

**Westmoreland County Human Services**

**Block Grant Plan**

**FY 2014-15**

**Submitted for Approval by the Westmoreland County  
Commissioners on September 11, 2014**

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**Contact person:**

**Dr. Dirk Matson**

**Director of Human Services, Westmoreland County**

**2 N. Main St., Greensburg, PA 15601**

**Email: [dmatson@co.westmoreland.pa.us](mailto:dmatson@co.westmoreland.pa.us)**

**Phone: (724)830-3663**

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## **SPECIAL NOTE**

This is our sixth submission due to us receiving feedback on our fifth submission from the Department of Public Welfare.

### **PART I: COUNTY PLANNING PROCESS**

The Westmoreland County Planning Process will be led by the Westmoreland County Planning and Leadership Team (WCPLT). The process includes the following activities with more details about this process following below:

1. Engaging the County community for input on the needs and services by holding public hearings for input and by conducting a public survey. How we engaged stakeholder groups is outlined in the Public Hearing notice section.
2. Using data from public calls to PA Southwest 2-1-1 to analyze human service needs
3. Orient and regularly meet (4X per year) with our Advisory Committee, starting with the first meeting on July 22, 2014.
4. The process for decision making will be discussed at each of the Advisory Committee meetings, allowing representatives from the community a voice in the final decision.
5. Our intent, pending Advisory Committee and Commissioner input, is that the WCPLT will put recommendations before the Advisory Committee, the Advisory Committee will offer their feedback to the recommendations, then the recommendations will go to the Board of Commissioners. The Advisory Committee is composed of representatives of consumers, providers, and community leaders.

The Westmoreland County Planning and Leadership Team consist of representatives of the seven categorical line items now included in the Block Grant, the Human Service director, the Aging director, and the CEO from Westmoreland Community Action, the lead agency to fight poverty in Westmoreland County.

The Westmoreland County Leadership and Planning Team is:

Dr. Dirk Matson (Chairperson), Director of Westmoreland County Human Services  
Shara Saveikis, Director of Westmoreland County Children's Bureau (WCCB)  
Addie Beighley, Chief Juvenile Probation Officer, Westmoreland County  
Austin Breegle, Administrator of Westmoreland County Behavioral Health and Developmental Services

Colleen Hughes, Executive Director of Westmoreland Drug and Alcohol Commission, Inc.

Michael Washowich, Executive Director of Westmoreland County Housing Authority  
Administrator of Westmoreland County Area on Aging (position vacant due to retirement)

Tay Waltenbaugh, Executive Director of Westmoreland County Community Action

The new Administrator for our Area Agency on Aging or her/his designee will serve on the Planning and Leadership Team.

An Advisory Committee was selected in May, 2014, which will consist of consumers/former consumers/family members, service providers, and advisory board members from each of the categorical departments represented in the Block Grant (Children and Youth, Behavioral Health, Developmental Services (Intellectual Disabilities), and Homeless Assistance. Nineteen (19) members were selected through an application process spanning approximately 6 weeks. The new members were selected from a group of 34 applicants. Our goal was to have representation of 51% or more from consumers/former consumers/family members of consumers. We were able to achieve that. The demographics for the Advisory Committee are below in this section.

The Advisory Committee will offer feedback on plans to disburse unused allocations and help the County Leadership and Planning team identify needs throughout the County. The first meeting of the Advisory Committee is scheduled for July 22, 2014. A roster of our Advisory Committee is attached in Appendix F. The Committee is not a Board, but an advisory group intended to vet the recommendations of the WCPLT before the recommendations go before the Board of Commissioners.

The final decision for disbursement of Block Grant funds rest with the Westmoreland County Board of Commissioners.

The demographics of our Advisory Committee are:

- 53% (10) consumers, former consumers, or family members of consumers. One of the consumers has chosen not to be identified publicly
- 95% (18) Westmoreland County residents
- 5% (1) non-Westmoreland County residents (this exception was made due to long work history in Westmoreland County and strong history of Behavioral Health advocacy)
- 95% (18) white, 5% (1) African American
- 84% (16) women, 16% (3) men
- 5 private providers represented

The needs of Westmoreland County are assessed via public input from the two public hearings and from the Public Survey. Additionally, the Chairperson of the County Planning Team included the data from calls made to PA Southwest 2-1-1 from a Westmoreland County zip code. The needs of the callers were taken into consideration in our needs assessment.

The Public Survey was made available from June 13, 2014 through July 11, 2014. The survey asked for the public to rate each area of County service for quality, the need for more or different services, and access to services. Participants in the survey had an opportunity to make comments regarding each of the types of services. We had 479 respondents, which surpasses last year's number of respondents (358).

We partnered on our survey with Seton Hill University Social Work Department, chaired by Dr. David Droppa. Dr. Sarah Livsey provided much of the direction for the survey. They, with two other professors, performed the analysis of the survey results and presented the results to our County Planning team on Friday, July 25, 2014. We are grateful for their volunteer work in helping us.

Plans for how Westmoreland County intends to use funds to provide services to its residents in the least restrictive setting are described in the sections of Mental Health, Developmental Services, and Children and Youth.

We anticipate that there will be a surplus of more than \$200,000 for the BY 2013-14. The final number will not be determined until late mid-September. This estimation represents approximately 1% of the overall block grant funding. Because the margin is so thin, we do not anticipate substantial programmatic or funding changes as a result of last year's outcomes.

## **PART II: PUBLIC HEARING NOTICE**

The Westmoreland County Commissioners, in conjunction with the Westmoreland County Director of Human Services, held two Public Hearings on June 26, 2014 and July 10, 2014 to gather public input on our FY 2014-15 County Human Services Block Grant Plan. The Public Hearings were advertised in the Latrobe Bulletin on June 12 thru 16, 2014 as required by the Sunshine Act. In addition, the public was notified of the hearings by emails to providers and by notification on the Westmoreland County website. A proof of publication is included in Appendix A. We also advertised our on-line survey on the County website and in the public notice in the Latrobe Bulletin. The survey was made available for constituents who were not able to attend the Public Hearings. This survey was available to the public from Friday, June 13, 2014 to Friday, July 11, 2014.

The first Hearing had 25 constituents in attendance. These numbers include County private citizens, representatives from private providers of services, advocates, and County employees. The sign-in sheet for attendance is in Appendix B and the minutes for the first hearing are in Appendix C.

The second Hearing had 11 constituents in attendance. These numbers also include representatives from the private providers of services, consumers, advocates, and County employees. The sign-in sheet for attendance is in Appendix D and the minutes for the second hearing are in Appendix E.

In both public hearings, Dr. Dirk Matson, Director of Westmoreland County Human Services, welcomed all in attendance and explained the background and current status of the Block Grant from both a State and County perspective. This information was communicated verbally and with a PowerPoint presentation. He explained the process for submitting Westmoreland County's application for the Block Grant and that input was being solicited in anticipation of us receiving approval for becoming a Block Grant County. Each meeting was then opened for stakeholder input on the issues and needs the County should consider in preparing for the Block Grant.

### **PART III: WAIVER REQUEST**

Westmoreland County has budgeted 100% of the allocations to each of the seven (7) funding areas for the first year of the Block Grant. Westmoreland County will use the Westmoreland County Block Grant Leadership and Planning Team to review spending in each area on a minimum of at least a bi-annual basis, with it being a monthly agenda. The team will provide feedback on the expenditures and make suggestions. Ultimately, any major adjustments to the funding plan will be made by the County Commissioners after they have been apprised of any significant need to readjust allocations. If the commissioners approve a significant funding reallocation (above 25%) of the original categorical allocation, the county will prepare the required documentation at that time to request a waiver.

