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2014-2015

**Human Services
Block Grant
County Plan**

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Vision Statement

Every individual served by a Cambria County Human Services Program will have the opportunity for growth, rehabilitation, recovery, and inclusion in their community. They shall have access to culturally competent services and supports of their choice, whenever and wherever they are needed, and they shall enjoy a quality of life that includes family members and friends.

Mission Statement

The Cambria County Human Services mission is to promote and support a vision of hope and recovery, empowering every individual to direct their treatment, rehabilitation, recovery, and daily life in a manner that is responsive to their individual needs and values, and which promotes a satisfying, sustainable, self-reliant lifestyle.

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Part 1 : County Planning Process

It is an ongoing challenge in our small, rural, tight knit County to ensure appropriate and adequate supports to any and all areas of identified Human Services areas of need especially with the current, distressed economic climate we are living in. In Cambria County, we have acknowledged that the best means to filling these gaps has been to work towards a more collaborative partnership between human service agencies to ensure that solutions are developed to ensure needs are met while adhering to the regulations and guidelines we have been charged with honoring. The Human Services Block Grant supports Cambria County's efforts to formalize our cross systems collaborations.

In all, the development of this plan has expanded beyond the traditional method of each agency/categorical funded program formulating its own plan specific to each one's unique purpose and needs to include a much broader spectrum of providers and stakeholders. It included increased cross-system coordination with the Area Agency on Aging, Drug and Alcohol, Behavioral Health and Intellectual Disabilities, Children and Youth, Human Services, and the Homeless Assistance Program in an effort to make plans for improved services across continuums of care.

Through the utilization of a Human Services Advisory Board we have created a venue where input is encouraged and welcomed, to ensure that each vulnerable population has a seat and a voice at the table, so that informed and educated decisions can be made to ensure the Human Services Plan is beneficial and purposeful in its execution. In order to make the community aware of the Board, outreach efforts are ongoing to consumer organizations, advocacy groups, provider forums etc. as well as to stakeholder groups, advisory boards and committees to ensure that the individuals whose lives these decisions will ultimately impact will have a voice.

In addition, each of the Human Service Agencies also has its own established Advisory Boards and has continued to maintain regular updates with the Board Members regarding the establishment of a Human Services Plan. These Boards also continue to be consulted and their valuable input incorporated into the conversation and development and execution of the Human Services Plan.

Public Hearings were also advertised and held so that we might also include comprehensive community input and feedback in our Plan submission. Public meetings will also continue to occur to ensure that the community as a whole afforded a venue for community outreach and education to individuals, providers, community stakeholders, etc. who may wish to offer input and feedback to the Human Services Advisory Committee regarding the successes, shortcomings, and needs related to participation in the Human Services Block Grant.

It remains Cambria County's intention to ensure that there is a diverse mix of both professionals and recipients of identified services as part of the decision making process, thus creating a plan that is meaningful and targeted in meeting the realistic and unique needs of our particular county.

It is an ongoing practice of Cambria County for the various Human Services Administrators to meet bi-weekly with the county commissioners to present updates, discuss issues, concerns, and

potential challenges that may arise. In doing so, we continue to maintain a natural environment for conversations, suggestions, and collaboration, at least in words. Over the past year the human service agency administrators “treatment team” those particular cases that present as utilizing more intensive levels of services at higher than average rates and across two or more systems. During these discussions, we have found the Human Services Block Grant beneficial offering our agencies the ability to be creative in meeting the needs of these individuals and the higher costs associated with them that have historically not been able to be met under the previous categorical funding structure.

- Two individuals dually diagnosed BH and ID – on waiting list for available waiver slots
- One youth Children and Youth, BH, and ID involved – requiring split funding between agencies to keep ensure continuity of care to allow time for appropriate long term placement planning via an ID waiver slot that is anticipated to occur within the first six months of the 14/15 fiscal year.
- Historically, Drug and Alcohol Base funding has been exhausted around April of past fiscal years, creating situations where individuals in need of base funded D&A services to have to wait until the start of the following fiscal year in order to receive necessary services. During the FY 13/14 having had the flexibility of the Block Grant to share funds across systems, Cambria County was able to assist approximately 82 additional individuals requiring an array individuals who would have historically had to delay treatment due to funding shortages.

It should be noted that these efforts should not be viewed as arbitrarily taking behavioral health categorical dollars and “giving” them to other programs. These decisions continue to be arrived at after group discussions among the human services administrators to provide essential services to individuals who otherwise fall within one or more of the human service fields in terms of their needs of services. Specifically relating to the children and youth case as well as the intellectual disabilities individuals, the utilization of these funds remains a stop gap measure to ensure no disruption in services until long term, permanent funding can be secured and put in place via the office of developmental programs funding stream.

It should also be noted that the utilization of these dollars continues to not result in the loss or discontinuation of services to individuals within the Behavioral Health program. These monies continue to be realized via staff reduction due to attrition as well as conscientious budget planning by the agency administrator and chief fiscal officer. As funding has been reduced in prior fiscal years, concerted efforts have been made to ensure that funding goes to direct individual service provision whenever possible.

Another resource that continues to be beneficial in the development of our Human Services Block Grant Plan has been the availability of the Community Needs Based Assessment developed by the United Way of the Laurel Highlands. The committee continues to utilize the results of that survey to identify areas of need identified by the community as areas where focused efforts need to be applied. Substance Abuse is identified as an area of great concern. Also of note, Cambria County’s Drug and Alcohol Program continues to partner with the United Way on several occasions in addressing and meeting the needs identified in the needs based assessment as well as stakeholder and advisory board input.

Focus Areas of Need for FY 14/15

- Mental Health-

The census rate for individuals in Torrance State Hospital has continued to remain consistently in the average of 20+ individuals over the past year and as a County we continue to remain mindful and committed to exploring options to reduce the census average. Appropriate residential step down and community diversion options remain limited along with an ongoing desire to assist individuals in achieving the greatest level of independence in living as possible for these individuals when being discharged from the State Hospital. Cambria County will continue to monitor and explore the utilization of the funding that remains available through the reinvestment dollars relating to the Supported Housing Program to afford individuals the opportunity to live independent in the community in least restrictive settings with ancillary supports ie. peer, bcm, etc. Cambria County will also continue to work with community providers and when appropriate, with reinvestment dollars to continue to identify, develop and cultivate community supports that promote resiliency and recovery.

- Homelessness and available services –

As noted in last year's plan, The Salvation Army, who had been the long time provider of shelter services in Cambria County had made the difficult decision to close their doors September 30, 2013. In anticipation of this decision, the United Way of the Laurel Highlands, in partnership with numerous concerned provider organizations including Cambria County BH, D&A, and the Human Services Department to name a few, had joined together to develop a plan of how to address homelessness in Cambria County moving forward. Catholic Charities had subsequently stepped forward to spearhead the day to day functions and duties associated with homelessness although at this time, an actual shelter still does not exist and operate. It is noteworthy that through this collaboration of vested partners, a new building has been purchased and is actively being rehabilitated and has a tentative start date for operations as of November 2014. Cambria County Human Service Agencies will remain actively involved in this endeavor as many of our participants are impacted by homelessness.

Cambria County is also in the process of pursuing the utilization of additional reinvestment monies to continue to fund a prior approved reinvestment plan for Supported Housing Services. The prior plan demonstrated a 64% success rate of individuals maintaining safe, secure, permanent housing once the assistance of the Supported Housing Program expired and so Cambria County feels this has proven to be a positive and successful utilization of reinvestment monies.

- Criminal Justice involved population-

The creation of a Day Reporting Center was Cambria County's first step in intervening with special populations involved in the criminal justice system. After what is now its second year of operation, success and benefits of the program continue to be realized and we remain optimistic of its ongoing success and positive impact.

The Veteran's Court continues to demonstrate success through its second year of operation. The Cambria County judicial system remains committed to positive and proactive interventions for the veterans of Cambria County.

The development of a Mental Health Court in Cambria County has finally been achieved and in June of 2014 the Court commenced its first cases. The Court has not yet had a formal public announcement to allow the opportunity to troubleshoot any problems or glitches, but it is anticipated that a formal public event will occur in mid to late summer of 2014 to officially recognize the Court.

- Transition Age Youth-

The transition age youth population remains a focus in Cambria County over the next year. Many of these youth are multi-system involved and the need for increased proactive planning and interventions has been identified as an area of further exploration and uniformed support plan process.

- Outpatient Drug & Alcohol Treatment-

Cambria County continues to identify and recognize the presence of a growing drug and alcohol epidemic in the county and continues to partner with Value Behavioral Health, the managed care organization for Cambria County, to ensure that adequate access to outpatient drug and alcohol interventions exist that promote recovery and wellness. Concerns exist regarding the current high utilization of methadone treatment as the predominant means of treatment and very limited success that has been achieved in successfully transitioning individuals from methadone maintenance therapy. Spearheaded by the Cambria County Commissioners, Human Services Administrators, and Value Behavioral Health, over the first several months of 2014, Cambria County has developed a Methadone Work Group to evaluate the current processes in place in Cambria County in terms of the provision of Methadone treatment as well as the oversight in place to monitor those programs. Through this process there has been outreach to recipients of methadone services in Cambria County to access feedback regarding member perception of services in hopes of better defining what is working, what's not, and where improvements need made. The goal here is not to eliminate Methadone treatment as an option in Cambria County but to ensure that the need is being met with quality services as well as exploring alternative outpatient treatment options and ensuring their development and implementation.

- Intellectual Disabilities Waiting Lists-

Although there has been noted improvement in the number of graduates waiting for services, the waiting list for individual in need of waiver services continues to exist and grow. Over the next year, Cambria County will utilize the flexibility of the Human Services Block Grant structure to

alleviate some of the wait times for necessary services whenever possible as well as ongoing advocacy on behalf of these individuals to the Office of Developmental Programs.

Data for all of these identified areas will be tracked via County generated statistics via departmental tracking mechanisms. Additional input will also be tracked via meeting minutes from advisory board meetings, public stakeholder meetings, as well as information generated by individual provider(s) of topic specific services.

Cambria County will also utilize State generated data and reports to conduct regular comparisons between increases/decreases experienced by counties of comparable size and population. Information will also be utilized as available from the County Commissioners Association of Pennsylvania and County Administrators Association as well.

In regards to the Human Services Block Grant, Cambria County we have already realized positive outcomes in regards to gaps in service as well as reductions in waiting lists for necessary services. This will continue to be achieved without negatively impacted current levels of service within the traditional categorically funded programs.

As we reflect upon our first year as an identified Pennsylvania Human Services Block Grant County, we proudly report that our first year has been a success. All of the fears and anxieties that existed during the development and implementation of a Human Services Block Grant Plan were not realized or founded, but rather disproved and as a result of the latitude the block grant afforded us with our funding, not only did no one lose the services they were receiving, but in fact additional individuals received services that they would otherwise have gone without. So it is with great excitement and enthusiasm that the Human Services Agencies of Cambria County continues to move forward, confident in our ability to adapt to and implement necessary changes that will ensure ongoing Human Services are available and provided when a need arises.

It is Cambria County and its various Human Services Agencies that are charged with the responsibility of thoughtfully and carefully forging a plan forward that ensures and reassures those receiving and in need of Human Services supports will find comprehensive and needed appropriate services existing and available to them. Through the establishment and ongoing development of a Human Services Board, Cambria County has established the necessary framework to ensure that all vulnerable populations are adequately represented at the table and that each voice is heard.

The following document is not intended to be static and unchanging but rather the basic framework that continues to be thoughtfully developed to represent Cambria County's intended steps in moving forward with a unified human services focused plan. The intention is to develop a larger, broader, more comprehensive and collaborative mindset in regards to how Cambria County approaches Human Services and the array of services that are provided.

The most important aspect of a successful comprehensive, all inclusive Human Services plan is to continue fostering collaboration among traditionally categorically funded programs. And by maintain an open and ongoing conversation we continue to promote a mindset of sharing, steering away from a history of "island unto one's self" mindset.

It is with optimism that this plan has been developed and provided, that collaboration and cooperation will continue to be the basis for all decision making related to the development and implementation of a human services county plan.

All too often, the label of being a small, rural, County has carried with it a belief that we always stand to lose more, but in terms of the Human Services Plan, it has offered an opportunity for Cambria County to shine and excel, as with small communities, we are not hindered by the

barriers of larger more complex regions but rather draw upon our close knit, community roots and existing community connections to bring interested parties together to the table with ease.

So, we welcome the challenge and move forward with excitement and enthusiasm with our vision of a comprehensive Human Services Plan for the 2014-2015 Fiscal Year.

Part II : Public Hearing Notice

Two Public Hearings were held:

Thursday, June 26, 2014 at 10:00 AM

*Cambria County Courthouse
Ebensburg, PA*

Thursday, June 26, 2014 at 4:00 PM

*Central Park Complex
110 Franklin St, Johnstown, PA
2nd Floor Auditorium*

(See Attachments 1, 2, 3, 4, 5)

In addition to the Public Hearing Notices being placed in two newspapers flyers were sent out to the following groups as well:

- Advisory Board Members
- County Service Providers (Adult and Childrens)
- All Human Service Agency Employees
- Local Advisory Groups
- Presented at Stakeholder Meetings
- Drop In Centers
- Residential Providers
- Inpatient and Outpatient Providers

Feedback from the Public Hearings regarding the Cambria County 2013-2014 Human Services Block Grant Plan are reflected in ***Attachment 6***.

Part III : Waiver

Cambria County Human Services will not be seeking a waiver in the Fiscal Year 2014-2015 Human Services Block Grant Plan

Part IV : Human Services Narrative

Mental Health Services

The residents of Cambria County continue to have a variety of options when searching for community mental health supports and services. Cambria County Behavioral Health, in collaboration with BHoCC (Behavioral Health of Cambria County) and Value Behavioral Health, continues to direct attentions to systemic changes and additional services that will continue to promote the concept of recovery and challenge individuals to actively participate in their own recovery journey.

Cambria County has looked to a variety of sources in determining the strengths and needs of the current service system, calling upon stakeholders, community providers, and the managed care organization just to name a few.

