER	
Christina Finello	BC HHS	cmfinello@buckscounty.org	215 340 8801	
Diane Wolfinger	BC HHS	dlwolfinger@buckscounty.org	215-348-6201	
Vickie Tasher	Public Info	vjtasher@buckscounty	215-348-6412	

PART III: CROSS-COLLABORATION OF SERVICES

Introduction:

Part 1 of this Block Grant Plan detailed how Bucks County works in a collaborative manner across categorical functions to work with community stakeholders, private agency providers, other County government agencies, and internally to develop our programs and services. We administer the implementation of those services in much the same way, consistently seeking shared input and feedback for services and evaluation of outcomes of our programs.

During this past year we held several public facing events as well as more private opportunities to share our vision of cross-collaboration among County Departments, the provider network, and the community at large. One recent example was having the Director of Housing and Human Services meet with the Superintendents from the thirteen school districts in Bucks County. At that meeting, the vision for integrated human services was shared as well as how our division needs to work collaboratively with schools and other systems to support whole families and provide services and supports across the entire spectrum of social determinants of health. (Some of our system partners prefer to use the phrase "social influencers of health" recognizing that one's future can still be changed. In the Division of Housing and Human Services we tend to use the phrase "social determinants of health and recovery" recognizing many of those we work with are in some form of recovery). Since meeting with the superintendents as a group, two of the County's districts (Quakertown and Neshaminy) have reached out and scheduled direct work with their district and the County to look at ways to enhance communication and collaboration.

This year the County also partnered with Congressman Brian Fitzpatrick on several task force meetings to help bring our community together in a cross systems manner. Our first task force was focused on Social Determinants of Health and brought together over thirty system partners for discussion on how as a community we can collaborate better together. We were also able to provide Congressman Fitzpatrick input on legislative ideas for the federal level that will support collaboration including allowing increased information sharing and flexibility for coordination of funding across systems.

Our second task force focused on children with special needs and again brought together system partners and community members to understand the experiences children and their families were having with our human services system. As professionals we learned directly from system consumers the barriers they face accessing services and we were able to share with the Congressman our local efforts toward collaboration and service provision.

Our primary effort this past year (that will continue into the coming year) was to develop a workgroup for what we called our Bucks County Eco-system. As was described in section 1 of this plan, participants from all aspects of our human services system attended three meetings this year along with representatives from physical health care, schools, state assistance programs, and local foundations. We identified needs around increased coordination of outcome measures as our primary goal recognizing that once we have shared goals the planning to achieve those goals will become more integrated among our systems. This work will continue during 2019-20 through a grant from the Kresge Foundation and professional facilitation by staff at the American Public Human Services Association.

To support the achievement of our strategic objectives, the Division of Housing and Human Services Department Heads (Child Welfare, MH/DP, Behavioral Health, Bucks County Drug & Alcohol Commission, Housing Services, and the Area Agency on Aging) meet monthly to discuss relevant County issues and plan together for the administration of services in the community. This year to increase coordination among system partners we added the Executive Director of the Bucks County Opportunity

Council (BCOC) to these meetings. BCOC is our Community Action Agency and serves as a meaningful partner for helping people out of poverty in Bucks County.

Potentially the biggest driver of increased collaboration among the County departments will be a move to a shared office space in the County Administration Building during 2019-20. Currently the various County departments are in separate offices spread around the County. During August 2019 it is expected that MH/DP, BCDAC, and our Behavioral Health Department will join our Housing and Human Services office in the Administration Building. Bucks County Children and Youth and the Area Agency on Aging are expected to also come into the building in 2020. This change of physical location will support improvements for staff getting to know each other, and each other's programs.

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

Each of these strategic initiatives will help us improve our cross-system collaboration, leverage the use of block grant funds in the most collaborative/least duplicative way possible, and support work towards improved outcomes during the 2019-20 year.

Employment:

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

To support improved collaboration among system partners, the Director of Housing and Human Services has begun to attend the County's Workforce Development Board Director's meetings as an invited guest. It is hoped that this effort will enhance collaboration and coordination moving forward as it has been recognized that while Bucks County's current unemployment rate is 2.8%, those seeking employment are often those currently involved with other human services systems.

Block grant funding for employment supports is specifically allocated to our partner agency Bucks County Opportunity Council who provides case management services that helps low-income individuals and families achieve the highest level of self-sufficiency possible. These case management services include individualized needs assessments and cross system connections including employment and education. This year, BCOC started a partnership with the County's Community College for a culinary arts training program in addition to their current Economic Self-Sufficiency program which is a model for the state.

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

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

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

Housing:

Housing is a key social determinant of health and well-being. In the past collaborative work efforts on housing issues were infused throughout the County's Human Services system, however, Bucks County fully integrated our Housing Services Department into the Division of Human Services in 2018 to support more streamlined services and integration of strategic planning.

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

In the time since Housing Services became part of the Division, we have begun to see some dividends of our combined efforts. While much of the funding for Housing Services come from other sources, we do look closer now at how to "braid" our funding sources to be more efficient, less duplicative, and oriented towards shared outcomes. Metrics we have been tracking such as response time at our Housing Link Coordinated Entry program, wait time for acceptance in the shelter, length of stay in shelter, and utilization of rapid rehousing programs are all trending in a positive direction.

This past year the County received two significant sets of Housing Vouchers in collaboration with our Bucks County Housing Authority and the federal Department of Housing and Urban Development (HUD).

Through a competitive application process, we were able to receive 82 Family Unification Vouchers (FUP) that are meant to help the County reunify a family whose children are in out of home care due specifically to homelessness or to prevent a placement where homelessness is the primary issue. The vouchers can also be used for youth aging out of foster care.

Additionally, we have received 43 "Mainstream" vouchers meant to help individuals with a defined disability in our community. We have been able to utilize these vouchers collaboratively with our Mental Health Housing Services to support flow from waitlists to housing services.

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

our proposed project for mental health housing as part of a larger community development will receive the tax credits that will allow the project to move forward.

All of these housing partnerships continue through various committee efforts and have grown in recent months. We have expanded the partnerships as described above and work daily to strengthen collaboration at the executive level around funding and strategic decisions for Housing Services countywide and at the operational level where staff need to work together in a teaming manner to meet community needs.

PART IV: MENTAL HEALTH SERVICES

A. Program Highlights:

Stakeholder Input – Throughout the past year, the Bucks County Department of Mental Health/Developmental Programs (MH/DP) staff attended events and solicited feedback from the community in areas related to the Mental Health (MH) Block Grant such as residential housing programming, crisis services, experience with local and contracted service providers, and services that focus on youth and Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) populations. Groups surveyed included the Youth and Young Adult Advisory Board, participants in attendance at a community-sponsored MH Symposium in October 2018, and members of the Bucks County Community Support Program (CSP) Committee. Feedback was also solicited/received through on-site visits to residential housing programs by the MH/DP Advisory Board and at legislative events, including a CSP Legislative Breakfast and Stakeholder Forums coordinated by U.S. Congressman Michael Fitzpatrick. The federal forums have focused on the social determinants of health and children with special needs. While some positive service feedback has been expressed overall, stakeholders identified the need to set expectations for people in services to meet their goals, improve provider collaboration to facilitate coordination of care, offer more training for staff on evidence-based practices and treatment focusing on trauma and use of trauma informed care, continued focus on the reduction of MH stigma, and availability of more safe, affordable housing options. Specific to children's services, early identification of disability, utilization of assistive technology, coordination with physical healthcare, and access to needed services at the point of transition to the adult service system, and access to a competent workforce were all cited as opportunities for improvement. In addition, most of these groups also indicated that there is a need for more attention to cultural and linguistic opportunities offered throughout the County, specifically referencing more of a focus on services and supports offered to the LGBTQI population. Bucks County CSP also maintained partnerships with a variety of mental health related organizations in order to engage actively with the service system and to provide stakeholder feedback on service gaps, how systems impact people with mental illness, and ensure the most up-to-date information about what is happening county-wide is disseminated to CSP members.

Children's Services – The Child and Adolescent Service System Program (CASSP) in Bucks County has adopted a System of Care (SOC) approach as the organizational philosophy and framework in creating clinical and natural supports. To improve outcomes for youth and young adults in the behavioral health system, there has been an intentional focus on developing and implementing strategies that will strengthen interagency, intersystem teaming, and planning. Specific trainings and interventions have been developed to enhance the Child and Adolescent Service System and integrate tangible practices to improve outcomes for children and their families, such as:

- **Systems Integration Facilitator** – As a result of feedback from system partners and families, the Systems Integration Facilitator was launched in September 2018. This role offers comprehensive, objective, trauma-informed, person-centered interagency team meeting (ITM) facilitation leadership for youth and young adults with complex needs within the Bucks County child-serving systems. The role brings the youth's team to the table, offering strengths-based, individualized meeting facilitation as the team lead and organizer. This neutral role can challenge the presenting barriers and explore new solutions while offering systems education. This enhanced planning service supports the young person and his/her team through the process of creating a plan, moving toward a resolution that will help to determine the young person's next steps.
- **"Now is the Time (NITT): Healthy Transitions" Substance Abuse and Mental Health Services Administration (SAMHSA) Grant – (Five Year Grant)** The Pennsylvania Healthy Transitions Partnership has developed a coordinated and comprehensive approach to the provision of supports and services to address serious MH conditions, co-occurring (COD) substance use disorders, and risks for developing serious MH conditions among youth 16-25 years old. The fifth and final year of this Grant focused on various initiatives, including Youth Mental Health First Aid (YMHFA) training (over 1500 trained as "aiders") and other community education and awareness efforts, as well as continued enhancement of peer support services for young adults. Sustainability planning is focused on various aspects of the Grant, including programming that will remain available through age 25, ongoing YMHFA trainings, and strategic plan implementation of recommended coordinated transition practices among systems.
- **MH Coordination in Schools through the Student Assistance Program (SAP)** – Given the current climate of emotional and physical safety concerns within schools, it is a crucial time to re-evaluate the existing school-based model of screening and referral, known as the Student Assistance Program (SAP), for consideration of a more integrated

approach to maximize resources and impact. Stakeholder focus groups are being held with schools and providers to help guide the planning, direction of the restructure and other possible next steps.

- **MH Awareness/Education in Schools** – Block Grant funding is also being allocated to The Peace Center in FY 19/20 to expand a pilot of MH awareness and education for 9th and 10th graders to three schools. This Program is in addition to the annual funding provided to NAMI for its Ending the Silence Program, which targets mental illness prevention and early intervention with middle and high school-aged children.
- **Respite** – The Bucks County Respite Program, offered through Child and Family Focus, Inc (CFF), provides short-term, temporary care to families who need an interval of relief from the daily challenges of caring for a child with an emotional, behavioral, and/or developmental need. *The Program continues to benefit from Reinvestment funds, along with braided funding from the Human Services Block Grant.* The Program is targeted to serve the Medical Assistance (MA) Eligible population, including those youth and families with a high level of behavioral health needs and risk. Approximately 99% of the families served in the Respite Program are HealthChoices (HC) eligible. In 2018, the Bucks County Respite Program served 146 children from 121 families. In 2018, 1031.1 units of respite were delivered including 4074.75 hours of in-home respite, 45 overnight/out-of-home respites, and 855.75 hours of group respite in a community setting.
- **Bucks County Living in Family Environments (LIFE) Program** – Bucks County LIFE (BCL) is a County-wide, voluntary, family and youth- driven support program, which serves all Bucks County families who have a child or adolescent with a mental illness, emotional, behavioral, social and/or learning challenge, and has or needs systems involvement. The mission of the BCL Program is to build strong, resourceful families and resilient children through the sharing of knowledge, resources, referral to services, direct support, trainings, socialization opportunities, and system navigation. BCL's focus is on building a culture of parents and youth as mentors, partnerships within the community, and collaboration within systems of care. Thus far in FY 2018/2019, over 182 individuals have been served by BCL. Individuals and/or families were served by Administrative Case Management, Family Support Services, and Certified Peer Support (CPS) in a team-based format. As a new service this year for youth aged 14 and over, Peer support served 14 young people to date. The CPS Program is designed to provide direct support to youth/young adults by assisting and guiding them with navigation into and through the child/youth and adult serving systems. The CPS also focuses on empowering and educating youth/young adults to work with the school and agencies that support them in gaining skills to thrive in their community.

Forensic Services –

Potential Development/Expansion – The American Civil Liberties Union (ACLU) lawsuit that largely precipitated the State's decision to close Norristown State Hospital's (NSH) civil section also recommended an independent evaluation of the State's forensic system for individuals with a Serious Mental Illness (SMI). As a result, Policy Research Associates (PRA) released findings and recommendations in their independent study report. In response to these recommendations, Bucks County developed a multi-faceted short and long-term proposal (PRA Plan) to increase availability of appropriate treatment, housing, case management, and related community supports to meet the mental health needs of the forensic population, including those who are unable to be restored to competency. The various initiatives proposed to be implemented in the short-run included the expansion of the Magisterial District Justice Engagement Pilot; increased capacity and competencies to support justice-involved individuals in Crisis Residential, Long-Term Structured Residence development and enhancement, expansion of intensive treatment teams, and tenant-based rental assistance. Bucks County also proposed the addition of two boundary spanner positions who will assist in coordinating with Criminal Justice, Behavioral Health, and community resources partners. These shorter implementation range initiatives were approved by OMHSAS with expected funding in July 2019. A longer-term comprehensive assessment, treatment, and transitional housing center with potential multi-county collaboration continues to be in the service description development phase and, hence, not approved at either the County or OMHSAS level to date.

Forensic State Hospital Collaboration – In FY 2018/19, Bucks County began participation in a monthly meeting with staff from MH/DP, Norristown State Hospital (NSH), Adult Probation and Parole, the District Attorney's Office, the Office of the Public Defender, and PrimeCare (the physical/behavioral healthcare jail-based provider) to review individual and system issues for individuals engaged in or awaiting competency restoration. In addition, MH/DP staff participate in Community Support Plan meetings for individuals who have been deemed non-restorable or whose charges have otherwise been resolved.

Residential Treatment Facility for Adults-Forensic (RTFA-F) – Bucks County MH/DP continues to collaborate with the Bucks County Correctional Facility (BCCF), NSH Forensic Units, and the Courts to utilize this facility for competency restoration,

treatment, and re-entry. Thus far, the Program has served five individuals, including two current participants, and two participants who were restored to competency and were able to work with counsel to resolve charges. These two individuals and one other individual who stepped down to this Program to assist with re-entry have successfully returned to the community with MH supports.

Enhanced Drug Court – Bucks County Drug Court submitted and was awarded a Pennsylvania Commission on Crime and Delinquency (PCCD) Grant in October 2018 to increase the ability for Drug Court to better serve individuals with co-occurring MH and substance use disorders. The Grant is a collaboration between the criminal justice and behavioral health systems, and both expands and enhances drug court services for those with a COD. The Project increases access and availability to a larger number of participants by providing integrated mental health and drug and alcohol treatment, allowing individuals with more severe mental health challenges and intensive MH treatment needs to successfully participate in Drug Court.

Crisis Intervention Team (CIT) and Crisis Response Training (CRT) – The Bucks County CIT Task Force continued to provide the 40-hour training to law enforcement throughout the County. The Task Force is committed to breaking down barriers so every department in Bucks County has officers prepared to manage crisis situations with individuals experiencing a behavioral health issue. To manifest this commitment, the Task Force received funding from MH/DP in FY 18/19 to offer a limited number of scholarships to help police departments offset the cost of sending officers to CIT Training. In addition, a third class was added this FY and, as a result, a total of 97% of police departments have at least one officer trained in CIT. Several departments throughout Bucks County have also identified a CIT coordinator who will work collaboratively with the Task Force to offer ongoing support to CIT officers. CRT, a three-day training, also continues to be offered to Correction Officers in Bucks County. To date, five classes were offered with 118 Corrections staff trained from both the Correctional Facility and Community Corrections Center.

Crisis Services – In July 2018, Bucks County's mobile crisis services transitioned from one provider serving adults and a separate provide serving children to a single provider serving both adults and children. Selected through a Request for Information process, Lenape Valley Foundation was chosen to provide mobile crisis services. This decision was made collaboratively between Bucks County and Magellan Behavioral Health to allow for consistent service delivery across Bucks County and across all age groups and to allow for 24/7 mobile capability if needed. In serving all geographic areas and ages with a single provider, it allows for economy of scale and focuses State oversight of the cost effectiveness of the alternative payment arrangement on one provider. Overall, the transition went well. The children's mobile phone number was transferred to LVF, so community access was not disrupted by the change in provider. The implementation team, consisting of County and MBH staff, continues to provide support and oversight to the provider.

Crisis Residential Services – Throughout 2018, Lenape Valley Foundation completed construction of the building that will house Crisis Residential, site-based crisis, and outpatient services in lower Bucks County. The Crisis Residential section of the building includes a voluntary, non-locked 12 bed Program and was licensed by OMHSAS in June 2019. It is the first Crisis Residential Program in Bucks County. Bucks County MH/DP's PRA Plan included support of up to two beds at any given time for County-funded individuals with a priority given to individuals who are involved in the forensic system and are being diverted from further penetration of the legal system.

Norristown State Hospital Civil Section Closure – As a result of the closure announcement of the civil section of NSH, in FY 2017/18, there continues to be a focus on assessing, planning and discharging individuals without forensic involvement from NSH back into the community. During FY 2018/19, one individual was discharged from NSH to the community into an opening at the existing Long Term Residential (LTSR) program. The Community Hospital Integration Projects Program (CHIPP) plan was developed and submitted to the OMHSAS in FY 2017/18 outlining Bucks County's plan for transitioning these individuals and creating the infrastructure needed throughout the County to avert others requiring state hospital level of care. This plan continues to be implemented and includes the development of Bucks County and Southeast Regional services. Regional development included an Enhanced Community Residential Rehabilitation (ECRR) program located in Bucks County and a Residential Treatment Facility for Adults (RTF-A). During FY 2018/19, the ECRR obtained its licensure and is supporting people at the full census capacity of eight residents. Regarding the RTF-A, Bucks County remains at capacity with five individuals receiving treatment from the Program. The provider continues to work in collaboration with the various counties and Managed Care Organizations involved to make improvements and provide the services needed for this population. Additionally, during FY 2018/19, a Request for Proposal (RFP) was submitted for the development of a new Enhanced Long-Term Structured Residential Program (ELTSR), funded by CHIPP, HC, and Reinvestment. monies. Resources for Human

Development (RHD) was awarded the contract in December 2018 with the expectation for the program to be operational in FY 2019/20. The ELTSR is also intended to be staffed with individuals competent in working with and supporting individuals with a serious mental illness (SMI) who also have forensic involvement/histories.

Mobile Psych Rehab (MPR) – In FY 2018/19, MBH in collaboration with MH/DP and Bucks County Behavioral Health (BCBH) issued an RFP for MPR. Identified as a gap in service to residents located in the central and lower parts of the County, it is also anticipated this service will assist with enhancing skills for long-term residents living within the MH residential embedded-support continuum to assist with transition to independent living with mobile supports. A Review Committee comprised of staff from MH/DP, BCBH, MBH as well as peers and a family member selected and awarded the Program to Access Services in April 2019, with an anticipated service start date of July 2019. It is intended that the Program will serve up to 70 HC and 25 County-funded individuals.

