



BUCKS COUNTY CONTINUUM OF CARE SCREENING AND CENTRALIZED RESIDENTIAL REFERRAL FORM FOR ADULT MENTAL HEALTH RESIDENTIAL PROGRAMS

Please send the original referral to:

**County of Bucks Department MH/DP
600 Louis Drive, Suite 101
Warminster, PA 18974
ATTN: Residential Referral**

INTRODUCTION

Please note that if you have a Case Manager and or a Certified Peer Specialist, he/she can assist in the referral process for residential programs. There is a variety of housing options available to Bucks County residents who are diagnosed with either a serious mental health disorder or a co-occurring disorder [serious mental health disorder and substance abuse disorder].

TYPES OF RESIDENTIAL SUPPORTS

Community Residential Rehabilitation (CRRS)

3 Levels - Community Residential Rehabilitation (CRR) has three Rehabilitation levels of staffed supervised housing.

- Intensive CRR – Staffed 24 hours a day with awake staff.
- Maximum CRR – Staffed 24 hours a day, on-site staff overnight.
- Moderate CRR – Staffed a minimum of 3 hours a day.

Supported Living Program (SLP)

- Housing with support services.
- Lengths of stay and supports vary with the needs of the individual.

MH/D&A Co-Occurring Substance Use Disorder Program

- Supported Living Program (SLP) with a rehabilitation component tailored to meet the needs of individuals with MH/D&A Co-Occurring disorders.
- 1 house for 8 males, 1 house for 8 females.

Medically Enhanced Program

- 10 units, within a scattered site apartment setting
- A Supported living program, with limited nursing staffing to support those who have both Psychiatric and medical needs.

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Centralized Referral Process
and
Instructions for Completing the Centralized Referral

Making the referral

- STEP 1** Review the Eligibility Criteria and complete the information on the Referral form.
- STEP 2** Have the individual read and sign the referral statement on the referral form
An individual cannot be referred without consent.
- STEP 3** Forward completed Referral to the County of Bucks Department MH/DP.
- STEP 4** The Bucks County MH Designee will review the referral to ensure the referral is complete and information will be entered into a centralized database for all residential referrals. It is the responsibility of the individual/referring agent to update the county of changes (contact information, level of interest, medical etc...) as appropriate.
- STEP 5** When the county is notified of an upcoming vacancy appropriate referrals meeting the vacancy criteria will be identified and forwarded onto the provider.
- STEP 6** Upon review of the referral and supporting documentation, the prospective provider(s) will contact the referring agent to set up an interview. The county will be informed of interview outcome and disposition of referral.
- STEP 7** The referring agent will be informed of outcome and next steps.

In order to expedite the referral process, please note that if any required information is incomplete, the review of the referral may be delayed, affecting the timeliness of the consumer's residential placement. To avoid any delay, please ensure all information is completed and attached.

- Most recent psychiatric evaluation (Within the last 6 months, if possible.)
- Provide a summary of the individual's psychosocial history
- Most recent Medical Examination
- Signed releases of information for any previous treatment hospitalization(s) (including RTF placements)
- Signed and dated referral by referred individual and the referral party.
- Include progress notes for the last (30) thirty days. (When available).
- Include current financial information (e.g. SSD, SSI, pension, income and expense statements)

Residential Supports

Please check all residential preferences

Intensive CRRS (capacity 14 adults)

- Penn del Mental Health** (Lower Bucks)
Phone: 215-826-1720

Maximum CRR (Countywide capacity: 35 adults)

- Penn Foundation Penn Villa** (Upper Bucks) – Contact directly for application. Phone: 215-453-5166
- Lenape Valley Foundation** (Central Bucks)
Phone: 267-893-5241
- NHS Human Services of Bucks County** (Lower Bucks)
Phone: 215-245-5673

Moderate CRR (Countywide capacity: 23 adults)

- NHS Human Services of Bucks County** (Lower Bucks)
Phone: 215-245-5673
- Co-Mans** (Lower Bucks)
Phone: 215-750-7526
- Co-Mans** (Lower Bucks) – Transitional Age Youth – 6 are for young male adults (age 18 to 25)

Supported Living (Countywide capacity: 147 adults)

- NHS Human Services of Bucks County** (Lower Bucks) – (Male only)
Phone: 215-946-4009
- Penn Foundation Penn Villa** (Upper Bucks) – Contact directly for application. Phone: 215-453-5166
- Penn Foundation- Village of Hope Program** (Upper Bucks) – MH/D&A Co-Occurring Substance Use Disorders
1. **Male House:** Phone: 215-453-5191
 2. **Female House:** Phone: 215-453-5191
- Lenape Valley Foundation** (Central Bucks) – Phone: 267-893-5241
- Lenape Valley Foundation** (Lower Bucks) – Phone: 215-345-7523
- Penn del Mental Health Center** (Lower Bucks) – Phone: 215-826-1720
- Co-Mans** (some units are handicapped accessible) – Lower Bucks – Phone: 215-750-7526
- Salisbury Behavioral Health, Inc.** (Central Bucks) – Phone: 215-884-5566
(Serves female adults/24 hour staffing (4 beds are handicapped accessible.)
- Horizon House** (Lower Bucks) – Medically enhanced SLP Services Phone: 610-279-5050

Bucks County Adult Centralized Residential Referral Form

Date of Referral: CMHC #: [If Available] Age of Applicant: Name: Sex: M F
D.O.B.