### **PART IV: HUMAN SERVICES NARRATIVE**

#### **MENTAL HEALTH SERVICES:**

Westmoreland County Behavioral Health Programs proudly serve approximately 4595 individuals with mental health and behavioral health needs through the county base funding stream each year, and an additional 11,000 individuals are served through our HealthChoices partnership.

Our county mental health system has focused on creating and maintaining services that support resiliency and recovery principals, are strength based, community based, and built upon a continuum that affords each individual the ability to be served in the least restrictive setting. The mission statement of the Westmoreland County Behavioral Health and Developmental Services (BH/DS) office is as follows: *To provide the opportunity for each individual to choose appropriate services and supports which promote hope, growth, recovery, quality of life, and inclusion in his/her community.* Throughout the year, coordination, collaboration, and planning activities take place with other county human service departments including children and youth, juvenile services, aging, drug and alcohol; Value Behavioral Health of Pennsylvania, Southwest Behavioral Health Management Inc., and numerous community provider organizations. In addition to the partnerships, our county behavioral health program specialist staff participates in a variety of cooperative efforts to develop, expand, and strengthen community services and supports for those with mental illness.

In an effort to meet the needs of individuals with mental illness or behavioral health needs, community based services are developed and sustained using funding from one or more of the following sources: county base funds, HealthChoices funding, and/or Reinvestment funds; monies from these funding resources has permitted Westmoreland County to design and develop community based services that support and allow for individuals to remain in their community, keep families together, enhance access to services, and address the unique needs of transitional age youth and individuals with complex mental health and trauma needs.

### **a). Program Highlights:**

Administrative program monitoring: To ensure that services throughout the county continue to meet the needs of adults, children and their families, the behavioral health department has been conducting an in-depth examination and monitoring of all behavioral health programs and services including those funded through HealthChoices and/or county/base monies. Our efforts have resulted in a number of programmatic findings and improvements such as:

- Strengthening compliance standards for accessing behavioral health services
- Establishing protocols for utilization of county based funding for children's family based services
- Enhancing the role of the base service unit to increase family engagement and education
- Increased community awareness about mental health issues
- Ensuring all providers recognize and adhere to the principles of recovery and resiliency
- Strengthening program compliance with federal and state regulations

As our department continues to partner with our provider organizations and service systems on a deeper level, we are continuously defining and shaping our array of services based on needs and program findings; this has resulted in a number of program changes. Through this process, we have had the opportunity to embark on program expansion and opportunities for unique programming that is based on the identified needs of our community. As our monitoring efforts continue throughout the year; our site visit findings are shared with each provider for program improvement and technical assistance is offered to all provider organizations to address areas for program improvement.

### **Service Assessment**

In addition to our program specialist monitoring efforts, the behavioral health department has identified the need to conduct service assessments over the next two years; these assessments will focus on three key program areas: quality, access, and cost effectiveness. This service assessment process will be completed over the next two years; our first reviews have begun and are programs and services that utilize county funding or have a blended funding stream of HealthChoices and base monies. The first service assessment completed was Family Support Services and children's Respite Services. Our findings have resulted in revised policies and procedures for the utilization of Family Support Services and Respite funding; in the next year, we are planning to expand respite caregiver options for children and families that are in need of this service. The Adult Department has already begun the next service assessment for our Representative Payee programs.

### **Mental Health First Aid Training**

In July, 2013, the Westmoreland County Behavioral Health and Developmental Services office received a Mental Health Matters grant from the Office of Mental Health and

Substance Services; this grant funding was used for Adult and Youth Mental Health First Aid training in the county.

With this grant funding, Youth Mental Health First Aid training was offered to a total of 82 individuals and the Mental Health First Aid was offered to 128 individuals for a total of 210 participants; these individuals represented the following disciplines:

- Child advocates
- Welfare caseworkers and supervisors
- Foster care
- Mental Health case management
- School nursing
- Youth/Young adult ministry
- College students
- Education
- Adult Probation Officers/Juvenile Justice officers and supervisors
- Student Assistance Program
- Family service program staff (transportation, clerical, etc)
- Aging Providers
- Westmoreland County Prison and Sheriff

## **Mental Health Awareness**

We are pleased to highlight our efforts to increase awareness about mental health issues to our community and to provide understanding about recovery, positive mental wellness, and treatment strategies for behavioral and emotional disorders.

In May, 2014, four transitional aged youth from our county spoke to approximately 185 eighth-grade students at a junior high school about their life experiences; their presentation discussion focused on their mental health and/or substance abuse issues and the various strategies that have helped them in their recovery journey such as family, supports, and services that have had a positive impact in their lives. This presentation was the first time that these youth spoke publically about their mental health experiences and proved to be a healing and transformational moment when these youth realized the positive and profound impact they can have with others by the sharing of their stories.

Our first annual mental health awareness events were held in the month of May. The event for children was titled, *A Night at the Circus*; this community event welcomed over 150 children and their parents/caregivers to raise awareness about children's mental health issues. The evening's event had over 30 interactive family activities to promote positive themes such "what keeps me well", "what makes me strong", and the promotion of hope and wellness in our daily lives. The adult department coordinated an event at Westmoreland Mall. The theme was STOP STIGMA (**S**upport, **T**alk About It, **I**nform &

Educate, **G**et Involved, **M**ake a Change, **A**cceptance). Around 17 providers, worked on the planning committee with Westmoreland County BH/DS to make the event a success. Speakers presented on the following topics: DBT, Nutrition, Simulation of Hearing Distressing Voices and Mental Health First Aid were well as having around 18 provider tables. Over 200 informational bags were given away to the participants.

### **Connected Care Project**

Connected Care™ has been developed to improve and strengthen the connection and care coordination for adults between physical and behavioral health care providers for Medical Assistance and Specialty Needs Plan members with serious mental illness (SMI) and physical health co-morbidities. The program will target any mutual Value Behavioral Health, UPMC *for You* or UPMC *for Life* Specialty Plan members who are age 10 or older. Connected Care™ will focus on care coordination among primary care physicians and behavioral health providers for outpatient, inpatient, and emergency room care. An integrated care team of care managers from UPMC Health Plan and Value Behavioral Health will help support outreach, education, and care coordination for these members. The Connected Care introductory mailing went out in four dates in December with approximately 550 each batch. Starting in January 2014, the mailing went out to new members.

### **Summer Wellness Program**

Summer is a time of fun and relaxation for many children and families; for children with serious behavioral and emotional needs, it can be difficult to locate summer camp programs that are able to meet the child's treatment and clinical needs. Furthermore, many summer camp programs and program staff are not trained to work with children with serious emotional and behavioral disturbances. For over 10 years, Westmoreland County Behavioral Health and Developmental Services has supported Summer Therapeutic Activities Programs (STAP) for children with mental health and/or developmental needs that required ongoing treatment services in the summer months; these programs also offered children an opportunity to participate in structured therapeutic activities in a community setting. This year, we have three STAP programs for children with autism spectrum disorders/development disorders available; all three of these programs are funded by HealthChoices.

This year, Westmoreland County Behavioral Health and Developmental Services office was able to support and partially fund a summer wellness program for children with mental health needs; these children will receive up to four hours of group psychotherapy per week in addition to group activities that will provide an opportunity for children to express themselves in a creative and healing manner. The program's focus is to help children respond to and handle crisis situation, self-regulate emotions, learn how to use deep breathing and how to break the chain of destructive behaviors and decrease emotional suffering. This summer wellness program will serve up to 20 children/adolescents and will be funded by HealthChoices and county monies.