Housing/Residential Supports – Bucks County's Housing and Residential activities in FY 2018/19 were influenced by the January 2017 NSH civil section closure announcement, strategic executive leadership meetings with contracted housing providers, and community need trends.

Two workgroups were borne from the strategic leadership meetings, one focusing on Medication Self-Management and one focusing on Housing Navigators. The Navigator workgroup developed an implementation plan for two Navigator positions, which were awarded to two separate providers and hired in Spring 2019. One Navigator position focuses on transitioning individuals currently receiving MH system residential services with embedded supports to generic community housing with mobile supports and the other focuses on diversion from MH system residential placement at the front-end to community housing with any needed mobile supports. Both positions are tasked with creating teams to support the individual instead of providing direct casework. The Navigators advocate for system change, collect information about barriers within the mental health and housing system, and collect outcomes on the impact of creating teams of support for individuals. The medication workgroup focuses on medication self-administration process improvements, which involves skill building resulting in medication management competence and adherence. This workgroup has been incorporated into the Residential Directors meeting, which has allowed for greater sharing of information and ideas amongst providers. Residential providers have access to a consultant to develop strategies to support medication independence for their residents. The programs that have been engaged are experiencing positive outcomes and are seeing residents increase their capacity with medication self-administration.

As a result of the Change Plans developed in 2017/18, three providers are transitioning a portion of their residential services from embedded supports to Tenant Based Rental Assistance (TBRA) only. The goal is to bridge these residents to another long-term subsidy such as Mainstream Vouchers or Section 8 Vouchers when available. The third provider received Community Development Block Grant funds and additional Human Service Block Grant dollars to purchase and renovate a single-family home. This will be divided into 2, two-bedroom units and provide an independent living situation for four individuals. One provider, who had previously engaged with the Thomas Jefferson University Occupational Therapy (OT) Student Intern Program was approved to provide OT assessments for individuals across Bucks County's residential programs. These assessments provide recommended strategies to support increased skill acquisition, which will support individuals' transition to more independent settings. Additionally, providers are being encouraged to contract with the Jefferson Student Intern Program to add additional OT support to their programs, thus adding increased opportunities for skill acquisition.

In FY 2018/19, providers started to capture data using the Boulder self-sufficiency tool. Now that baseline data has been captured, the MH staff is working with IT staff to analyze data quality and the information revealed in these reports. Initial focus has been on data quality. Now that most providers have reached or passed the first six-month reporting period, a greater analysis of the data can occur.

In collaboration with the Bucks County Housing Authority, the Bucks County Housing Services Department and housing providers in Bucks County, the MH Housing Specialist participated in the development of a HUD application for Mainstream Vouchers. The County was awarded 45 mainstream vouchers to assist individuals with disabilities who are at least 18-62 years of age. Priority will be given to applicants who meet HUD Category #1 definition of Literally Homeless, those transitioning out

of institutionalized or other segregated settings, or are at-risk of homelessness that is only being prevented by government subsidy. MH staff anticipate the addition of Mainstream Vouchers in Bucks County will create flow between residential programs and community housing options.

MH Housing Reinvestment Plans currently underway have experienced a great deal of success with the TBRA and Contingency Fund Program, which has provided an affordable housing option and funds to obtain and maintain housing in Bucks County. The TBRA Program is currently serving 13 households, which includes 13 adults and 7children. To date, 19 households have been supported. Four participants have graduated to long-term housing subsidies. Since the Contingency portion of this Plan has begun, 124 households have been stabilized through assistance with rent and utility payments. There continues to be funding for this Project from Reinvestment through December 2019 and current participants are being prioritized for Mainstream Vouchers. Sustainability funding was included in the PRA plan and this Program will transition to have a forensic focus through Block Grant funding. The Capital Development portion of this Reinvestment Project is underway. The Housing Services Department has contracted with a developer, who is currently waiting on notification of the PHFA Low Income Housing Tax Credits (LIHTC) award. This notification is not anticipated until July 2019. This application includes HC Reinvestment funding and will create 8 Supportive Housing units for eligible individuals who have a mental health diagnosis. This development will be a 55+ community and is slated to be built in Upper Bucks County.

Peer Support – Over the past year, the Peer Development Network (PDN), the Peer Support Supervisor Group, and the Peer Coordination Committee collaborated to assess the strengths and needs of peer support delivery and provided training. The PDN has been working on integrating the new CPSs into their roles in the field, finishing the "grandfathering" applications for the state of Pennsylvania, expanding the working knowledge of resources in the community and improving the lines of communications between CPSs in the field and County administrative staff. The CPS Supervisor Group had a supervisor "Best Practices" training in November 2018 that was attended by representatives throughout the Bucks County CPS programs. The training focused on how to engage and what to address in Peer supervision from a "Best Practices" perspective. The CPS Supervisor meetings throughout 2018 have been largely devoted to both providing County updates and giving the supervisors a platform to train each other capitalizing on their own strengths, core competencies and engage in meaningful supervisory discussions. Additionally, the CPS Supervisors requested that different outside services be invited to attend in order to present on what they do and can offer. The Peer Coordination Meeting did not meet that frequently during FY 2018/19; however, meetings were devoted to acquiring data to assess the growth, or lack of growth, of Peer Support within Bucks County. Analyzing this data will dictate the course of action, if needed, regarding the initiatives of the Peer Coordination group for FY 2019/20.

Supported Employment (SE) – In FY 2018/19, all three SE providers had a comprehensive annual program review. Additionally, MH staff has continued to meet with SE providers quarterly to review census numbers, new referrals, status of closures, and the progress of those individuals receiving SE service. Additionally, the SE providers are tracking data on the number of successful job placements of individuals receiving SE services, which is reviewed with the providers regularly. The FY 2018/19 goals of the bi-monthly MH Employment Workgroup were changed by the request of the group and the new goals were achieved. The group requested work on a SE and Supported Education (SEd) presentation, which will be used to introduce and train new mental health staff within the Supported Housing (SH) programs. Additionally, members of the SE Workgroup volunteered to routinely provide the presentation to SH providers at least annually. This will not only give them the opportunity to train new staff and introduce new residents to all the SE and SEd programs and services, but also promote and individualize their own SE program. The workgroup also requested to invite various outside employment services to present within the meeting. Thus far, representatives from Retrofit Careers and PathStone presented on how their services could potentially assist SE participants. Additionally, the group is corresponding with the Integrated Employment Institute at Rutgers University, through MH/DP staff, to explore what services they could offer to benefit our County's SE and SEd programs. Finally, the group is looking into how to coordinate and fund a Motivational Interviewing Training, specifically for Employment and Vocational staff within the County's MH system.

Community Support Program – Committee and subcommittee meetings continue to occur on a monthly basis in which individuals come together to exchange information and formulate ideas about how the larger community can coordinate resources in order to offer needed services and supports to individuals who experience MH and COD challenges and to

identify opportunities where people in recovery can contribute in building a better community. In September 2019, all three CSP Committees hosted a recovery picnic and debuted the first annual CSP Champions awards. The overall goals that CSP Committees have identified are addressing housing and homelessness, community inclusion, advocacy, and education in order to bring awareness to MH stigma. The Bucks County CSP Coordinator continues to have monthly participation at the Regional CSP Committee as a representative for Bucks County and brings regional and statewide information back to the local meetings.

Consumer/Family Satisfaction Team (C/FST) – Throughout FY 2018/19, Voice & Vision (V&V), the provider for the C/FST continued to meet monthly with the Bucks County CFST Workgroup to review current projects and monitor the survey plans for 2017/18 and 2018/19. C/FST completed the 2018/19 Recovery survey in December. Additionally, youth ages 18-25 will be surveyed separately for the 2018/19 TAY Recovery survey. Interviews were completed with transition age youth (ages 14-21) for the Multi-System Child & Adolescent survey. This report was shared with the Bucks County C/FST Workgroup and a community report was presented at the Bucks County Quality Management Workgroup. V&V met with the Children's Workgroup to plan the 2018/19 Children's Site-based Crisis survey. Interviews with 140 parents whose children had recently visited one of three Bucks County Crisis centers began in December with a final report submitted in June 2019. An Interagency Team Meeting (ITM) Staff and Family project was completed, and has been shared with County system partners, included in Meaningful Meetings trainings, and used for County project planning related to ITM enhancements with Magellan Behavioral Health. Focus groups for a D&A project were held in the Spring, resulting in a special D&A Family Engagement Community Report that brought together results from three previous D&A surveys and the focus groups in order to shed light on what families need to support their loved ones in recovery and how the behavioral health system can help families meet those needs. The report has been shared with more than 1,000 individuals, including the PA Attorney General, other legislators and religious leaders, and at various D&A and mental health events throughout Bucks County.

B. Strengths and Needs:

There continues to be a variety of strengths that Bucks County draws upon in order to support individuals and families with behavioral health challenges. Strengths of Bucks County include its commitment to prevention, early intervention through the social determinants of health, peer support, and cross-system collaboration. This is particularly exemplified in Bucks County's focus on education/outreach to school-age children and the life domains of housing and employment, there is a focus on creative ways to not only increase the number of peers who are working in the system but how peers support an individual's recovery journey across the lifespan. The MH/DP Department collaborates with behavioral health partners to support peer employment opportunities, including hosting staff trainings for skill development. In terms of cross-system collaboration, relationships have been built to support individuals in addressing mental health needs, such as with the criminal justice system, other human service agencies within the County including the Drug and Alcohol Commission (SCA), Area Agency on Aging (AAA), Children and Youth, Housing Services and other community partners.

There are also a variety of unmet needs that still exist within the County. Some issues that are consistent among age groups continue to be safe, affordable housing, access to inpatient behavioral health care for individuals with complex needs, adequate community support at points of transition (e.g. in moving from the children's to adult service system; in moving from institutionalized care to the community, etc.), and the ever-increasing need for county-funded support services such as Psychiatric Rehabilitation, Assertive Community Treatment (ACT) teams, Blended Case Management (BCM), Peer Support and adequately funded Residential/Housing Services. Below outlines the strengths and unmet needs that are specific to the various target populations served by the behavioral health system:

Older Adults (ages 55 and above)

Strengths:

- There is a strong partnership among the Bucks County Housing and Human Services Departments of AAA, MH/DP, Housing, and SCA to identify areas in which to collaborate to serve the older adult population.
- The Senior Empowerment for Life Fulfillment (SELF) Program is a collaboration between the County Departments of MH/DP and AAA. It is a community-based program, staffed by Lenape Valley Foundation (LVF), serving individuals 60 years of age or older who experience MH and/or substance use challenges, are not connected to traditional behavioral health supports, and have not previously accessed behavioral health supports. Additionally, the Certified Peer Specialist (CPS) employed by SELF is an older adult. In FY 2018/19, SELF supported 60 older adults in the community. Of those 60 individuals, 16 were determined to have significant housing challenges. All individuals have or are currently being connected to stable housing needs. The SELF team was able to successfully intervene and provide support so that now no SELF service participants are facing homelessness.
- Three older adults who were among the 21 recent CPS graduates from Bucks County's 2018 CPS Training have successfully secured employment among our County's Peer programs.

Needs:

- Increased access to nursing homes for people diagnosed with mental health disorders, who present with behavioral challenges and are unable to be managed independently in the community with traditional MH services and treatment.
- Ability to support individuals who require Assisted Living or Personal Home Care level of support and do not have financial resources.
- Improved coordination of care between the physical health and behavioral health systems for older adults, in order to ensure behavioral health symptoms are managed appropriately while treating medical needs.
- Strategies to reduce stigma that is associated with older adults accessing behavioral health services.
- Development of drug and alcohol detox/rehabilitation facilities that also provide personal care assistance for the older adult population.
- Strategies/resources to address mobility issues that make it difficult to access traditional site-based behavioral

health services.
- Increased CPS opportunities for older adults to feel comfortable accessing mental health resources.
- Decreased stigma surrounding mental health challenges which create barriers in accessing community services for older adults (i.e. senior centers, rehabilitation services, etc.)
- Increased affordable Housing options for older adults.
- Increased access to D&A rehabilitation treatment facilities for older adults who need assistance with personal care and/or Activities of Daily Living (ADL's).
- Availability of and access to mobile treatment resources including therapy, medication management and Mobile Psychiatric Rehabilitation services.

Adults (ages 18 and above)

Strengths:

- Through the closure of the NSH civil section, ongoing conversion of NSH to the SE Forensic Treatment Center, and the opportunities presented through the PRA Report recommendations, the MH system has developed strong relationships and collaborations with the SCA, the criminal justice system, Magellan Behavioral Health (MBH), and provider agencies.
- The HealthChoices Program has an ongoing commitment to Peer Support Services with a plan to continue to move Peer Support forward in Bucks County. Plans for FY 2019/20 include identifying trends within the data of Bucks Peer Support utilization and formulating plans to enhance and expand County-funded Peer Support. The Community Support Program (CSP) of Bucks County has allowed for further stakeholder voice and has assisted in the growth of peer, provider, and County collaboration. Many initiatives are brought to the CSP meetings to obtain feedback and comment from stakeholders. CSP also organized several events in 2018/19 including a recovery themed picnic, a legislative breakfast and personal recovery story-telling training.
- The Bucks County Housing Department now falls under the oversight of Human Services allowing for better collaboration with MH/DP and other parties to address issues surrounding homelessness and housing challenges in Bucks County.
- MH staff continue to participate on the Housing Continuum of Care, Bucks County's Executive Committee, and chair the Local Housing Options Team (LHOT) to identify system collaboration opportunities and further address the prevention and elimination of homelessness throughout Bucks County.
- MH staff also continue to provide oversight to the County's Projects for Assistance in Transition from Homelessness (PATH) Program and collaborate with stakeholders to address the needs of the homeless population in Bucks County. The January 29, 2019 Point-In-Time Count revealed a total of 359 people in emergency shelter, transitional housing or outdoors on the day of the Count. This is a 9.6 percent decrease from last year. The Count identified that 35 percent of those counted were children under the age of 18. Bucks County's PATH Program continues to be an integral part of the Point in Time (PIT) Count and the Housing Link Coordinated Entry System, specifically for individuals who have a mental health or co-occurring mental health/substance use disorder.
- The HealthChoices Program, in collaboration with MH/DP has prioritized the coordination between physical health and behavioral health to address the physical health needs of individuals. This includes providing information about common health diagnoses that the MH population encounters (metabolic syndrome, diabetes, high blood pressure, hypothyroid etc.) in the training provided to all new Blended Case Managers (BCMs)and discussing how health conditions impact the recovery process. Case managers are also provided with electronic links to Magellan Behavioral Health's Health Library so case managers can access this information while in the community supporting individuals.
- NAMI PA of Bucks County provides education and advocacy for individuals with a mental illness, family members, and communities including presentations to the students and staff of local middle and high schools. They provide a number of programs that are geared to educate individuals and their families both about mental illness, stressors and how to better understand the illness as well as how to be supportive of loved ones with a

mental illness. Educational opportunities that NAMI provides include Peer-to-Peer, Family-to-Family, In Our Own Voice, NAMI Basics and, as previously mentioned, NAMI Ending the Silence. These programs were expanded in 2018/19 and a new program to provide Peer Support groups for men in the Bucks County Correctional Facility was developed/funded. Full implementation will occur in Summer 2019.

- In 2019, the Bucks County Behavioral Health (BCBH) Department continued its efforts to enhance the quality of outpatient services through Value-Based Purchasing. The purpose of the Bucks County VBP Partnership was to prepare Outpatient providers for a pay-for-performance model. To further this effort, Bucks County and MBH have continued frequent planning meetings with the providers to identify and develop appropriate metrics for inclusion in VBP performance measurement. As part of this joint planning, baseline provider level data for adult Mental Health Outpatient Services has been shared with the providers, and the Phase I Outpatient Scorecard is ready to be implemented in July 2019. Planning for expansion of a VBP model for Substance Use Outpatient and Youth Mental Health Outpatient services continues in 2019, with implementation anticipated in 2020.
- During FY 2018/19, the revised Case Management Transformation Initiative (CMTI) training for new BCM staff was implemented. The revised training incorporates the information regarding services for individuals with MH and substance use, co-occurring diagnosis into one cohesive approach. Two trainings were held within FY 2018/19 with a total of 45 new BCMs trained.

Needs:

- Increased availability and diversity of affordable housing options outside of Bucks County MH Residential Programs and increased landlord engagement.
- Increased funding for residential housing programs so they can provide the appropriate level of staffing to support individuals.
- Increased county-funded resources for individuals who are uninsured or underinsured for services such as ACT, Peer Support and Psychiatric Rehabilitation Services.
- Increased funding for staff to provide Supplemental Security Income/Social Security Disability Insurance Outreach, Access, and Recovery (SOAR). This is an application process for adults who are homeless or at risk of homelessness, have a mental illness and/or co-occurring substance use disorder, and do not receive benefits. There is a need for dedicated SOAR trained staff to begin to address the needs for those entering through the Centralized Homeless Helpline and Coordinated Entry Process (Housing Link).
- Increased need for providers to move from being trauma-informed to being trauma-competent.
- Enhanced engagement of behavioral health services for individuals experiencing homelessness or a housing crisis, including access to staff with trauma-informed competencies.
- Increased training/educational opportunities to support the development of life skills.
- Enhanced treatment and residential options for people who present with challenging behaviors and complex needs

Children and Adolescents

Strengths:

- Bucks County utilizes a System of Care (SOC) approach which has served as the conceptual and philosophical framework for systemic improvements in children's behavioral health.
- Bucks County has a CASSP Team with active participation in Interagency Team Meetings and Multi-Systems Workgroups.
- The Children's Coordination Steering Cabinet has created a strong collaboration among child-serving systems in supporting the mental health needs of children, youth, and families.
- High Fidelity Wraparound (Family Teams) is an effective support program added to the continuum of care for youth and young adults up to age 25 and their families.
- Foundations Behavioral Health and Warwick House Residential Treatment Facilities (RTF) have partnered with Child and Family Focus's High-Fidelity Family Teams for a pilot to improve discharge outcomes from residential treatment. Efforts of these coordinated projects are aimed at enhancing the family/child voice in planning and improving planning efforts.

- Implementation of a consolidated mobile crisis program serving all ages.
- Participation in an RTF Workgroup aimed at the implementation of expanded and timely RTF programming for difficult-to-place youth.
- Implementation of a free-standing TAY CPS model serving individuals with SED and SPMI ages 14-26.
- Piloted a Mental Health Prevention/Life Skills training in a local high school through the NITT:HT Grant, in an effort to explore prevention models and opportunities.
- Bucks LIFE offers systems navigation, family and youth peer support, Youth Mental Health First Aid training coordination, community trainings based on identified needs and trends.
- Provided cross systems trainings and meet & greets to learn more about other systems supporting youth and their families as well as strategies for engagement.
- Provided Mental Health awareness building opportunities through Youth Mental Health First Aid trainings and other awareness events in the community.
- Identification of and response to training needs, such as Infant/Early Childhood Mental Health.

Needs:

RTF Admission & Discharge:

- Increased connection to natural supports for families when youth are transitioning home after RTF placement.
- Increased RTF options to reduce wait times.
- Increased options for specialized populations, specifically males exhibiting aggressive behaviors, requiring a residential level of care.
- Increased need for access to targeted respite support for children being discharged from RTF or inpatient level of care.