Hospitalization and re-hospitalization rates, including those to State Hospitals, continue to be an area of concern, noting *24 State Hospitalizations*, over the past year although it is to be noted that this is down from 26 during FY 12/13. Also of note, there were 16 State Hospital discharges during FY 13/14 as well. Although, progress has occurred over the past year in finding appropriate step down options for individuals from the State Hospital (*Long Term Structured Residence and Community Residential Rehabilitation as well as increased utilization of Peer Support, and Targeted Case Management*) Cambria County Behavioral Health continues to identify the need for improvement.

Also, in an ongoing effort to improve communications between inpatient and residential facilities, Cambria County Behavioral Health in partnership with BHoCC and VBH continues to facilitate regular Community Provider meetings to create a venue for communication, problem solving, and brainstorming to develop creative solutions for those high utilization individuals. This area will continue to be a focal point of attention over the next year.

**Cambria County Statistics
Torrance State
Hospital
Continuity of
Care
FY 2013-2014**

Admission/Discharge Profile

	7/13	8/13	9/13	10/13	11/13	12/13	1/14	2/14	3/14	4/14	5/14	6/14
Start	19	20	19	19	20	19	21	25	26	26	26	26
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Admissions	3	2	1	2	2	2	4	2	3	1	0	2
Discharges	2	3	1	1	3	0	0	1	3	2	0	0
Ending #	20	19	19	20	19	21	25	26	26	25	26	28

Discharge by Level of Casemanagement

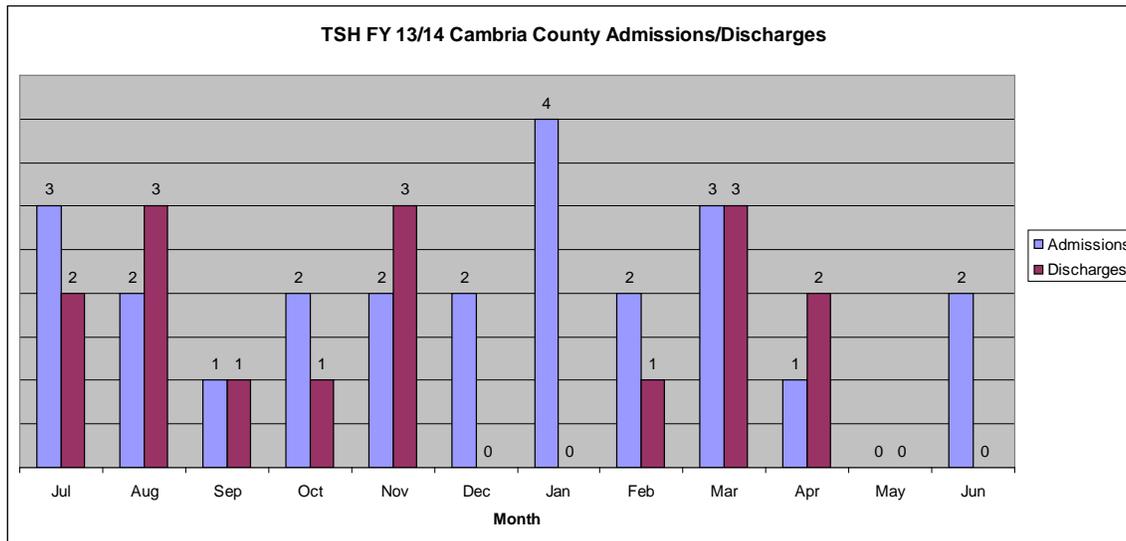
	7/13	8/13	9/13	10/13	11/13	12/13	1/14	2/14	3/14	4/14	5/14	6/14
Administrative Case Management/BSU	0	0	0	0	0	0	0	0	0	0	0	0
Blended Case Management	2	2	0	1	3	0	0	1	3	2	0	0

Readmissions (FY 2012-2013)

	7/13	8/13	9/13	10/13	11/13	12/13	1/14	2/14	3/14	4/14	5/14	6/14
181-365 days	0	1	0	0	1	0	0	0	1	0	0	0
> 365 days	1	0	1	1	0	0	2	2	1	1	0	0
Total	0	1	1	1	10	0	2	2	0	1	0	0

Diversions from State Hospitalization

	7/13	8/13	9/13	10/13	11/13	12/13	1/14	2/14	3/14	4/14	5/14	6/14
Number	0	1	0	0	1	2	2	2	1	1	0	2



a.) Program Highlights:

A positive note in Cambria County continues to be the operation of a Day Reporting Center in Cambria County via the criminal justice system. Through concentrated efforts by all parties involved increased collaboration between the criminal justice system and the other human services programs have resulted in more positive outcomes for individuals living with mental illness who have historically experienced little success when encountering the criminal justice system. The full benefits of this program continue to be realized including an improved relationship between mental health and the criminal justice system as a result of a coming together on the Criminal Justice Advisory Board has proven invaluable.

Through reinvestment dollars, Cambria County was able to develop and implement a Supported Housing Program, assisting individuals in securing and retaining safe, affordable, permanent housing. After two years, the program has demonstrated a 64% success rate in terms of participants maintaining their housing after assistance via the supported housing program. Additional dollars to continue the supported housing program have been secured through a Shelter Plus Care Grant secured by the Cambria County Redevelopment Authority, which will

afford up to 19 additional households safe secure permanent housing through a three year funding opportunity. There are presently 4 households who have been positively impacted by the Shelter Plus Care Program. As a continuation of supported housing initiatives in Cambria County, Cambria County has recently made a request of DPW/OMHSAS to utilize additional reinvestment dollars to continue to support the Supported Housing Program again. As of the writing of this plan, a decision has not been rendered on this request.

The Peer Empowerment Network, a consumer driven, consumer run, Drop In Center continues to serve as a positive example of a successful reinvestment plan. It continues to be an exciting time of change and transition for individuals living with Mental Illness in Cambria County as they have moved to a new location that preserves the home like feel of the drop in center while afforded participants increased space to continue to support and encourage their individual recovery journey. Through additional funding opportunities and grants, the Peer Empowerment Network has been enabled to provide increased outreach and educational opportunities relating to mental illness education and recovery. In addition, they have also collaborated with Value Behavioral Health on several occasions over the past year in hosting mental illness outreach and education opportunities that have been well received and well attended and we look forward to ongoing expansion and growth of that collaboration.

As always the maintaining of the core family unit remains an identified area of focus for Cambria County, in partnership with our managed care organization, and the development of community programs and supports such Parent and Child Interaction Therapy as a priority. This is not to lessen the value or need for traditional BHRS and Children's Services but rather to use them for their acute, intended purpose and then reunify the family and promote and encourage the transfer of necessary skills to ensure functional, successful, independent families in our community.

Case management continues to be a primary focus and an integral resource to individuals living with mental illness in their ongoing journey of recovery and self sufficiency. The focus of case management is to be a helping hand with the ultimate focus being upon linkage, promotion of natural supports, strengthening an individual's strengths and abilities.

b.) Strengths and Unmet Needs:

Older Adults (ages 60 and above)

Cambria County maintains a very strong working relationship between the Behavioral Health Program and the Area Agency on Aging. Every effort is made to implement appropriate interventions to support the aging population in their natural living environment and to avoid unnecessary inpatient hospitalizations and more significantly, admissions to the State Hospital. Cambria County offers a wide array of aging services and the agency will reach out to Behavioral Health when needed to coordinate/link individuals in need of behavioral health interventions when needed.

Adults (age 18 and above)

Cambria County BH administration routinely monitors community services to ensure that an array of Behavioral Health services and interventions are available to the residents of Cambria

County. The Cambria County Behavioral Health Service System currently has in place the following services for the Adult population:

Currently:

- Three Outpatient Psychiatric Service Providers with locations in both the southern and northern parts of Cambria County
- Tele-Psychiatry
- Adult Partial Hospitalization Program
- Psychiatric Rehabilitation Services
- Residential Services
- Long Term Structured Residence
- Three Community Residential Rehabilitation Homes for State Hospital Discharges as well as Community Diversion
- Two Consumer Drop In Centers
- Peer Specialists
- Administrative Case Management
- Blended Case Management offered by three providers
- Very recent implementation of a Mental Health Court

In planning:

- Mobile Medication (current RFP)
- Increased PCIT trained providers
- Expansion of outpatient psychiatric Services with clinic located within the smaller more rural communities of Cambria County
- Project Transition to the Region

Transition Age Youth (ages 18 through 26)

Cambria County continues to explore opportunities to better serve Transition Age Youth. There was a pilot program through reinvestment dollars for a Transition Age Youth Psychiatric Rehabilitation Program, but interest did not support ongoing program expansion. This age group continues to be served but under the current Psych Rehabilitation Program through Goodwill Industries.

An identified variable that may be impacting this age group from engaging in possible support programs and services may be that many of the youth that are identified have been involved in several human service systems prior to age 18 and upon turning 18 they view this as an opportunity to live independent of the often times mandated supervision and structure of their youth. (ie.Children and Youth, Juvenile Probation, RTF, BHRS, etc.) Greater efforts need to occur to engage this population and promote these next levels of service as positive and beneficial to them and to encourage them not to view involvement as punitive.

County provided:

Administrative Case Management: 2303

Residential: 66

Blended Case Management: 320

Children (under 18)

Cambria County offers a wide array of supports and services to children in need of behavioral health services.

Currently:

- TSS/BSC
- After School Programs
- Respite
- Satellite Outpatient Services in Schools
- Tele-psychiatry in schools
- Therapeutic Host Homes
- RTF
- Autistic STAP

There is also significant collaboration between Children and Youth, Juvenile Probation, and Behavioral Health via CASSP and Value Behavioral Health to ensure youth in Cambria County in need of Behavioral Health interventions receive appropriate services. Focus this year will continue to ensure that medically necessary services are being funded through HealthChoices when possible and to maintain positive communications between youth involved services and VBH.

CASSP: FY13/14

Served under through case management: 900

RTF: 19

CRR: 7

SAP Stats FY 2013-2014

Background Information

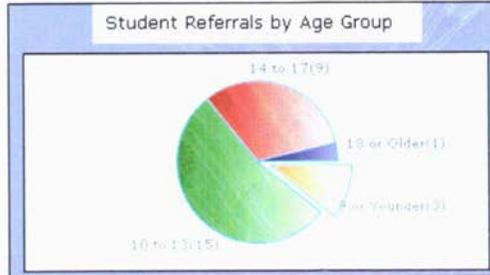
The total number of screenings that were performed. 0

Students referred for assessment - by age group, sex and race/ethnicity

Race/Ethnicity	9 or Younger		10 to 13		14 to 17		18 or Older		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
White (Non-Hispanic)	2	1	9	5	5	4	0	0	16	10
Black (Non-Hispanic)	0	0	1	0	0	0	1	0	2	0
Hispanic	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0
American Indian	0	0	0	0	0	0	0	0	0	0
Other Race	0	0	0	0	0	0	0	0	0	0
Totals	2	1	10	5	5	4	1	0	18	10

Total number of student referred which have received an assessment: 28
 Total number of student referred which have not received an assessment: 0
 Number of students referred that received a Drug and Alcohol assessment during this reporting quarter: 0
 Number of students referred that received a Mental Health assessment during this reporting quarter: 28
 Number of students referred that received a Co-Occurring assessment during this reporting quarter: 0

<u>Race/Ethnicity</u>	<u>Percent Of Students</u>
White (Non-Hispanic)	92.86%
Black (Non-Hispanic)	7.14%
Hispanic	0.00%
Asian	0.00%
American Indian	0.00%
Other Race	0.00%



<u>Age Group</u>	<u>Percent Of Students</u>
9 or Younger	10.71%
10 to 13	53.57%
14 to 17	32.14%
18 or Older	3.57%

<u>Gender</u>	<u>Percent Of Students</u>
Male	64.29%
Female	35.71%

ASSESSMENT RESULTS:

Students whose assessment resulted in the following primary problem categories.

Age Group	Primary Drug/Alcohol	Primary Mental Health	Primary Co-Occurring	None
9 or Younger	0	3	0	0
10 to 13	0	14	0	0
14 to 17	0	10	0	0
18 or Older	0	1	0	0
Totals	0	28	0	0

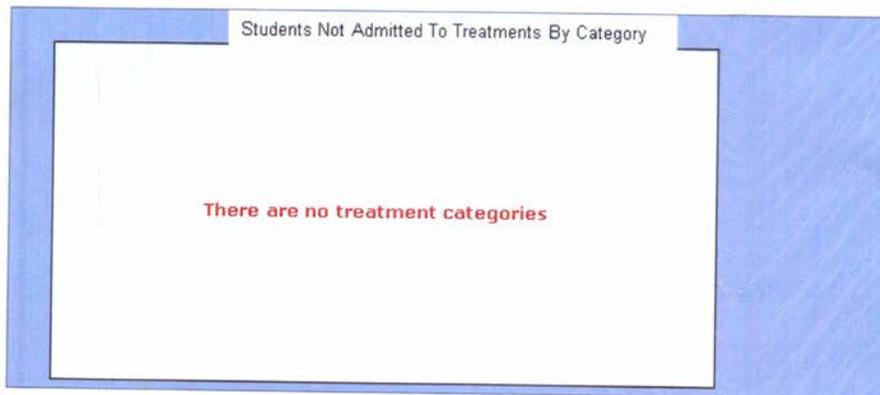
REFERRAL OUTCOMES:

Total number of students who were admitted to at least one of the Intervention or Treatment options: 28

Total number of students who were not admitted to at least one of the Intervention or Treatment options: 0

The number of students who were not admitted to at least one of the Intervention or Treatment options by category.

Lack of Funds:	0
Services unavailable:	0
Referral refused by student:	0
Referral refused by parent:	0
Referral refused by D&A provider:	0
Referral refused by M/H provider:	0
Admission scheduled for the following Quarter:	0
Client waiting list:	0
Unknown Outcome:	0
Other:	0



Total number of core team consultations that the liaisons participated in this reporting quarter: 396

Total number of parent teacher consultations that the liaisons participated in this reporting quarter: 98

Number of liaisons that have been SAP trained by a CAT trainer this reporting quarter: 0

Special/Underserved Populations

- Individuals transitioning out of state hospitals

Cambria County Behavioral Health and Nulton Diagnostic Treatment Center have continued to maintain a pilot program referred to as CBIT (Community Based Intensive Treatment) to support individuals transitioning back to the community following a State Hospital discharge. There are weekly team treatment team meetings that promote information sharing and member support to ensure that necessary services are occurring in a timely manner. The goal is to reduce and or eliminate readmissions to community hospitals or State Hospitals. Participation is voluntary but participants are informed of the program and given the opportunity to participate prior to State Hospital discharge. The pilot has produced positive results and continues to be a recommendation as part of discharge planning at the State Hospital level. Also note, the CBIT has also been a recommendation for individual hospitalized at the community hospital level who have had repeated inpatient admissions and/or are at risk of a State Hospital referral.