## **School Based Outpatient Services**

We are pleased to announce that beginning with the 2014/2015 school year, all seventeen (17) public school districts in Westmoreland County now have school based mental health outpatient services available to children and adolescents; the incorporation and implementation of school based mental health services in all schools has taken several years to complete. In addition, 13 of our public school districts have school based drug and alcohol outpatient services available to students and their families.

### **b). Strengths and Unmet Needs:**

- **Older Adults (ages 60 and above)**
  - **Strengths:** Westmoreland County BH/DS is involved with multiple partnerships in order to address the behavioral health needs of older adults. A Behavioral Health Program Specialist is a member of the PA Behavioral Health & Aging Coalition, a statewide organization concerned with unmet behavioral health and substance abuse needs of older adults. The coalition sponsors monthly audio conferences during which counties discuss complicated cases involving older adults with cross systems' needs. BH/DS worked in collaboration with the coalition to bring trainings to Westmoreland County including Question, Persuade, Refer (QPR) Suicide Prevention Training, and Cross Systems Collaborative Approaches: Working with Individuals with Hoarding Behavior, and Understanding the Behaviors of Depression, Anxiety & Dementia. Westmoreland County BH/DS is a collaborative partner with Westmoreland LINK, a coordinated system of agencies that works to connect older adults and individuals with disabilities with the necessary resources with as little frustration and confusion as possible. BH/DS participated in LINK cross trainings regarding Supportive Services, Medication Education and Transportation Options, a Human Services Frequently Asked Questions Event and a forum on Bridges out of Poverty.

In April, Westmoreland County BH/DS and Westmoreland County Area Agency on Aging held our second cross systems training with grant funding provided by the PA Department of Aging. The training was very well attended with over 110 people from different agencies present. Topics included Staying Healthy in Your own Home, What Causes an Individual to Wander, as well as information on public assistance benefits, Medicare, dual eligible, the Affordable Care Act and Apprise. A Westmoreland County case review team has been formed that meets on a quarterly and on an as needed basis to discuss cases involving older adults with complex needs. The goal of the case review team is to bring together a variety of providers to better connect older adults with appropriate services, while at the same time educating each other on what is available for this ever growing population.

- **Needs:** Westmoreland County has one hospital provider, Excela Health, which also provides community based psychiatric in-patient units. There is a specialized adolescent unit and two adult units. Although there are specialized geriatric units utilized by Westmoreland County consumers in surrounding counties, Westmoreland County does not have a specific specialized geriatric unit in county. Excela Health does, however, serve the geriatric population by utilizing one of the two units for special populations, such as older adults and consumers with similar needs.

- **Adults (ages 18 and above)**

The Adult Behavioral Health Department has a continuum of services for our consumers. The Human Services Plan does not include every service provided to our consumers. Instead, the Human Services Plan reflects some updates from existing programs/services as well as highlighting new initiative that were undertaken or being developed to serve our adult population.

- **Strengths:** Westmoreland County BH/DS's goal is to create and maintain services that support resiliency and recovery principals, are strength based, community based, and built upon a continuum that affords each individual the ability to be served in the least restrictive setting.

We are proud to have an active Community Support Program (CSP) in Westmoreland County to assist with this goal. The Community Support Program (CSP) of Pennsylvania is a coalition of mental health consumers, family members and professionals working to help adults with serious mental illnesses and co-occurring disorders live successfully in the community. Westmoreland County has a partnership with not only our local Westmoreland County CSP, which is often utilized for stakeholder involvement as we embark on changes or new programming, such as CHIPPS (Community Hospital Integration Program Projects) initiative but also have a partnership with our Western Region CSP. Programming is provided with not only base funds but also HealthChoices.

Our partnerships also have afforded Westmoreland County BH/DS the opportunity to have a strong Disaster Crisis Outreach Referral Team (DCORT). DCORT provides outreach in the community, at shelters, in Disaster Recovery Centers, and local events. It also assists in assessing the impact of disasters and will volunteer in the Incident Command Structure to provide support or referral. Finally, DCORT provides support, education and referral assistance to members of the Westmoreland County community.

- **Needs:** Westmoreland County Behavioral Health and Developmental Services works hard to ensure that all individuals have access to treatment services and supports in a timely manner and in their community. But like many counties, there are struggles and areas that can always use improvement. With decreased funds but an increased

demand, Westmoreland County continues to look at the services offered. Some areas of concern include, limited housing options, individuals diagnosed with a mental illness and involvement with the criminal justice system, limited number of trained peers, especially in specialized areas such as Forensic and Older Adult. Other areas of concern would be the limited number of people entering the field of Psychiatry, resulting in limited Psychiatric times for medication checks, as well as, the number of individuals without an income which in turn causes problems with housing and the ability to get basic needs met. Knowing these needs of our community, Westmoreland County BH/DS continues to look for opportunities to enhance partnership, increase community involvement, conduct service reviews, etc. in order to assist our Westmoreland County residents.

- **Transitional Aged Youth (ages 18 through 26)**

- **Strengths:** Transitional aged youth and young adults face a number of challenges as they move from adolescence to adulthood; this transition can become complex and difficult for those struggling with mental illness, developmental or emotional needs. For almost 10 years, Westmoreland County Behavioral Health and Developmental Services office has supported the CORE program (Community Outreach through Resources and Education program) to meet the needs of transitional aged youth. This county funded program serves youth ages 16 to 24 and had approximately 106 consumers in 2013; the services are individualized and voluntary with opportunities for youth to participate in various activities with their CORE facilitator to meet the needs of the participating youth. The program's primary focus is the mental health needs of transitional aged youth but also addresses other life domains unique to this group such as independence, housing, education, employment, and socialization opportunities. The program seeks to foster and enhance an individual's strengths and skills while focusing on learning new strategies and techniques which enhance independence, maturity, and resilience.

To complement the CORE program and to offer transitional aged youth opportunities for positive and supported socialization, the Giving Tree Drop In Center for transitional aged youth was established in 2009; the center is a social, supportive, and educational program that encourages members to become independent, empowered and to advocate for themselves. The consumer driven center offers transitional aged youth opportunities for group participation on topics such as employment, fitness, positive relationships, and mental wellness; there are approximately 85 active members that attend the drop in center. The Giving Tree Drop In Center is supported through county funding.

- **Needs:** The current programming available for transitional aged youth in Westmoreland County has proven to be successful; outcome results for

2013 demonstrate overall improvements in a youth's knowledge, behavior, and functioning. To promote and encourage program growth and improvement, our office is currently working with a provider organization to convert the CORE program into a skills-based program under a rehabilitative and resilience modeled service that will offer group and individual support to program recipients. This program improvement plan will offer additional supports to the transitional aged population by:

- Serve transitional aged youth with serious mental illness
- Increasing the amount of therapeutic groups offered
- Promote the use of a certified peer specialist
- Promote recovery and choice with a rehabilitation goal that is chosen by the consumer
- Utilize HealthChoices funding and re-allocate county funding that is currently used to support the CORE and Giving Tree programs to other programs

- **Children (under 18 years of age)**

The Children's Behavioral Health Department has a continuum of services for our consumers. The Human Services Plan does not include every service provided to our consumers. Instead, the Human Services Plan reflects some updates from existing programs/services as well as highlighting new initiative that were undertaken or being developed to serve our children population.

- **Strengths:** In Westmoreland County, similarly to most counties, most of the children and youth receiving mental health treatment services qualify for Medical Assistance; therefore, the majority of children and adolescent mental health services are funded through HealthChoices. Throughout the years, Westmoreland County has utilized county base funds for limited services for children, adolescents, and family members such as respite, student assistance program, and advocacy services; county funds are also used to support children and adolescents receiving outpatient and family based services that do not have insurance or whose insurance does not provide behavioral health coverage.

Our array of services for children and families is comprehensive and has met the needs of our youth to date; in addition to the levels of care that are considered "in plan" services, Westmoreland County has offered and supported other BHRS programs for our children such as Multi-Systemic Therapy, Site Based Autism Social Skills Groups, Summer Therapeutic Activities Programs, and Diversion and Stabilization Program services.

- **Needs:** Westmoreland County Behavioral Health and Developmental Services works diligently to ensure that all children with a behavioral or emotional disorder, and their families, have access to treatment services and supports in a timely manner and in their community. In the past six months, our county has received notification of the closure of the Family

Focused Solution Based Therapy, Strength Based Therapy services, one Summer Therapeutic Activities Program, and two BHRS program closures. Upon notification of these closures, our office worked closely with the base service unit and each organization to ensure that adequate transition planning occurred to ensure the child continued with the medically necessary treatment services. As a result of these closures and our in-depth monitoring efforts, we will be starting a county wide needs assessment in June, 2014; this assessment will examine three key areas of behavioral health service delivery: target population, access/location of services, and service description/type.

The needs assessment process will begin with county behavioral health program specialists, representatives from our oversight entity, and our behavioral health managed care organization and expand to include other partners such as family members, youth, advocacy organizations, and provider organizations. Once developed, our office plans to utilize the results of this assessment as the basis for our decision making with regards to program expansion and development.

As our county embarks on our first children's behavioral health needs assessment, we would like to provide updates on services such as CASSP, Respite, and the Student Assistance Program.

- **Disaster Crisis Outreach Referral Team (DCORT)**

- **Strengths:** The Westmoreland County Behavioral Health and Developmental Services as the agency responsible for community mental health oversight and long term well-being and recovery is the designated Coordinator of the DCORT team. Westmoreland County is proud to have a DCORT team established with a partnership with our providers, the local Emergency Management System, and the American Red Cross.
- DCORT members are trained crisis outreach responders in charge of Emergency Behavioral Health. We continue to train some of the lead members on the Knowledge Center through the Westmoreland County Public Safety department.
- DCORT has partnered with the American Red Cross on an airport drill. DCORT was also deployed to assist our community members with the following crises: suicide of student, line of duty death of a fireman, death of a co-worker, flood victims, consumer deaths at a behavioral health provider, fire victims, car accidents, and most recently DCORT has had intense ongoing involvement with the Franklin Regional School District due to the stabbing of 21 individuals by a student on their campus.
- We continue to hold our annual DCORT Retreat in the fall. The retreat allows for the team to review the past, focus on the future, and continue our team building goals.

- **Needs:** As we plan for our DCORT future we have hopes that training dollars can be made available to DCORT teams to assist in ongoing preparation for crisis events such as the crisis at Franklin Regional. There has also been discussion of the need for a Train the Trainer workshop to allow for more local access to trainings in our area. Additional dollars would be beneficial to offset the costs of time and travel to our providers who volunteer many hours to respond to DCORT events.
- **Housing**
  - **Strengths:** Westmoreland County utilizes an array of housing options for our consumers. County Mental Health Base Funds support 43 individuals in Community Residential Rehabilitation (CRR) programs, fourteen individuals in the Long Term Structured Residence (LTSR). In addition there are 4 Housing Supports/Supportive Living Programs that provide services to both adults and Transitional age young adults and six beds in 2 homes of Shared Housing in Mt Pleasant.
  - Reinvestment funds were used to develop one Fairweather Lodge to accommodate 4 individuals.
  - In response to the limited housing resources available throughout Westmoreland County, the Adult Services program of the Behavioral Health Department will be implementing a Centralized Housing Referral process as a new way to manage our County funded Behavioral Health Options and Support programs.
  - In partnership with Westmoreland Casemanagement and Supports, Inc. (WCSI) and our housing providers, our hope is that the Centralized Referral Process will lead to a more coordinated, standardized and streamlined model for housing referrals. Our goal is to improve access and reduce delays to the consumers that we serve.
  - Connect Inc. Westmoreland Permanent Supportive Housing (PSH) Program is designed to provide safe, affordable housing with supportive services for disabled individuals and families. The 7 apartments are scattered sites. Other housing providers include the Union Mission men's Permanent Supporting Housing (PSH) with 6 (single occupancy) apartments for chronic homeless, disabled veterans and Westmoreland Community Action (WCA) PSH. The WCA PSH apartment building has nine furnished apartments able to accommodate 10 individuals. WCA also provides 3 scattered site apartments to accommodate 6 Transitional Age (young adults) of PSH. Further, WCA has recently been awarded a Housing and Urban Development (HUD) grant for 6-8 beds to provide Permanent Supportive Housing to chronic mental health homeless individuals in Westmoreland County. The Safe Harbor program managed by Connect Inc. is a permanent supportive housing option for a maximum of 12 disabled men and women who are chronically homeless, specifically

individuals with mental illness and/or substance abuse with a history of non-compliance and complex issues. There continues to be a positive partnership in the community housing options continuum. Other resources in the community used by consumers for temporary shelter are the Union Mission Men's Shelter and the Welcome Home Family Shelter. These programs are consistently at full capacity.

- A Behavioral Health Program Specialist chairs/facilitates Local Housing Options Team (LHOT) meetings. Due to our partnership with Westmoreland County Housing Authority and LHOT, Westmoreland County residents benefit from local preferences in regards to access to affordable housing.
  - Since 1994, Westmoreland County has had in existence a Westmoreland Coalition on Housing (WCoH). WCoH has an active core membership who also participates on their Continuum of Care and Steering Committee. In June 2014, WCoH held their annual meeting and local participants discussed the housing needs in our community. During the planning session attendees mentioned the following themes: lack of funding, lack of shelter beds, hard to place consumers and more strategic representation on the WCOH. These themes should be considered as WCOH moves forward with the identification of key priorities and the development of a basic strategic plan.
  - **Needs:** Housing is and will always be a top priority due to the complexity of the challenges facing the behavioral health consumers we serve. Although Westmoreland County has an array of housing options, there is still the need for more housing, especially to serve complex cases. We continue to expand our partnerships to work together to eliminate some of the barriers to housing for our consumers.
- **Peer Services**
    - **Strengths:** Westmoreland County continues its commitment to providing quality peer support services through certified peer specialists who attend a stringent two week training and certification process. Peers recently attended training on recover focused service documentation. Peers have done a great job in distinguishing the role of a Peer versus a Case manager.
    - **Needs:** Training enough certified peer specialists to fill the demand has always been a challenge for Westmoreland County. This costly training is only offered in our area twice per year, with limited slots and funding available.