Phone Where Individual can be reached: Cell Phone #:

Address: SS#:

Level of Residential Program Requested: Intensive CRRS Maximum Moderate Supportive
 VOH (MH/D&A) LTSR (State Hospital Referrals Only) Transitional Aged Youth Placement

* Currently Homeless: Y N

If yes, last known address:
[Complete street, town, state and zip code]

*Prior State Hospitalization: Y N If yes, provides dates:

*Veteran: Yes if yes, honorable discharge? Y N

Date of the most recent Psychiatric Evaluation:

Axis I MH Diagnosis: Axis I D&A Diagnosis: Axis II:

Axis III: Axis IV: Current GAF:

Monthly Income: Source(s) of Income:

Payee: Phone#: Relationship:

Emergency Contact(s): Phone Number(s):

Address: Relationship:

Person Making Referral: Agency: Phone #: Ext: E-Mail Address:

Case Management: Y N Type: ACM BCM CTT PACT FACT D&A CM TIP

Name: Agency: Phone #: Ext: E-Mail Address:

Does the individual have a history of residential placements?: Y N If yes, provide specific detail about prior placement:

Date of Admission: Type of Program: County: Length of Stay:

Is the individual currently in the hospital?: Y N

List hospitalizations within past twelve (12) months:

Hospital:

Date of Admission:

Date of Discharge:

Assess the extent to which the individual requires assistance, education or support in the following psychosocial areas, using the following indicators: (1) Totally self sufficient (2) Needs verbal advice or guidance (3) Needs some education or supervision (4) Needs substantial assistance (5) Totally dependent.

Self-care Skills

Money Management

Household/Apartment Management

Social Skills

Time Management

Community Awareness

Cooking Skills

Health-care Skills

Medication Management

Comments:

Please share your individual strengths, natural supports, resources, and abilities to support daily living. For example: cooks, cleans, paints, pays bills, likes to fish, navigates the transportation system, drives, works, volunteers, interested in Certified Peer Specialist training, etc.

To the best of your knowledge and the individual's knowledge, has the applicant ever presented with any of the following behaviors that residential staff needs to be aware when structuring the residential recovery plan? Please check if applicable.

Physical Aggressiveness

Drug and/or Alcohol Involvement

Treatment

Self-Harm

Medication

Suicide Attempts / Gestures / Ideation

Fire Concern by History

Other:

For all areas checked above please elaborate on the circumstances which caused the individual to present with the above behaviors?

The individual has been involved with the following systems:

C&Y

Juvenile Court

Criminal Justice

Mental Health

ID

D&A

Please Explain (History and current status for all checked above):

Does the individual have a history of any of the following medical conditions?

- | | |
|---|---|
| <input type="checkbox"/> Neurological Disorders | <input type="checkbox"/> Dietary Restrictions |
| <input type="checkbox"/> Infectious / Communicable Diseases | <input type="checkbox"/> Allergic Reactions |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Immunodeficient Diseases |
| <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Prosthetics: |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Please specify other relevant needs:

Date of Last Physical Examination: (Within 6 months)

Please check all community treatment, rehabilitation and other services that the individual is engaged in:

- | | | | | | |
|---|--|---|--|-------------------------------------|--|
| <input type="checkbox"/> Peer Specialist Services | <input type="checkbox"/> Employment | <input type="checkbox"/> Education | <input type="checkbox"/> Drop-in Center | | |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Partial Hospitalization | <input type="checkbox"/> Psychiatric Rehabilitation | <input type="checkbox"/> Vocational Rehabilitation | | |
| <input type="checkbox"/> TIP Program | <input type="checkbox"/> Case Management | <input type="checkbox"/> CTT/ACT/FACT | <input type="checkbox"/> Drug/Alcohol (specify) | | |
| <input type="checkbox"/> Family Based | <input type="checkbox"/> BHRS | <input type="checkbox"/> Hi-Fidelity | <input type="checkbox"/> RTF | <input type="checkbox"/> Bucks LIFE | <input type="checkbox"/> Other (specify) |

Additional comments concerning treatment and supports (include if any supports are changing/ending and why):

Reason for residential referral & describe willingness and interest in participating in residential services. ***(A letter from the Individual should be attached to this application.)**

Individual's capability of self-preservation:

Is the Individual ambulatory? Y N

Does the individual have the ability to vacate a residential site in the event of fire and/or the sounding of emergency alarms, recognize environmental danger signals or detect of the onset of fire or other emergency:

- Promptly without assistance
- With minimal verbal assistance from staff
- With minimal physical assistance from staff
- With minimal physical and verbal assistance from staff
- Only with continual physical and verbal assistance

It is the responsibility of the prospective residential provider to assess for self-preservation. But it is helpful to understand the individual's current abilities.

Signature of Applicant:

Date:

Signature of Referring Agent:

Date: