



BUCKS COUNTY DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL PROGRAMS ADULT MENTAL HEALTH CENTRALIZED RESIDENTIAL REFERRAL FORM

Please send the original referral to:
MH Residential - Attn: Joyce Schug
Email: MHResReferrals@buckscounty.org

INTRODUCTION

- This Referral is good for 9 months from the date it was completed. **A new referral must be submitted at that time if the individual is not yet placed and still in need of housing.**
- If you have a Case Manager and or a Certified Peer Specialist, they can assist in the referral process for residential programs.
- Housing options are available to eligible Bucks County residents who are diagnosed with either a serious mental health disorder or a co-occurring disorder.
- Most of these programs are designed to be transitional, **up to a maximum two-year length of stay.**

ELIGIBILITY CRITERIA

- These services are for individuals who meet the OMHSAS SPMI diagnostic criteria, are over the age of 18, and have Bucks County residency of 3 months or more preferred.
- Individuals who are experiencing homelessness, protracted inpatient psychiatric hospitalization, are forensically involved, or are transitional age youth will be given priority status.
- Income is required. Individuals without income is limited and will be approved on a case-by-case basis when available.
- Referrals should be completed for individuals who agree to this support, and potential mobile supports when recommended by the support team.
- All referrals are returned to Bucks County MH for review and may divert the applicant to other services and supports if MH funded housing is not required for an individual's success in the community.
- Documents to be included are the MH Residential Referral document, Psychiatric Evaluation within one year, and Release of Information. Questions can be directed to Joyce Schug at jmschug@buckscounty.org.
- Questions about the referral process can also be directed to:
Community Referrals/Non-Forensic involvement: Todd Piorun, Diversion Navigator with PennDel MHC: tpiorun@penndelmhc.org
Bucks County Correctional Facility & State Correction involvement: Derek Davis, Forensic Re-entry Specialist: dsdavis@buckscounty.org
On Probation or Pending New Charges: Reanna Serafine, Forensic Diversion and Reintegration Specialist: rmserafine@buckscounty.org
- Contingency funding to support an individual's return to their home prior to admission or other community living situations can be discussed with Joyce Schug or Todd Piorun.
- MH staff will encourage referents to make applications to any appropriate community housing resource. This could include a call to the Housing Link to access a rental subsidy program, housing location assistance or application to HUD's Voucher program. Individuals may also be eligible for the 811 Project Rental Assistance program.

Instructions for Completing the Centralized 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.
- STEP 3:** Forward completed Referral to the BH/DP to MHResReferrals@buckscounty.org
- STEP 4:** The Bucks County MH Designee will review the referral to ensure the referral is complete, and information is entered into a centralized database for all residential referrals. It is the responsibility of the individual/referring agent to update the county of any changes, including contact information, level of interest, and medical and psychiatric updates, etc.
- STEP 5:** Forward completed Referral to the BH/DP to MHResReferrals@buckscounty.org as appropriate.
- STEP 6:** When the county is notified of an upcoming vacancy, eligible referrals meeting the vacancy criteria will be identified and forwarded onto the provider.
- STEP 7:** 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 the interview outcome and disposition of referral.
- STEP 8:** The referring agent will be informed of outcome and next steps.