- **Child & Adolescent Service System Program (CASSP)**
  - **Strengths:** Westmoreland County continues to have a strong Child & Adolescent Service System Program (CASSP) presence; this is accomplished by the maintenance of three CASSP community teams that provide interagency collaboration for complex case planning and coordination. The CASSP program within the county behavioral health office has one CASSP coordinator and two CASSP representatives. As our county moves ahead with the System of Care Initiative as a learning community, the role of CASSP continues to adapt to meet the needs of our child serving systems and partners.
  - **Needs:** One of the significant changes to our CASSP system occurred in May of this year when the county behavioral health office decided to end the CASSP Advisory committee; this decision was made in an attempt to maximize provider and system partner time and energy and to increase collaboration among the behavioral health treatment providers and the county behavioral health office. Following this decision, the children's department within the behavioral health office established provider meetings that will allow for small group discussion among similar provider organizations, our base service unit, the managed care organization and others; these discussions will be an integral part of the identification of our county's needs assessment process.
  
- **Student Assistance Program**
  - **Strengths:** Westmoreland County Behavioral Health continues to support our Student Assistance Program with county funding; our seven liaisons are dually trained in mental health and substance abuse disorders and serve over 80 school buildings in seventeen school districts. This year, our liaisons, along with several others, provided crisis support and post-vention services in response to the April 9, 2014 stabbing at Franklin Regional School District; our liaisons were on site almost daily from April 9<sup>th</sup> through April 29<sup>th</sup>, 2014 for counseling and support to the students, staff, and community impacted by this tragic event.
  - **Needs:** Sadly, the 2013/2014 school year has been difficult for our Student Assistance Program liaisons as a result of the Franklin Regional stabbing and four youth suicides. These events, along with numerous other high risk situations such as suicidal ideations and attempts, have triggered discussions about the role of the liaison when a crisis unfolds and the availability of the liaison to respond in a timely manner due to their other responsibilities and distance traveling between school buildings. Our office will be examining school crisis response and the role of the SAP liaison as part of our service assessment of the Student Assistance Program; this service review is expected to begin in fall, 2014.

- **Other Mental Health Partnerships for children and transitional age collaboration**
  - CASSP Coordinator and CASSP representatives participate and collaborate with numerous county wide initiatives and support the efforts of other child serving systems as evidenced by involvement with the following workgroups and committees:
    - *Children's Roundtable* - partnership with Child Welfare office, family court, and system partners
    - *Child Death Review Team* - partnership with various county systems and community representatives to examine how and why child deaths occur and to determine if these deaths were preventable
    - *Transitional Age Advisory Group* - group of transitional aged youth from several Western Region counties; meetings are to promote positive socialization and youth voice
    - *Ray of Hope Suicide Prevention Task Force*
    - *HealthChoices oversight meetings*
    - *Local Interagency Coordinating Council*- partnership between early intervention and children's behavioral health systems
  
- **Individuals transitioning out of state hospitals**
  - **Strengths:** Westmoreland County Behavioral Health and Development Services has a strong history of supporting and encouraging individuals prior to admission to a state hospital as well as while they are receiving treatment and engaged in planning for discharge from this highly structured setting. Individuals from Westmoreland County being discharged from state hospital treatment benefit from the collaborative efforts of our staff, state hospital staff and liaisons from our Base Service Unit (WCSI). The WCSI State Hospital Liaison is an integral part of the process from admission to discharge and is a familiar face to both patients and community service providers. The Liaison spends a majority of work hours at the state hospital and regularly attends monthly Treatment Team meetings, Community Support Plan (CSP) discharge meetings and commitment hearings. In addition, the Liaison works closely with State Hospital Social Work staff and community providers on after-care planning to coordinate services and supports that will ensure a successful discharge. Westmoreland County's wide array of community service providers and their unwavering commitment to supporting individuals who require treatment at a state hospital strengthens and enhances the lives of those in our community who are the most seriously mentally ill.
  - **Needs:** When reviewing discharge information for individuals leaving state hospital treatment, one notable item is that many of the individuals admitted and discharged have had multiple stays in this setting. There are various reasons for this but most apparent is these particular individuals present with long-term psychiatric illnesses that feature symptoms and

behaviors requiring a high level of structure and support in a community-based setting. Often times, individuals will receive maximum benefit from their treatment in the state hospital, which is a highly structured and secure treatment facility, but the ability to function in a less structured setting is quite compromised by the illness. This often leads to repeated admissions to both community hospital and state hospital level of care.

- Other special populations that have a high level of need in the community include, but are certainly not limited to:
- Sexual offenders, including those with documented sex offenses as well as those displaying problematic sexual behaviors within the hospital setting;
- Geriatric population, specifically those with complex physical health needs;
- Individuals with traumatic brain injury;
- Individuals with behavioral health and intellectual/developmental disability needs;
- Transition age individuals with significant history with children and youth services and/or juvenile service system who have experienced long-term care in residential treatment facilities.

- **Co-occurring Mental Health/Substance Abuse**

- **Strengths:** The Westmoreland County BH/DS Program Office works collaboratively with the Drug and Alcohol Commission, meeting on a regular basis. One partnership is the involvement with the Crisis Response Center. Over the past few years, Excelsa Health has worked collaboratively with Westmoreland County BH/DS program to identify the need for the development of a comprehensive crisis response center. The Excelsa Behavioral Health Crisis Response Center will serve residents of Westmoreland County in psychiatric crisis. In the spring of 2014, the Westmoreland Drug and Alcohol Commission partnered with the Crisis Response Center and are working on housing a Drug and Alcohol Case Manager at the Crisis Response Center to respond to drug overdoses not only in the Crisis Response Center but also the emergency room and medical side to the hospital. This Drug and Alcohol Case Manager will assess the individuals and offer services prior to hospital discharge.

Westmoreland County BH/DS also has set up a tracking system to compile data of all Involuntary Commitments with a Drug and Alcohol connection. This data will help us in our planning process for the individuals with co-occurring disorders.

The Westmoreland County BH/DS office continues membership in the Westmoreland County Overdose Task Force, participating in sub-committees along with our behavioral health providers. The

Westmoreland County Overdose Task Force is a multi-year project to identify the root causes and find solutions that will dramatically reduce the number of overdose deaths in our community.

- **Needs:** According to statistics gathered by the Westmoreland County Overdose Task Force, Westmoreland County is experiencing drug overdose deaths at epidemic proportions. The number of overdose deaths has climbed steadily since 2002, increasing 290% during that period. Overdoses—both from prescription and illegal drugs-- have been the leading cause of death among accidents and suicides in Westmoreland County in seven of the last eight years. Westmoreland County BH/DS will continue to collaborate with the Westmoreland County Drug and Alcohol Commission for services and resources for our Westmoreland County residents.
- **Justice-involved individuals**
  - **Strengths:** In January 2014, the Southwest Regional Crisis Intervention Team held the first regional Crisis Intervention Training (CIT) in New Kensington for 14 police officers from Westmoreland and Butler Counties. In May 2014, this team conducted training in Butler County for 21 police officers, prison guards, EMTs and community college crisis team members. These trainings were made possible by a grant from Staunton Farms Foundation, along with financial contributions from Butler County. In March 2014, Westmoreland County was awarded a grant from the Pennsylvania Commission on Crime and Delinquency (PCCD) to fund CIT and Mental Health First Aid (MHFA) training to law enforcement and justice personnel in our 8 county region. The Westmoreland County Park Police will be taking the lead in coordinating this grant and working in partnership with the Southwest Regional Crisis Intervention Team to provide 4 CIT trainings and with Westmoreland Casemanagement and Supports, Inc. to provide 10 MHFA trainings in this region. This training will result in an increase in CIT and MHFA certified officers, greatly enhance the ability of area police departments to have a better understanding of mental illness and learn more pro-active means to engage a person with mental illness. The expectation is that over time it will result in a substantial reduction of persons with mental illness being processed through the criminal justice system.