- Co-occurring

Aside from the traditional D&A support services such as AA, NA, etc. Cambria County has not had available support groups for individuals struggling with co-occurring illnesses. Through an educational/peer support grant via the United Way of the Laurel Highland, the Peer Empowerment Network, a consumer driven drop in center continues to offer a Drug and Alcohol Peer Support Group for individuals living with Mental Illness and Substance Abuse issues. The Group has been well received and well attended and participation continues to grow. The Group is facilitated by a Peer in recovery and is supervised and mentored by employed staff of the Peer Empowerment Network. Given the positive response to this Peer driven initiative, ongoing efforts to support and expand this resource will continue to be explored.

- Justice involved individuals

Cambria County has made great strides in terms of the supports offered to Behavioral Health individuals involved in the Criminal Justice System.

1. *Cambria County has a very active CJAB*
2. *Development and implementation of a Day Reporting Center*
3. *Behavioral Health has a forensic case manager who makes regular visits to the Day Reporting Center as well as the County Jail and assists participants and inmates pending release in linking to needed behavioral health interventions.*
4. *Forensic Peer Specialists continue to provide services to individuals transitioning back into the community from the jail system.*
5. *The implementation of a of a Mental Health Court that continues to have the support of the County Commissioners as well as the full support of the Judicial system of the County.*

- Veterans

Cambria County has an established a Veteran's Court, most of it's participants receiving treatment and supports via the VA, but the various Human Services Agencies provide linkage and supports as needed.

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

Cambria County previously attempted to engage the LGBTQI community in developing an advisory board to address issues specific to this community. Unfortunately, there was no response to efforts at outreach. This priority group remains one of interest to the county and one that we hope to continue to make inroads with in the future.

- Racial/Ethnic/Linguistic minorities

At the present time, there are no projects or initiatives occurring regarding these special populations. Cambria County remains sensitive to these potential areas of need and welcomes the opportunity to engage these communities in the future.

- Other, if any (please specify)

None at this time.

Recovery-Oriented Systems Transformation

Cambria County is committed to transforming Human Service Programs from direct service provision and more towards person driven, promoting self reliance rather than the traditional practice of service providers doing for the individual. Promotion of recovery focused forums and events that empower individuals to believe in and realize recovery and independence of system reliance. Over the next year, Cambria County will focus on four recovery focused transformation Priorities:

- Housing Initiatives
- Less system reliance- increased self reliance and personal accountability
- Implementation of a Mental Health Court
- Supported Employment as opposed to Sheltered Employment
- Increase in the number of providers qualified to provide PCIT

Housing Initiatives

As in most things, funding remains a barrier to the realization of many plans. Ongoing participation on the United Way of the Laurel Highlands Shelter Committee, seeking creative alternative to congregate living situations, including a recent request to utilize additional reinvestment dollars to continue to support the previously established Supported Housing Program as well as securing Shelter Plus Care Grant dollars to promote independence and self reliance in the community rather than the traditional practice of congregate care as the solution. Continued support and utilization of the Housing Clearinghouse developed via reinvestment dollars with the Greater Johnstown Landlord's Association in identifying landlords willing to give second chances to individuals whose opportunities with traditional housing programs have been exhausted. In addition, continued collaborative efforts with neighboring counties and Project Transition to bring their supported housing services to this region.

Self Reliance and Personal Accountability

System transformation that promotes resiliency and recovery rather than system dependence, ongoing transition of traditional County Case management services that were focused on service provision rather than service coordination, a transition that is a change for both participants and staff as well.

Mental Health Court

Cambria County Behavioral Health will remain an active participant in the Mental Health Court in Cambria County. To identify individuals who, with guidance, support, and linkage to appropriate services who can be afforded second chances and not punishment as a result of their illness.

Supported Employment vs Sheltered Employment

Case managers who are promoting recovery and individuals abilities to live meaningful, self reliant, contributing lives as opposed to the historical mindset of system reliance and government sustained existence, through coordination of supported employment programs and employment opportunities sensitive to the needs of the behavioral health population.

Intellectual Disabilities Services :

	ated/Actual Individuals served 13-14	ted Individuals to be served 14-15
rted Employment		5
red Workshop		22
Training Facility		4
unded Supports ination		194
ntial (6400)		6
aring (6500)		0
AWC		0
IF		0
y Driven Family Support es		18

Supported Employment

Supported Employment Services are direct and indirect services that are provided in a variety of community employment work sites with co-workers who do not have disabilities for the purposes of finding and supporting individuals in competitive jobs of their choice. This service provides additional support, supervision and training in the actual work setting while being paid minimum wage or higher. It consists of job finding and job support. Job finding may involve interview assistance, employer outreach, resume preparation and job searching. Job support involves training on specific job assignments, on-going individual support and follow-up with employers.

Cambria County currently has three (3) individuals who are receiving supported employment with base dollars. All three (3) continue to increase their job skills. Additional base dollars would enable the county to provide employment services to ID individuals. For fiscal year 14/15, it is our plan to maintain and/or increase by two (2) the number of base consumers who receive supported employment services.

Cambria County promotes employment as an option for the ID individuals through the Supports Coordinators. If an SC is working with a consumer who is requesting competitive employment, the SC makes a referral to OVR. If the consumer does not meet OVR criteria, the consumer will be given a choice of supported employment providers. If funding is available, the service will be approved and authorized by the AE. If funding is not available, a PUNS will be completed.

Tracking of consumers requesting competitive employment or supportive employment services is completed by the employment point person. This information is presented to Cambria County’s Advisory Board on a quarterly basis.

Base Funded Supports Coordination

It is the responsibility of the Supports Coordinator to coordinate, link and monitor services that are requested and received by the ID individuals. The SC is required to complete a face-to-face monitor with the base funded consumer a minimum of once a year. An Individual Support Plan is completed on an annual basis and updated as needed. A Prioritization of Urgency of Needs for

Services (PUNS) is completed during the annual review ISP meeting and on an “as needed” basis.

For fiscal year, 13/14, 158 consumers received base funded supports coordination. For fiscal year, 14/15 it is projected, 194 consumers will be in need of base funded supports coordination. Approximately, three new consumers register for ID services on a monthly basis. At this time, we have identified nine (9) 2014 graduates. It is our hope to receive waiver funding for these individuals and therefore they will receive supports coordination through waiver funds. As the SCO/Base consumers are enrolled in the waiver programs, new consumers are open to Cambria County BH/ID Programs. The number of waiver slots allocated to Cambria County per fiscal year never equals the number of new consumers. Therefore the number of consumers utilizing base funded supports coordination continues to grow. Currently, Cambria County has nine (9) Supports Coordinators with an average caseload of 59 consumers.

Lifesharing

Lifesharing also known as “Family Living” is an alternative to the traditional residential option of a group home. Lifesharing through Family Living means living with and sharing life experiences with supportive persons who form a caring household. It provides the individual with a close personal relationship and a place to live. It offers an individual with intellectual disabilities the opportunity to live with a family or individual who will support their desires and needs for an everyday life. They become part of an extended family.

Cambria County currently has four (4) consumers residing in a Lifesharing home. All have been there for numerous years and have become a “member of the family”. All Lifesharing placements are funded through the Consolidated Waiver.

For fiscal year 14/15, it is our plan to maintain and/or increase the number of individuals residing in a lifesharing placement by one (1) individual. It is noted that the families of Cambria County are hesitant to place their family member in a lifesharing home. They prefer to keep their family member home or seek residential placement in a group home with trained staff.

The option of lifesharing is discussed at the ISP annual review meeting of all consumers especially those requesting residential placement, residing in residential placements and those who express an interest in finding an alternative living arrangement. If an SC is working with a consumer who expresses interest in Lifesharing, the SC notifies the lifesharing point person and a PUNS is completed. A meeting is held to verify the consumer’s interest in lifesharing, to discuss the choice of providers and to determine if funding is available. Once a provider is chosen and a family is selected, transition activities can begin if funding is available. Lifesharing information is shared with the Cambria County’s Advisory Board.

Cross Systems Communications and Training

Cambria County remains in an ideal position to promote ongoing cross system communication and training opportunities in regards to the dual diagnosis population as we remain direct providers of supports coordination services as well as base service unit case management to the residents of Cambria County. Historically and moving forward,, ODP training opportunities provided both at County offices as well as the Ebsburg Center are made available and attendance encouraged to both ID and BH staff thus creating a natural environment for cross system education and competency. Cambria County is committed to alternative community

diversions whenever possible to avert admissions to State Centers and Hospitals and will utilize treatment team meetings, PPRT's, etc. to ensure every avenue and alternative is explored.

Both the Deputy ID Administrator and the Deputy BH Administrator are actively involved in the planning process of dual diagnosed individuals and provide direct supervision and guidance to front line staff throughout the decision making process. It is imperative that a mindset of inclusion and collaboration is practiced from the highest levels of administration down to ensure an evolution of change in the manner in which the dual diagnosis population is viewed and assisted.

Emergency Supports

When an individual with Intellectual Disabilities is in need of emergency supports, a request is submitted to the Office of Developmental Programs for an "unanticipated emergency waiver slot. In order for this request to be approved, the following criteria needs to be met:

- an individual or participant is at immediate risk to his/her health and welfare due to illness or death of a caretaker;
- an individual living independently experiences a sudden loss of their home (for example, due to fire or natural disaster); or
- an individual loses the care of a relative or caregiver, without advance warning or planning

If the request is approved, the individual is enrolled in waiver and appropriate services are authorized.

If the "unanticipated waiver request is denied, the use of natural and non-paid supports will be explored. A meeting will be held with Cambria County's CFO and BH/ID/EI Administrator to determine if base funds are available to support the individual's needs until a waiver slot becomes available.

Administrative Funding

In regards to the roles and functions of Cambria County's Administrative Entity, Cambria County will remain the Administrative Entity for the waiver programs.

Cambria County Intellectual Disabilities continues to contract with St. Francis University's Social Work Department to serve as the independent entity for the Independent Monitoring for Quality (IM4Q). Those functions are completed by St. Francis University and invoices for those services are then invoiced to Cambria County for payment.

Cambria County Intellectual Disabilities will continue to maintain a letter of Agreement with Westmoreland County to fulfill the role of the Health Care Quality Unit (HCQU).

Homeless Assistance

Cambria County's continuum of services includes preventive services to help individuals and families representing all demographics from becoming homeless, and financial and support services to assist persons who have become homeless to attain and maintain permanent housing. Programs are designed to strongly encourage those receiving assistance to take a proactive role

in development and implementation of an effective service plan. Clients sometimes receive assistance from more than one HAP component as well as several agencies.

The closing of the Salvation Army shelter in the City of Johnstown presented an opportunity for us to reevaluate the way in which we provide services to the homeless and near homeless population in Cambria County. United Way of the Laurel Highlands became the facilitator in bringing together all conceivable stakeholders from across the county, including private and public social service agencies, for profit, non-profit and faith based organizations, school districts, municipalities, redevelopment authorities, law enforcement, criminal justice system and landlord association, to discuss their issues with the current system and concerns going forward. Through this process we were able to pull together the resources necessary to open and maintain a new homeless shelter (opening in November 2014), and create a better network for support services. All entities involved are more fully aware of the numerous resources that are available in Cambria County. We are all committed to working together to assist those in need as effectively and efficiently as possible

	ated/Actual Individuals d in FY 13-14	pted Individuals to be d in FY 14-15
e Housing	8	11
Management	140	130
l Assistance	315	280
gency Shelter	282	245
Housing Supports	0	0

HAP Program Descriptions

Bridge Housing Program (BHP) – Clients are housed in the Johnstown Housing Authority communities. All clients will continue to receive a mental health assessment by Cambria County Behavioral Health (CCBH) before official entry into the program and must follow through with counseling if it is advised by CCBH. The BHP pays a set rent amount per month for clients with the remaining rent subsidized by HUD. Client contribution is by an established sliding fee scale based on clients’ income and is not greater than 30% of the client’s income or a maximum of \$100.00. All client contributions are used on behalf of the client when he/she leaves the program, less any costs that may be owed to the housing authority by the client (damage repair costs, magistrate fees, lockout costs, etc.).

Case Management – For recipients of Rental Assistance, regardless of the funding source, case management provides financial literacy instruction, budget counseling and assistance in accessing publicly and privately funded resources and support services to help enable households to acquire and maintain stability going forward. Attendance at two case management sessions is required in order to receive further rental assistance within the 24-month period beginning on the issuance date of the first check. Clients are encouraged to voluntarily continue case management beyond the required two sessions.

Rental Assistance - Provides rent/mortgage or security deposit on the client’s behalf for those who qualify according to the HAP Instructions and Requirements. Eviction/foreclosure notice is required, and a signed statement from the landlord that they will continue/begin to rent to the person if the agreed upon amount is paid to the landlord on the client’s behalf, or a signed

statement from the mortgage holder that foreclosure activities will cease upon receipt of payment on the client's behalf. All persons requesting rental assistance are referred to the County Assistance Office (CAO) to apply for the emergency shelter payment and must present the signed CAO approved/denied paperwork prior to receiving rental assistance from the HAP.

Proposed changes include the adoption of the HAP 30 and 90-day income and resource calculation worksheets as presented in the HAP Income & Resource Calculation webinar on April 24, 2014. We have revised our affordability worksheet and set the threshold of not more than 75% of total household income being required for essential housing expenses in order for a household to receive rental assistance.

Emergency Shelter – Provides refuge and care to persons who are in immediate need and are homeless. The Cambria County Emergency Shelter Committee was formed in November 2012 to plan for alternative shelter services in anticipation of the closing of the long standing Salvation Army Emergency Shelter which occurred in September 2013. Funding was secured for renovation of a property located near the City of Johnstown as a permanent homeless shelter that is set to open in November 2014. Catholic Charities will operate that facility, providing shelter and comprehensive case management for homeless individuals and families. In the interim (July through November 2014) county residents in need of emergency shelter are being served via limited hotel/motel accommodations. Catholic Charities will continue to manage the provision of emergency shelter and comprehensive case management for the interim also.

Emergency Shelter providers are:

1. The Women's Help Center - The Women's Help Center serves victims of domestic violence and can house a maximum of 35 people. Clients are required to participate in case management while at the facility and may continue with case management services voluntarily after leaving shelter.
2. Catholic Charities – Currently provides up to seven (7) nights in local hotel/motel/boarding house at predetermined rate. Clients must actively participate in case management while in shelter and may continue case management services voluntarily after leaving shelter. The opening of the new homeless shelter facility under the management of Catholic Charities is anticipated to take place in November 2014. At that time clients will be housed up to 30 days and receive intensive case management while in shelter.

Other Housing Supports – We are not currently utilizing this component as we have not identified specific necessary housing support services that are not being covered by another funding source.

HAP funds continue to be part of local dollar match for the Emergency Solutions Grant/s (ESG), which assist extremely low income households in Cambria County to attain permanent housing and help support emergency shelter and case management.

Currently, Community Action Partnership utilizes the HMIS database to track clients under the ESG from intake through discharge and will begin utilizing HMIS on July 1, 2014 for HAP client data. Johnstown Housing Authority tracks client data according to HUD standards. Catholic Charities will begin utilizing HMIS for client data on July 1, 2014. Women's Help Center, as a service provider for domestic violence victims, maintains their client data according

to the guidelines established for that population and submits the necessary information for client reporting for the HAP. All providers track clients from intake until discharge. There is not follow-up contact after discharge for clients unless the former client contacts the agency or returns for additional services.

Children and Youth Services

Briefly describe the successes and challenges of the county’s child welfare system and how allocated funds for Child Welfare in the Human Services Block Grant will be utilized in conjunction with other available funding (including those from the Needs Based Budget) to provide an array of services to improve the permanency, safety and well-being of children and youth in the county.

Like other counties, Cambria County has been using Evidence Based practices like Multi-Systemic Therapy, and other practices including Family Group Decision Making and Family Engagement and Support in an effort to address the serious concerns around the difficulties of parenting adolescents and to decrease the isolation of families in need.

The flexibility of funding within the Block Grant means that working with Cambria County BH/ID/EI and D &A will allow the human service agencies to address these concerns that impact families in their ability to successfully raise children in our community. MST is one practice that is requiring less funding because so many of the families are eligible for Medical Assistance to cover the costs of the service. However, it is helpful for those families who have private insurance – they still have the need, but not the coverage for this type of service. Again, flexibility is an asset to the agencies and the families.

Identify a minimum of three service outcomes the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2014-15. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to yield no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.

Outcomes	
Safety	<ol style="list-style-type: none"> 1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate.
Permanency	<ol style="list-style-type: none"> 1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections if preserved for children.
Child & Family Well-being	<ol style="list-style-type: none"> 1. Families have enhanced capacity to provide for their children’s needs. 2. Children receive appropriate services to meet their

	educational needs.	
	3. Children receive adequate services to meet their physical and behavioral health needs.	
Outcome	Measurement and Frequency	All Child Welfare Services in HSBG Contributing to Outcome
Parents/caregivers have improved their parenting skills to address the problematic behaviors exhibited by adolescents	Children safely remain in their home during intervention and for a minimum of six months after intervention. Number of children in intervention against the number placed into out of home care and the number who remain in their own homes.	MST
Parents/caregivers identify and use family and kin supports to assist in meeting the needs of their children	Children remain in their home during and after intervention. If a child is removed from a parent, the child is placed with a relative or kin. Monitored for a minimum of six months by the number of children in intervention against the number placed with relatives or kin compared to number placed in out of home care and those that remain in home.	Family Engagement & Support Family Group Decision Making
Families learn basic budgeting and bill paying in order to maintain safe, affordable housing for their children.	Children are safely maintained in their home. Children have stability and permanency in their living arrangement. Families have enhanced capacity to care for their children. This is monitored by the number of children provided with intervention who remain in their homes against the number removed to out of home placement or placement with	Housing Initiative In FY 2013-14, the use of the Housing Grant allowed 14/15 children to remain in their own home. 1/15 children were in placement at the time. Use of the grant funding allowed him to return to parent/caregiver, thus shortening time in out of

	relatives or kin. This intervention addresses the basic need of housing/utilities/beds for children – items that prevent the need for the children to move from their current residence.	home placement.
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For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.

Program Name:	Multi-Systemic Therapy
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Please indicate the status of this program:

Status	Enter Y or N			
	Continuation from 2013-2014		Y	
New implementation for 2014-2015		N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015		N		
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing	Expanding
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

Multi-Systemic Therapy is an evidence based program in which the parents of adolescents are provided interventions to change their parenting skills to address problematic adolescent behaviors. Parents are taught to set boundaries, to identify triggers in their children’s behaviors and provide discipline that addresses the issue. This intervention often has a positive effect on the siblings in the home, as parenting becomes more consistent and reliable.

This intervention is needed in Cambria County as there are limited services that address adolescent behaviors by targeting the parenting. So instead of ‘treating the child’, this service addresses the parenting skills that must change to keep the child safely in the home.

This service is available in the community through Value Behavioral Health. The Block Grant funding is used to fill a gap in service. Service can be started

immediately upon referral, until such time as evaluations and payment are approved through the MCO. In other cases, with parents with private insurance, this service is available if not covered by the private insurance. More often than not, it is covered by VBH. The data have shown that following intervention, the number of youth placed in out of home care has reduced. Since these are adolescents, it reduces the number placed in congregate care, as we don't often have foster homes willing to take youth with behavioral issues.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model. N/A

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	Parents of adolescents	Parents of adolescents
# of Referrals	40	40
# Successfully completing program	28 out of 34* There are open referrals.	35
Cost per year	\$3,584	\$5,000
Per Diem Cost/Program funded amount	\$67.63/per day	\$67.63/per day
Name of provider	Adelphoi Village	Adelphoi Village

- *If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.*

This service is available in the community through Value Behavioral Health. The Block Grant funding is used to fill a gap in service. Service can be started immediately upon referral, until such time as evaluations and payment are approved through the MCO. In other cases, with parents with private insurance, this service is available if not covered by the private insurance. More often than not, it is covered by VBH.

For FY 2013-14, we requested to reduce the amount allocated for MST to cover other evidence based practices through the Needs Based Budget, like Parent Child Interactional Therapy, which targets parenting skills in children ages two to seven and Functional Family Therapy which targets adolescents ages 10-18 with a goal of reducing intense/negativistic behavioral patterns, improve family communication and problem solving skills.

There may be allocated \$25,245, however, it is unlikely to be utilized in MST services, (we budget \$5,000) but will be available for increased usage of Family Engagement and Support under FGDM and for utilization within other human service agencies.

Program Name:	Family Group Decision Making Family Engagement and Support
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing	Expanding
			X	

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

Family Group Decision Making is a process by which the agency and Professional Family Care Facilitator/coordinators work with a family to identify supports, bring all these people together, identify strengths and concerns of the family and the family develops a plan that uses family members as part of the solution.

In addition, CY5 is using NHS Family Engagement and Support as a precursor to a FGDM conference, as it is a less formalized way to engage family and staff in a way that allows families to wrap around their parents and children in need. The NHS staff is modeling family engagement and teaming activities with agency staff to build their skills working with families.

- If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	Families in Cambria County	Families in Cambria County
# of Referrals	35	25
# Successfully completing program	33	23
Cost per year	\$70,602	\$59,190
Per Diem Cost/Program	\$2,000 for completed	\$2,200 for completed

funded amount	conference.	conference
Name of provider	Professional Family Care Service	Professional Family Care Service

- If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.
- Not applicable.

Program Name:	Housing Initiative
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Please indicate the status of this program:

Status	Enter Y or N		
	Continuation from 2013-2014		Y
New implementation for 2014-2015		N	
Funded and delivered services in 2013-2014 but not renewing in 2014-2015		N	
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing
			X

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met.

The Housing Initiative in Cambria County is used as gap funding to assist families in meeting the basic needs of children – food, clothing, shelter. To that end, requests are made to cover overdue electric bills, first/last month rent, security deposits, food, dumpster rentals (to clean out homes to become habitable), heating oil, water/sewage/garbage bills, pest control, cleaning products and beds.

By filling this gap, in each year that Cambria CYS has this Housing Initiative Funding has offset the cost of placing the children in out of home care. In 2013/2014, 15 children were at risk of placement due to a parent's inability to meet basic needs. If these children were in care only 30 days, the minimum cost would have been \$11,250 (15 children x 30 days x \$25/day agency foster care rate). In most cases, the underlying concern is the parent's struggle with budgeting and low skill in safely maintaining housekeeping/cleanliness standards. Most often, the agency refers the family for Home Management services to bolster the skills. We monitor by determining if the children remain in a stable home environment with their parents/caregivers.

- *If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.*

N/A

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	CYS families	CYS families
# of Referrals	11 families, 15 children	20 families, 35 children
# Successfully completing program	all	all
Cost per year	\$3,521	\$7,200
Per Diem Cost/Program funded amount	N/A	N/A
Name of provider	N/A	N/A

- *If there were instances of under spending or under-utilization of prior years' funds, describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively managed.*

This is one of the programs in which some years we have spent all of the funding and in others we have not. A factor is that the family must make efforts to seek community resources first before the agency pays. In part, this is to help them to seek assistance, to learn what resources are available to them. The intent is that families will become self sufficient and by meeting their children's needs, will not require agency intervention in the future. With the continued infestation of roaches and bedbugs in the rental housing, we can expect to use pest control more often, which has become costly.

Drug and Alcohol Services

The Cambria County Drug and Alcohol Program continues its ongoing mission to treat and prevent the challenges of chemical and alcohol addiction. Program staff seek out ways in which to continually enhance its consumer-friendly, efficient and cost effective methods of delivering treatment to substance-abusing residents of Cambria County.

The Cambria County SCA is a public entity of local government, administered under the planning council option of the Department of Health's State Plan. Treatment and prevention services are provided by independent facilities under contract with the SCA. Funding for these services is awarded to the SCA by the Pennsylvania Department of Health, Bureau of Drug and Alcohol Programs (BDAP) and the Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services (OMHSAS).

Acting as the local Single County Authority (SCA) for the Commonwealth of Pennsylvania, it is the responsibility of the Cambria County Drug and Alcohol Program to provide access to a system of quality substance abuse services at affordable rates for Cambria County residents.

The Administrator of the Cambria County SCA reports to the Cambria County Commissioners. The SCA operates independently within County, Department of Health and Department of Welfare guidelines.

Description of In-house SCA functions

Administrative:

The role of the SCA Administrator is to coordinate and oversee all aspects of the program; i.e., administrative, case management, fiscal operations and personnel matters.

The Assistant Administrator, County Fiscal Officer, and Case Management Supervisor work with, and under the supervision of, the SCA Administrator to ensure that the Program is operating in compliance with the Pennsylvania Drug and Alcohol Abuse Control Act, the PA Department of Health contract, Pennsylvania Code, Civil Service procedures, local ordinances and SCA mandates, policies, procedures and directives. Administration is responsible for the analysis of the impact of legislation on SCA policies and programs. Administrative staff members are responsible for negotiations, development and implementation of provider contracts.

Prevention: The SCA Assistant Administrator maintains primary responsibility for fulfilling BDAP administrative requirements for the county's prevention program, including formulation of the prevention plan, evaluation of prevention programming, and monitoring of provider data collection via the monthly fund management process. The SCA also provides direct prevention services to county residents on a limited basis. Primarily, these direct services occur through the provision of an agency liaison to county schools' Student Assistance Program (SAP) teams. Prevention services provided by the liaison include screening and referral of at-risk students and attendance at SAP core team and/or parent meetings. In addition, SCA staff participate in a variety of multi-agency collaboration meetings and disseminate substance abuse literature from both the SCA office and in community-based locations as requested.

Intervention: The SCA assigns one case manager to serve as liaison to the 25 Student Assistance program (SAP) teams in Cambria County. The liaison provides consultation and technical assistance directly to school personnel to identify students experiencing barriers to learning. School-based drug and alcohol assessments are completed by the liaison with identified students. Referrals and necessary funding are then extended to the students for recommended early intervention or treatment programming. Parental involvement is encouraged throughout the process.

Case Management: The Cambria County Drug and Alcohol Program's trained professionals offer the case management functions of screening, assessment, and case coordination and to all individuals seeking the agency's public funding or other supports to address issues of chemical dependency. In addition, as a service provider of Value Behavioral Health (VBH), the county's designated public behavioral health managed care

entity, the SCA offers the case management functions of Resource Coordination and Intensive Case Management to clients eligible for VBH insurance coverage.

Screening – The process through which information about a client is initially provided to the agency and reviewed to determine the need for a referral of the client to emergent care services. For those clients not requiring emergent care services, level of care assessments are also scheduled with the agency during this process.

Assessment – This function consists of the activities of level of care assessment and placement determination. Information is compiled from the client in a face-to-face setting utilizing the PA Department of Health - Bureau of Drug and Alcohol Program’s Adult Assessment Tool or the SCA’s Adolescent Assessment Tool. This information is then applied to the Pennsylvania Client Placement Criteria (PCPC) or the American Society of Addiction Medicine Adolescent Admission Level of Care Index (ASAM-PPC-2R) to determine an appropriate level of care of drug and alcohol treatment.

Finally, possible special needs of the client are considered and a referral is made to a facility offering the recommended level of care and capable of accommodating these needs.

Case Coordination - Case Coordination is a function of case management through which the SCA ensures that an individual client’s treatment and non-treatment needs are identified and addressed. The SCA shall provide Case Coordination for each individual receiving services paid for by the SCA.

Resource Coordination - Resource Coordination (RC) is a fluid level of case management in which the extent and nature of case manager intervention varies from case to case based upon the specific needs of the client at a particular time. Priority is given to the most immediate client needs. The responsibilities of the case manager are determined by the particular need being addressed and are limited to those actions necessary to bring resolution to the current problem. Typical case manager activities in the provision of RC include linking, advocacy, and monitoring. RC is initiated only with VBH-funded clients.

Intensive Case Management – VBH-funded clients identified with non-treatment service needs in six or more service domains during the assessment process are offered this highly structured supportive service. Required direct contacts between the case manager and client occur at designated intervals and service needs are continually reassessed and addressed via standardized tools and written service plans. Upon discharge, clients are contacted at designated intervals for follow-up purposes and all clients are surveyed as to the extent of their satisfaction with the program.

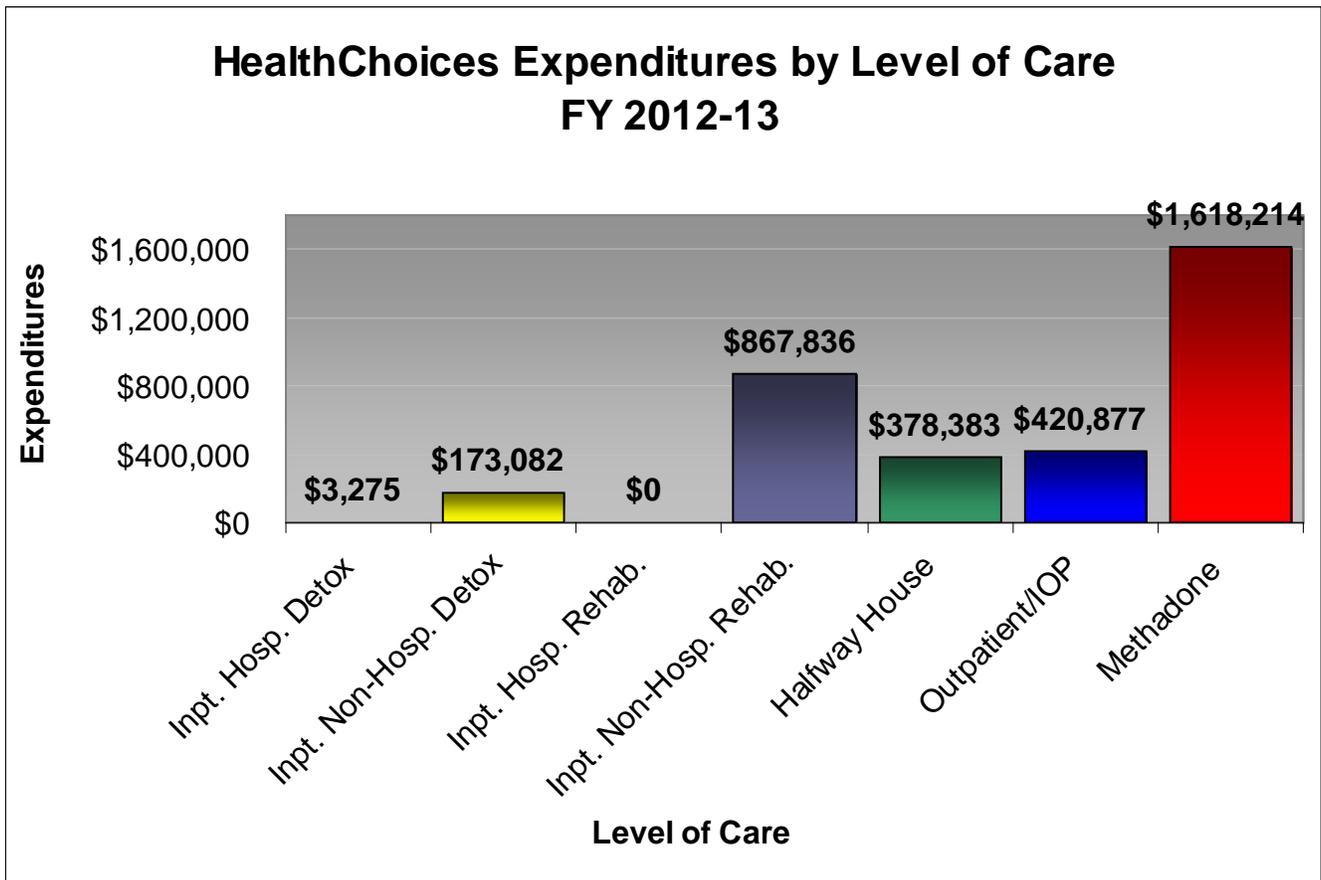
Treatment

Average Cost Per Client and Length of Stay by Service Category, FY 2012-13							
	Inpatient	Inpatient	Halfway	Partial	Intensive	Outpatient	Outpatient

	Non-Hospital Detox	Non-Hospital Rehab	House	Hospitalization	Outpatient	Drug-Free	Maintenance (Methadone)
Cost	\$763	\$2,997	\$3,017	\$1,299	\$975	\$556	\$2,822
Length of Stay	3 days	14 days	30 days	10 days	1 month	2 months	7 months

Source: County of Cambria General Ledger

Overall treatment expenditures remained consistent, with \$925,515 spent in FY 2011-12 and \$926,863 spent in FY 2012-13. The most significant changes were an increase in inpatient detox spending from \$90,071 to \$122,889 (+\$32,818) and a decrease in methadone maintenance spending from \$87,138 to \$56,448 (-\$30,690). The increase in detox spending is consistent with the rise in clients reporting opiates as the drug of choice and the withdrawal syndrome associated with these drugs. The decrease in methadone maintenance spending is consistent with the trend of increased managed care funding for this treatment modality, decreasing the burden on the SCA to fund these clients.

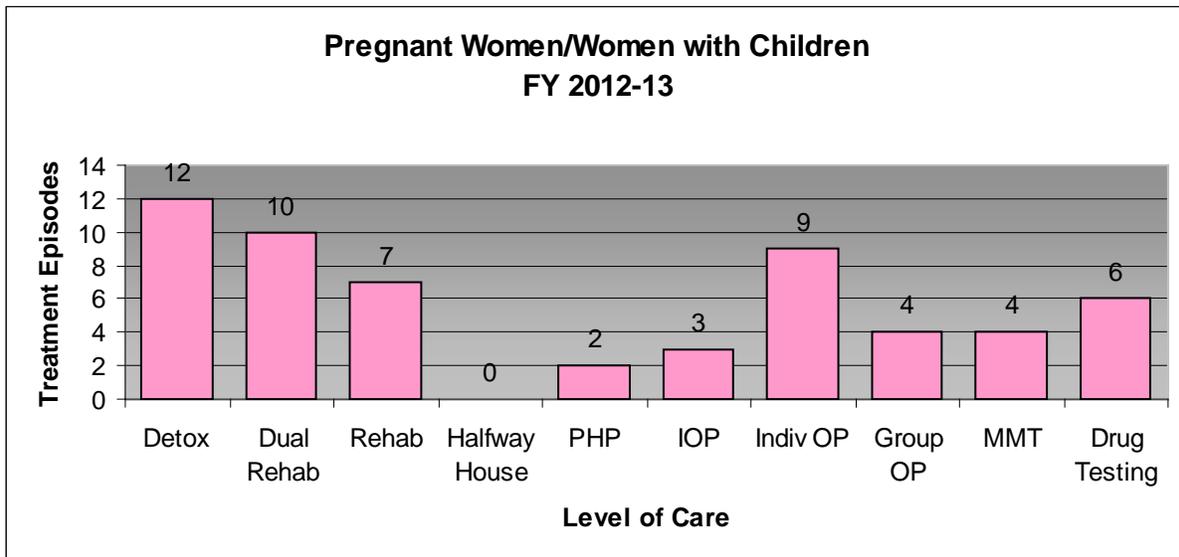


(Note: Expenditure totals for partial hospitalization level of care specific to a drug and alcohol treatment setting are not available.)

Graph 3 reflects the expenditures of Value Behavioral Health of Pennsylvania, Inc. (VBH) on behalf of those Cambria County residents eligible for HealthChoices (HC) managed care coverage. Those funded under HC include both clients receiving case management services from the SCA and clients who do not. Authorization of payment for treatment of patients under HC is determined by VBH. Increases in the utilization of levels of care, as reflected by units of service, are noted for non-hospital detoxification, non-hospital rehabilitation, halfway house, and methadone maintenance services.

Level of Care	Expenditures in Dollars		Units of Service		Percent Change from FY 11-12 to FY 12-13	
	FY 11-12	FY 12-13	FY 11-12	FY 12-13	Dollars	Units
Inpt. Hospital Detox	\$2,589	\$3,275	11	7	+26.5%	-36.4%
Inpt. Non-Hosp. Detox	\$119,445	\$173,082	654	935	+44.9%	+43.0%
Inpt. Hospital Rehab	\$518	\$0	5	0	-100.0%	-100.0%
Inpt. Non-Hosp. Rehab	\$429,996	\$867,836	3,859	5,474	+101.8%	+41.9%
Halfway House	\$265,091	\$378,383	3,306	4,532	+42.7%	+37.1%
Outpatient/IOP	\$446,170	\$420,877	39,755	35,266	-5.7%	-11.3%
Methadone Maintenance	\$1,414,067	\$1,618,214	16,883	18,646	+14.4%	+10.4%

Data Source: Behavioral Health of Cambria County (BHoCC)



Source: *Cambria County Drug & Alcohol
Fiscal and Client Tracking System (F.A.C.T.S.)*

Graph 4 presents the level of care distribution of those clients funded by the SCA who are classified as pregnant women, women with children, or women attempting to regain custody of their children (WWC). In FY 2012-13, as with the overall SCA client population, increases in the number of episodes funded for WWC were noted for both non-hospital detoxification (+9) and dual diagnosis rehabilitation (+8).

Case Management

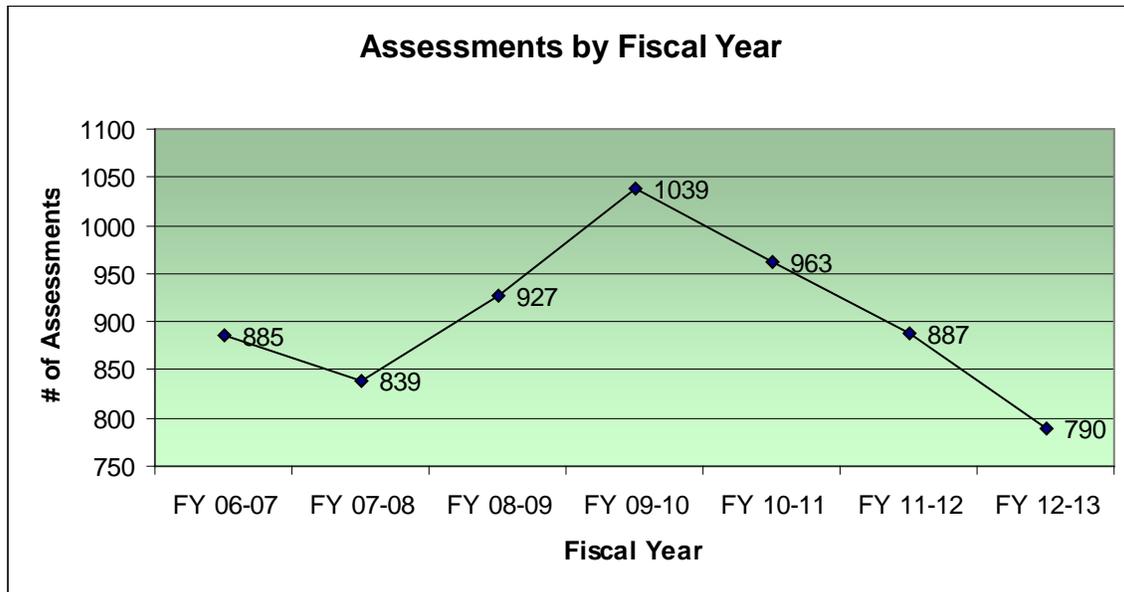
Completed 1,036 client screenings. In this initial contact with the agency, appropriate individuals were subsequently scheduled for level of care assessments or referred to other facilities for emergent care needs, including detoxification services.

Completed 790 level of care assessments with residents of Cambria County. Of these assessments, 727 were with adults and 63 were with adolescents.

Processed 358 referrals from sources related to the criminal or juvenile justice systems. Of these referrals, 127 were direct referrals from judges and the court.

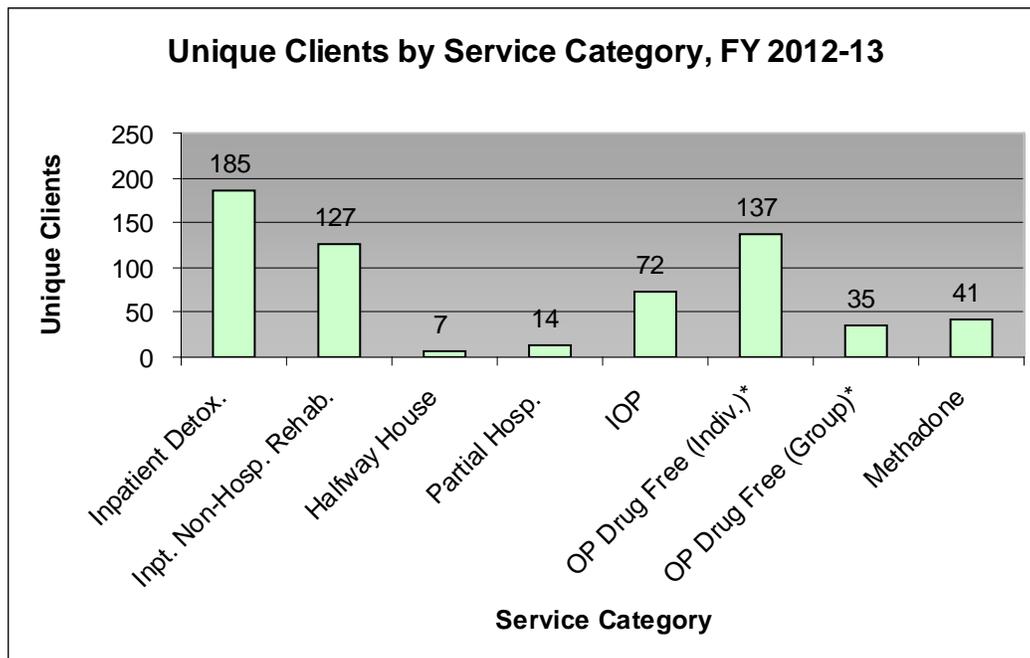
Continued prison-based level of care assessments performed by agency case managers, resulting in the completion of 50 prison-based assessments, a decrease of 62 from the previous fiscal year.

TRENDS



Source: Fiscal and Client Tracking System (F.A.C.T.S.)

For the third consecutive fiscal year, the number of client screenings and level of care assessments completed by agency case managers has decreased. This may be a reflection of increased knowledge of the HealthChoices program and the ability of HealthChoices-eligible MA recipients to self-refer to all levels of care of drug and alcohol treatment, with treatment funded by VBH-PA.



**OP service category has been divided into Individual and Group sub-categories to reflect actual number of unique clients participating in each modality.*

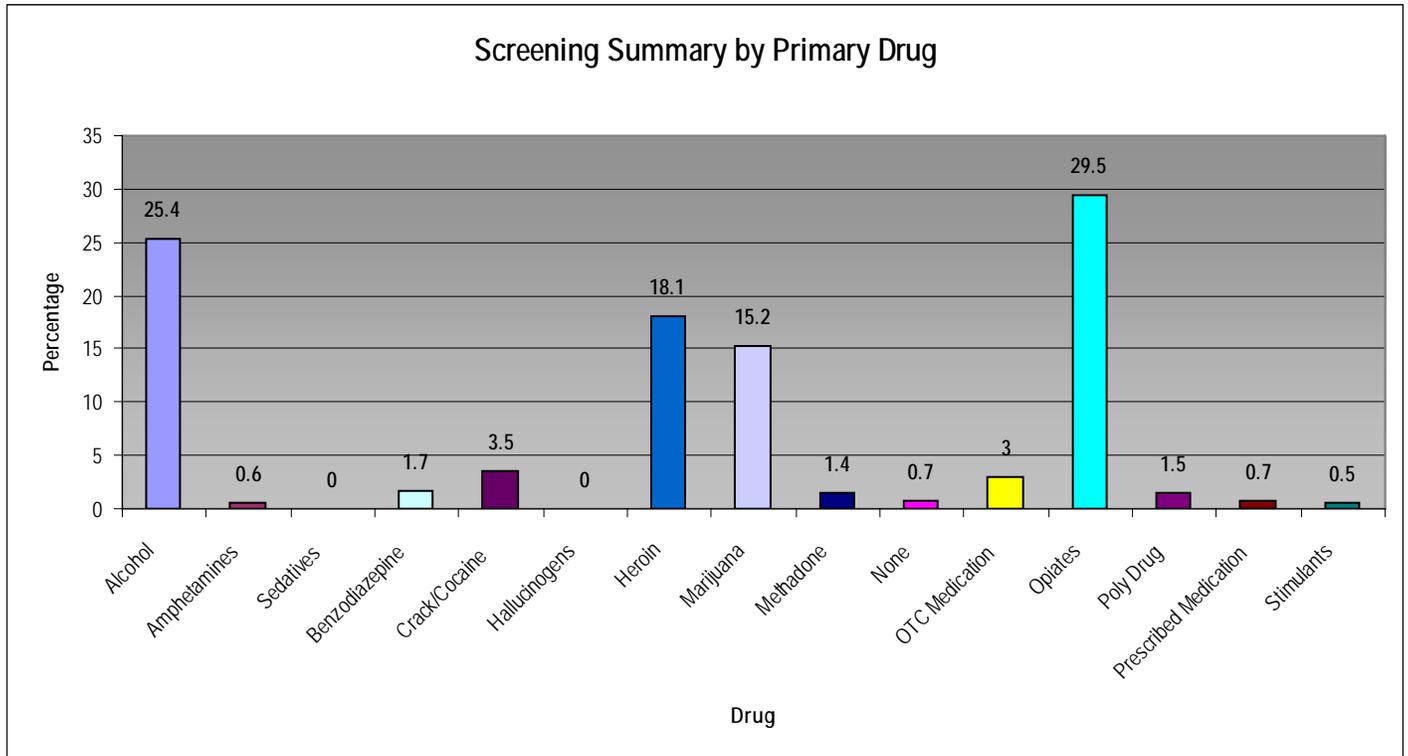
*Source: Cambria County Drug & Alcohol
Fiscal and Client Tracking System (F.A.C.T.S.)*

An analysis of the number of unique clients funded in each service category shows an increase in the number of clients receiving inpatient non-hospital detox, an increase of 45 clients over FY 2011-12 (140 to 185). In addition, 13 more unique clients received funding for methadone maintenance over the previous fiscal year (28 to 41). These facts reflect the increased prevalence of opiate use among SCA clients and the potential for withdrawal inherent to that type of substance abuse.

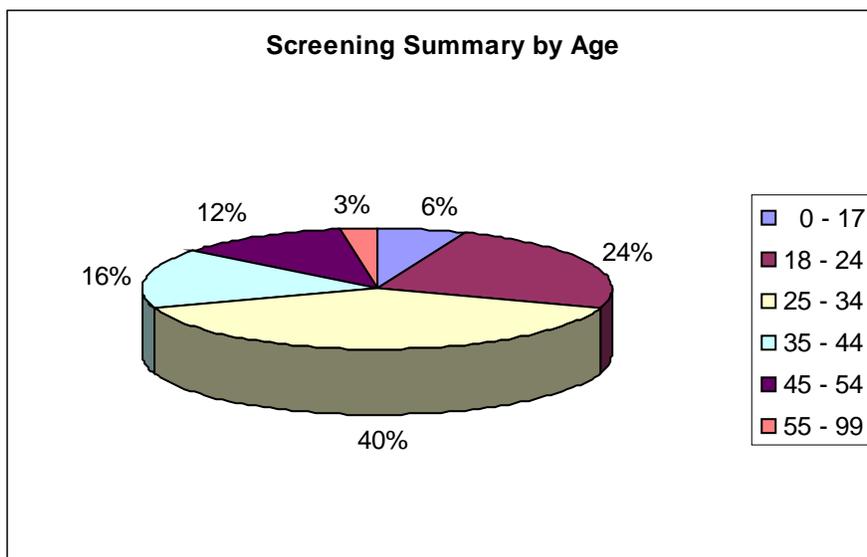
FY 2012-13

Client Breakout by Primary Substance, Age, Sex, and Race

Treatment data reflecting numbers of pregnant women/women with children by level of care and residential dual diagnosis episodes are found in Section I – Major Accomplishments of SCA – Treatment Accomplishments. Source for all demographic data is Cambria County Drug & Alcohol, Fiscal and Client Tracking System (F.A.C.T.S.).



Screening numbers from the Cambria County Drug and Alcohol Program for Fiscal year 2012 thru 2013 indicate the following: for the first time Opiates at 29.6% is the number one drug of choice. The program listed Heroin as a separate category which came in at 18.1%. The two categories combined comprise 47.7% or almost half of the total. This correlates with the prescription drug epidemic now plaguing the state. Alcohol at 25/3% was the second drug of choice and marijuana was next at 15.2%.



The CMRR/RMR report shows that the SCA was able to accommodate all clients with a level of care assessment appointment within seven days and that the majority of clients not receiving services within recommended time frames failed to do so due to client choice. While these statistics reflect an ability of the SCA to provide sufficient client access to treatment, they do not reflect on the pressure of increased caseload size on the existing complement of SCA case managers. The number of clients screened and assessed has continued to trend upward for three of four previous fiscal years. This increased number of clients limits the level of case management time available for each client and decrease the amount of time available to complete administrative tasks. When combined with staff absences due to illness or earned leave, this expanded workload places excessive pressures on an already limited number of case managers.

Coordination With The County Human Services System

The Cambria County SCA is part of several entities whose purpose is to coordinate planning and direct available resources to effectively and efficiently meet treatment and service demand. A few examples follow:

- **Human Services Advisory Board**

This Board is comprised of the administrators of Human Services, BH/ID/EI, D&A, C&Y and AAA.

- **The Cambria County Board of Commissioners**

The SCA is part of bi-monthly meetings with the Board of Commissioners. Included in those meetings are the administrators of Human Services, BH/ID/EI (mental health), Aging and C&Y.

- **The Behavioral Health of Cambria County (BHoCC) Operational Oversight Committee**

Included in this monthly meeting are the Board of Commissioners, BHoCC CEO, administrators of BH/ID, D&A, Human Services and C&Y.

- **Cambria County Criminal Justice Advisory Board (CJAB)**

This is a monthly meeting comprised of the following: Board of Commissioners, Prison Warden, Adult Probation Director, District Attorney, County Detectives, President Judge, Associate Judge, District Magistrate, Court Administrator, Sheriff, Clerk of Courts, Grants Facilitator, BH/ID/EI Forensics case manager, Juvenile Court Administrator, Day Reporting Center Director, City of Johnstown Police Department and PCCD representative. The SCA has served on this Board since its' inception in 2007.

Older Adults (ages 60 and above)

The SCA does not currently contract with providers who have tracks or treatment protocols specific to older adults. The SCA does make the full continuum of treatment services available thru licensed contracted providers. Many of these services are available to the older adult population. Specific problems or concerns related to this population are taken into consideration during initial assessment and treatment planning.

Adult Programs (ages 18 to 55)

With the exception of level 4A-medically managed detox and 4B-medically managed rehab for which the state has granted a waiver the SCA provides all level I, II and III services. The SCA holds contracts with licensed providers for the following services:

1. Level 1A-Outpatient
2. Level 1B-Intensive Outpatient
3. Level 2A-Partial Hospitalization
4. Level 2B-Halfway House
5. Level 3A-Medically Monitored Detox
6. Level 3B-Medically Monitored S/T Rehab
7. Level 3C-Medically Monitored L/T Rehab

The SCA also holds contracts for methadone services. Several providers have specialty tracks for women and women with children, pregnant injection drug users, pregnant substance users and injection drug users. Those individuals in need of emergency services are referred to local ER's and Emergent Care Facilities.

Transition Age Youth (ages 18 to 26)

The full continuum of contracted services are available to transition age youth. The SCA contracts with Gateway for the youth and young adult program. More providers serving this population are needed. Along with this transitional housing and recovery housing are also in need.

Adolescents (under 18)

The SCA is contracted with several treatment providers for adolescent services. Contracts are in place for outpatient, inpatient rehab and halfway house. Three outpatient providers in Cambria offer adolescent services.

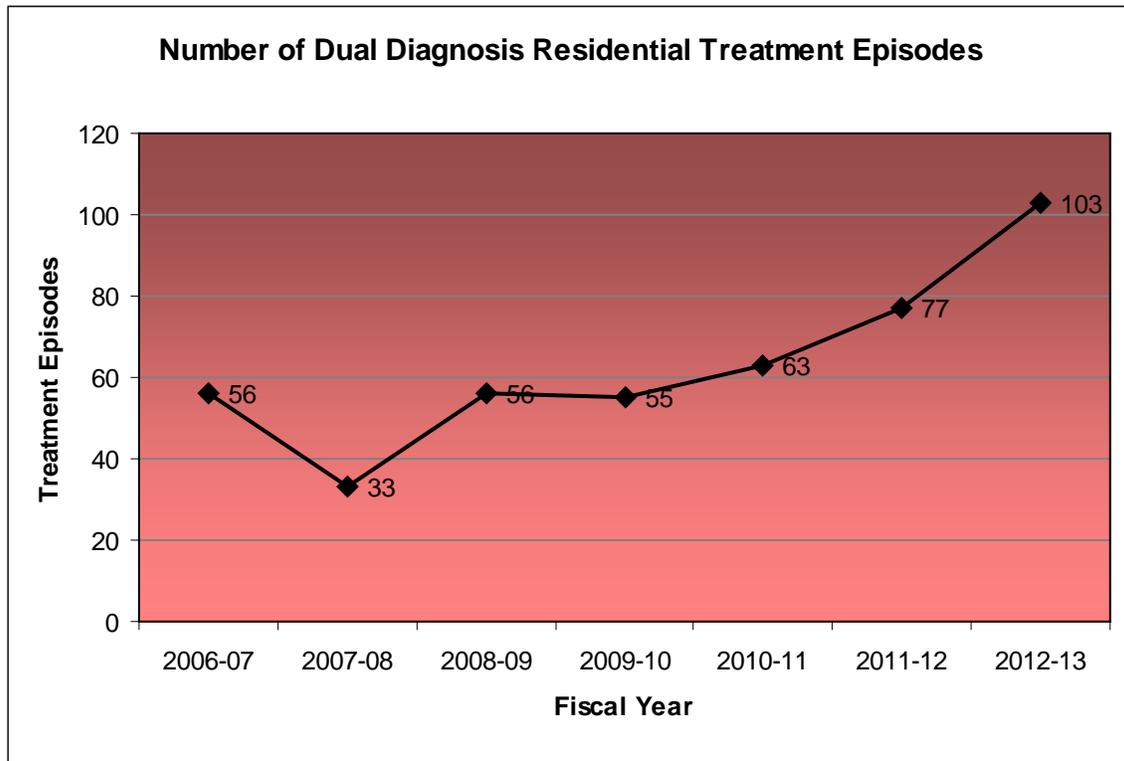
The SCA continues to emphasize evidence-based programming in its prevention plan. Through a collaborative effort with the United Way of the Laurel highlands funds were pooled to expand implementation of Botvin Life Skills Training. This year through collaborative efforts Life Skills will be implemented in all school districts in Cambria County-12 public and 2 private.

Large-scale expansion of recurring evidenced-based programming was made possible through the awarding of a PCCD grant award to one contracted prevention provider. The Learning Lamp will deliver TOO Good for Drugs to schools in Cambria and Somerset counties. Because of this award the provider was able to attend the training of trainers for the core TOO GOOD for Drugs K-8 program and the Too Good for Violence K-8, Too Good for Drugs and Violence After School Activities and Too Good for Drugs and Violence High School Program.

The SCA continued to target the municipalities comprising the Greater Johnstown School District with alternative activities through The Learning Lamp's after school outreach programs to the prevention plan. Funded through multiple community partners, these community-based programs were located in identified areas of high poverty, including two locations within housing communities of the Greater Johnstown Housing Authority.

Individuals with Co-occurring Psychiatric and Substance Use Disorders

The SCA contracts with several providers able to provide services to those individuals with Co-occurring psychiatric and substance abuse disorders. Over the past four years the SCA has seen a steady increase in the number of treatment episodes provided to those in need. The SCA currently sits on a sub-committee for the creation of a mental health treatment court. The SCA will provide services to those individuals coming through the court with co-occurring substance abuse disorders.



Source: Cambria County Drug & Alcohol
Fiscal and Client Tracking System (F.A.C.T.S.)

The SCA funded 103 episodes of dual diagnosis residential treatment during FY 2012-13, an increase of 26 episodes from the previous fiscal year. This is also the highest annual total of dual diagnosis residential treatment episodes over the past eight years.

Criminal Justice Involved Individuals

The largest referral source to the SCA is the criminal justice system. Currently almost 35% of all referrals come from the criminal justice system. As a result the SCA has contracted with providers who prioritize criminal justice clients. One outpatient provider has developed a specialty tract for those individuals being released from long-term incarceration. The SCA serving on the Cambria County Criminal Justice Advisory Board since its inception in 2007 has been able to coordinate existing services and help to establish needed services for the criminal justice client. The county’s day reporting center recently held its’ second graduating class many of whom suffered from substance abuse.

Veterans

The first graduation class celebrating their successful completion of the Veterans Court Program was held on Tuesday May 27, 2014. The court is offering veterans a chance to get control of their lives through treatment, including substance abuse services, in lieu of incarceration. The SCA ensures the full continuum of services is available to veterans however providers need to develop specialty tracts that deal with the unique circumstances veterans returning from conflict face.

Recovery Support

As mentioned the Johnstown Crime and Violence Commission was created by Johnstown city council on December 12, 2013. The twelve member commission was asked to investigate, evaluate and make recommendations to improve the city's neighborhoods and business district and report its findings and recommendations within six months. The final report was completed on July of 2013. Four subcommittees were established: Law Enforcement, Rehabilitation Programs, Housing and Education. As a result of this report those suffering from substance abuse as well as those dealing with recovery efforts have taken center stage.

The commission chairman noted that the common denominator is increased heroin traffic. He states that we cannot look away from the problem. We can increase our support of law enforcement. We can require everyone involved to be more accountable. We can support neighborhood groups, churches, non-profits and all those that are fighting this battle.

The commission gave the Cambria County SCA a chance to have a dialogue concerning norms and attitudes exhibited by community members for those with substance abuse issues. The SCA met with the Sub Committee for Rehabilitation Programs. Both sides listened and I believe an understanding was developed moving forward. If nothing else the ground work was laid to open communications with rehabilitative programs and community members on what both sides are striving to achieve. One positive recommendation that did come out of the report was that local organizations, such as Discover Downtown Johnstown Partnership, local non-profits, and local government agencies reach out with volunteer work for clients of the Renewal Center of Cove Forge, New Directions at Cove forge, and the Johnstown Community correction center.

The Cambria County Day Reporting Center continues to operate with a census of close to 75. In July of 2013 The Center held its first graduation ceremony with 27 former inmates graduating after successful completion of the program. The program is aimed at nonviolent offenders convicted of crimes such as DUI, drug violations and burglaries.

In January of 2013 Cambria County's Criminal justice system began offering a helping hand to veterans who have gotten into trouble with the law because of problems stemming from their service. A new county veteran's court was unveiled with the goal of getting the veterans into treatment programs that could be an alternative to jail. The program can serve veterans and those currently on active duty.

As a member of the Cambria County Criminal Justice Advisory Board the SCA was asked to serve on a sub-committee for the creation of a county Mental Health Treatment Court. At any given time, as many as 25 percent of the inmates housed at the Cambria County Prison are on some type of psychotropic medication, a problem the judges hope to address. The new court will attempt to increase mental health awareness and for specific defendants as they move through the county criminal justice system.

The SCA was made part of a newly formed Shelter Committee in Cambria County. The committee was formed when The Salvation Army informed the community they would be closing their shelter at the end of the Fiscal Year which would take place September 30, 2013. The committee was charged with planning for a transition period in the short term for those individuals in need of shelter and purchasing and rehabilitating a more permanent structure in the long term for sheltering needs. An interim referral process was developed with Catholic Charities of Johnstown. Grants are being pursued to facilitate a more permanent structure.

The Case Management Sub Committee of the Shelter Committee noted concerns for three specific populations and their safety.

1. Drug and Alcohol treatment releases from out of the county.
2. Criminal Justice System-probation and county jail releases.
3. Transients

It appeared the majority of people served by the Salvation Army Shelter were single men. Once again several community agencies have come together to develop a support service for those in need. Because of this those suffering from substance abuse and the treating facilities have come to the forefront. There has been much discussion and education on how the community agencies can come together to effectively help and support those suffering from substance abuse. While Recovery Housing continues to be a need the dialogue is started and continues to strengthen in developing Recovery efforts for the substance abuse population.

On October 10, 2013 Cambria County was notified by the Department of Public Welfare that its request to participate in the Human Services Block Grant Program was approved. It is hoped this will be a positive step for future develop of recovery systems with cross-agency input and resource

Human Services Development Fund

	Estimated / Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Adult Services	102	136
Aging Services	3	3
Generic Services	542	500
Specialized Services	4	4

The largest portion of HSDF money is used to provide services for low income adults who do not meet the criteria for categorical services and/or when no other funding is available. These individuals are reviewed for eligibility at least every six (6) months and must qualify for services as defined and outlined in Chapter 2050, Adult Services Manual.

Adult Services include:

Adult Day Dare - Program of activities to four (4) or more adults who are not capable of full time independent living (3 clients)

Homemaker - Tasks provided in a person's home by a trained, supervised homemaker (30 clients)

Home Delivered Meals – Provides nutritious meals to homebound individuals in their own homes (85 clients)

Aging Services – Adult Day Care (3 clients)

Generic Services – Information & Referral for all ages (500 service referrals)

Specialized Services - Counseling for C&Y clients (4 clients)

Interagency Coordination - Funds utilized in Interagency Coordination are primarily for staff salary and benefit costs. The Community Services Coordinator (CSC) manages both the HSDF and HAP and maintains a close working relationship with all county departments. The CSC is actively involved with several committees that are comprised of representatives from numerous social service agencies, county categorical agencies, county commissioners, county criminal justice system and community boards and authorities. The Human Services Administrator, who also serves as the Chief Fiscal Officer for Cambria County Behavioral Health/Intellectual Disabilities/Early Intervention, meets regularly with the county categorical administrators to discuss their service priorities and funding issues. Additionally, numerous contacts are made throughout the year among Cambria County Human Services staff, our providers, other agencies and the general public; and Information & Referral calls are tracked to help identify areas of greatest or unmet need in the County. Based on information gathered from all of these sources the Human Services Administrator makes funding recommendations to the Cambria County Commissioners.

Homeless Assistance Program – HSDF dollars will also be utilized to help fund HAP Emergency Shelter.

Summary of Interagency Collaboration and Coordination

One example of a collaborative partnership effort that has been implemented in Cambria County occurring between the County's Behavioral Health and Drug and Alcohol Programs relating to the Student Assistance Program and the Forensic Population: Behavioral Health has identified staff who serve as the forensic liaison to the County Prison and a Staff member who serves as the SAP liaison as well as a support within the County School Districts. As Behavioral Health already has a staff presence in these venues these individuals will collaborate with Drug and Alcohol Staff in identifying individuals with substance abuse issues in order to expedite linkage with needed substance abuse services. This collaboration was necessary due to the increased requests by School Districts and the County Prison for individuals who have been identified as possibly in need of substance abuse interventions.

The Supported Housing Program, first initiated as a result of a reinvestment plan continues to serve as an example of a collaborative effort that is occurring within Cambria County. With the ongoing reductions in funding that have occurred in regards to the Human Services Development Fund and the Homeless Assistance Program over the past several years, serving as a beneficial safety net for individuals who otherwise would now be homeless or facing the risk of homelessness. The implementation of this program has incorporated partnerships with a non-profit consumer Drop-In Center organization, other community providers, including half way houses, blended case management providers, the criminal justice system, etc. to assist individuals whose identified barrier relates to housing issues. As a result of the inception of supported housing supports in Cambria County, it also resulted in additional HUD funding through a Shelter Plus Care Grant that has allowed for ongoing housing supports in Cambria County, although the number of individuals being served is significantly less. Additionally, because of the success of the supported housing reinvestment initiative, Cambria County recently requested additional reinvestment funds to continue to fund and sustain the housing program.

All Merit Agencies are centrally located within the same physical facility. Being in such close proximity to one another lends to more immediate response and collaboration regarding in common individuals. The physical facility in which all of these agencies are housed is also centrally located in the part of the county where the highest numbers of at risk individuals in need of and seeking services resides or are located.

Cambria County also has an integrated satellite office for the Merit Agencies which operates in the northern part of the county. An satellite office also affords accessibility of services to rural community members, eliminating barriers that might otherwise exist if individuals had to travel to the centrally located office in the southern part of the county.

At the beginning of the new FY 14/15, Cambria County has also contracted with Universal Behavioral Health to provide telephone and mobile crisis services. In doing so, it is hoped that it will further enhance and expand the network of resources that are available to individuals living with mental illness in Cambria County.

Another example of collaboration that is already occurring relates to the criminal justice system in the form of the Cambria County Criminal Justice Advisory Board, whose participants are from a wide array of service areas both within the criminal justice arena as well as numerous human service agencies. This is another area in which many times the at risk population are involved

and require the support and networking of a variety of agencies and organizations to afford individuals a successful and sustained community tenure.

It should also be noted that Cambria County continues to provide a Day Reporting Center which serves as yet another layer of support and assistance to these vulnerable populations who frequently find themselves involved with the criminal justice system including high rates of recidivism and it is well documented that the prison system is not always the best venue to address human services related issues.

The latest undertaking of Cambria County is to implement a Mental Health Court as yet another resource and alternative for individuals living with mental illness, who as a result of their illness, become entwined in the criminal justice system. Although the court is currently in it's infancy, Cambria County remains optimistic that it will serve as an invaluable resource and benefit to the County and some of its most vulnerable citizens.

There continues to be existing collaboration occurring between Children and Youth and Behavioral Health/ Intellectual Disabilities through the split funding of some transition age youths who are in the care and custody of C&Y and are also in need of residential treatment as a result of Behavioral Health and/or Intellectual Disabilities. These programs work together to develop a comprehensive transition plan to ensure there is no undo disruption in services whenever possible as well as ensuring that the appropriate linkages occur with the adult Office of Developmental Programs as needed.

It is also to be noted that the Merit Agencies maintain ongoing partnerships and collaboration with numerous community programs, private providers, and non-profit agencies in the local communities as well. Of note is the partnership that exists with the United Way of the Laurel Highlands, Executive Director Bill McKinney and Conemaugh Health Systems, Vice President of Business Development & Government Affairs, John Moryken. These two organizations continue to work collaboratively to promote the Community Needs Assessment, and the subsequent results of the Assessment have served as an invaluable tool to the County Entities in identifying areas that community members have expressed require additional human service support and attention.

As a result of the existing relationships and collaborations that are already established and occurring in Cambria County between the human service agencies and various community organizations, the necessary framework exists to ensure a successful transition to be a Block Grant County.

Cross System Block Grant Expenditures FY 14/15

It is Cambria County's intention to maintain current funding to the existing services and individuals already receiving funding under the current categorical structure. No programs or individual services will be discontinued in one categorical in order to fund another service or individual in another categorical. Any cross system sharing of dollars will occur only as the result of identified, unallocated funds that result from employee attrition, participant discontinuation of services, or additional funding allocations.

*For the FY 14/15, the Behavioral Health Program will once again transfer \$50,000 to the Drug and Alcohol budget to afford **a maximum of 80 additional individuals** to receive non-hospital inpatient substance abuse treatment.*

For the FY 14/15, the Behavioral Health Program will transfer \$329,000 to the Intellectual Disabilities budget to ensure 2 ID individuals receive residential and community habilitation services until waiver slots become available.

For the FY 14/15, the Behavioral Health Program will split funding in the amount of \$70,810 with Children and Youth Services for a residential placement of 1 adolescent to ensure minimal disruption for this individual until an emergency waiver slot can be secured for this adolescent via the Office of Developmental Programs.

Additional cross system funding may be determined pending identified need and available funding.

NOTICE OF

PUBLIC HEARING

The Cambria County Human Services Agencies will hold two Public Hearings to promote awareness of Cambria County's intentions regarding participation in the Human Services Block Grant Plan.

These hearings will serve as a means to gather public input/comments regarding the plan's development and implementation.

Thursday, June 26, 2014 at 10:00 AM

*Cambria County Courthouse
Ebensburg, PA*

Thursday, June 26, 2014 at 4:00 PM

*Central Park Complex
110 Franklin St, Johnstown, PA
2nd Floor Auditorium*

Please call 534-2643 if you require special accommodations to attend one of these meetings.

O

Send your entertainment pictures and listings to Janice Rainey at jrainey@tribdem.com or call 532-5070 by 10 a.m. Wednesday every week. Submitted information is free. A ★ denotes a free event.

EVENTS

Blue Knob State Park programs, featuring scavenger hunt from 7 to 8 tonight and Lost Children's Monument bus tour from 7 to 8 p.m. Saturday, Blue Knob State Park, 124 Park

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CAMBRIA COUNTY HUMAN SERVICE PLAN PUBLIC HEARING ANNOUNCEMENT

The Cambria County Human Service Agencies will hold two public meetings/hearings Thursday, June 26th, 2014 @10:00 AM during the County Commissioners Bi-Weekly Public Meeting at the Cambria County Courthouse, Ebensburg, PA, and Thursday, June 26th, 2014 @4:00 PM at the Central Park Complex, 110 Franklin St., Second Floor auditorium. The purpose of these meetings/hearings is to make the public aware of Cambria County's intentions regarding participation in the Human Services Block Grant Plan and to gather public input/comments regarding the plan's development and implementation. Individuals interested in commenting will have the opportunity to do so during the meetings and afterwards as well. If you require special accommodations to attend one of these meetings, please contact the Administrative Office at (814) 534-2643.