PLEASE CHECK ALL APPROPRIATE RESIDENTIAL PREFERANCES, DO NOT CHECK ALL OPTIONS

Check	Level of Care	Provider	Gender	#Beds/Forensic	Staffing/Additional Supports
<input type="checkbox"/>	LTSR	RHA	Coed	7 Forensic (Y)	24 Hour Staffing/7 Days including 8 hours of Psychiatry
<input type="checkbox"/>	LTSR	Resources for Human Development	Coed	8 Forensic (Y)	24 Hour Staffing/7 Days including 8 hours of Psychiatry
<input type="checkbox"/>	Enhanced CRR BARN	Lenape Valley Foundation	Coed	6 Forensic (Y)	24 Hour Double Staffing/7 Days
<input type="checkbox"/>	Intensive CRR	Penndel Mental Health Center	Coed	14 Forensic (Y)	24 Hour Staffing/7 Days
<input type="checkbox"/>	Max CRR	Penn Foundation	Coed	8 Forensic (Y)	24-hour Staffing/Staff shared between Max CRR and Townhomes; Staff located in CRR.
<input type="checkbox"/>	Mod/Max CRRS	Merakey	Coed	8 Max and 8 Mod Forensic (Y)	24 Hour Staffing/7 Days Max Mod has access to staff onsite as needed.
<input type="checkbox"/>	Mod. CRR	COMANS, Inc.	Coed	24 including 9 Transitional Age Youth Forensic (Y)	Weekdays- Daytime Staff. Weekends- Part-time Staff. No Overnight Staff.
<input type="checkbox"/>	SLP Medically Enhanced	Horizon House	Coed	10 Forensic (Y)	24 Hour Staffing/7 Days
<input type="checkbox"/>	SLP Hamsythia	Lenape Valley Foundation	Coed	5 Forensic (Y)	24 Hour Staffing/7 Days
<input type="checkbox"/>	SLP Shady Retreat	Lenape Valley Foundation	Coed	12 Forensic (Y)	Weekdays- Daytime/Evening Staff - 7 Days Staff available for after-hour emergencies
<input type="checkbox"/>	SLP Street Rd.	RHA	Female	8 Forensic (Y)	24 Hour Staffing/7 Days Overnight awake staff.
<input type="checkbox"/>	SLP Penn Villa Townhomes	St. Luke's Penn Foundation	Coed	12 Forensic (Y)	Staff shared between Max CRR and Penn Villa Townhomes; staff located in Max CRR.
<input type="checkbox"/>	SLP Washington Ave.	Penndel Mental Health Center	Coed	9 Forensic (Some)	House is fully independent, there is no staff on site. Staff checks in as needed.
<input type="checkbox"/>	SLP Franklin Ave.	Penndel Mental Health Center	Male	5 Forensic (Y)	Daytime Staffing. Staff is available after hours for emergencies.
<input type="checkbox"/>	SLP Sparrow Lane	COMANS, Inc.	Coed	12 Forensic (Y)	Minimum 4 hours a day of staffing. No overnight staffing.
<input type="checkbox"/>	SLP E. Parker St.	COMANS, Inc.	Coed	3 Forensic (Y)	Minimum 4 hours a day of staffing. No overnight staffing.
<input type="checkbox"/>	SLP/SPC Easton Rd.	RHA	Male	8 Forensic (Y)	24 Hour Staffing/7 Days Overnight awake staff.
<input type="checkbox"/>	SLP/SPC Aging in Place	Penndel Mental Health Center	Female	6 Forensic (N)	24 Hour Staffing/7 Days
<input type="checkbox"/>	SLP/SPC Leeward	COMANS, Inc.	Male	5 Forensic (Y)	Minimum 4 hours a day of staffing. No overnight staffing.
<input type="checkbox"/>	SLP/SPC Quarters B	Lenape Valley Foundation	Coed	6 Forensic (Y)	Independent. Staff is available or after-hour emergencies.
<input type="checkbox"/>	SLP' Leeward	COMANS, Inc.	Female	5 Forensic (Y)	Minimum 4 hours a day of staffing. No overnight staffing.
<input type="checkbox"/>	SLP Durham	COMANS, Inc.	Coed	8 Forensic (Y)	Minimum 4 hours a day of staffing. No overnight staffing.
<input type="checkbox"/>	Village of Hope	St. Luke's Penn Foundation	Coed	16 Forensic (Y)	24 hours staffing/7 Days.
<input type="checkbox"/>	SLP Glen Hollow Apts.	Penndel Mental Health	Coed	12 Forensic (N)	Staff full time weekdays Staff is available after hours for emergencies.
<input type="checkbox"/>	Housing Support Valley House	Lenape Valley Foundation	Coed	10 Forensic (Y)	Mobile supports. Staff available for emergencies.
<input type="checkbox"/>	Independent Living Trenton Ave.	COMANS, Inc..	Coed	4 Forensic (Y)	Mobile supports, Co-Mans staff visits in person twice monthly.
<input type="checkbox"/>	Permanent Supported Housing	Penndel Mental Health Center- HUD	Coed	4 Forensic (Y)	Rehabilitation and treatment including ACT, PATH, BCM, Peer.