The behavioral health and criminal justice systems in Westmoreland County are committed to working together. County Mental Health staff actively participates on CJAB, Mental Health and Veterans Subcommittees of CJAB as well as the Day Reporting Center (DRC) Advisory Committee.

In May 2010, the Pennsylvania Mental Health and Justice Center facilitated a two day Cross Systems Mapping Workshop sponsored by the Westmoreland County Behavioral Health and Developmental Services

(BH/DS) Program. The participants represented multiple stakeholder systems including but not limited to: behavioral health, crisis services, courts, prison, probation, substance abuse treatment, case management, peer specialists, consumers, judges, district attorney's and public defender's offices. This mapping exercise helped the group identify gaps, opportunities and barriers to existing systems and actions for change through each of the intercepts of the Sequential Intercept Model. One of the top priorities identified by stakeholders was to develop a broad based training and education initiative targeting cross systems and intercepts as well as sustaining the Criminal Justice Liaison (CJL) Program. The CJL Program at WCSI was developed in 2009 to provide support and assistance to intercept persons with mental illness and co-occurring disorders from entering further into the criminal justice system. Outcome results prove the CJL initiative has made a positive impact in providing courts with appropriate diversion options.

Westmoreland Casemanagement and Supports, Inc. (WCSI) operates the CJL Program as well as a Criminal Justice (Forensic) case management unit which includes a jail liaison. The Unit is comprised of five Targeted Case Managers (TCM), who provide services to 150 complex individuals; three CJL's currently providing services to 410 individuals, and one jail liaison with a caseload of 150 people.

Behavioral Health staff has been an active participant in the development of the Day Reporting Center (DRC) since the first CJAB sub-committee meetings in 2008. A BH staff is on the Advisory Committee of the DRC. The DRC provides mental health and drug/alcohol services, case management, GED preparation, life skills, parenting, financial wellness and employment assistance. This has been an evolving positive collaboration between the behavioral health, drug/alcohol, criminal justice systems and community resources.

The Center for Applied Research (CFAR) at the University of Pittsburgh at Greensburg, in conjunction with Westmoreland County Adult Probation and Parole with the support of Criminal Justice Advisory Board (CJAB), recently received funding from the Pennsylvania Commission on Crime and Delinquency PCCD to examine the adult offender re-entry process in Westmoreland County. BH staff is providing feedback, resources and systems knowledge to Jonathan Vallano, Ph.D, coordinator of this project as he develops and implements a survey of re-entry housing and supportive human services. It is the hope that this collaboration and survey outcomes will assist in identification and prioritization of needs for those involved in the criminal justice system entering back into the community.

- **Needs:** Westmoreland County BH/DS agrees with the preliminary report from CFAR on re-entry needs. The needs addressed in this report are global in providing services the complex individuals who are involved in

multiple systems. The core needs identified are: cross systems funding availability; housing accessibility; identification of high risk offenders with severe mental health and drug/alcohol problems with empirically supported assessments; accessible appropriate treatment resources utilizing a coordinated, cross systems team approach with monitoring and tracking of individuals to reduce recidivism.

- **Veterans**

- **Strengths:** Westmoreland County BH/DS has a strong working relationship with the County Veterans Affairs office. Staff attended trainings to become educated and diversified in the complexities of Veteran issues. BH/DS staff also participates on the Veterans Diversion Committee of CJAB. This committee developed the Veterans Diversionary Program with the Magisterial District Judges to assist in diversion of known Veterans from incarcerated and providing opportunities for supports. Westmoreland Community Action (WCA) has applied for housing grants targeting housing services and supports for Veterans. The Veteran providers also participated in the Adult Mental Health Awareness event this past May.
- **Needs:** Veterans outreach to reduce stigma, more easily accessible Veteran funded services within the geographic area of Westmoreland County, and decreasing wait times for service provision. Currently there are long wait times for mental health, drug/alcohol, housing and other support services within Westmoreland County for Veterans with Tricare or other Veteran related insurance. Veterans in general are not seeking out mental health services or assistance due to many variables including pride, stigma, and lack of education on resources available.

- **Lesbian/Gay/Bisexual/Transgender/Questing/Intersex (LGBYQI) consumers**

- **Strengths:** The Westmoreland County Behavioral Health office has partnered with systems and provider organizations to promote outreach, education and resources about the needs of the LGBTQI community. The Westmoreland County Behavioral Health office assists in distribution of resources and sharing of information on events, trainings and education to raise awareness of the challenges and unmet needs of the LGBTQI community in Westmoreland County.
- **Needs:** While we recognize the life challenges that all individuals face as they develop their sexual orientation and preferences, these experiences may be complicated for the LGBTQI population. Currently, our behavioral health system has not created a specific program or service for this identified group such as a LGBTQI outpatient center or drops in center; our provider community does support LGBTQI youth, adults, and their families as evidenced by treatment practices that support and respect an individual's sexual orientation choices. Although not embedded in our behavioral health service system, the WestCo Pride Project is a

community collaboration that includes many of our behavioral health services providers.

- **Racial/Ethnic/Linguistic minorities**

- **Strengths:** Westmoreland County BH/DS provides Family Support Services (FSS) funding for Interpreting Services to enable individuals to communicate more effectively with the use of sign language or foreign languages in regard to behavioral health services, such as Mental Health Hearings, Outpatient Services, etc. Each behavioral health provider works hard to provide culturally competent services to our Westmoreland County residents. Some providers will provide training to staff in order to better assist individuals in need.
- **Needs:** Westmoreland County does not have a very diverse population, therefore resources can be limited and difficult to find. However, as soon as the need arises, everyone works diligently to ensure services are being met in a way that the individual can understand and relate to.

- **Other, Dual Diagnosis individuals**

- **Strengths:** Westmoreland County BH/DS works collaboratively to serve the individuals in our county with a dual diagnosis. The Adult Behavioral Health Department sits on the Intellectual Disabilities Risk Management Committee. The two departments work closely to serve our residents.

Westmoreland County BH/DS also has set up a tracking system to compile data of all Involuntary Commitments with an Intellectual Disability Diagnosis. This data will help us in our planning process for the individuals with a dual diagnosis.

Westmoreland County BH/DS issued a Request for Proposal for a Dual Diagnosis Treatment Team (DDTT). The target population for this service are adult individuals (18 years of age or older) with co-existing developmental disabilities and a mental health diagnosis. These individuals will have recently experienced frequent interactions with crisis services and/or are at risk of hospitalization, or are reintegrating back into the community from a more intensive level of care. The primary objective of this time limited service is to meet the individual where they are in the community and provide individualized clinical interventions and supports that are recovery oriented and strength-based which enable them to retain community tenure. This service will be available to participants 24 hours per day, seven (7) days per week including evenings, weekends and holidays, whenever the individual is in need of these services and supports.

- **Needs:** Westmoreland County BH/DS are looking at resources to eliminate lengthy stays on community In-patients units while services in

the community are being set up. Our hopes are that the DDTT service will eliminate or shorten hospital stays so the individuals with a dual diagnosis can stay in the least restrictive community setting.

c). **Recovery-Oriented Systems Transformation:**

- **Children's Respite**

- **Narrative:** Respite services are available to Westmoreland County families to provide short term, temporary care from the daily routine of providing care to a child with serious emotional or behavioral challenges. The Westmoreland County Behavioral Health office has partnered with our base service unit for the allocation of respite funds and to assist families identify an appropriate respite/respite sitter; in most cases, the family has a friend or family member that is willing to provide respite care services to give the parent a break from daily caregiving responsibilities.