Systems Level:

- Improved communication between the various levels of care regarding treatment and barriers to treatment, especially when a higher level of care is recommended.
- Enhanced transition practices for youth transitioning to the Adult System.

Access:

- Increased access to outpatient psychiatry, including provider acceptance of individuals with commercial insurance.
- Increased diversionary options and alternatives to inpatient hospitalization to address children waiting for inpatient treatment in emergency rooms because of limited bed availability and/or lack of access due to acuity of need.
- More therapists trained in Trauma Focused-CBT and other evidence-based practices.

Transition Aged Youth (TAY) – ages 18 through 26

Strengths:

- Strong leadership from the TAY YA workgroup, which helps to define the direction of program development, supports monthly MY LIFE Meetings and has created an information exchange network.
- Healthy Transitions Grant (NITT:HT) accomplishments:
  - Continued leadership by the Young Adult Advisory Group, including engagement in the Statewide NITT:HT Youth Network, membership in the Youth and Young Adult suicide prevention taskforce workgroup and key county stakeholder meetings.
  - Development of a Young Adult Leadership Training to help build and strengthen leadership skills in young adults interested in pursuing leadership and advocacy roles.
  - Design and launch of a website through the NITT:HT Grant to reach at-risk, disconnected youth and young adults.
  - Creative system work occurring to address the unique needs of young adults and avoid entrenchment in the behavioral health system, including the expansion of support services:
    - Development and launch of the role of an employment specialist in independent living

programs.
    - TAY Rise Program through a Respite provider as a mentoring model utilizing the Casey Life Skills Assessment tool in creating unique plans for individuals.
    - TAY CPS and Family Peer Support, including the supporting and offering of specialized trainings.
    - HiFi Family Teams available for young adults up to 25.
- Completion of a needs assessment of the TAY continuum of care across systems. Commitment to current work of creating a strategic plan geared toward enhancement of multi-system collaboration and the development and design of services and supports that result in positive outcomes for youth and youth adults.

Needs:

- Increase in individual resources (financial, emotional, and social) as well as available behavioral health services that specifically address this age group's particular needs. The lack of financial resources significantly impacts TAY ages 18-26 relative to obtaining and maintaining housing, post-secondary educational opportunities and establishing credit.
- Increased use of technology and social networking sites as young adults access community services differently.
- Continued focus on trauma-informed/competent practice.
- Increased awareness efforts that enhance understanding and support groups that address the diverse needs of the LGBTQIA community.
- Increased training/educational and treatment opportunities that support the development of life skills and independent living.
- Increased stable and affordable housing for individuals ages 18-26. An increase in landlord engagement is needed to create more opportunities in the community.

Special/Underserved Populations

Individuals Transitioning Out of State Hospital:

Strengths:

- Ongoing implementation support for an adult RTF and an Enhanced Community Residential Rehabilitation program to support individuals transitioning from a State Hospital level of Care.
- A Request for Proposal for an Enhanced Long Term Structured Residential (E-LTSR) was issued and an agency provider was identified. While the Program is not expected to be operational until early 2020, a property has been identified and the provider has been given information on the individuals remaining at the State Hospital who need this level of community support and will be engaging with these individuals during the construction phase.
- Development of community supports that has decreased the need for State Hospital usage.
- Planning and development of a Crisis Residential Program in Bucks County to focus on stabilization and inpatient diversion. It also aims to create an opportunity for individuals to begin to identify strengths and resources that lead to recovery and resiliency. It is anticipated that this Program will open in early Summer 2019.

Needs:

- Increased county-funded resources for individuals who are uninsured or underinsured for services such as ACT or Peer Support.
- Increased housing options that provide skill building opportunities for individuals who have long length of stays within the State Hospital.
- Highly structured, secure treatment settings that can meet the needs of individuals being discharged from Norristown State Hospital or are being diverted/released from correctional facilities.
- Due to long-term medication use, long-term institutionalization, and an aging population with chronic physical health illnesses, the need for coordinated care of physical health and behavioral health needs including funded resources for assisted living.

PART IV: MENTAL HEALTH SERVICES

Co-occurring Mental Health/Substance Abuse (COD):

Strengths:

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

Needs:

- Expansion of peer/mentor supports that are dual certified as both a CPS and Certified Recovery Specialist (CRS).
- Improved communication and coordination between D&A and MH systems, specifically around confidentiality regulations that have created barriers for treatment providers even when consent is given.

Justice-Involved Individuals

Strengths:

- The Criminal Justice Advisory Board (CJAB) Human Services Subcommittee, which focuses on the identification of gaps around the various criminal justice intercepts.
- The Magisterial District Justice (MDJ) Mobile Engagement Program, which began as a pilot funded by a grant, operates as an extension of mobile crisis services to assess and coordinate treatment for individuals at the direction of MDJs. This Program allows mobile crisis workers to assess individuals for the appropriate level of care, make recommendations, link with appropriate treatment supports, and monitor engagement with supports for up to 90 days. This service not only increases access to behavioral health services but also assists in diversion of this population of individuals, as appropriate, before they further penetrate into the criminal justice system. This pilot will be expanded using "PRA" funding and will expand days of operation from 3 to 5 days weekly and expand the coverage hours each day.
- Training initiatives for the criminal justice system including CIT for police, sheriffs, and related law enforcement, security officers, 911 dispatchers, EMS, etc. Also, Crisis Response Training (CRT) is provided to Correctional Officers and staff at Bucks County Correctional Facility, to educate professionals about behavioral health challenges and responses appropriate to the needs of this population.
- The Serious Mental Illness (SMI) monthly workgroup at the County jail has developed a strong collaboration among the behavioral health system, correctional staff, probation officers, and provider agencies. The purpose is to identify treatment and resource needs to promote successful and timely release of individuals to the community.
- Strong coordination with the SE Regional Forensic Coordinator, the Department of Corrections, and the Statewide Forensic Interagency Task Force to address diversion and re-entry issues including housing, benefits, treatment, and documentation needed for continuity of care.
- Continued operation and planned expansion of community-based forensic treatment programs which work in collaboration with Bucks County MH, Probation and Parole, and the Correctional Facility to meet the MH needs of individuals involved in the justice system. The Forensic Services Program (FSP) operates in Lower Bucks and the Forensic ACT team (FACT) Program serves Upper and Central Bucks County.
- Continued utilization of two beds at a Forensic Residential Treatment Facility for Adults to address competency restoration, treatment, and community reintegration for individuals with MH and forensic involvement. Thus far, the Program has served five individuals, including two current participants, and two participants who were

restored to competency and were able to work with counsel to resolve charges. These two individuals and one other individual who stepped down to this Program to assist with re-entry have successfully returned to the community with MH supports.

- Planned enhancement of one LTSR currently in operation and another program in development to increase the forensic competencies of staff to more effectively address the criminogenic needs of forensically involved and/or at-risk individuals.
- Implementation of a Co-Occurring Track of Drug Court to address the mental health and substance abuse needs of individuals involved in the CJ system, which has also involved enhancing the competencies of providers as well as talks with recovery house providers about having capacity for this population.
- Partnership with the Pennsylvania Initiative Technical Assistance Center for Stepping Up which offers in-person and distance-based trainings to enhance the County jail's ability to identify mental illnesses among those admitted to jail, strengthen the data collection, and establish baseline performance measures tracking progress regarding access to appropriate treatment.
- The Bucks County's "PRA" plan relative to initiatives which can be implemented in the short-term was approved by OMHSAS and will be implemented in 2019/20.

Needs:

- Increased Forensic diversion, transition, and competency restoration options
- Increased available resources for individuals in the behavioral health system that have criminal justice involvement. Examples of resources include transportation, benefits, income, employment, and vocational supports, some of which can also impact access to treatment providers.
- Increased affordable housing options for individuals with forensic history, including individuals who have a history of sexual offenses or those individuals with arson charges. This applies to both MH Residential Services as well as general community living options such as Tenant-Based Rental Assistance (TBRA)
- Increased evidence-based treatment options and specific interventions to address criminogenic thinking. Includes provider training in these practices.
- Mental Health Court for individuals with justice oversight and mental health challenges.
- Increased community reintegration supports for individuals maxing out of state sentences.
- Increased jail step-down options for treatment and residential support services.
- Increased treatment options, community resources, supports, and housing for people with a history of sexual offenses with behavioral health issues.
- Increased number of professionals with forensic peer specialist training.
- Consistent information sharing/coordination of care within state and county correctional facilities regarding release of individuals to the community to more effectively facilitate proper linkage with MH and substance abuse treatment services, benefits, housing, and medication.
- Jail and community-based Boundary Spanner positions to monitor and facilitate connections to treatment and related supports to help reduce incarcerations and justice involvement for individuals with SMI
- Increased utilization of SOAR applications for individuals being released from the County correctional facility to help ensure connection to benefits.

Veterans

Strengths:

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

Needs:

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

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

Strengths:

- Inclusion of education on the LGBTQI population in the Crisis Response Team training
- Development/implementation of Diversity Committees by various service providers which address the specific needs related to this population
- Training of MH/DP staff on LGBTQI resources available locally to Bucks County residents
- Inclusion of a D&A Intensive Outpatient Program into the network of services offered through Magellan Behavioral Health which targets the LGBTQI population for treatment.

Needs:

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

Racial/Ethnic/Linguistic Minorities

Strengths:

- The Deputy MH Administrator attended several trainings on diversity and racial justice in 2018/19 to collect information for the Bucks County Housing and Human Services Division to create a strategy to train its workforce.
- Agencies within Bucks County support individuals with diverse ethnic backgrounds (i.e. Hispanic, Malayalam, Cantonese/Mandarin, Russian/Ukraine, German, etc.).
- Magellan Behavioral Health has in-network provider linguistic competencies reflecting the County's minority populations.
- Core Outpatient agencies employ staff that are multi-lingual.
- Availability of translation services at each major provider to allow access to treatment by non-English speaking individuals
- Dissemination of general community resources around linguistic minorities

Needs:

- Continued development of culturally competent clinicians within the behavioral health treatment system.
- Training/education for all behavioral health system staff to be culturally competent in relation to the population they support
- Access to treatment and support services for individuals who are deaf.
- Development of a coordinated Cultural Diversity Plan across all County Housing and Human Service Departments.

PART IV: MENTAL HEALTH SERVICES

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

☐ Yes ☒ No

While no specific CLC training has been provided over the past year and in addition to the trainings attended by the MH Deputy Administrator previously mentioned, Bucks County is part of a Cultural and Linguistic Community of Practice Workgroup. The PA Care Partnership Cultural and Linguistic Competence CoP encourages decision makers, practitioners, families and youth to work together to make a difference. The CLC CoP meets regularly and will develop goals collaboratively by members to include:

- Assess and improve upon cultural appropriateness of services for children, youth, family and community-driven practices.
- Continuously gain an improved understanding of cultural issues and social justice.
- Involve youth, family, and community partners in decision-making
- Identify training opportunities related to cultural competency (Strategic planning sessions have been implemented with the National Council for Behavioral Health).
- Commitment to CLC assessments and data driven decision-making
- Encourage local participation in support of cultural competency activities by working with all pertinent Youth engagement activities (including the Young Adult Advisory Group; the Youth Suicide Prevention Workgroup and the Youth Network for "Now is the Time: Healthy Transitions" Grant).
- Assess service needs of cultural groups and make recommendations to adjust services to meet needs.

PART IV: MENTAL HEALTH SERVICES

Does the county currently have any suicide prevention initiatives?

☒ Yes ☐ No

The overarching goals of the Bucks County Suicide Prevention Task Force are to reduce stigma, increase the number of individuals seeking help, support individuals who have lost loved ones to suicide and eliminate suicide in our County. The Task Force has established a dynamic group of professionals and volunteers who are all committed to decreasing suicide rates and stigma through education and public awareness. As a result, committees were formed to address a plethora of concerns surrounding suicide assessment, prevention and response. Committees focus on emergency responders, family survivors, children and schools, adults, intervention and postvention options. Since the inception of the Task Force, accomplishments include the development of brochures, a newsletter and resource cards; community outreach through providing the National Suicide Prevention Hotline on signs at all SEPTA train stations and wraps on Bucks County Transit vehicles; participation and support in Challenge Days at local schools, the Lenape Valley Foundation (LVF) Suicide Prevention Conference and LVF Annual Candlelight Vigil; and collaboration with the American Foundation for Suicide Prevention to send baskets to support family survivors. Activities from FY 2018/19 included:

- Question Persuade Refer (QPR) Initiative – Bucks County collaborated with Magellan Behavioral Health (MBH) to provide a train-the-trainer course for Bucks County employees and behavioral health providers on QPR. Since 2016, over 1,900 community members have been trained including County employees, teachers and paraprofessionals, law enforcement, mental health professionals, hospital staff, and PennDot employees. Many local libraries hosted trainings offered to community members.
- Bucks County Suicide Prevention Walk – Bucks County Suicide Prevention Task Force has partnered with schools throughout the County to hold a Hold on You Matter Walk. A Fall Walk was added this year to Upper Bucks County, resulting in two Walks a year, one in the lower end of the County and one in the upper end of the County. The fifth Hold On You Matter Suicide Prevention Walk was held on April 28, 2019 at Bucks County Technical School with over 700 walkers and nearly $50,000 raised. Funds raised from previous Walks supported the Bucks County Suicide Prevention Task Force initiatives, NAMI Ending the Silence, training and education in local schools, training and education in the community, Bucks County's First Responder Hotline, training incentives for mental health providers, the County gun lock initiative and Family Service Association's Contact Warmline and national suicide prevention hotline.
- The Young Adult Subcommittee created a flyer that targets young adults and friends of young adults that are in receipt of information that someone is suicidal. Outreach will be made to local establishments to hang the flyer which has contact information with local crisis numbers and the National Suicide Prevention Hotline. A public service announcement was created and developed. The subcommittee members are sharing throughout social media, schools, and businesses.
- The Professional/Volunteer Subcommittee created and developed a packet of information including educational tools, resources and training opportunities, which will be provided to Primary Care Physicians in Bucks County.
- Bucks County Task Force chairpersons have been trained in forensic autopsies and meet routinely with County Commissioner and Human Service executive staff to analyze geographic and demographic trends of completed suicides.
- Members from the Bucks County Task Force also participate in the Regional Task Force Committee. Task Force members are involved and participate in the Regional QPR committee, share information, training materials, and use trainers if needed.

PART IV: MENTAL HEALTH SERVICES

Based on the Governor's Employment First Initiative:

1. Do you use the Individual Placement and Support (IPS) model of supported employment for individuals with SMI?

☐ Yes ☒ No

2. Do you collaborate with the local PA Office of Vocational Rehabilitation and/or Careerlink to increase employment for individuals with SMI?

☒ Yes ☐ No

If yes to the question above, in a sentence or two, can you please describe this/these relationship(s)?

All individuals interested in supported employment, with an SMI or otherwise, have the option to apply to OVR for job coaching, funding for education, etc. The services of Careerlink are offered for their classes and additional services to help maximize the chances of our individuals securing and maintaining employment. The County contracts with multiple Supported Employment providers who also have OVR contracts.

C) Supportive Housing

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

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

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

SUPPORTIVE HOUSING ACTIVITY *Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not.* ***Include any program activity approved in FY 18-19 that is in the implementation process. Please use one row for each funding source and add rows as necessary. (Note: Data from the current year FY18-19 is not expected until next year)***

1. Capital Projects for Behavioral Health	☒ Check if available in the county and complete the section.

Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex.

Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 17-18 (only County MH/ID dedicated funds)	Projected $ Amount for FY 19-20 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
Capital Dev. Fund Project	HealthChoices Reinvestment	$846,000	0	Build Year	Build Year	8	30 years		2015
Notes:	Bucks County Housing Services Department is awaiting the results of the LIHTC application of the developer.								

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.

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 17-18	Projected $ amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Bridge Subsidies in FY 17-18	Average Monthly Subsidy Amount in FY 17-18	Number of Individuals Transitioned to another Subsidy in FY 17-18	Year Project first started
TBRA-Bucks County Opportunity Council (BCOC)	HealthChoices Reinvestment	$108,331	$37,561	24	22	16	$988.00	7	2016
Tenant Based Rental Assistance planned for 19/20	State and County (Base Funded – PRA Plan)	0	$345,600	0	40	0	0	0	Pending for 19/20
Notes:	TBRA Projected Served in 19/20 assumes 25% turnover on 30 available full-year vouchers.								

3. **Master Leasing (ML) Program for Behavioral Health**	☒ Check if available in the county and complete the section.

Leasing units from private owners and then subleasing and subsidizing these units to consumers.

	*Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 17-18	Projected $ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 17-18	Average subsidy amount in FY 17-18	Year Project first started
Lenape Valley Foundation	State and County (Base Funded)	$88,594	$128,594	18	18	1	4	n/a	2011
Notes:	Increased budget reflects funds added for a tenant-based rental assistance component to the program								

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.

	*Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 17-18	Projected $ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Number of Staff FTEs in FY 17-18	Year Project first started
Housing Clearinghouse-BCOC	HealthChoices Reinvestment	$20,500	$1,708	24	22			1	2016
Notes:									

5. Housing Support Services for Behavioral Health	☒ Check if available in the county and complete the section.

HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 17-18	Projected $ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Number of Staff FTEs in FY 17-18	Year Project first started
Various Housing Supports Providers	State and County (Base Funded)	$4,211,168	$4,149,395	174	174			79	
Penndel Mental Health Center	PCCD Grant	$9,061	$0	6	0			0	2015
Penndel Mental Health Center	HUD Grant	$26,295	$26,295	5	5			0	2010
Expansion of Bucks County Forensic Support Program	State and County (PRA Plan)	$0	$192,000	0	50			0	Pending for 19/20

Notes:

PCCD Grant ended in FY 17-18.

Per OMHSAS definitions, CRR's, LTSR's, Personal Care Boarding Homes, etc. are not reported on this template.

Forensic Peer Support Program expanded by 10 slots to 40; projected number to be served assumes 25% turnover in slots.

6. Housing Contingency Funds for Behavioral Health	☒ Check if available in the county and complete the section.

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

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 17-18	Projected $ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Average Contingency Amount per person	Year Project first started
Contingency Funds	HealthChoices Reinvestment	$60,927	$12,143	85	17			$716	2016
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 Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); **Fairweather Lodge (FWL** is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); **CRR Conversion** (as described in the CRR Conversion Protocol), **other.**

Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 17-18	Projected $ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Year Project first started
Penn Foundation (Penn Villa) Supported Living Program	State and County (Base Funded)	$115,507	$115,507	12	12			2011
Notes:								

D) Recovery-Oriented Systems Transformation Priorities

Priority	Brief Narrative	Timeline	Funding	Monitoring
1.Strengthen Early Intervention and Prevention Efforts				
a. Collaborate with the criminal justice system to decrease institutionalization	Transition the Magisterial District Justice (MDJ) Engagement pilot into the Forensic Response Team (FRT). The Forensic Response Team will expand the coverage hours and reach of the MDJ pilot to accept referrals from local Law Enforcement, Bucks County Adult Probation & Parole, the Public Defender's Office, the District Attorney's Office, Bucks County Correctional Facility and the Bucks County Office of Mental Health and Developmental Programs (MH/DP).	June 2019: Implementation meetings with the provider to support program start up. July 2019: Program transitions to the FRT model January 2020: Review outcomes for the first 6 months of transition	Forensic HS Block Grant Funding (PRA)	Monitoring will occur at least quarterly; however, monthly meetings are occurring in the initial transition stage. Program outcomes are sent monthly by Lenape Valley Foundation (LVF).
b. Increase Suicide Prevention Activities	Suicide prevention is a priority of Bucks County with the ultimate goal of eliminating completed suicides. Task Force re-established December 2013. Over 1800 trained in QPR and held two Suicide Prevention Walks.	Activities for FY 19/20: QPR – Continue to provide training with a focus on community outreach and new County employees Two Hold on You Matter Suicide Prevention Walk will be planned, one in Upper Bucks in Fall 2019 and one in Lower Bucks in Spring 2020. Explore the feasibility of starting Loss Teams in the County. (Peer post-prevention) Continue to fund schools, providers and community groups for suicide prevention activities.	Block Grant In-kind Services – staffing from provider agencies, schools and other County agencies. Fundraiser proceeds from Walks	The Suicide Prevention Task Force meets quarterly. The Steering Committee and various sub-committees meet more regularly. Goals are established by each sub-committee and efforts are supported by the Steering Committee. QPR - Trainers meet bi-monthly to discuss successes and challenges of trainings they provided. Regional meeting will occur to share training for specific populations, such as, veterans, first responders, and school personnel.