REGIONAL PROGRAM INFORMATION

***** Additional Referral Required, Contact Joyce Schug for more information*****

<input type="checkbox"/>	Cherry Hill LTSR	RHA	Coed	2 Bucks Beds Forensic (Y) Exception: sex offenders	
<input type="checkbox"/>	STAR Max CRR (locked) Sexualized Behaviors	CareLink Community Support Services	Coed	1 Regional Bed 2 county funded beds Forensic (Y)	
<input type="checkbox"/>	Unity Villa SLP with Psych Rehab License	Elwyn	Coed	6 Bucks Beds Forensic (Y) Exception: sex offenders, drug conviction or arson	
<input type="checkbox"/>	NOVA II SLP Medically Enhanced	RHD	Coed	4 Bucks Beds Forensic (Y)	24 Hour Staffing including a nurse 24/7
<input type="checkbox"/>	Friendship Manor ISL	CareLink Community Support Services	Coed	3 Bucks Beds Forensic (Y)	

Bucks County Adult Centralized Residential Referral Form

Name: _____ Identified Gender: _____ D.O.B. _____

Best contact number: _____ Date of Referral: _____

Address: _____

Name/Title of Referral Source: _____ Agency: _____

Phone #: _____ Ext: _____ E-Mail Address: _____

Level of Residential Program Requested: Intensive CRRS Maximum Moderate Supportive VOH (MH/D&A)

Enhanced CRR LTSR Regional Program

Currently With Family: Y N If yes, with whom: _____

Currently in Own Residence: Y N If yes, where: _____

Currently in Hotel/Motel: Y N If yes, where: _____

Currently in Recovery House: Y N If yes, where: _____

Currently Inpatient: Y N If yes, where: _____

Currently in EAC: Y N If yes, where: _____

Currently Resident in CRR/SLP: Y N If yes, provider name: _____

Currently in Crisis Residential: Y N If yes, program name: _____

Currently Incarcerated: Y N If yes, name of correctional facility: _____

Currently In Shelter: Y N If yes, shelter name: _____

Currently Transitional Age Youth (18-26yrs.): Y N

Impending Eviction: Y N If yes, date of eviction: _____

Currently Homeless: Y N If yes, where are you currently sleeping? _____

How long have been staying there? _____

Number of times you have been on the streets, or in an emergency shelter in the past 3 years including today: _____

Total number of consecutive months homeless on the street, or in an Emergency Shelter in the past 3 years: _____

Are you experiencing Domestic Violence, or homelessness because of Domestic Violence? Y N

Has Bucks County Housing Link (1-800-810-4434) been contacted? Y N If yes, date of contact: _____

Have Street Outreach/PATH worker met with you? Y N If yes, date of contact _____

Have you applied for a Housing Choice voucher? Y N If yes, date of application: _____

Prior State Hospitalization: Y N If yes, dates and hospital name: _____

Veteran: Y N - If yes, honorable discharge: Y N

Please check all community treatment, rehabilitation, and other services that you currently have:

Peer Specialist Services Employment Education Drop-in Center

Outpatient Partial Hospitalization Psychosocial Rehabilitation RTF

Drug/Alcohol Family Based Bucks LIFE Other _____

Case Management: Y N Type: ACM BCM Penndel ACT LVF ACT FACT D&A CM TIP

Primary MH or Drug and Alcohol Provider: _____ Agency: _____

Phone #: _____ Ext: _____ E-Mail Address: _____

DSM-V Diagnosis Mental Health (List All): _____

DSM-V Diagnosis Medical (List All): _____

DSM-V Diagnosis Drug/Alcohol (List All): _____

Date of Last Psychiatric Evaluation: _____

Date of Last Physical Examination: _____ Date of Last TB: _____

Have you ever been diagnosed with Autism, TBI, or an Intellectual Disability? Y N