As part of our plan to conduct service assessments for programs with county/base funding streams, the children's respite program assessment was completed in June, 2014. Often, families in need of a brief break from the care of a child with mental illness lack the family and/or supports to provide respite; when this occurs, there is a greater likelihood that the pressure from the stressors of caregiving may result in the child requiring a more intensive level of care such as crisis services and/or inpatient hospitalization. For these reasons, we are planning to expand respite options to include a county approved provider that may offer a number of qualified individuals that can provide the respite care/respite sitter services. We are planning to examine respite services as part of our county needs assessment; additional considerations may be a Request for Proposals for the identification of respite provider organization for the management and service delivery of respite services in Westmoreland County.

- **Time Line:** Our assessment of children's respite services began in April, 2014; the findings and recommendations are as follows:

Begin county wide needs assessment in July, 2014; specific focus will be to determine the respite needs for children and families in Westmoreland County.

If expansion of respite services is warranted, a request for proposals will be issued-by March, 2015

Update children's respite policy and procedure.

- **Resources:** The analysis and assessment of children's respite funding will require additional administrative discussions; although it is too early to

determine what our needs assessment will identify, our office plans to consider the following:

The need for expansion of caregiver relief/respice options for families in need of a respice period who do not have available family supports and/or other caregiver options; this may require a contractual agreement with a behavioral health provider and additional funding to support respice caregiver costs

Increased education to families about respice options and services available-including written material and distribution.

Establishment of an advisory board of parents, caregivers, providers and system partners for ongoing planning and respice development including review and revision of respice/family support services policy and procedure

- **Tracking:** Based on the recommendations from the needs assessment, the Westmoreland County BH/DS will continue to provide monitoring and administrative oversight of the children's respice; this will be accomplished by regular collaboration with all respice providers and with the advisory board and adjustments will be accordingly.

## **INTELLECTUAL DISABILITY SERVICES**

Westmoreland County Developmental Services appreciates the opportunity to respond to the assessed needs of the 1346 identified county citizens with intellectual disabilities. Utilizing the principals of Person Centered Planning, Everyday Lives, Self-Determination, the Prioritization of Urgency of Need for Services (PUNS) System and Supports Intensity Scale, Westmoreland County Developmental Services strives to identify the unmet needs of individuals with intellectual disabilities in Westmoreland County.

Westmoreland County Developmental Services upholds the Operating Agreement with the Department of Developmental Services to execute functions delegated by ODP. Westmoreland County Developmental Services has implemented a comprehensive strategy that includes quality assurances and quality improvement. Westmoreland County Developmental Services relies on input from all stakeholders, Home and Community Services Information System (HCSIS) data and reports, compliance monitoring data, Independent Monitoring for Quality (IM4Q) data and Incident Management data to determine priorities for our annual Quality Management Plan. Westmoreland County Developmental Services Quality Management Strategy is in alignment with ODP's mission, vision, values and quality framework.

Westmoreland County Developmental Services monitors the Incident Management System daily to ensure compliance with system requirements as well as individual health, safety, and welfare. Incident management data is analyzed semiannually and findings are reported to ODP. A sample of certified investigations is reviewed annually to identify compliance issues and make recommendations for improvement. Technical assistance and training opportunities are provided to stakeholders as necessary.

Westmoreland County Developmental Services continues to use ODP's Waiver Provider Monitoring to identify opportunities for provider improvement. Westmoreland County Developmental Services recommends and monitors remediation and corrective action as needed.

Using the ODP AE Annual Review Database, Westmoreland County Developmental Services completes a self-assessment using a sample of individuals enrolled in service. The self-assessment process is a strategy used to ensure compliance with waiver assurances, state and federal regulations, ODP policies and procedures and to identify the county's performance trends, patterns and outcomes and monitors remediation and improvement opportunities.

Planning to meet the needs of county residents with intellectual disabilities emphasizes a continuum of home-based and community-based support service options in the least restrictive settings available. Natural supports and community resources are used whenever possible. Westmoreland County utilizes ODP's Individualized Support Planning Process and Intellectual Disabilities Service Definitions to approve and authorize services for eligible individuals.

Individuals in the Emergency need category of the PUNS process are prioritized for available Consolidated and Person/Family Directed Supports Waiver slots/funding under the ODP Waiver Capacity Management process. Currently there are 86 Westmoreland County residents in the Emergency PUNS category, 329 citizens are in the Critical PUNS category, and 65 individuals in the Planning PUNS category awaiting support. Services funded through the base allocation support approximately 250 individuals.

Services included in this funding are supports coordination, transportation, employment supports, day programming, habilitation, respite and independent living. While these base funded services do not always fully meet the needs of these individuals, they do provide support to the person and/or caregiver until a waiver vacancy is available. Without this base funded support, these individuals risk losing their natural supports and would require even more costly services.

Individuals living in Nursing Homes, Personal Care Homes (PCH) and Dom Care Homes have been assessed to need specialized services designed to maintain, improve, and acquire skills necessary to ensure maximum independence. Base allocated funding is used in conjunction with other funding resources to address the unique service needs of 24 individuals in PCHs, 40 people residing in nursing homes and one person in Dom Care homes.

Allocated base funding is used to support 12 individuals living on their own who without support may not be able to maintain such independence. These supports include habilitation service in the home and community, prevocational support, employment support and transportation. Base funding is also used to support individuals living in the private home of a relative or friend. These supports offer supervision, respite, participation in camps, home and vehicle adaptations and habilitation supplies.

**Base Funded Supports:**

	<b>Estimated/Actual Individuals served in 13/14 fiscal year</b>	<b>Projected Individuals to be served in 14/15 fiscal year</b>
Supported Employment	5	5
Sheltered Workshop	15	15
Adult Training Facility	11	11
Base Funded Supports Coordination	503	503
Residential (6400)	0	0
Lifesharing	0	0
Transportation	21	21
Support – Medical Environment	44	45
PDS/AWC	12	12
PDS/VF	0	0
Home and Community Based Services	208	225

**Supported Employment:**

Westmoreland County offers Supported Employment to provide direct and indirect services in a variety of community employment work sites. This service enables individuals to receive paid employment at minimum wage or higher from the employer. Supported employment consists of two pieces: job finding and job support. Job finding may include interview assistance, employer outreach and orientation, resume preparation, job searching, and preparation for job tasks. Job support consists of training on job assignments, periodic follow-up and/or ongoing support with individuals and their employers. Westmoreland County Developmental Services currently organizes an employment coalition which meets every other month. The employment coalition also participates in statewide trainings, exchanges pertinent information to the field and develops tools that are geared toward individuals gaining employment in Westmoreland County. The employment coalition consists of the county program specialist designated as the employment point person, the base service unit point person, invested community members, parents, transition-focused professionals, and various providers of employment services. These meetings are open to consumers and parents as well. In 2014, the coalition completed a strategic plan for the next year's work efforts and created a common purpose in developing a mission statement. This is impactful as it is the first step of taking the coalition who focused mostly on information sharing and agency self-reporting to being more of a group who worked toward achieving a common goal. This mission statement, "...to provide Advocacy, Collaboration, and Education (ACE) in order to enrich employment opportunities for those individuals with disabilities in our county," has driven this group to work toward

involvement in the local chambers of commerce as well as other employment-focused groups and development of resources for employer. The bimonthly meetings are also a requirement of the Employment Pilot which was first allocated to Westmoreland County in 2012. Since this time, there have been 2 people enrolled in this base program, receiving supported employment services. Both have found support within the PFDS Waiver and are no longer in need of these funds. Currently, other individuals who fit the criteria of the employment pilot are being sought out.