Priority	Brief Narrative	Timeline	Funding	Monitoring
		Two staff were trained in psychological autopsy. Data will be utilized to track geographic and demographic trends.		
2. Enhance Community Infrastructure				
a. Implement CHIPP plan to create community-based residential programs for current residents of Norristown State Hospital's Civil Section and those in need of that level of care in the future.	Bucks County's CHIPP Plan for transitioning residents from the Civil Section of NSH is partially completed. Phase 1 was completed in December 2017 with the opening of the regional RTF-A (New Beginnings) program and the Enhanced CRR (Lenape Valley Foundation). The development of an 8 person, forensically- enhanced LTSR and individualized programming for one individual is in process.	August 2019: Provider will go to settlement on the identified property for the E-LTSR, with construction to follow. December 2019: Resident engagement and individualized transition planning completed. February/March 2020: Residents transition to E-LTSR	CHIPP Funds HealthChoices (HC) HS Block Grant	Implementation meetings for the E-LTSR are held monthly and will continue until the Program is completely operational and successfully completes its first successful audit. Ongoing monitoring of the E-LTSR, E-CRR and Individualized Program will be incorporated into Bucks County's current Residential Monitoring process.
b. Development of Psychiatric Rehabilitation Services	A need for psychiatric rehabilitation services in the central/ lower areas of Bucks County was identified. As a result, a Request for Proposal was released and awarded in 2018/19.	Reinvestment Plan workgroup established in Spring 2017. July/August 2019: ACCESS Services begins service implementation.	HC Funds Reinvestment Funds CHIPP Funds	Reinvestment Planning Workgroup continues to meet with ACCESS Services monthly to monitor Program start-up. Outcomes have been established and will be monitored by MH/DP, Bucks County Behavioral Health (BCBH), and Magellan Behavioral Health.
c. Implement recommendations of Residential Strategic Leadership Meetings	This group met to develop strategies to improve residential services, increase flow in to and out of MH-funded residential programs, and increase access to affordable general community housing options.	Ongoing: Monthly oversight meetings to monitor the Navigators' progress in implementing system changes and residential providers'	HS Block Grant	Outcomes have been identified and are being monitored by MH/DP Department.

Priority	Brief Narrative	Timeline	Funding	Monitoring
	Two subcommittees were established: Medication and Navigator. Two Navigators, one focused on Diversion and one on Transition, were hired in 18-19. Providers are working with a consultant to implement medication self-administration strategies.	efforts to support individuals with gaining the skills to administer their own medication.		MH/DP will track outcomes through the Self-Sufficiency tool administered to those living in MH residential programs.
d. Continue implementation of a 5-year Housing Reinvestment Plan	This multi-year Reinvestment plan is aimed at the development of increased permanent housing capacity, tenant-based rental subsidies, contingency funding for associated moving/renter costs, and a clearinghouse to provide a centralized and integrated housing referral system.	Reinvestment Plan initially approved April 2015. Meetings occur routinely with stakeholders to develop the identified areas. 13 individuals are receiving Tenant-Based Rental Subsidies, and many are transitioning to HUD Mainstream Vouchers. The Capital Development portion of the Project that will include 6-8 apartments for individuals with a MH disability has been identified and is waiting for approval of LI Income Housing Tax Credits to proceed.	HC Reinvestment HS Block Grant	Outcomes have been developed and monitored by MH/DP and the Bucks County Dept. of Behavioral Health.
e. Implement PRA Plan	The Policy Research Associates Report highlighted 11 recommendations to address competency restoration and better meet the needs of individuals with mental illness who have forensic oversight in PA. MH/DP's proposal was approved to start fiscal year 19/20.	Boundary Spanners (2): Job descriptions have been developed and are progressing through County approval processes. Positions are projected to be filled in October 2019.	PRA Funds HS Block Grant	Outcomes will be monitored based on infrastructure enhancement approved. FACT/FSP expansion will be monitored through quarterly monitoring meetings.

Priority	Brief Narrative	Timeline	Funding	Monitoring
		Expansion of Forensic ACT and Forensic Support Program (FSP) Teams will be expanded effective July 2019 to serve 15 additional individuals. TBRA: Monies will be available once monies received through the Block Grant with an expected July 2019 target date. Forensic Assessment/Treatment and Transitional Housing Center: This project is in the planning stages. A service description is in development and will be submitted to the State when the identified property is secured for final funding consideration. Initial development is targeted for FY 20/21.		
3. Increase Value- Based Evaluation & Purchasing				
a. MH Residential Redesign Initiative	MH Staff and Consultant identified several strategies to improve the flow of residential services.	July 2019 – Initial data analysis of the Self-Sufficiency Screen tool implementation	HS Block Grant	MH/DP Staff meet monthly with the MH consultant and will review specific outcomes (length of stay, discharge outcomes, etc.). MH Staff will meet monthly with residential directors to review how changes are impacting the system.

Priority	Brief Narrative	Timeline	Funding	Monitoring
				Annual Monitoring Bi-Monthly Program Review meetings
b. Self-Sufficiency Assessment	Pilot utilization of a self-sufficiency tool within residential services to measure quality of life.	In March 2018, the use of the Boulder Self-Sufficiency tool was launched in residential programs. July 2019: The team will complete its first analysis of the data.	HS Block Grant	MH/DP Staff will meet regularly to monitor use of the self-sufficiency tool and outcomes.
c. Value-Based Purchasing (VBP)	In 2019, the Bucks County Behavioral Health Department continued its efforts to enhance the quality of Outpatient Services through Value-Based Purchasing. The purpose of the Bucks County VBP Partnership was to prepare Outpatient providers for a pay-for-performance model. To further this effort, Bucks County and Magellan Behavioral Health have continued frequent planning meetings with the providers to identify and develop appropriate metrics for inclusion in VBP performance measurement	Baseline provider level data for adult mental health outpatient services has been shared with the providers and the Phase I Outpatient Scorecard is ready to be implemented in July 2019. Planning for expansion of a VBP model for Substance Use Outpatient and Youth Mental Health Outpatient Services continues in 2019, with implementation anticipated in 2020.	HC Funds	Provider performance will be assessed against specific targets via an Outpatient Scorecard with reimbursements aligned to the outcomes. Quarterly reporting of outcomes will continue.

E) Existing County Mental Health Services:

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

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

*HC= HealthChoices

F) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder ? (Y/N)	Current Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured ?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	Y	298	TMACT	AHCI	Annually	Y	Y	Includes MA and County funded
Supportive Housing	Y	365 through 257 beds	None	N/A	N/A	N	N	Includes Supported Living, CRR and LTSR levels of care; programs do not follow Supportive Housing EBP as defined by SAMHSA.
Supported Employment	Y	233	SAMHSA SE Fidelity Scale	County & Agency	Annually	Y	Y	# Employed: 60
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	1,168	CODECAT MH/D&A Regs	At implementation	Once Annually	Y	Y	A new COD provider started this year, which accounts for the high increase of number served.
Illness Management/ Recovery	Y	90	TMACT	AHCI	Annual	Y	Y	Service provided by ACT
Medication Management (MedTEAM)	N							

Therapeutic Foster Care	N See Comments							Provided in Bucks County through Dept. of Children and Youth
Multisystemic Therapy	Y	53	PIDR	Penn State Epicenter; Adelphoi Village	Annually	N	Y	
Functional Family Therapy	N							
Family Psycho-Education	Y	79	Family to Family	n/a	n/a	N	N	12 week classes held semi-annually

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

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Y	421	
Compeer	N	n/a	
Fairweather Lodge	N	n/a	
MA Funded Certified Peer Specialist	Y	300	
CPS Services for Transition Age Youth	Y	50	
CPS Services for Older Adults	Y	50	
Other Funded Certified Peer Specialist	Y	64	County-Funded
CPS Services for Transition Age Youth	Y	10	
CPS Services for Older Adults	Y	13	
Dialectical Behavioral Therapy	Y	95	
Mobile Meds	N	n/a	
Wellness Recovery Action Plan (WRAP)	Y	Unknown	Data is not collected in this area; however, WRAP is an area of review when monitoring services.
High Fidelity Wrap Around/Joint Planning Team	Y	77	59 BH clients & 18 TAY through NITT
Shared Decision Making	N	n/a	
Psychiatric Rehabilitation Services (including clubhouse)	Y	62	Clubhouse & Intensive Psych Rehab
Self-Directed Care	N	n/a	
Supported Education	N	n/a	
Treatment of Depression in Older Adults	N	n/a	
Consumer Operated Services	Y	259	
Parent Child Interaction Therapy	Y	19	
Sanctuary	Y	unknown	1 Provider uses this model
Trauma Focused Cognitive Behavioral Therapy	Y	26	

Eye Movement Desensitization And Reprocessing	Y	39	
First Episode Psychosis Coordinated Specialty Care	N	n/a	
Other: Living in Balance (LIB)	Y	424	Provided through PF Recovery Center Outpatient and PMHC
Other: Trauma Recovery Empowerment Model (TREM)	Y	75	
Other: Peer to Peer	Y	31	Provided through NAMI

H) <u>Certified Peer Specialist Employment Survey:</u>

"Certified Peer Specialist" (CPS) is defined as:

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

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

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

Total Number of CPSs Employed	**81**
Number Full Time (30 hours or more)	**38**
Number Part Time (Under 30 hours)	**43**

PART IV: INTELLECTUAL DISABILITY SERVICES

Developmental Programs:

Bucks County continues to promote an *Everyday Life* for its citizens within Developmental Programs (DP). DP serves individuals with an Intellectual Disability (ID) diagnosis who may or may not have a concurrent Autism (A) diagnosis and those individuals whose sole diagnosis is Autism. Hereafter, when speaking of the individuals Bucks County supports, the terminology ID/A will be used.

In Fiscal Year (FY) 2018-2019, Bucks County continued to promote the National Community of Practice: Supporting Families throughout the Lifespan through the LifeCourse tools. Over the past year, numerous presentations have been made to key stakeholder groups including the Bucks County Transition Coordinating Council (TCC), the Bucks County Local Interagency Coordinating Council (LICC), the Bucks County Intermediate Unit, the Bucks County Area Agency on Aging (AAA), and various school district parent forums, in addition to Family Forums. Presenters have included Bucks County's Family Advisor from the PA Family Network and County Administrative Entity (AE) staff. In addition, one-on-one facilitation has continued with individuals and families through this Family Advisor. Bucks County believes it is critical to support individuals and their families to develop a vision for a meaningful life throughout the lifespan. We have expanded our use of the LifeCourse Tools into the intake process to help encourage individuals and their families to think beyond the service system. Ultimately, Bucks County strives for people to have a life of engaged citizenship and contribution to the community, as the reciprocity inherent in relationships strengthens communities and best ensures an *Everyday Life*. As an early adopter of Person-Centered Planning, the use of the LifeCourse tools further promotes the full inclusion of individuals with ID/A across all environments (school, home, community and employment).

In the coming year, Bucks County foresees potential challenges to the services we are responsible to administer. The continued threat of block granting or capitating Medicaid to the states would result in an eroding of the system. It would be impossible to maintain services/supports at their current levels if this were to occur. In addition, waiting lists would grow in both length and duration. Finally, Bucks County has seen an increase in the total number of registered individuals in the past year, mostly due to individuals whose sole diagnosis is Autism.

There is a nationwide shortage of Direct Support Professionals (DSP's), also known as Home Health Aides (HHA's), who are responsible to provide an enormous amount of supportive services. This shortage affects not only individuals with ID/A, but all other populations (aging, medically fragile, individuals with mental health (MH) challenges, individuals with physical disabilities, etc.) who are also eligible to receive home-based services and supports. Through its development of a Technology Task Force, the Office of Developmental Programs (ODP) is hoping to maximize the shrinking service and support workforce. Without a nationwide effort to address this situation through healthcare reform, paying living wages and creating a career ladder for this valuable workforce, however, the situation will likely continue indefinitely. There simply are not enough people to do the work.

County Planning Process:

In an effort to prevent gaps in service between the time an individual finishes school (at age 21), Bucks County has been working with Supports Coordinators (SC) to better support the educational system in

collaboratively engaging students in meaningful transition planning, starting at age 14. We have provided transition-related training and materials to school-aged youth, families, and SC's to use as resources during the school transition years. Bucks County has collaborated with the Early Reach Coordinator (a licensed Social Worker whose role is to work with transition age youth interested in employment) from the Office of Vocational Rehabilitation (OVR) in an effort to bridge the gap between school and work. In addition, we continue to work with local school districts and the Intermediate Unit (IU), in an effort to enhance their knowledge of supported employment services, as there is often a misunderstanding of expectations between school and the adult-serving system. The DP system promotes inclusion and interdependence within competitive employment settings. Natural supports within the workplace are encouraged. Paid supports can create barriers to natural connections between an individual with ID/A and his/her non-disabled co-worker. Bucks County recognizes that not everyone can be support-free in the workplace but strive to make the supporter a bridge-builder between co-workers not a barrier to relationships. Helping individuals establish reciprocal relationships with co-workers is one of the best ways to support an *Everyday Life*.

In FY 09-10, Capacity Management (CM) became the management tool for the Office of Developmental Programs (ODP) Medicaid waivers. CM requires Bucks County to manage a certified capacity in each of the waivers. In FY 18-19, Bucks County's Person Family Directed Supports Waiver (P/FDS) capacity decreased from five hundred fifty-two (552) to five hundred forty-two (542), as we were given the opportunity to convert ten (10) P/FDS slots (capped at $33,000/year) to Community Living Waiver (CLW) slots (capped at $70,000/year). Our Consolidated Waiver (CW) capacity increased from six hundred sixty-eight (668) to six hundred seventy-two (672). Our CLW capacity increased from thirty-four (34) to sixty-five (65).

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

Over the past three months, Bucks County has experienced a growing number of circumstances in which younger waiver recipients' (under 25) needs have not been able to be met in the waiver in which they were initially enrolled. It appears that there are several factors that may have led to the failure to best identify service needs and/or recognize changing circumstances:

- Significant SC turnover leading to poor understanding of the individual and his/her need. On average, over the past FY, Bucks County's SCOs have experienced a 30% staff turnover rate. This turnover rate is far greater than it has been in many years.
- ODP Approval of Individual Support Plans (ISPs). A number of the emergent situations have ISPs that have not been through a formal Annual Review Update ISP review for several years. Bucks County is seeking a technology solution to this issue to ensure plans receive an AE review at

least once every two years.

A number of changes are expected in the next FY. Among them are the publication of a new Incident Management Bulletin (IMB) and 6100 Regulations. These changes, coupled with changes in the Administrative Entity Operating Agreement (AEOA), will have a significant effect on administrative staff workloads. Please see the Emergency Supports section for more information about the potential impact of the new IMB. The proposed 6100 regulations, coupled with the AEOA, put more direct responsibility on the County administrative staff for provider technical assistance. Bucks County is deeply committed to high quality services and supports while ensuring that an individual's health and welfare is protected. While relishing these opportunities, we are struggling with other competing compliance mandated activities that are not necessarily ones that enhance people's lives.

In January of FY 17-18, residential rates became based upon the Supports Intensity Scale (SIS) score for each individual living in a residential service location. The purpose of this is to tie residential reimbursement to the assessed need of each individual living in the home. Should providers feel the rate they are assigned does not address the level of supports needed by an individual, they can complete a Needs Exception Allowance Tool (NEAT) to request additional resources. Bucks County has participated in a Learning Collaborative with five other counties. These efforts have been focused on reviewing all of the NEATs received by the State to ensure the request is justified. Based on an analysis of the statewide data, thirty-two (32) percent of the requests appeared to be justified. ODP is responsible to communicate with the individual's respective AE to render a final determination on the NEAT. Bucks County has found the Learning Collaborative to be invaluable and believe that the methodology employed in rendering decisions may have implications for ascertaining risk and developing risk mitigation strategies for individuals receiving supports.

The challenge of Risk Management (RM) is one that Bucks County takes seriously. We work with SCs, providers, individuals and their families in order to provide education and oversight. Bucks County is participating in a workgroup with ODP in order to better understand the expectations of the AEOA relative to RM. Currently, there is a massive amount of data available, but determining which of the many data elements are predictors of risk is both challenging and overwhelming. It is Bucks County's hope that the workgroup will clarify essential data elements to track, while providing leeway for AEs to take an individualized approach to RM in their respective entity.

Bucks County anticipates ODP will be launching the use of the Health Risk Screening Tool (HRST) across all residential providers in the next few months. The HRST is a web-based instrument developed to screen for health risks. Based upon the responses, action steps are outlined for providers that are specific to the individual screened. At this time, the AE's oversight role in this process has not been clarified.

Eighty-one (81) individuals were identified to graduate in June 2019. Of the 81 graduates ten (10) were receiving supports through Early Periodic Screening, Diagnosis, and Treatment (EPSDT), one (1) was a Residential Treatment Facility (RTF) age-out and three (3) are/were Children and Youth (C&Y) age-outs. Of the 81, capacity has been identified for sixty-three (63). The capacity supporting individuals varies between ODP waivers, non-ODP waivers, capacity in an ICF/ID community home and two (2) individuals

to receive base funding for modest employment supports. Bucks County has yet to identify how the remaining eighteen (18) graduates will be served. Five (5) are in process with non-ODP waivers, CLW has been requested for six (6) and four (4) may not be served for varying reasons of waiver ineligibility. We are hopeful that the remaining 3 individuals will be able to be supported in the P/FDS Waiver when capacity becomes available in anticipation of receiving CL Waiver capacity for individual cap exception individuals. In addition, Bucks County currently has five (5) individuals going through Intake who are 2019 graduates.

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

Currently, Bucks County is aware of fifty-seven (57) individuals who will graduate in June 2020 and who will be in need of services upon graduation. In addition, there are four (4) individuals in the intake process who may be eligible for DP services and will graduate in June 2020. Of the 57, it is anticipated thirty-two (32) individuals will need supports through the P/FDS Waiver and twenty-five (25) will have service needs too great to be met through the P/FDS Waiver. We are projecting at least nine (9) will require CW and sixteen (16) will require either CLW or CW.