Legal Notices

DEADLINE: MONDAY @ 4

MAINLINE NEWSPAPERS
P.O. BOX 777,
EBENSBURG, PA 15931

LEGAL NOTICE

CAMBRIA COUNTY HUMAN SERVICES PLAN PUBLIC HEARING ANNOUNCEMENT

The Cambria County Human Service Agencies will hold two public meetings/hearings Thursday, June 26th, 2014 @ 10:00 a.m. during the County Commissioners' Bi-Weekly Public Meeting at the Cambria County Courthouse, Ebensburg, PA and Thursday, June 26th, 2014 @ 4:00 p.m. at the Central Park Complex, 110 Franklin St., Second Floor auditorium. The purpose of these meetings/hearings is to make the public aware of Cambria County's intentions regarding participation in the Human Services Block Grant Plan and to gather public input/comments regarding the plan's development and implementation. Individuals interested in commenting will have the opportunity to do so during the meetings and afterwards as well. If you require special accommodations to attend one of these meetings, please contact the Administrative Office at (814)534-2643.
(8/19/14)

CAMBRIA COUNTY BOARD OF COMMISSIONERS
Agenda
June 26, 2014

Call to Order by President Commissioner Douglas R. Lengenfelder.

Recognition: Jacqueline Kirsch, with the Treasurer's Office.

Approval of the Agenda Minutes of June 12, 2014.

Public Comment: (Comments limited to 3 minutes June 26, 2014 Agenda)

Commissioners

Contracts:

Approve (1) one contract with **Children and Youth** and **VisionQuest National LTD** for fiscal year 2013-2014:

Approve the Agreement with Remembering Adam in an amount of \$7,500 for substance abuse prevention education sessions at the Cambria County Prison. The Agreement will be in effect from July 1, 2014 through June 30, 2015.

Approve the Purchase of Service Agreement between Adams County and Cambria County Detention Center, beginning July 1, 2013 through June 30, 2014, at a rate of \$225.00 per day.

Approve the Purchase of Service Agreement between Adams County and Cambria County Detention Center, beginning July 1, 2014 through June 30, 2015, at a rate of \$225.00 per day.

Contracts: (Continued)

Approve the Proposal Letter of CJL Engineering for the design of renovations to Courthouse south side stairs and retaining walls, in the amount of \$19,800.00.

Approve the Professional Services Contract with William Stasko for financial analysis services at the rate of \$44.00 per hour effective July 1, 2014 through June 30, 2015.

Approve the Maintenance Agreement and Policies with the Cambria County Transit Authority to provide vehicular maintenance to the County, effective July 1, 2014.

Mechanical work \$28.63 per hour

Parts Cost plus 10%

Oil Cost plus \$0.10 per quart

Car wash \$2.25

Van/Truck wash \$3.25

Vehicle wheel torque \$5.00

Approve the following contract with the Area Agency on Aging and John Grumbling for fiscal year 2014-2015.

VENDOR/CONTRACTOR DESCRIPTION OF CONTRACT AMT.

SERVICES 2014-2015

Grumbling, John Senior Center Consultant \$15.00/hr. maximum of 500 hrs. or total of \$7500/yr. 7/1/2014-12/31/2014

Approve the following (7) seven contracts for Drug and Alcohol and Learning Lamp, Pyramid, Healthcare, Memorial Medical Center-New Visions, Gaudenzia, Inc., B.I. Inc. Drug & Alcohol Program, Remembering Adam, Inc., and Community Action Partnership of Cambria County for the fiscal year 2014-2015.

Attachment 4 cont

VENDOR/CONTRACTOR DESCRIPTION OF SERVICE CONTRACTED RATE

Resolution:

Adopt Resolution 11 of 2014 authorizing the filling of an application for Financial Assistance with the Pennsylvania Department of Community and Economic Development (DCED) in the amount of \$300,000.00.

Reappointment to a Board or Authority:

Reappointment of **Charles L. Vizzini, Jr.** to the Drug and Alcohol Advisory Board for a three-year term beginning May 1, 2014 and ending April 30, 2017.

Personnel

New Hire:

Mary Ann Farrell, Full-time Interim Second Deputy with the Treasurer's Office (Pay grade/rate: 48-F/\$25,300.00/year) effective June 30, 2014. Her employment is contingent upon successful completion of her pre-employment screening.

New Hire: (Continued)

Bethany Williard, Full-time Law Clerk with the Courts (Pay grade/rate: 48-D/\$35,600.00/year) effective August 25, 2014. Her employment is contingent upon successful completion of her pre-employment screening.

Remove From Payroll:

Corey Varner, Full-time Account Clerk I with the Recorder of Deeds (Pay grade/rate: 5-A/\$9.56/hour) effective June 17, 2014.

Victoria Shank, Full-time Caseworker I with Children and Youth Services (Pay grade/rate: 41-E/\$26,744.12/year) effective July 4, 2014.

Retirement:

Norma Miller, Full-time Human Resources Confidential Courier with Human Resources (Pay grade/rate: 20-E/\$12.04/hour) effective June 28, 2014.

Jacqueline Kirsch, Full-time Second Deputy with the Treasurer's Office (Pay grade/rate: 48-F/\$28,625.74/year) effective July 4, 2014.

Tracy Selak-Cambria County Human Services Plan 2014-2015. (Attached)

Joel Valentine with Wessel report on audit.

Reminder next Commissioners Meeting will be Thursday July 10, 2014 in the 3rd floor meeting room at the Cambria County Courthouse. Meeting will start at 10 A.M.

Adjournment:

Cambria County Human Services Plan 2014-2015 Fact Sheet

Behavioral Health	Homeless Assistance Program
Intellectual Disabilities	Drug and Alcohol
Human Services Development Fund	Children and Youth

Recap of 2013-2014 Human Services Block Grant Participation

- Just completed 1st year under the Block Grant Process-very successful
 - Allowed for greater financial collaboration between human service agencies
 - Eliminates the redundancy of information that occurred previously under individual plans
 - The fears that existed regarding becoming a Block Grant County were not realized
1. There were **no reductions in services** in one cost center in order to provide additional services under another of the cost centers
 2. No Behavioral Health Individuals lost funding in order for others to receive services under other cost centers.
 3. No jobs were lost as a result of transitioning to a Block Grant County

Cross system collaborations that occurred as a result of being a Block Grant County:

- Behavioral Health funds to Drug and Alcohol- \$50,000- enabled drug and alcohol to assist an **additional 82 individuals at an average funding of \$611 per individual** (services included both inpatient and outpatient)
- Behavioral Health funds to Intellectual Disabilities- \$329,000- **funded two individuals with intellectual disabilities and other unique needs** in residential settings as well as supportive services and day programs.
- Behavioral Health funds to Children and Youth- \$70,810- **one child who is identified under C&Y, Behavioral Health, Intellectual Disabilities** provides for residential setting as well as supportive services.

Proposed Plans for 2014-2015

- Expenditures across systems is limited to a maximum of 50%, all other dollars remain categorically committed
- No job loss- any savings will be realized through employee attrition.
- Ongoing commitment to no service reduction in one cost center in order to realize services in another cost center.
- Ongoing inclusion of stakeholder input in system/service transformation.
- At the present time, Cambria County intends to utilize funding across systems at the same rates and amounts as 2013/2014 and will make adjustments as needed up to 50% as deemed necessary.

Proposed cross system funding

1. Behavioral Health to Drug and Alcohol --- \$50,000
2. Behavioral Health to Intellectual Disabilities --- \$329,000
3. Behavioral Health to Children and Youth --- \$70,810

Summary of Public Hearings Input/Feedback

The Public Hearings regarding the Cambria County 2014-2015 Human Services County Plan were not as well attended as they were for last year's 2013-2014 Plan year. Some of this may be attributable to the fact that last year was Cambria County's first year of participation as a Block Grant County and there was a great deal of community, provider, and staff anxiety regarding the potential impact on specific categorical budgets that might be realized if monies could be shared across lines to other categorical human services silos. Cambria County Human Service Agency were mindful of these concerns and utilized regular advisory board meetings, stakeholder meetings, provider meetings, etc. to keep concerned parties informed of the ongoing human services block grant plan implementation and execution. The overall observations and experience of those concerned entities were positive and their initial concerns did not come to fruition. It should be noted also that at least three local media outlets were in attendance at the Public Hearing held during the Bi-weekly County Commissioners Meeting, offering another means of outreaching to the public.

Overall, the Human Services County Plan was well received and supported by the Hearings participants. It seems that concerted efforts over the past year on the part of the Human Services Administration to assuage provider and participant concerns that services would be reduced or eliminated, which was not the agencies intentions, but rather to utilized previously categorically allocated dollars more freely to meet the present needs specific to Cambria County. Following the Hearings those in attendance verbalized positive remarks regarding a Block Grant Structure and expressed optimism regarding the ongoing benefits of the block grant structure for Cambria County moving forward.

One attendee of the Public Hearings reported that she was there as a last minute fill in of her agency's executive director and had come to meeting with the understanding that it was to present a Request For Proposal for possible funding of projects. Despite her misunderstanding of the intended purpose of the Public Hearing, she stayed for the whole presentation, question/answer session, and reported that she found the information that was presented, informative, and that she supports the County's proposed Human Services Plan.

Another attendee, in fact attended both Public Hearing sessions and made several suggestions for future considerations of Human Services funding. This individual was clearly a fierce advocate for vulnerable populations and had a extensive work history within the State Center System. This individual verbalized concerns regarding how to address the sharing of information when a registered sex offender is relocated and/or housed in a community and the need for reporting that is in the best interest of both the individual and the community. This individual also encouraged and promoted the need for a Brain and Neuro-Cognitive Health, Wellness and Resource Center along with the invaluable services and resources one could offer.

Again, all Hearing participants were encouraged to give consideration to participating in future planning and development of the Human Services Plan and were given the opportunity to provide contact information.

As Human Service Agencies and County Commissioners, we continue to look forward to ongoing community participation and collaboration in identifying and meeting the needs of the residents of Cambria County. This year's Public Hearings reflect openness to the benefits of the Block Grant structure and we remain optimistic that there is a willingness for change and a new direction will be embraced by the residents, providers, etc. of Cambria County

Appendix A
Fiscal Year 2014-2015

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: CAMBRIDG

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>
	Date: 6-30-14
	Date: 6-30-14
	Date: 6-30-14

APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS

Directions: *Using this format for Block Grant Counties, provide the county plan for allocated Human Services fund expenditures and proposed numbers of individuals to be served in each of the eligible categories:*

Estimated Clients – Please provide an estimate of the number of clients to be served in each cost center. Clients must be entered for each cost center with associated expenditures.

HSBG Allocation - Please enter the total of the counties state and federal HSBG allocation for each program area (MH, ID, HAP, C&Y, D&A, and HSDF).

HSBG Planned Expenditures – Please enter the planned expenditures for the Human Services Block Grant funds in the applicable cost centers. The HSBG Planned Expenditures **must equal** the HSBG Allocation.

Non-Block Grant Expenditures – Please enter the planned expenditures for the Non-Block Grant allocations in each of the cost centers. Only MH and ID non-block grant funded expenditures should be included. This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.

County Match - Please enter the planned county match expenditures in the applicable cost centers.

Other Planned Expenditures – Please enter planned expenditures from other sources not included in either the HSBG or Non-Block Grant allocations (such as grants, reinvestment, etc.) in the cost centers. *(Completion of this column is optional.)*

Block Grant Administration - Counties participating in the Human Services Block Grant will provide an estimate of administrative costs for services not included in Mental Health or Intellectual Disability Services.

***Use the FY 13-14 Primary Allocations for completion of the Budget* If your county received a supplemental CHIPP allocation in FY 13-14, include those funds in your FY 14-15 budget.**

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

County: Cambria	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	0		0		0	
Administrator's Office	0		475,000		53,000	
Administrative Management	4,884		807,000		76,240	
Adult Developmental Training	22		47,575		5,286	
Children's Evidence Based Practices	0		0		0	
Children's Psychosocial Rehab	0		0		0	
Community Employment	23		102,703		11,411	
Community Residential Services	76		2,990,897		43,457	
Community Services	168		180,444		18,803	
Consumer Driven Services	0		0		0	
Crisis Intervention	0		241,375		0	
Emergency Services	0		113,351		12,584	
Facility Based Vocational Rehab	22		207,258		23,029	
Family Based Services	10		10,000		0	
Family Support Services	0		0		0	
Housing Support	0		0		0	
Other	0		50,000		0	
Outpatient	75		25,000		0	
Partial Hospitalization	5		5,000		0	
Peer Support	0		0		0	
Psychiatric Inpatient Hospitalization	5		15,000		0	
Psychiatric Rehabilitation	0		0		0	
Social Rehab Services	0		0		0	
Targeted Case Management	304		510,090		0	
Transitional and Community Integration	0		0		0	
TOTAL MH SERVICES	5,594	0	5,780,693	0	243,810	0

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

County: Cambria	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
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INTELLECTUAL DISABILITIES SERVICES

Admin Office	0		520,000		21,000	
Case Management	305		80,000		8,000	
Community Residential Services	6		471,000		0	
Community Based Services	70		617,650		40,000	
Other	20		0		0	
TOTAL ID SERVICES	401	0	1,688,650	0	69,000	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing	11		20,000			
Case Management	130		12,000			
Rental Assistance	280		76,867			
Emergency Shelter	290		67,583			
Other Housing Supports	0		0			
TOTAL HAP SERVICES	711	176,450	176,450		0	0

CHILDREN & YOUTH SERVICES

Evidence Based Services						
Promising Practice	36	97,968	97,968		3,282	
Alternatives to Truancy						
Housing						
TOTAL C & Y SERVICES	26	7,200	7,200		241	
	62	105,168	105,168		3,523	

**APPENDIX C-1 - BLOCK GRANT COUNTIES
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

County: Cambria	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
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DRUG AND ALCOHOL SERVICES

Inpatient non hospital	283	453,908	453,908					
Inpatient Hospital								
Partial Hospitalization	6			6,860	6,860			
Outpatient/IOP	5			1,981	1,981			
Medication Assisted Therapy								
Recovery Support Services	12			8,728	8,728			
Case/Care Management	350							
Other Intervention								
Prevention								
TOTAL DRUG AND ALCOHOL SERVICES	656	471,477	471,477		0	0		

HUMAN SERVICES AND SUPPORTS

Adult Services	110	164,867	107,548			
Aging Services	3		2,500			
Generic Services	500		500			
Specialized Services	4		6,818			
Children and Youth Services	0		5,000			
Interagency Coordination			42,501			
TOTAL HUMAN SERVICES AND SUPPORTS	617	164,867	164,867		0	0

COUNTY BLOCK GRANT ADMINISTRATION			97968		0	
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GRAND TOTAL	8,005	819,994	8,387,305	0	313,051	0
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