Have you ever applied for the Autism, TBI, or ID Waiver? Y N If yes, date applied: _____

Have you experienced Trauma? Y N

Monthly Income: _____ Source(s) of Income: _____

Is a SSI or SOAR application in process? Y N If yes, date of application: _____

Rep Payee: _____ Phone#: _____ Relationship: _____

Are you currently employed? Y N If yes, place of employment: _____ Start date: _____

Medical Insurance: Medicaid Medicare Private Community Health Choices

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

Address: _____ Relationship: _____

List All Psychiatric AND Medical hospitalizations within the past twelve (12) months:

Reason for Admission:	Hospital:	Dates of Inpatient Stay:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referral Source: Assess the extent to which 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

Please Circle:

1 2 3 4 5 Self-care Skills	1 2 3 4 5 Money Management	1 2 3 4 5 Household/Apartment Management
1 2 3 4 5 Social Skills	1 2 3 4 5 Time Management	1 2 3 4 5 Community Awareness
1 2 3 4 5 Cooking Skills	1 2 3 4 5 Health-care Skills	1 2 3 4 5 Medication Management
1 2 3 4 5 Emergency Evacuation	1 2 3 4 5 Ambulation	

Do you have a valid driver's license? Y N Own a car? Y N Is your registration current? Y N

Referral Source: To the best of your knowledge, has individual ever presented with any of the following behaviors? Please check if applicable.

- Physical Aggressiveness Drug and/or Alcohol Involvement Date of last use: _____
- Non-Compliance MH Treatment Hygiene/ADL Concerns
- Non-Compliance Medical Treatment Self-Harm
- Non-Compliance- Medication Management Suicide Attempts / Gestures / Ideation
- Fire Concern by History Criminal History

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

Do you have any pending legal charges? Y N Comments: _____

Please list all misdemeanors and felonies and year of offense(s): _____

Referral Source: Has criminal history been confirmed? Y N How? _____

Criminal Docket/Criminal History Link: <https://ujportal.pacourts.us/CaseSearch>

Natural Supports: (family, friends, community) _____

Hobbies: _____

Interested in employment or volunteering? Y N Comments: _____

Interested in becoming a Certified Peer Specialist? Y N Comments: _____

Interested in GED, continuing education, or college? Y N Comments: _____

Current Primary Care Physician: _____ Telephone number: _____

Current Psychiatrist: _____ Telephone number: _____

Do you have a history of any of the following medical conditions?

- Neurological Disorders Dietary Restrictions
- Infectious / Communicable Diseases Allergic Reactions
- Diabetes Immunodeficient Diseases
- Physical Disabilities Prosthetics: _____
- Incontinence: _____ Other: _____

Please Specify Other Relevant Medical Needs: _____

Referral Source: Reason for Referral to MH Housing/Services: _____

Rate Your Current Interest in MH Housing/Services, **Please Circle:**

(1) Very Interested (2) Somewhat Interested (3) Neutral (4) Slightly Interested (5) Opposed

What Skills Do You Wish to Gain Through MH Housing/Services?

1. _____ 2. _____
3. _____ 4. _____

Self-Preservation Skills:

Are you ambulatory? Y N Do you use a wheelchair? Y N A cane? Y N A walker? Y N

Can you climb stairs? Y N Do you **require** a first-floor bedroom? Y N

Do you 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 another 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 further assess for self-preservation during the interview process.

Signature of Applicant: _____

Date: _____

Signature of Referring Agent: _____

Date: _____

**To expedite the referral process, please ensure all information is completed and attached.
Referrals without recent Psychiatric Evaluations will not be processed.**

- Most recent Psychiatric Evaluation (Preferred within the last 6 mo. not to exceed 12 mo.)
- Most recent Physical Examination and TB test. (Within 6 mo. required if accepted to placement.)
- 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)
- I have attached a signed release by referred individual, allowing Diversion Navigator to share pertinent information with collaborative partners.

***Email: jmschug@buckscounty.org for follow-up only, please do not send referrals directly to that email.**