Of the twenty-five (25) 2020 graduates with need in excess of the P/FDS, nine (9) currently receive supports through the EPSDT program, and three (3) are RTF/APS age outs with extensive and intense behavioral health support needs. The remaining thirteen (13) have needs in excess of what can be managed within the P/FDS Waiver.

Managing the needs of graduates is compounded by managing the needs of individuals who reside at home with their caregivers and receive, in some cases, no support. Often, these are individuals whose families have managed without the system for many, many years. Thus, as the parents tend to be quite elderly, when a need arises the situation frequently becomes the primary priority for the CM team. As of April 8, 2019, Bucks County has eighty-eight (88) individuals, born prior to June 30, 1979, who are without services and forty-six (46) individuals who are receiving base-funded services. At any time, one of these individuals could become an immediate emergency priority should something happen to their primary caregiver(s).

During FY 18-19, Bucks County saw a significant number of intakes of individuals over the age of 40 whose families have never requested services or supports. Some have parents who are quite elderly and in some cases their parents have passed away and their siblings are assisting them in the Intake process. In many of these cases, the families are looking for some support in their homes to maintain their son/daughter/sibling in their current living arrangement. In other cases, the families are in need of

residential services for their loved one. There are currently three (3) people in the Intake process who are over the age of 40.

SCOs are responsible to oversee Family Support Services (FSS) funds, which are used to address the short-term needs of individuals not enrolled in a waiver. While overseen by the SCO, the funds are ultimately approved and authorized by the AE. All other available Base funds have been allocated to ninety-four (94) unique individuals in a variety of supports and services. Base-funded supports and services include employment, community participation, transportation, residential habilitation - unlicensed, in home and community-based supports, and residential services. Some of the individuals supported through the Base allocation have been enrolled in the DP system for many years. However, they are not currently eligible for service through the Federal Medicaid Waiver due to documentation requirements.

Individuals Served (All Funding Streams Including Waiver as applicable)

	Estimated Individuals served in FY 18-19	Percent of total Individuals Served	Projected Individuals to be served in FY 19-20	Percent of total Individuals Served
Supported Employment	188	9%	188	9%
Pre-Vocational	All individuals supported and as reflected in HCSIS are served under Community Participation. ODP no longer recognizes the language of Pre-Vocational.			
Community Participation	789	38%	789	38%
Base-Funded Supports Coordination	263	12%	263	12%
Residential (6400)	421	20%	421	20%
Life sharing (6500)	53	2%	73	3%
PDS/AWC	69	3%	73	3%
PDS/VF	27	1%	29	1%
Family-Driven Family Support Services	30	1%	30	1%

In addition, it should be noted that a number of adults are served with base and waiver funding in a variety of services that fall outside of the categories listed above. For base-funded adults, this represents forty (40) individuals.

Supported Employment:

There are several services offered through the Waiver and Base-funded programs which help to promote community integrated employment for the individuals we serve, including Supported Employment, Advanced Supported Employment (ASE), Community Participation Supports (CPS), and Benefits Counseling.

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

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

Community Participation Services (CPS) places an emphasis on community integration, with the goal of leveraging these connections into integrated work opportunities.

Benefits Counseling assists individuals to maintain needed benefits while they are securing community employment.

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

The DP Coordinator of Individualized Support Services (CISS) has been identified as the AE Employment Point Person. The CISS is an active member of the local TCC, Right to Education Task Force, and participates in multiple cross system events, which include various school district expos, employment fairs (in which students and potential employers partner together), the IU Post-Secondary Expo, Parent/Family Forums and various training sessions. The Employment First initiative is a focus of

discussion at meetings with provider agency directors, employment provider meetings, and at SCO Director Meetings. The CISS stays current with state initiatives and developments regarding employment by attending relevant conferences and trainings. The AE staff collaborates with MH Program staff on a number of employment and transition related activities.

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

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

On March 10, 2016 Governor Wolf directed Pennsylvania by way of Executive Order that "*'Employment First'* is the first consideration and preferred outcome of publicly-funded education, training, employment and related services, and long-term supports and services for working-age Pennsylvanians with disability." Bucks County's Quality Council (QC) has an employment workgroup that has the goal of increasing employment opportunities for individuals with ID/A. A Bucks County Employment Coalition is in the process of being developed, with the goals of: educating professionals in the ODP service system about what other service systems have to support employment, sharing information and resources, enhancing interagency relationships, explaining policy, engaging the business community, and collecting and sharing data.

<u>Supports Coordination</u>:

Supports Coordination (SC) is a critical service that involves multifaceted roles intended to promote an individual's right to an *Everyday Life.* SCs accomplish this through their representation and advocacy for

individuals by way of their functions of locating, coordinating and monitoring needed services and supports. These functions include assisting the individual in gaining access to needed medical, social, educational, assistive technology, employment and other services through natural supports, generic community resources, and services and supports delivered through the DP system. The AE currently has nine SCOs supporting Bucks County citizens with developmental disabilities. The AE's DP Director of Supports Coordination works with each SCO to ensure they are meeting the requirements and responsibilities to individuals as defined by ODP, federal and state regulations.

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

Bucks County's partnership continues with the Regional Collaborative as part of the ODP National Community of Practice: Supporting Families throughout the Lifespan (aka LifeCourse). Along with the SCOs, we are assisting individuals and their teams to better connect with natural community supports and services through enhanced person-centered planning for individuals of all ages.

Bucks County continues to work alongside the local Family Advisor from the PA Family Network, to help individuals and their families learn about the LifeCourse principles and tools in ensure an *Everyday Life*. In FY 18-19, local trainings were held for individuals and families transitioning from schools into the workforce to introduce the LifeCourse framework and tools and how they can be used to plot a trajectory toward an inclusive, reciprocal and engaged community life. Starting with intake, the AE engages with individuals and their families in the discovery and use of natural supports through the Introduction of the LifeCourse tools. In addition, the AE is collaborating with other county and educational programs, such as the PA Aging and Disability Resource Center (LINK), Bucks County Center for Independent Living (CIL), school districts and the IU to both inform our partner agencies of our system and expand our knowledge of other local services.

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

PART IV: INTELLECTUAL DISABILITY SERVICES

Bucks County is in the second year of an ODP initiative to restructure the ISP approval process to allow for the automatic approval of ISPs meeting standards established by ODP. In order to maintain confidence in the ongoing expectation of *Best Practice* standards, Bucks County continues to assess the outcome of this process on ISP quality and accuracy by implementing a procedure to manually review 15% of all auto-approved plans, by waiver type, on a weekly basis through use of a weekly report of all ISPs automatically approved by ODP. To determine which of the Plans will be manually reviewed several criteria are considered, including if the person has had a number of incidents over the past year, has significant behavioral health challenges, or is known to have a restrictive behavior plan. Bucks County is in the process of developing a management report that will apply additional criteria to ensure no individual goes longer than two Annual Review ISP Update without a manual review.

ODP's SC webinar series that started in 2017, continues to reinforce the pivotal role SCs play in the lives of the individuals they serve. AE staff participate in the ODP trainings, including SCO specific trainings, to ensure thoroughness and consistency in the application of ODP and AE recommendations and requirements.

PUNS is used to gather information to categorize the urgency of needs of individuals. The information allows the AE to plan for future services. The AE routinely reviews the information on individuals who have a PUNS and meets individually with SCOs throughout the year to review and discuss the individuals on the PUNS emergency and critical statuses. This practice provides for more efficient planning for individuals on the PUNS and for a more accurate reporting to ODP on the AE's future needs. In addition, AE staff meet annually with SCs to review the PUNS protocol and provide to each SCO on a monthly basis a list of upcoming PUNS due for annual review. The auditing of SC encounters with individuals, through the review of service notes, ISPs, Independent Management for Quality (IM4Q) considerations and other formal monitoring tools, also helps to identify unanticipated need. As noted previously, the impact of significant SC turnover rates coupled with "ODP Auto-Approval" of ISPs has made us aware of gaps in preventing a number of crises over the past year. Bucks County is committed to resolving these issues.

The highly anticipated change to expand registration to individuals with Autism only and children to age 8 with a developmental disability began this past year. Bucks County has seen an increase in the number of registered individuals over the past year. For many years we averaged approximately one thousand nine hundred registrants (1,900). As of June 30, 2019, Bucks County has two thousand forty-seven (2,047) registrants. Much of this increase is the result of the inclusion of individuals with an Autism, only diagnosis.

Most of the additional registrations have been Medical Assistance (MA) eligible and therefore eligible for Targeted Supports Management (TSM) payment for SC services. The criteria for what qualifies an MA eligible individual for successful TSM payment for SC services was addressed last year, but not without repeated requests to ODP for technical assistance to accurately identify the qualifying criteria. It should be noted, individuals with an Autism only diagnosis are not included in the Mental Health/Intellectual Disabilities Act of 1966 and, thus, the County Base dollars received for the program are not available to individuals with said diagnosis.

PART IV: INTELLECTUAL DISABILITY SERVICES

ODP's Information Sharing and Advisory Committee (ISAC), acting as ODPs Stakeholder Quality Council, followed-up on last year's recommendations with a publication of their 2018 accomplishments. Their detailed recommendations included training SCOs, offering guidance in doing person-centered plans and structuring performance measures through a quality improvement framework in order to improve services. These recommendations were incorporated into the waiver renewal, regulations, trainings, and the draft 6100 regulations. The AE also continues its work to educate SCs, individuals and their families on the transitional life stages and incorporating those changes into an individual's ISP. These activities align with the ISAC project to Simplify the System. ODP has not yet implemented the project recommendations of redesigning the ISP process and format that would reduce SC time spent on administrative tasks and reduce the number of pages in the ISP document. Bucks County looks forward to additional changes to "simplify the system" that will allow SCs to spend more time with individuals and families in person-centered planning activities such as the LifeCourse.

Community Health Choices (CHC) is Pennsylvania's mandatory managed care waiver program for adults (21 and over) in the program's "target population." The Program was implemented in January 2018 in the southwest counties of the Commonwealth. In January 2019, CHC implementation arrived in southeastern PA. The impact to Bucks County, particularly SCOs, is still being evaluated. Bucks County is actively identifying those individuals who are considered eligible for CHC and its benefits. Eligible individuals who chose to enroll in the CHC waiver program need to have their supports coordination services billing changed to Base funding. CHC implementation has impacted the AE staff, as well, in ongoing efforts to identify and track those individuals eligible for the CHC program and has resulted in delays in enrolling individuals into the various ODP waivers.

Bucks County knows that natural supports can foster empowerment, independence and growth, and reduce the need to rely on "formal" services. We will continue our commitment to educate and inform SCOs of the local community resources and events to strengthen their knowledge while engaging with stakeholders to increase awareness of community inclusion and integration opportunities. We are committed to ensuring SCs feel confident in their ability to help guide individuals and their families through transitional life stages with thoughtful and engaging person-centered planning.

This year, Bucks County looks forward to offering guidance and technical assistance to the SCOs in the following: implementation of 6100 regulations (expected late summer 2019); expanded use of the LIfeCourse tools; on-going promotion of health, wellness and personal safety for every individual and increasing community connections and training to expand awareness of support and resources for individuals with Autism only.

ODPs objective is to create a system of supports and funding that is straightforward and uncomplicated. There is more work to be done to accomplish their recommendations and the AE, along with the SCOs, are in the forefront of aligning business practices through innovation, coordination, and a commitment to service. The AE and SCOs can and will provide individualized, person-centered support and training to help individuals with ID/A attain their goals to achieve an *Everyday Life*.

LifeSharing:

LifeSharing is a residential model that supports individuals with ID/A to live with qualified adults (known as LifeSharers) who provide support to individuals, usually in the LifeSharer's home. LifeSharing is about living and sharing life experiences with supportive people both at home and within the context of the broader community. With its focus on relationships and community engagement, LifeSharing aims to be more than just a place to live. The LifeSharing service definition allows for individuals to receive LifeSharing supports from their relatives in their family's private home. Previously, LifeSharing could only be delivered in a home that was owned, leased, or operated by a provider and the LifeSharer(s) had to be unrelated to the individual(s) receiving LifeSharing services

The DP Residential Coordinator (RC) is the LifeSharing Point Person and is actively involved in both the Statewide and the Southeast Regional LifeSharing Coalitions. The Statewide and Regional Coalitions were actively involved in providing input to ODP to shape the changes to the LifeSharing service definition to ensure compliance with the Centers for Medicare and Medicaid Services (CMS) Home and Community-Based Services (HCBS) Final Rule.

The RC participates in routine CM meetings and Referral to Vacancy meetings to discuss individuals who are on PUNS for residential services, including LifeSharing.

LifeSharing continues to be discussed regularly at both SCO and provider meetings. Updates are given, based on information obtained at LifeSharing regional and statewide meetings. Bucks County encourages provider Residential Directors and other agency personnel to attend the regional and statewide LifeSharing meetings.

LifeSharing is discussed with everyone in need of residential services, including individuals graduating, as well as with those who are aging out of other child serving systems and are in need of residential supports. ISPs are reviewed for compliance with Chapter 51 regulations in order to ensure that LifeSharing is considered as the first option when an individual is requesting residential services.

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

Residential Habilitation Unlicensed:

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

more independently and be more productive and participatory in community life.

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

Cross-System Communication and Training:

AE staff continue to actively promote the use of the LifeCourse tools through the collaboration with the PA Family Network and offering opportunities for individuals, families and stakeholders to learn about the tools. They have been introduced and provided to: Transition Coordinators who attend the IU TCC, Bucks County Early Intervention Service Coordinators and completed with individuals and families as part of the Intake process. Everyone going through the Intake process receives information regarding the LifeCourse Tools and those individuals being registered complete select LifeCourse tools during their Intake meeting. This is a way of helping individuals and their families visualize a future of possibilities. LifeCourse tools are also being used with TAY leaving RTFs as they prepare for transition to community living.

The tools have been introduced to other Bucks County Housing and Human Services Departments including the AAA and C&Y. Bucks County has participated in the PA Regional Collaborative since its inception.

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

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

The Children's Services Coordinator-DP (CSC), works specifically with children who are diagnosed with both mental health and ID/A, and are receiving behavioral health services. The CSC works collaboratively with DP service provider agencies, non-DP service providers, families and care managers to ensure the child with multi-systems needs is supported holistically. As children with disabilities are entitled to MA, it is imperative that children and TAY (up to 21) access all services they are entitled to receive through EPSDT and Behavioral Health Rehabilitation Service (BHRS), as the ID Waiver is the payer of last resort. This past year, Bucks County identified a couple transition age youth for P/FDS Waiver funding. It was determined that there was still a need for additional supports in the home, in spite of utilizing all other services available through the BHRS system. It was determined that the

additional support of waiver funded services could prevent the child from the restrictive environment of an RTF. While one young man identified is awaiting admission to RTF, waiver services have proven to be an integral service.

Bucks County is particularly challenged to support transition aged males who have a dual diagnosis of ID/A, are mostly non-verbal and display impulsive and aggressive behaviors. BHRS alone are not always adequate. Waiver services, in conjunction with other in-home supports, can complete the continuum of services to provide the optimum outcome for the child and family. Bucks County believes ODP's collaboration with the Office of Mental Health and Substance Abuse Services (OMHSAS) around this dual diagnosis population is essential and needs to be prioritized.

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

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

Bucks County has also encountered some issues with the educational placements of behaviorally challenged individuals. At times, these educational placements are not preparing individuals for a successful transition into community life. While educational transition planning should begin when a student turns 14 years old, we have often seen little to no real effective planning being implemented. School personnel report that aggressive behaviors present challenges in implementing meaningful community experiences for some students. As a result, many students are in segregated classrooms where the focus is maintaining safety and containment versus opportunities for learning and growth. We see a similar situation in many RTF settings.

It is Bucks County's understanding that ODP and OMHSAS have a grant to improve collaboration and that a Transition Coordinator will work to resolve issues surrounding TAY moving from RTFs to the adult DP system. We met with the Transition Coordinator and discussed the barriers and challenges faced in

supporting individuals with dual diagnoses. We are hopeful that this collaboration and dialogue will help to ensure positive outcomes for TAY.

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

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

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

Bucks County has worked to increase individual and group therapy options including non-traditional modalities of therapy such as art, music, exercise and role-playing in the clinical setting. In addition, clinicians are being trained in Trauma Informed Care. We have worked to ensure that there are Certified Peer Specialists (CPS) with the skills necessary to successfully engage with individuals with a dual diagnosis. One individual with a dual diagnosis has been a trained CPS for several years and provides specialized CPS services focused on activities to promote independence, relationship building and monthly educational peer support activities. Bucks County's Health Care Quality Unit (HCQU), Philadelphia Coordinated Health Care (PCHC), provided a training on dual diagnosis to CPSs. SCs have also received training on CPS services.

When individuals with an ID/A diagnosis enter/come into contact with the AAA system, the MH/DP Department works together with AAA to resolve issues/concerns.

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

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

While the primary focus of the SART is sexual violence, additional issues surrounding domestic violence, physical and sexual assault of adults with disabilities, and other interrelated crimes may be discussed. Statistically, a person with an ID/A diagnosis is at a seven (7) times greater rate of being victimized than other citizens.

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

NOVA's SVI helps vulnerable adults who may be victims of sexual or serious physical assault. Victimization can be confusing, frightening, and traumatizing and even more so for individuals with diminished emotional, cognitive, or communication capacities.

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

The SVI believes in a team approach to the investigation and prosecution of assaults of vulnerable adults. NOVA provides a place and process where investigators and other professionals can develop effective, coordinated strategies to investigate reports of abuse and assaults of vulnerable adults as well as promote a healthy healing process. The SVI program protects the interests of vulnerable individuals by facilitating a coordinated, person-centered response to assault allegations and by promoting the rights and needs of at-risk and abused vulnerable adults.

Emergency Supports:

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

During provider monitoring, each provider's policies are reviewed to ensure the provider has an

Emergency Disaster Response Plan. The plan must include how the safety of individuals will be ensured as well as communication and operational procedures. The monitoring also confirms that all staff have received training on these procedures before working with individuals and annually thereafter. All ISPs are to have an emergency back-up plan that meet the needs of the individual. Many of these plans have been implemented when weather conditions or repairs required in the homes required individuals to relocate. The plans ensure a safe transition to a temporary location while keeping families informed of where their loved ones are re-located.

The Bucks County Emergency Services Department informed the AE of the County implementation of the SMART 911 system. Registration with this system affords the opportunity for families and/or providers to enter critical information (medical, behavioral, medication, allergies, etc.) into a data base, only accessible to First Responders at the time of an incident. Accessing this information helps to ensure that First Responders have the information needed to more effectively support an individual during a time of crisis. The system provides e-mail reminders to registered users to review and update their or their family member's information on a regular basis. The AE has shared this information with individuals, families, SCs and provider agencies.

Bucks County Mobile Crisis Workers have had training on how to engage with individuals who have ID/A. One provider, in particular, has internal organizational staff who are specialists and are available for consultation. Mobile crisis workers' availability ranges from face-to face to on-call support. Emergency crisis support is available 24-hours per day. In addition, Bucks County is a leader in the training of law enforcement through the Crisis Intervention Training (CIT) model. This training incorporates effective communication strategies which can be utilized with individuals with ID/A. Over 97% of all Bucks County police departments have at least one CIT trained officer and over 400 officers have been trained countywide.

In addition to on-going Emergency Supports, Risk Management (RM) staff meet regularly to discuss significant incidents or individuals who may be experiencing personal struggles to offer suggestions to SCs and providers to help ameliorate the situation(s). This team also reviews relevant SC issue sheets, service notes and ISPs to crosscheck information for any risk concerns. If necessary, the RM staff will request information be updated and recommend corrective actions. The AE conducts compliance reviews in each of the provider residential homes where a Bucks County individual resides. These reviews ensure that services are being provided according the ISP and focus on amelioration of any identified health and safety risks/concerns that may affect the person.

Enterprise Incident Management (EIM) is the ODP data management system used to track incidents. Each day there are approximately 350 incident reports on the AE's dashboard. Each of these reports is reviewed within 24 hours of submission from the provider and when the provider submits the report for closure. This final review allows the AE to monitor the corrective actions that a provider puts in place to ensure health and safety needs are being met. Reports are frequently returned to providers for clarification, correction or additional information. EIM allows for customized reports to be used for trend analysis. The reports can be used with the aim of preventing and minimizing risk to individuals receiving services and promoting systemic changes. As previously discussed, Bucks County is currently

participating in a workgroup with ODP to review which sources of data might be the best predictors of emerging issues in order to target preventative risk mitigation strategies with providers.

Bucks County has six ODP trained Certified Investigators (CI). The responsibility of the CI is to investigate allegations of neglect, abuse, or misuse of funds for individuals residing in family/relatives' homes. We continue to increase in the number of investigations that require investigation by the AE. In 2017, forty-four (44) incidents were investigated. In 2018, fifty-five (55) incidents required an AE investigation and, as of June 30, 2019, we have/are investigating twenty-five (25) incidents. Each investigation takes a CI, on average, 25 hours. This results in the CI committing approximately 3 days in a week where he/she is not able to fully meet the demands of his/her primary role/function. ODP is developing a new IMB, which, if implemented as proposed, will result in a significant number of incidents that will require an AE investigation. We anticipate this will have a dramatic effect on workload. Of particular concern are those CIs whose roles require Quality Assessment and Improvement (QA&I), IM4Q considerations and provider qualification and enrollment. These activities have defined timelines, as do CI investigative processes. As the activity timelines compete, the AE is at risk to be out of regulatory compliance. It may not be possible, without additional personnel, to meet all of the regulatory demands necessary for overall compliance. These demands will be monitored closely to assess if the AE possesses appropriate staffing levels. Finally, AE staff participate in the Southeast Region's Risk Manager Meeting. A function of this group is to provide Meet and Greet opportunities for providers and community partners to better understand RM procedures. In addition, Bucks County hosts a quarterly meeting with our provider agencies that also includes the ODP Regional Risk Manager and a representative from our local Health Care Quality Unit (HCQU). During the meeting, current RM concerns, incident tracking and closure, policy implementation and promoting safe and healthy environments for all individuals is discussed.

Administrative Funding:

PA Family Network

Bucks County routinely interfaces with the PA Family Network through the utilization of family advisors. The family advisors work with the County to support and further the Community of Practice through promulgation of, and education on, the LifeCourse tools. In addition, and in collaboration with other efforts/entities such as IM4Q, the family advisor has been critically instrumental in the support of individual families in the implementation of the LifeCourse framework. Despite this routine and close working relationship with PA Family Network, no Administrative Funding is used for this interface. Bucks County is also satisfied to date with the support received from ODP of strategies utilized to provide information, education, skill building, connecting, and networking for individuals and families.

Health Care Quality Unit (HCQU)

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

The HCQU participates in County provider meetings, RM meetings, QC meetings, and community-based

workgroups with the intent to provide better quality and easier access to quality medical supports for the individuals that we support. They are also engaged in the Regional Collaborative on Supporting Families Throughout the Lifespan.

The HCQU nurse does a medical record review for individuals moving into residential service to ensure that their healthcare needs are identified. This works to ensure a plan is in place to successfully support the individual's healthcare needs from the date of admission. Later this year, the HCQU will have a pivotal role in the new HRST roll-out and implementation. ODP plans to begin the roll-out with all residential providers. Providers will be tasked to assess everyone they support in residential services beginning with those whose SIS scores are the highest. It is expected that the tool will eventually be used to assess everyone enrolled with ODP. The HCQU oversight role in the HRST is under development.

In addition, the HCQU performs Integrated Clinical Health Reviews when the AE requests them for individuals who are experiencing complex or unresolved medical or psychiatric issues. The team includes a psychiatrist, behavioral consultant, nurse, and other professionals, as deemed necessary. This process has been adapted to include a highly specialized behavioral specialist observing the individual in various settings to better pinpoint environmental issues related to behavioral health challenges. The Integrated Clinical Health Review ensures medical concerns are addressed in addition to behavioral health issues.

The HCQU is involved in a Dental Initiative in an effort to improve MA reimbursements rates for dentists and find and train dentists interested in serving individuals with ID/A.

The HCQU has not had an increase in their suburban allocation since their inception. They have determined that the cost to continue Integrated Health Care Reviews for individuals with ID/A with significant behavioral health challenges can no longer be borne without some financial compensation for the service. Bucks County uses this service more frequently than our fellow suburban counties. We have found it to be comprehensive, insightful and helpful in providing strategies to help mitigate an individual's risk in times of duress while promoting long term recovery.

Independent Monitoring for Quality (IM4Q)

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

Historically, ODP provided Bucks County with a sample of individuals who were receiving services beyond Supports Coordination across various funding streams. The FY 18-19 random sample goes beyond that to include TAY residing in their family home. The increase in this demographic has resulted in the need for us to provide the IM4Q team with a greater number of pre-surveys, as many individuals and families have indicated that they are not interested in participating in the IM4Q interview. The IM4Q team use a statewide survey instrument developed by ODP. The interviewers are independent of the system, having only the knowledge about the individual that is contained on the pre-survey form. Any findings from the interview result in "considerations" for the individual's team to review and

develop an action plan. Most individual considerations come from requests or expressed concerns to enhance the overall quality of an individual's life. Considerations may be opportunities or things that an individual would like to have access to or made available to enrich his/her daily life.

If, for some reason, the local IM4Q team does not feel that a consideration was fulfilled or seriously reflected upon, they may ask the team to revisit the considerations. Through enhanced oversight of the consideration process and interaction with the IM4Q team, the value of considerations and the team responsiveness to them has been heightened.

In FY 17-18, there were one hundred thirty-nine (139) IM4Q interviews and two hundred seventy-eight (278) considerations developed. Most considerations generated in FY 17-18 revolved around the service system, job opportunities and living situations. The IM4Q team also generates Signs of Quality (SOQ), identifying areas where quality exceeds expectations. In FY 17-18, twenty-nine (29) individuals had SOQ regarding the supports they receive.

The IM4Q team has continued to emphasize the importance of the IM4Q process by providing training to SCOs. The AE works closely with the IM4Q team and meets monthly to review issues. This has resulted in a much more cohesive, collaborative and meaningful outcome for the individual.

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

Bucks County reviews the data trends from IM4Q in the development of its Quality Management Plan. The data of the last few cycles of the IM4Q findings has remained largely unchanged. We are anticipating with a new demographic we may find the data offers different opinions than previous years.

The QC held its first Wellness and Employment Fair on October 17, 2018. The event used the collective talents of individuals served, families, providers and AE staff. We hosted tote bag painting parties in which individuals engaged in CPS painted their own unique designs on give-a-way tote bags before the event and assisted in distributing them on the day of event; in addition, to assisting with some of the vendor booths. Vendors ranged from a local Time Bank program, ABLE accounts, Ken's Crew/Home Depot, an art therapist, the YMCA, Family Advisors to discuss the LifeCourse, yoga classes, etc. Mock interviews were offered to prospective job seekers to help develop interview skills. Registration numbers recorded in excess of 200 people visited the event throughout the day. There were a number of school districts that brought TAY. We had a photo booth that captured many smiles during the day. The photo booth and the mock interviews were extremely well received. The feedback on the event has been very positive. We plan to hold another like event in FY 20-21.

This FY, the QC is focused on advocacy. The AE has started by meeting with a local state representative to discuss issues relevant to the individuals it supports. SCs, families, providers (employment, CPS and residential) discussed areas of concern and success. Of primary importance was the low wages of DSPs and how it is impacting the quality and longevity of staff. In addition, the impact caused by the lack of local public transportation services on both the individuals supported - relative to their ability to get to

and from community jobs and opportunities for social integration – and in gaining access to staff who do not drive seriously impacts the more remote provider locations. The QC plans to continue its advocacy efforts and hopes to meet with our US Congressman to elucidate the needs of the individuals we support and the DSP's who support them. A more general meeting relative to children with special needs was held with the Congressman and invited family members and professionals in June 2019. AE staff attended this meeting and many issues/concerns were expressed relative to children with ID/A. Issues raised relative to technology and dentistry now have strategic plans to address. One specific outcome to date has been the aforementioned HCQU Dental Initiative which has resulted in Temple University and the University of Pennsylvania Dental Schools adding to their curriculum strategies for working with individuals with disabilities.

Housing:

The Residential Coordinator advocates for housing opportunities for individuals with ID/A. The RC works closely with the MH Housing Coordinator.

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

BCHA was awarded forty-five (45) Mainstream Vouchers for individuals with disabilities. The target population are individuals with disabilities who are open in the MH/DP residential system, nursing home residents interested in transitioning to the community, and individuals who may be homeless.

The LHOT has worked on the Prepared Rental Education Program (PREP) over the past year. It is a complete curriculum that provides all the tools an individual needs to obtain and keep rental housing. It offers instruction on affordable housing, locating potential housing, budgeting, and how to deal with negative past rental, criminal, and/or credit histories.

In addition, there is a subcommittee working on landlord engagement. The subcommittee is working on increasing affordable rental options. There is outreach being done by contacting landlords to encourage and accept rental subsidies across the County.

Risk Management/Provider Emergency Preparedness:

Questions pertaining to these areas under Administrative Funding have been detailed under the previous section, Emergency Supports.

Participant Directed Supports (PDS):

Bucks County has seen a steady increase in the number of individuals choosing PDS. The AE actively promotes PDS by providing individuals/families with information regarding self-direction during the DP Intake process and upon individuals' enrollment into the ID Waiver. In addition, the DP Consumer

Services Coordinator (CSC) meets with families who express an interest in exploring PDS to explain the process and the associated responsibilities. We believe through these efforts implemented earlier this FY that at least four (4) of the enrollees in the Vendor Fiscal/Employment Agent (VF/EA) service model and twenty (20) of the enrollees in the Agency with Choice (AWC) service model are a result of these new efforts.

Bucks County is aware that the PDS service model can be a cost-effective alternative to traditional service models for individuals with budgetary constraints. We have also noted barriers to the further expansion of PDS as families may not fully consider the implications of being a Managing Employer (ME) or Common Law Employer (CLE) and the challenge that is faced in recruitment, training and retention of qualified staff.

Bucks County took an active role in the transition from Public Partnerships LLC to PALCO First which helped the timely transition for the CLEs and their service support staff. We have supported the CLEs during the transition and provided technical assistance whenever possible.

Bucks County has also been challenged in the VF/EA service model such that CLEs can have issues managing their employees' time, resulting in the excessive use of overtime, as well as adhering to the 40/60 rule limiting the number of hours per week that relatives may be scheduled. Previous attempts to manage this issue, at the SCO level, have not ameliorated the excessive use of overtime. Therefore, in consultation with the ODP, the CSC is taking a more active role in monitoring and responding to issues regarding the excessive use of overtime by CLEs. A current challenge in monitoring overtime and the excessive use of family members has been that, since the transition from Public Partnerships LLC to PALCO First, the CSC no longer has access to PALCO's portal.

Community for All:

As an AE, Bucks County is committed to the full citizenship of individuals with ID/A in their communities and to an *Everyday Life* for each individual we help to support. To that end, there are a few situations that prove challenging for us to achieve a Community for All.

The first challenge is individuals living in large Intermediate Care Facilities (ICFs). Over the years, all of the families have been approached about having their son/daughter relocate to their home communities. Bucks County has not been successful in convincing families to relocate their loved one. It is quite discouraging, and, in many cases, the parents of the individuals are deceased, but their children promised their parents they would never move their sibling. They see it as going back on their word. Further evidence of the AE's lack of success is with the one person who was involved in the closure of the Hamburg State Center. Even with the intensive individualized planning process, inherent in the facility closure process, the family was not able to be convinced that community-based supports was the preferred option.

Bucks County continues to experience an increase in the number of individuals who have been admitted to nursing homes and in some cases exceeding the 180-day Reserved Capacity afforded to them through the Waivers. All of these individuals have experienced significant medical issues resulting in the need

for rehabilitation. In many cases, their health further deteriorated upon admission to the Skilled Nursing Facility and the medical level of support necessary for their care is beyond the scope of those offered by most residential providers. Most residential providers have some access to nursing supports, but very few have nurses available daily, let alone 24/7, as some people require.

COUNTY OF BUCKS

DIVISION OF HUMAN SERVICES

DEPARTMENT OF
MENTAL HEALTH/DEVELOPMENTAL PROGRAMS

600 Louis Drive, Suite 101, Warminster, PA 18974
(215) 444-2800
FAX (215) 444-2890

County Commissioners

CHARLES H. MARTIN, *Chairman*
ROBERT G. LOUGHERY, *Vice Chairman*
DIANE M. ELLIS-MARSEGLIA, LCSW

DONNA D. DUFFY-BELL, MA, CPRP, CCDP-D
Administrator

MINIMUM STANDARDS FOR PROVISION OF CRISIS INTERVENTION SERVICES

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

BACKGROUND

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

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

Linkages with the Mental Health Service System

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

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

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

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

MENTAL HEALTH CRISIS/EMERGENCY REQUIREMENTS

24-hour availability.

Function:

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

Organizational Structure

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

Accessibility:

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

1. Crisis telephone numbers are listed on the crisis service providers' and County of Bucks websites.

2. Information about the existence and responsibilities/functions of the Crisis Services will be provided to the community by the Bucks County Department of Mental Health/Developmental Programs (MH/DP), crisis providers' marketing representatives, and Crisis Department staff.

3. Each individual who presents for crisis service and needs immediate care will be treated regardless of his/her geographic area or county of residence. If the individual requires hospitalization, the crisis worker will make a concerted effort to help the individual locate an appropriate inpatient bed.

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

CRISIS INTERVENTION & MOBILE CRISIS SERVICES

A. **Function:**

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

1. Assessment of crisis;

2. Intervention and/or outreach as necessary;

3. Provision or assurance of the availability of treatment in the least restrictive setting within the limits of resources and services available in the community;

4. Availability of professional consultation; and

5. Assurance of appropriate information/referral.

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

B. Staffing:

1. Penn Foundation, Inc., Lenape Valley Foundation, and ACCESS Services will assure the availability of crisis/outreach services to the community. These services will be available 24 hours a day by Lenape Valley Foundation at Doylestown Hospital and Lower Bucks Hospital. Penn Foundation will provide staffing from 7 a.m. to 11 p.m. daily at Grandview Hospital with overnight telephonic support availability.

2. Lenape Valley Foundation's mobile crisis team serves adults across Bucks County and is staffed 9 a.m. to 9 p.m. weekdays with overnight on-call coverage. ACCESS Services provides mobile crisis services to children across Bucks County. In addition to 24 hour/7 day/week phone availability, they provide face-to-face contact 8 a.m. to 8 p.m.

3. Staffing patterns of crisis services shall reflect technical and educational capabilities in terms of authority, supervision, and other assigned direct service responsibilities.

4. Criteria for MH/DP Delegate
(See Appendix I)

5. Criteria for 302 Worker
(See Appendix II)

C. Organizational Structures:

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

D. Processes:

Crisis services shall have the capacity to perform the following:

1. **Clinical Assessment**

   a. Triage of crisis situation
   b. Evaluation of individual functioning

2. **Outreach**

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

3. **Non-Medical Therapeutic Intervention**

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

4. **Administrative Accountability**

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

5. **Information and Referral**

   a. Provision of appropriate information and referral service

6. **Crisis Monitoring**

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

7. **Emergency Hospitalization Procedure Implementation (Section 302)**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

All attempts should be made to keep the individual in a private community setting. The MH/DP Department may authorize a limited number of days of County funding for those individuals who require emergency hospitalization and have exhausted all other means of payment. This funding

needs the verbal approval of the MH/DP Delegate, who can be reached either at the County Office or through Bucks County Police Radio. It is required that the funding letter (Appendix III) be included in the commitment package and provided to the admitting facility. The Delegate also authorizes payment for the transportation of the individual from the evaluating facility to the treating facility once the crisis worker has located a psychiatric hospital bed.

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

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

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

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

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

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

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

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

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

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

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

1. The individual is admitted voluntarily to the facility under Section 201, or

2. A certification for extended involuntary commitment ("303") has been obtained.

E. Linkage with Other Emergency System Components:

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

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

DDB:cr

APPENDIX I

CRITERIA FOR MENTAL HEALTH DELEGATE

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

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

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

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

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

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

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

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

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

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

Must have knowledge of the Mental Health Court Team procedures.

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

DDB:cr

APPENDIX II

CRITERIA FOR MENTAL HEALTH CRISIS WORKER

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

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

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

Must have knowledge of Mental Health Court Procedures.

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

Must have knowledge of effective ways of dealing with people.

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

Must have knowledge of various insurance information.

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

DDB:cr

PART IV: HOMELESS ASSISTANCE SERVICES

Bridge Housing Services:

The Bridge Housing Program provides tenant based rental assistance and case management services to families that include at least one child under the age of 18 and are homeless or at imminent risk of homelessness. At the time of enrollment, Bridge participants are either living:

- in a shelter
- doubled up six months or less
- in a condemned building
- on the street or a place not meant for human habitation
- hotel/motel paid for by an agency
- institution

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

The Bridge Housing Program is administered by the Bucks County Children and Youth Social Services Agency. An open case with Children and Youth is not required for enrollment in the Bridge Housing Program. However, open cases are given priority when placing the children in foster care is eminent due to a lack of inadequate housing and/or to complete family reunification for children who are currently placed in foster care.

The primary program goal is to stabilize families by providing housing stability and additional support through the provision of case management services. Program participants must be willing to participate in case management services which includes but is not limited to goal planning. The focus of the goal planning includes housing and economic stability goals. Careful goal planning throughout the program identifies the steps necessary for the participant to maintain permanent housing beyond program discharge.

Previously, program participants were required to have an educational plan as a program requirement. This is no longer a requirement. Program participants are no longer required to have an education plan as part of their economic stability plan. This is a program change over previous years.

The county's Housing Services Department staff facilitate monthly case conferencing meetings that include housing providers, locators and street outreach staff. The purpose of the monthly case conferences is to review the waitlist for housing programs and prioritize the most vulnerable, assigning those participants to the available housing slots. Prioritization includes street homeless, families with children and those experiencing domestic violence. Currently, the Bridge Program has a waitlist and no new applications are being accepted.

In addition to case conferencing for enrollment, the Bridges Program and participant progress is formally evaluated monthly. The service team which includes staff from Children and Youth, Housing Services and BCOC conference each case, providing holistic coordinated and integrated services across providers and thus reducing service duplication.

Program Outcomes to date July 1, 2018 – May 31, 2019

- 10 households enrolled totaling 37 people: 14 adults and 23 children.
- Of the 10 households, 4 remain enrolled,
- 4 households received permanent housing subsidies prior to exit
- One participant received a donated vehicle through Wheelz to Work Program
- One participant is attending an education program

Proposed Changes

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

Success Story

At the time of enrollment into the Bridges Housing Program, Kayla was doubled up, living temporarily with an extended family member. Kayla's 7 year old daughter resided in foster care. Housing was the only barrier to family reunification. Kayla was employed, working very minimal hours at Arby's. Kayla's work hours were limited due to a lack of reliable transportation. With assistance from her BCOC and Children and Youth coach, Kayla secured permanent housing. Kayla and her daughter were reunified. Kayla received a used vehicle from her cousin. Kayla enrolled in the Fresh Start Program, a culinary program at Bucks County Community College. Completion of the Fresh Start Program allows Kayla to seek employment at a higher rate of pay. Kayla is hopeful about her future.

Case Management:

Case management services must be made available to any individual or family who is experiencing a housing crisis. Case management may also be paired with financial assistance to resolve a housing crisis. Together, case management and financial assistance are key components to housing stability services. Permanent, safe and affordable housing is the goal. Equally important is prevention. Prevention assists a near homeless family to retain affordable housing or to move into affordable housing. Prevention remains one of the most efficient and cost-effective ways to resolve homelessness.

Quality outcomes are achieved through the provision of case management services. Effective case management provides a blend of assessment and coordination of services required to meet the client's health and human service needs. Case management includes but is not limited to:

- Intake, assessment and diversion services for individuals and families who are experiencing a housing crisis.
- Face to face Assessment of need, eligibility and available services.
- Goal planning based on a strengths-based model of service delivery. All goal plans are signed by client.
- Current and thorough knowledge of local resources, making appropriate client referrals for additional support services.
- The ability to develop relationships with both clients and human service providers.
- Coordination of services with clients who are engaged with multiple providers.
- Housing stability counseling which includes budgeting and life skills.
- Providing advocacy, when needed, to ensure the satisfactory delivery of requested services.
- Follow-up to evaluate the effectiveness of housing stability service.

- Protecting the client's confidentiality.
- CTS data elements are completed including household information and Self-Sufficiency reviews are completed in the following dimensions: income, employment, health insurance and shelter. A Self-Sufficiency review must be completed at time of intake and follow-up.
- Accept referral from coordinated entry.
- File management, securing all documentation required for eligibility.

The Coach plays an integral role in linking clients seeking housing stability services to on-going supports to stabilize their housing and move toward economic stability, particularly those participants who are at higher risk of homelessness, e.g., participants who repeatedly request financial assistance/services. BCOC Coach's review with participants BCOC's long-term case management programs, e.g., Economic Self-Sufficiency and Family Self-Sufficiency. Referrals to other supportive BCOC services are: Food, Weatherization and VITA.

Special efforts are targeted at developing linkages on behalf of homeless children. Linkages include but are not limited to: Head Start and community partners known to serve individuals and families. BCOC Coach's play an active role in coordinating services for families. Case conferencing and team meetings with all parties involved with the individual and/or family are scheduled in an effort to enhance and compliment service delivery. Service plans are developed in coordination with other providing agencies to assist families in achieving their goals toward self-sufficiency.

The Opportunity Council will use Clients to Success (CTS) to measure program results. The data is used to develop an effective homeless prevention program. Data includes:

- Demographics of participants
- Total financial assistance provided
- Average financial assistance payment
- Sustained results 30, 60, and 90 days follow-up
- Total assistance from non-HAP fund sources including total private assistance to resolve housing crises

Outcomes for Case Management (HAP) counseling to resolve eviction from July 1, 2018 thru May 31, 2019

- 1168 people in 539 households received case management services to prevent homelessness
- Forecast for year end is: 1195 people
- 1168 people in 539 households received budget counseling

Proposed Changes

There are no proposed changes to case management at this time.

Success Story

Amy came to BCOC fleeing domestic violence. Though she was employed part-time as a bus aide, her abuser controlled her finances, leaving her little options to secure housing independently. With assistance from her BCOC Coach, Amy located an efficiency in her price range. The landlord requested

first month, last month, and a security deposit prior to move-in. Amy had a portion of the money but not the total amount. BCOC provided financial assistance for the security and first month's rent and advocated on Amy's behalf with two other agencies for additional assistance. The BCOC Coach assisted Amy with completing the SNAP and Medical Assistance applications. As well, the Coach encouraged Amy to participate in BCOC's Economic Self-Sufficiency Program and Fresh Connect mobile farm market. Amy is stably housed and building a new life, focusing on long-term goals to economic self-sufficiency.

Rental Assistance:

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

Individuals or families are considered "homeless" if they:

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

Individuals and families are considered "near homeless" if they:

- Received either a written or verbal notification from the landlord that they will be evicted unless some type of payment is received. Verbal notification must be confirmed with written documentation from the landlord.

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

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

HAP resources are made available to the client through a comprehensive voucher process. The voucher requires appropriate original documents or copy (verified by the Self-Sufficiency Coach) who witnessed the original document. Written eviction notices from landlords must be on original letterhead, outlining monies owed and a statement that payment of the identified monies will prevent eviction. The Self-

Sufficiency Coach will follow up verbal confirmations of eviction from landlords in writing, outlining monies owed and a statement that payment of the identified monies will prevent eviction. The same procedure will be followed regarding move-in notices. An original lease and/or witnessed copy must be present in the file. All BCOC clients will be asked to make a contribution toward the financial assistance received by the agency. Confirmed copies of the client co-pay receipt will be attached to each voucher.

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

Residents applying for HAP assistance that currently participate in some other subsidized housing program, e.g., Housing Choice Voucher Program, are assessed on a case-by-case basis. Only in exceptional circumstances will financial assistance be provided to an individual and/or household that already resides in subsidized housing. Move-in assistance for Housing Choice Voucher recipients will usually be limited to once (life-time limit). Final decisions to determine financial assistance will be the responsibility of the Director of Community Services.

Evaluation of Program

Outcomes for HAP rental assistance to prevent eviction or move out of homelessness from July 1, 2018 thru May 31, 2019

- 783 people in 368 households received financial assistance and case management services to prevent eviction or move out of homelessness. (24 households out of homelessness and 102 households avoided eviction)
- Forecast for year end is: 800 people

Proposed Changes

There are no proposed changes to rental assistance at this time.

Success Story

John and Jen were facing eviction due to unpaid rent. Though their monthly rent was a reasonable $995, they recently had a baby and John lost his temporary position, leaving them without income. John obtained a new employment out of county. The couple was able to secure a rental unit near his new employment for a more affordable $550 per month. BCOC assisted with security deposit and first month's rent. John and Jen contributed a small portion to the move-in costs and used the rest of their savings to purchase a refrigerator. BCOC also provided gift cards for gas to ensure that John would be able to get to work for the first two weeks until he received his first paycheck. The family stated that they were hoping the new job and new apartment in a new town would be a "fresh start" for them.

Emergency Shelter:

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

Innovative Supportive Housing Services:

PART IV: HOMELESS ASSISTANCE SERVICES

The Bucks County Housing Link is the County's coordinated entry system for the Housing Continuum of Care Bucks County (HCoC-BC). The Housing Link is the central point of entry for homeless services which include: access, assessment, prioritization, housing planning (Diversion) and referral.

The Housing Link is a collaborative service provided by multiple service providers and the County of Bucks Department of Human Services. The collaborative partners include Bucks County Opportunity Council, Family Service Association and the County of Bucks Department of Housing Services. The call center provider is Family Service Association and the housing planning provider is Bucks County Opportunity Council.

In April of 2019, the Housing Link 3.0 was launched. Service delivery that includes housing planning (diversion) will supplement the current Housing Link service. Bucks County is making necessary changes and defining best practice as it relates to coordinated entry services. Bucks has learned that coordinated entry services must include prevention and diversion - housing planning. Housing planning can be completed on the phone or in person. Prevention and housing planning (diversion) services are key strategies necessary to keep families from entering the homeless system and in effect making availability for the county's most vulnerable residents.

Housing Link 3.0 implements 'light touch' housing planning (diversion) at the call center. Clients who are successful in self-resolving their housing crisis at the time of the call, will not be referred to BCOC. BCOC anticipates that this shift in service delivery at the call center will decrease referrals for housing planning. Further, residents who call and identify as "literally homeless" will be referred directly to Street Outreach. Prevention and housing planning (diversion) services are key strategies necessary to keep families from entering the homeless system and in effect making shelter availability for the county's most vulnerable residents. The intention is to encourage self-resolution whenever possible and concentrate resources on those with the highest need, e.g., literally homeless, fleeing domestic violence and those at imminent risk of losing their housing within 14 days. All of these services are rooted in effective case management, a necessary service delivery component that helps participants navigate community resources and housing options.

Bucks County continues to experience an increase in requests for homeless prevention assistance. The need far exceeds the resources. Because of this continued increase, we work collaboratively with multiple organizations, landlords, and community supports to provide the best intervention services possible.

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

Evaluation of Program

BCOC outcomes for Coordinated Entry from July 1, 2018 thru May 31, 2019:

- 95 call screenings completed
- 1020 eligibility assessments completed

Proposed Changes

There are no proposed changes at this time.

Success Story

BCOC received a housing planning referral from the Housing Link call center. The client was doubled up with his father and the situation was tenuous. The Self-Sufficiency Coach met with the client for a housing planning discussion. The client's goal was to increase his SSD income with part-time employment. After some discussion, the client was able to remain housed with his father while looking for employment. Being able to remain housed with his father diverted him from entering the homeless system.

Innovative Supportive Housing Services:

Economic Self-Sufficiency (ES) – Established in 1997, the ES Program is an evidence-based program that assists hard-working, motivated Bucks County residents achieve economic stability. Eligible families are paired with an ES Coach to develop an individualized plan to gain the education, skills and resources necessary for a quality of life. These individualized plans focus on education and employment. The goal is to assist families in building their resources to achieve economic stability. To date, BCOC has graduated 330 households which include 933 people who have achieved economic independence. The average income at entry in 2018 was $10,662. The average income at exit in 2018 was $46,100. The Benchmarks for graduation are:

- Free of welfare subsidies
- Household has exceeded 200% of the Federal Poverty Income Guideline
- Balanced household budget
- Acceptable credit rating or repair plan, bank account
- Completed educational plan, fully employed
- Resides in safe, affordable housing
- Health insurance plan for all family members
- Reliable transportation for work
- Knowledge of and ability to access appropriate resources to prevent future crises
- Family is able to meet basic needs– food, clothing, shelter

Evaluation of Program

- 330 Graduate households, people
- Average time in program is 30 months
- Average income at start in 2018 was $10,662 annually
- Average income at exit in 2018 was $46,100
- Recidivism rate is 17%
- For every dollar invested in ES there is a $4.60 return to the community as graduates become employed and no longer receive public benefits.

Proposed Changes

There are no proposed changes at this time.

Services Offered

Through shared community goals and understanding of poverty, whole-person care and the achievement of self-sufficiency, Bucks County human services providers desire families to live independently by infusing the 2Gen approach into our service delivery with homeless families residing in

the Bridge Housing Program. This is a paradigm shift offering new thinking that reflects the goal of servicing the needs of two (or more) generations and not just a single component of a family system. Emphasis is on education, positive responsible parenting and building ladders of opportunity.

All BCOC Bridge Housing clients are dual enrolled in BCOC's Economic Self-Sufficiency Program. Established in 1997, the ES Program is an evidence-based program that assists hard-working, motivated Bucks County residents achieve economic stability. Eligible families are paired with an ES Coach to develop an individualized plan to gain the education, skills and resources necessary for a quality of life. These individualized plans focus on education and employment. The goal is to assist families in building their resources to achieve economic stability.

Antidotal information from clients confirm that when parents achieve economic stability, the children benefit – the whole family thrives. The majority of ES graduates are single women with children. When a parent graduates from ES, the poverty cycle is broken as the children see a new way to live and create a future story. There are 450 children represented in our ES program. Seeing their parents' success shows them a better way and significantly increases their opportunities. When parents do better, children do better.

Proposed Changes

In an effort to infuse 2Gen model into the service delivery to homeless families in the Bridge Housing Program:

- Provide focused, motivational case management services to homeless families. Services will focus on the whole family, parent and child and include but not limited to assessment, education and employment goal planning and community referral.
- Identify short and long-range measures that include outputs and outcomes for both parents and children
- Ensure both quantitative and qualitative data is measured for parents, children and the community.
- Provide integrated service delivery with enhanced follow-up services
- Assist families as they seek to increase their health and well-being by working collaboratively with community resources, integrating services throughout various systems, i.e., homeless systems, mental health, drug and alcohol, early childhood education and workforce development, referring and securing these services for the family as appropriate
- Assist families to increase their postsecondary and employment resources by identifying training and education pathways for parents
- Assist families as they increase their economic assets by stabilizing housing, transportation and other financial supports
- Work collaboratively with parents and educational systems in assisting children to achieve developmental milestones, improved literacy levels, greater attendance and reduction in grade repetition

<u>Homeless Management Information System</u>:

Bucks County adopted its HMIS system in 2007 and has incorporated 15 service providers and 51 housing programs to date. Participating HMIS programs represent an overall bed coverage rate of 95% of all beds designated for homeless persons in the County. Programs that do not participate include two small faith-

based programs as well as the VA Medical Center HUD-VASH program. The HCoC-BC plans to incorporate one of the faith-based programs into the HMIS system within the next 12 months to increase its coverage with the overall goal of 100% coverage rate.

The HCoC-BC is part of the PA HMIS Collaborative and has utilized Client Track as its software vendor since 2014. In 2019, the HCoC-BC customized its HMIS software for to enhance the coordinated entry process which captures all screening and assessment data, reporting and referrals for coordinated entry in Bucks County.

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

There is a governance charter in place between the HCoC-BC and the HMIS Lead Agency, the County of Bucks Housing Services Department. Department staff carries out the day-to-day operations and administration of the HMIS implementation. The HMIS Administrator from the Housing Services Department Chairs the Outcomes Committee.

PART IV: SUBSTANCE USE DISORDER SERVICES

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

Approval of Care (AOC) Services are provided by BCDAC, Inc. to ensure that individuals seeking treatment receive a quality assessment and are referred to the appropriate level of care, in a timely manner. BCDAC, Inc. and licensed treatment providers utilize the American Society of Addiction Medicine criteria. BCDAC, Inc. AOC services include responding to consumer, family and community inquiries, offering provider training on how to access services, conducting continuing care reviews and other utilization management and quality assurance functions designed to facilitate the movement of individuals from one level of care to another. The essential element is a philosophy that acknowledges all pathways to recovery and to encourage each individual to complete a full episode of care and to commit to involvement in long term community recovery supports.

Treatment services financed by BCDAC, Inc. include outpatient, intensive outpatient, medication assisted therapies, partial hospitalization and residential alternatives. Specialty services for pregnant and parenting women, overdose survivors, adolescents, injection drug users, Veterans, clients with co-occurring disorders and incarcerated individuals are also available. Services for special populations and special needs are addressed on a case by case basis. As funding is available, BCDAC, Inc. subsidizes a portion, or all, of the treatment costs for residents who do not have insurance or another source of funding, and who meet our funding criteria. In addition to funding treatment for people without insurance coverage, DDAP has also mandated that SCA's provide funding to people who are underinsured. During 2018-2019, BCDAC, Inc. continued its Board of Directors commitment to providing access to treatment without financial barriers – in short, there was no wait for treatment due to finances. We were able to approve treatment for individuals who qualified, without a financial wait for treatment.

During 2018-2019, BCDAC, Inc. continued to focus on reduction of fatal and non-fatal overdose. BCDAC, Inc. does not limit treatment stays based on funding, but instead focuses on the individual's motivation and progression in treatment. The BCDAC, Inc. philosophy is to offer a full continuum of treatment, as long as the client is willing to remain in the level of care and is progressing. Individuals enrolled in Medical Assistance can access care through the county's HealthChoices Behavioral Health managed care program – Magellan Behavioral Health of PA, Inc. Clients who may potentially be eligible for Medical Assistance covered care are required to complete the Medical Assistance application process.

Intensive Case Management Services (ICM) are provided through a subcontract. ICM uses a strength-based model to ensure that eligible or targeted clients receive the services needed to support long term recovery from their substance use disorder and self-sufficiency in the community. This includes linking individuals to needed ancillary services such as transportation, child care, housing, food and clothing. Additionally, these services are provided to clients whose treatment is financed through Magellan Behavioral Health of PA, Inc., our Medicaid behavioral health managed care program. Specialty services,

including Mobile Engagement Services (MES) are offered to individuals who might traditionally not follow through with a lower level of care following detox, or individuals who are not yet treatment ready, but are willing to pursue recovery options. A specialty and unique MES was developed three years ago and has since expanded due to increased need. This project has as a focus on families referred to the county's child welfare system, via the Child Abuse Prevention and Treatment Act (CAPTA). Thus, this is a tremendous example of partnership between the Bucks County Department of Behavioral Health, Magellan Behavioral Health of PA, Providers and the Bucks County Office of Children and Youth, along with BCDAC, Inc.

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

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

BCDAC, Inc. ensures a full continuum of services, beginning with a robust offering of prevention programming. In the prevention field, Bucks County leads PA in the amount of medications collected via our twice annual Medication Give Back events, as well as our 38 permanent Drop Boxes located throughout the County. At the April 2019 Bucks County Medication Give Back event, roughly 10,085.23 pounds of medications were collected, far surpassing other counties. Since the launch of the Medication Give Back Program, Bucks County has collected over 127,000 pounds of unused, unwanted, expired medications. Our Strategic Prevention Framework – Partnerships for Success, grant, is focused on underage drinking prevention, as well as medication misuse prevention, among youth.

In addition to prevention, BCDAC, Inc. focuses on Intervention (Student Assistance Programs, for example) while also remaining focused on treatment and recovery supports. Whenever possible, BCDAC, Inc. funds training and implementation of evidence-based programming. In recognition that opiate use disorders are challenging for individuals, and with the knowledge that evidence based programming is top priority, BCDAC, Inc. has expanded Medication Assisted Treatment, with over 700 residents enrolled in Methadone Maintenance Treatment. Bucks County has developed vital systems collaborations to provide education and rescue medication (Narcan) to our residents. During 2018-2019, BCDAC, Inc. continue the focus on overdose reduction, in partnership with local Police Departments. Since the inception of the Police Department Narcan distribution project, over 700 lives have been saved by police departments, with the use of Narcan. All thirteen Bucks County school districts have developed policies on the use of Narcan, and BCDAC, Inc. provides free doses for each district, as needed. During 2018-2019, BCDAC, Inc. was

selected by PA Commission on Crime Delinquency (PCCD) as the County Coordinating Entity (CCE) to serve as the county's lead for Emergency Responder Narcan Distribution. Service as lead coordinator for fire, police, and EMS in addition to other Narcan distributions. We have provided community forums on Overdose Prevention, providing over 100 doses of Narcan to participants in 2018-2019. In addition, we have provided specialty training to Recovery House Association owners, along with doses of Narcan, once they have policies in place.

Drug and alcohol services for Bucks County residents without insurance coverage are funded through BCADC, Inc., when funds are available. A key point is that BCDAC, Inc., through DDAP mandate, may provide funding to residents who are not only uninsured, but also underinsured. BCDAC, Inc. follows the DDAP guidelines regarding admission of priority populations, which provides preferential treatment to pregnant women, people who use injecting drugs, individuals who have overdosed and Veterans. It is also important to note that BCDAC, Inc. supports the DDAP philosophy of reducing barriers to treatment, so it is anticipated there may be a blurring of county line funding, especially for top priority populations. SCAs are working together to ensure that individuals receive the treatment they are seeking, and the reduction of barriers to access is a key factor.

1. Waiting List Information:

	# of Individuals	Wait Time (days)**
Withdrawal Management	28	3
Medically-Managed Intensive Inpatient Services	1	5
Opioid Treatment Services (OTS)	0	-
Clinically-Managed, High-Intensity Residential Services	13	8
Partial Hospitalization Program (PHP) Services	0	-
Outpatient Services	0	-

**Use average weekly wait time

Bucks County's drug and alcohol assessment protocol includes an Open Access strategy. Residents may simply walk in to one of the four Walk-In clinics for their first step in accessing treatment services. Thus, there is essentially no wait time for an assessment appointment. Providers are charged with triaging each individual's need for urgent, emergent or routine care. Admission to ambulatory care may begin

immediately and without preauthorization. BCDAC, Inc. does approve admission to residential levels of care through our Approval of Care Department.

2. Overdose Survivors' Data:

In response to the opioid epidemic, a Warm Handoff protocol, mandated by Governor Wolf's office, and through DDAP, was developed in Bucks County utilizing a Certified Recovery Specialist CRS) model. This initiative, BCARES (Bucks Connect. Assess. Refer. Engage. Support.) is a collaborative partnership between the nonprofit Bucks County Health Improvement Partnership (BCHIP), which includes the six hospitals in Bucks County, three drug and alcohol provider agencies (Gaudenzia, The Council of Southeast PA and Penn Foundation, Inc.) and the Bucks County Drug & Alcohol Commission, Inc. (BCDAC). The project is funded by the SCA with DDAP dollars. BCDAC, Inc. hired a Health Care Coordinator in January 2019 to oversee the BCARES initiative.

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

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

In February 2019, BCDAC, Inc. was notified of additional funding for BCARES, allowing for 24/7 coverage at the hospitals. Each of the three CRS providers has been actively working to hire and train staff, and to have them credentialed with the hospitals in order to achieve this coverage. In addition, we are expanding to serve individuals with any substance use disorder who present to the County hospital emergency department. And, we are expanding to provide services to individuals who are on the various units in the hospitals. This will allow the CRS to engage an overdose survivor who has been medically admitted and facilitate a seamless connection to substance use treatment when medically cleared.

BCDAC, Inc. has developed two BCARES enhancements. The first is BCARES Family Connect and consists of a group of family members with a loved one either in recovery or actively using substances. This group is committed to supporting families who are waiting in the ED with a loved one who has just overdosed on opiates. This support is either in person or telephonic and can continue in the community as long as the family is in need of support and resources. Services began in June 2019.

The second BCARES enhancement is the Health Care Professionals Opposing Stigma. This is a group of health care professionals who are in recovery and consists of nurses, a physician and radiology technicians. They visit the Bucks County hospitals to tell their recovery stories to other professionals. Education is provided regarding signs and symptoms of substance use in health care professionals, the impact this has on hospitals, stigma and language, and resources for impaired professionals. This group presented to approximately 230 individuals in FY 18/19, and feedback has been extremely positive.

As part of BCARES, and as a prevention effort, a grant was awarded to BCDAC, Inc. to purchase five medication disposal boxes to be installed in Bucks County hospitals for community use. One hospital had already installed a box on their own, and two others have been installed as a result of the grant funding. We are working with the remaining three hospitals in the County.

Challenges related to BCARES include the following:

- Hospital Credentialing – this process can take up to two months, during which time providers may lose staff
- CRS Workforce – some providers are having difficulty hiring qualified staff
- CRS Staff Turnover – as we move towards 24/7, turnover has slowed the process
- Individuals not wanting to accept treatment directly from ED or refusing to see the CRS
- Stigma

In addition, BCDAC, Inc.'s full scale effort to announce available resources and services has resulted in over 60,000 residents receiving our Overdose Prevention Toolkit materials. The Bensalem Police Department (over 100 officers) has established the BPAIR (Bensalem Police Assisting in Recovery) program, modeled after the highly successful Gloucester, Massachusetts program. Residents may turn themselves into the Police Department, and instead of being arrested, they are referred to assessment and treatment, via a volunteer Navigator and through the only 24/7 assessment site in Bucks County. During 2018-2019, two additional Police Departments have established BPAIR programs and the goal is for all municipalities to join by the end of 2019.

# of Overdose Survivors since inception of BCARES	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses 2017
314	133	122	214

3. <u>Levels of Care (LOC):</u>

LOC ASAM Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2	0	2
4	2	0	2
3.7 WM	16	2	15
3.7	14	4	1
3.5	32	4	12

3.1	8	2	0
2.5	8	6	1
2.1	13	11	3
1	13	11	3

4. Treatment Services Needed in County:

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

- Reinvestment Plan (approved and in progress) for ten bed halfway house for men who are enrolled in Medication Assisted Treatment and/or have Co-Occurring Disorders;
- Women's Facility has opened an outpatient office on their current campus, with 30 slot outpatient capacity;
- New MAT Outpatient provider opened in October 2018, in Central Bucks County, with capacity of 240 for Methadone Maintenance Treatment;
- Reinvestment Plan regarding Recovery Housing scholarship, training and support has begun and will provide funding for residents who need safe, sober supports including recovery housing. BCDAC, Inc. has hired Recovery House Coordinator, and will be enhancing oversight of Bucks County Recovery Housing, specifically entitled Bucks County Recovery Residence Oversight Committee (BC-ROC)
- During 2019-2020, there will be an effort to support Safe Plans of Care, as mandated

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

- Lack of safe/affordable housing for those in recovery (Bucks County has an estimated 200 Recovery Houses, which vary in quality and services provided)
- Unbraided or unblended funding (The challenge remains when we are faced with residents with co-occurring disorders, specifically issues such as eating disorders, physical health, etc.)

- Lack of public transportation (This issue poses a challenge to those seeking treatment and recovery support services)

- Sheer volume of those seeking treatment compared with provider staffing (The drug and alcohol system is challenged with a workforce development and capacity issue)

- Funding (As a whole, the drug and alcohol treatment system is not financially supported as any other disease would be, in terms of lengths of stay, per diem rates, etc.)

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

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

5. Access to and Use of Narcan in County:

BCDAC, Inc. has recognized that Narcan is an invaluable tool in assisting residents to reverse overdose. As a result, a full court press was established, in order to arm residents with this life saving medication. Over 100 residents have participated in Community Narcan Trainings, where BCDAC, Inc. provides two doses of Narcan Nasal Spray, at no cost in 2018-2019. In addition, in December 2016, the BCDAC, Inc. Board of Directors approved community resident Walk-In hours at BCDAC, Inc.'s Warminster site. To date, 193 residents have received Narcan Nasal Spray. BCDAC, Inc. has worked with all thirteen Bucks County school districts, and every school district now has Narcan on site. Each house within the Bucks County Recovery House Association, who provides a substantial policy and procedure on its use, has Narcan Nasal Spray on site. Various human service agencies, as well as Adult and Juvenile Probation, have received training and Narcan Nasal Spray. Every Police Department in Bucks County carries Narcan, and to date there have been 732 lives saved with this medication. Plans include widespread distribution to County departments, in the near future. All Narcan Nasal Spray is provided along with training, as well as the mandated Narcan Utilization Questionnaire to be submitted to BCDAC, Inc. in the event that the medication is utilized. Services focused on Narcan and highlights for 2017-2018 include:

- Selected by PA Commission on Crime Delinquency (PCCD) as the County Coordinating Entity (CCE) to serve as the county's lead for Emergency Responder Narcan Distribution. Service as lead coordinator for fire, police, and EMS in addition to other Narcan distributions.
- 828 doses distributed as of July 2018- June 2019 as the CCE
- 80 Leave Behind doses reported in Bucks County, as approved within Governor Wolf's emergency declaration. (Bucks County is the first county in the Southeast Region to implement a Leave Behind dose program)
- Continue to coordinate community Narcan trainings/education sessions (5 trainings to be held this year, 104 units distributed)
- Provide community walk in hours for Narcan distribution (104 residents from July 2018-June 2019)
- Ensure every school district has a policy/procedure and training on the use of Narcan and distributed to 11 out of 13 school districts and no-public schools (2 districts supplied on their own)

- Support police department Narcan utilization by funding provider training of police departments and Narcan delivery and utilization (over 700 lives saved since inception of March 2015)
- Naloxone Day was held on December 13, 2018. BCDAC, Inc. provided 478 units of Naloxone to residents, the third highest total given out that day in the state.

6. County Warm Handoff Process:

BCARES (Bucks Connect. Assess. Refer. Engage. Support.) is a collaborative partnership between the nonprofit Bucks County Health Improvement Partnership (BCHIP), which includes the six hospitals in Bucks County, three drug and alcohol provider agencies (Gaudenzia, The Council of Southeast PA and Penn Foundation, Inc.) and the Bucks County Drug & Alcohol Commission, Inc. (BCDAC). The project is funded by the SCA with DDAP dollars. BCDAC, Inc. hired a Health Care Coordinator in January 2019 to oversee the BCARES initiative. Additional detail on BCARES is noted in Section 2 of this document.

Warm Handoff Data:

Number of Individuals Served	209
Number Entering Treatment	133
Number Completing Treatment	unknown

Additional details on BCARES is notes earlier in this document, but specific challenges related to BCARES include the following:

- Hospital Credentialing – this process can take up to two months, during which time providers may lose staff
- CRS Workforce – some providers are having difficulty hiring qualified staff
- CRS Staff Turnover – as we move towards 24/7, turnover has slowed the process
- Individuals not wanting to accept treatment directly from ED or refusing to see the CRS
- Stigma

PART IV: HUMAN SERVICES AND SUPPORTS/HUMAN SERVICES DEVELOPMENT FUND

HSDF was created "for the purpose of encouraging county government to provide locally identified services that will meet the human services needs of citizens in their counties".

Adult Services

Program Name: Advocates for the Homeless and Those in Need
Description of Services: AHTN is a Bucks County interfaith nonprofit providing temporary help to the homeless by providing intervention in a crisis situation and includes services necessary to remove an eligible individual from a dangerous situation. AHTN helps those in need by offering with dignity and compassion emergency shelter, food, clothing and other related services this funding will support efforts towards housing low income adults during code blue.
Service Category: Protective

Program Name: Advocates for the Homeless and Those in Need
Description of Services: AHTN is a Bucks County interfaith nonprofit providing temporary help to the homeless by providing intervention in a crisis situation and includes services necessary to remove an eligible individual from a dangerous situation. AHTN helps those in need by offering with dignity and compassion emergency shelter, food, clothing and other related services. This funding will help with transportation services for low income adults.
Service Category: Transportation

Program Name: Bucks County Drug & Alcohol Commission, Inc.
Description of Services: BCDAC Inc. assists with the services targeted for eligible individuals, allowing them to continue to work while addressing their recovery from addiction. The first priority for funding of counseling services continues to be those individuals living with a co-occurring mental illness or serious medical condition(s), pregnant women, parenting women and men and other intravenous drug users who are considered drug and alcohol dependent persons.
Service Category: Counseling

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

Program Name: Bucks County Opportunity Council, Inc. (BCOC)
Description of Services: BCOC uses HSDF to support coordinated assessment and case management services as referred by the Bucks County Housing Link, our centralized intake for housing supports.
Service Category: Housing

Program Name: Bucks County Opportunity Council, Inc. (BCOC)
Description of Services: Case management support services specifically for those facing eviction through a Bucks County Magisterial District Court Process
Service Category: Service Planning/Case Management

Program Name: Catholic Social Services
Description of Services: Utilizing the HSDF funding, CSS will provide case management services. Individuals and families will initially be given a needs assessment session to determine the level of need and will speak with a case manager for services and referrals. Follow up services will be determined and mutually agreed upon by the staff and the client.
Service Category: Counseling

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

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

Program Name: The Salvation Army
Description of Services: Case management services include emotional support and assessment/service planning for individuals and families. Referral to other community supports based on assessment is also part of the services provided.
Service Category: Case Management

Program Name: Volunteers for the Homeless, Inc.
Description of Services: Provide case management and referral services for food, clothing, and shelter in the community.
Service Category: Case Management

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

PART IV: HUMAN SERVICES AND SUPPORTS/HUMAN SERVICES DEVELOPMENT FUND

Aging Services

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

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

Specialized Services

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

Generic Services

Program Name: Bucks County Opportunity Council, Inc. (BCOC)
Description of Services: HSDF funding to support implementation of case management services specifically for homeless families with a "2-generation" approach. BCOC would utilize case management practices to assure services and supports are in place to support economic self-sufficiency and outcomes are tracked for both children and parents.
Service Category: Service Planning/Case Management
Populations Served: Adult, HAP

PART IV: HUMAN SERVICES AND SUPPORTS/HUMAN SERVICES DEVELOPMENT FUND

Program Name: Family Service Association of Bucks County
Description of Services: This funding is provided to support Family Service Association's work with Information and Referral services in our community, proving information about social and other human services to all persons requesting it. This work includes referrals to other community resources by staff dedicated for this purpose.
Service Category: Information and Referral
Populations Served: Adult, Aging, Substance Use Disorder, Mental Health

Interagency Coordination

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

Information obtained from the Specialist's interactions with social service providers, local business/government representatives, and service recipients is utilized by the Specialist, Director and Deputy Director to increase access to service, minimize duplication of service, improve resource allocation, and provide Bucks County Commissioners the information they need to approve HSDF Funded allocations to the agencies providing the services. The Specialist participates in many activities on behalf of the Division of Human Services. This past year and looking towards 2019-20 the Specialist works on interagency coordination with Housing Services and other human service agencies. Specifically, the Specialist has been working with Bucks County Children and Youth on properly implementing the Family Unification Program (FUP) vouchers assuring applicants meet proper criteria for the program. She has also been working with our MH/DP Department on assuring applicants meet proper criteria and eligibility for the Mainstream vouchers.

Additionally, the Specialist maintains a role with many local coordinating programs including but not limited to the following:

1. HUBBUB, a community-driven group of residents and professionals dedicated to network, educate and coordinate family support services to improve the overall quality of life in the Upper Bucks area.
2. Bridge/Home Stabilization Program, a program that provides homeless families rent assistance and social service support while they improve their educational and training skills.
3. Bucks County Continuum of Care. The Policy and Planning Specialist is a member of the Training, Outcomes and HMIS Data Management subcommittees.
4. Mid-Atlantic Region Homeless Management Information System (MARHMIS), dedicated to networking/ technical assistance to insure compliance with federal mandates to capture homeless population data.
5. Bucks Promise, a coalition of community mobilizers, service providers, law enforcement, and key leaders working to improve community life in each of the county's school catchment areas. The Policy and Planning Specialist is a member of the Writing Committee which regularly submits op-ed informative commentaries to local Bucks County newspapers.
6. Bucks County Hunger Nutrition Coalition, a group of public and private non-profit agencies that works to ensure that low-income households have access to resources for

food security/nutritional needs. The Policy and Planning Specialist helps organize a bi-annual Hunger Forum and collates data from approximately 1,400 county-wide surveys so local officials, legislators and the public understand the extent of food insecurity in Bucks County.

7. Bucks-Chester-Montgomery PA Link, which *connects individuals and families to services that support independence and help senior and intellectually disabled consumers remain/return to their community. The Specialist is also part of the three-county Oversight Committee.*
8. United Way Collaborative Impact, which employs a collective approach to solving community problems of hunger, homelessness, and child care, public benefits for seniors, emergency financial assistance, and standardized information and referral.
9. HSDF Oversight/Performance Evaluation, through site visits to fund recipients to ensure regulatory adherence/responsible stewardship of funds for maximum impact on consumers.
10. BCHS Quality Assurance Group – supporting/strengthening individual and family wellness through community connections, collaboration, integration, innovation and stewardship of resources.

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

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

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

County: **BUCKS**	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
MENTAL HEALTH SERVICES						
ACT and CTT	70		$ 466,730			
Administrative Management	2,579		$ 1,909,953	$ 51,680		
Administrator's Office			$ 1,922,289			$ 276,591
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	208		$ 392,998			
Community Residential Services	171		$ 6,089,219		$ 796,300	
Community Services	2		$ 400,668			$ 52,458
Consumer-Driven Services						
Emergency Services	1,591		$ 1,498,612			
Facility Based Vocational Rehabilitation	11		$ 97,456			
Family Based Mental Health Services	6		$ 28,833			
Family Support Services	112		$ 258,555			
Housing Support Services	202		$ 4,631,670			$ 48,144
Mental Health Crisis Intervention	2,132		$ 594,564			
Other						
Outpatient	437		$ 263,369			
Partial Hospitalization	39		$ 181,417			
Peer Support Services	82		$ 302,510			
Psychiatric Inpatient Hospitalization	80		$ 350,802			
Psychiatric Rehabilitation	15		$ 102,664			
Social Rehabilitation Services	59		$ 321,824			
Targeted Case Management	503		$ 657,510			
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	8,299	$ 20,471,642	$ 20,471,643	$ 51,680	$ 796,300	$ 377,193

INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			$ 2,748,998			$ 121,868
Case Management	334		$ 411,300			
Community-Based Services	285		$ 579,528			
Community Residential Services	57		$ 3,931,912		$ 298,500	
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	676	$ 7,671,738	$ 7,671,738	$ -	$ 298,500	$ 121,868

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

County: **BUCKS**	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	48		$ 154,054		$ 5,993	
Case Management	1,195		$ 35,175			
Rental Assistance	800		$ 154,132		$ 9,614	
Emergency Shelter	-		$ -			
Innovative Supportive Housing Services	1,020		$ 57,835			
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	3,063	$ 401,196	$ 401,196		$ 15,607	$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	-		$ -			
Inpatient Hospital	17		$ 45,000			
Inpatient Non-Hospital	270		$ 790,373		$ 33,845	
Medication Assisted Therapy	580		$ 460,000		$ 30,000	
Other Intervention	1,100		$ 157,891			
Outpatient/Intensive Outpatient	325		$ 133,000			
Partial Hospitalization	13		$ 15,000			
Prevention	-		$ -			
Recovery Support Services	385		$ 40,000			
Administration						
TOTAL SUBSTANCE USE DISORDER SERVICES	2,690	$ 1,641,264	$ 1,641,264	$ -	$ 63,845	$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	1,378		$ 105,270		$ 4,095	
Aging Services	24		$ 95,000		$ 3,695	
Children and Youth Services	-		$ -		$ -	
Generic Services	1,090		$ 51,422		$ 2,000	
Specialized Services	212		$ 26,000		$ 1,011	
Interagency Coordination			$ 62,500		$ 2,431	
Administration			$ 37,744		$ 1,470	
TOTAL HUMAN SERVICES DEVELOPMENT FUND	2,704	$ 377,937	$ 377,936		$ 14,702	$ -
GRAND TOTAL	17,432	$ 30,563,777	$ 30,563,777	$ 51,680	$ 1,188,954	$ 499,061