### **Base Funded Supports Coordination:**

Westmoreland County Developmental Services estimates it will serve approximately 505 individuals with base funded supports coordination during the 14/15 fiscal year. Approximately 280 of these individuals will receive only case management services to ensure their health and safety. Approximately 225-250 individuals will have base funds allocated to provide supports additional to case management. Base funded Supports coordination provides for intake and registration which is completed at the base service unit upon referral of an appropriate individual.

Individuals receiving supports coordination services only (SC only) receive case management services to provide them and their family with community resources and other information as requested. SC only individuals receive at least a yearly review of their Individual Support Plan and PUNS. These individuals are also monitored quarterly to ensure health and safety.

Base funded supports coordination also provides case management services to waiver individuals that are in a nursing facility, residential treatment facility, psychiatric hospitalization or other placements that make them temporarily ineligible for waiver services. These individuals are identified and planned for best through open lines of communication between the supports coordinator, family, individual, facility staff, and Administrative Entity. During this time, case management services are still needed to aid in the transition into and out of these facilities. While in a facility based program, supports coordinators are actively providing information, receiving updates, and locating supports both paid and natural to help the individual return to the community as seamlessly as possible.

### **Lifesharing Options:**

Westmoreland County Developmental Services is a strong advocate for Lifesharing. As an alternative residential option to a community living arrangement (CLA) or a group home, Lifesharing enables individuals with a disability the opportunity to reside with an adult or family in their home as a fully participating member of that family. It is also living with and sharing life experiences with supportive persons who form a caring household. It is both a close personal relationship and a place to live. It includes living with a companion or family who is trained and authorized to provide services that the person needs. In order to support the growth of this option, Westmoreland County has a Lifesharing Coalition. Their current mission statement is;

*“To increase awareness, so that Lifesharing is a commonly recognized concept for providers, Supports Coordination Organizations, individuals and the community as a whole. We aim to encourage people to expand their family circle by inviting others to share their homes, their families, and their lives.”*

Currently the Lifesharing Coalition meets quarterly to discuss updates and additional ways to support the growth of the Lifesharing Option. Biannual e-news letters are also produced by the Lifesharing Coalition and posted to Westmoreland County’s website and distributed through providers of Lifesharing. The coalition has developed a vacancy profile template that is updated biannually and distributed to the SCO. This provides pertinent information to people interested in Lifesharing so that they can form a picture of the actual Lifesharing openings available. There are currently 6 vacancies listed on the Westmoreland County Vacancy profile. The Westmoreland County Lifesharing Coalition remains involved in the statewide Lifesharing Coalition efforts in planning a state-wide Lifesharing Conference as well as Supports Coordinator’s trainings.

### **Cross Systems Communications and Training:**

Westmoreland County Developmental Services will continue to participate in various efforts to train and improve cross systems communications. Westmoreland County Developmental Services hopes to identify unique needs as they occur, ensure that individuals remain in the least restrictive setting, and link individuals and families with the resources they need to be successful. Some examples of cross system communication and trainings include:

- Working closely with the Supports Coordination Organization to uphold consistent execution of ODP policies.
- The Risk Management Team was implemented in January 2013 and is responsible for reviewing and analyzing available aggregate data to mitigate risk to those receiving ID services. Mitigating risk enhances individual health and well-being, and ultimately improves a person’s quality of life. Risk Management supports an efficient and cost-effective use of resources.
- Involvement in the complex technical assistance (CTA) process conducted by Health Care Quality Unit (HCQU).
- HCQU provides physical and behavioral health related training topics to DS service delivery systems and support staff.
- The Westmoreland County Aging/Intellectual Disability County Team will identify the needs of elderly that also receive ID services. The Westmoreland County Aging/Intellectual Disability County Team provided a free cross-systems training in April of 2014 targeting aging, intellectual disabilities, behavioral health and substance abuse systems.

- The Dual Diagnosis Treatment Team is a recovery oriented, person-centered approach to supporting individuals with co-occurring behavioral health diagnosis and a developmental disability. Westmoreland County Developmental Services is currently planning to have this service available by the fall of 2014.
- In a continued attempt to improve supports provided to individuals who have communication challenges, Westmoreland County DS recently hosted a “Communication is for Everyone” training to help ensure everyone who has significant communication challenges has strategies developed to help them communicate effectively.

### **Emergency Supports:**

With increased frequency, individuals with intellectual disabilities living in Westmoreland County find themselves in crisis such as homelessness or unanticipated loss of essential natural supports. Whether the crisis arises as a result of inadequately diagnosed or untreated mental illness or the death or serious health issues of an elderly caregiver, these situations are often challenging and can present an immediate health and safety concern. Westmoreland County Developmental Services works in conjunction with the Supports Coordination Organization (SCO) to explore alternative waivers or services to meet the individual’s needs, link individuals with community resources, explore natural supports, locate PCH/Dom Care/homeless shelters, and make referrals as necessary. When alternative solutions are not appropriate, base funding can be used to provide immediate care and supervision in these crisis situations. Westmoreland County Behavioral Health/Developmental Services utilizes a 24/7 crisis hotline to access County and Supports Coordination Organization personnel to address emergency situations as they are identified. Based upon past history, we anticipate the need for base allocated funding to respond to crisis situations yet to occur in the 14/15 fiscal year. If base funding were not available, Westmoreland County Developmental Services would utilize ODP’s unanticipated Emergency Request Process if the individual is at immediate risk due to loss of caregiver, loss of home, or other such circumstances. Westmoreland County Developmental Services have used base funds to provide needed furnishings to support an individual in a newly opened residential site.

### **Administrative Funding:**

Westmoreland County Developmental Services functions as the local Administrative Entity (AE). Westmoreland County Developmental Services personnel provide for almost all components of the AE operating Agreement with the DPW. Some of these functions include but are not limited to the following:

- ISP approval and authorization
- Provider monitoring
- Quality management
- PUNS management
- Waiver capacity management

- Provide technical assistance for portions of waiver and base funded programs
- Monitoring of delegated or purchased administrative functions
- Qualification of waiver and base providers
- Review & follow-up with provider audits
- Desk review of provider cost reports
- Waiver participant records
- Claims resolution support
- Statewide needs assessment
- Independent Monitoring For Quality (IM4Q)
- Incident management
- Fair Hearing and Appeals
- Provider recruitment and enrollment
- Service Delivery Preference
- Financial eligibility for services

Westmoreland County Developmental Services currently delegates the Qualified Intellectual Disability Professional function to Westmoreland Casemanagement and Supports, Inc. Westmoreland County Developmental Services monitors the QIDP function performed by WCSI and provides technical assistance as needed.

Westmoreland County Developmental Services continues to be monitored annually through the AE Oversight Management process or AEOMP. This is done annually and includes any required remediation and a Corrective Action Plan to address issues identified during audits, monitoring, and external reviews.

Independent Monitoring for Quality (IM4Q) is a state-wide process, implemented to meet CMS's requirement for completing independent monitoring of those receiving services from the ID system. Westmoreland County contracts with Mental Health America to administer this process and to provide the individual and aggregate results of their activities. ODP will determine the number of Westmoreland County individuals and families to be interviewed by the IM4Q Team in the upcoming 14/15 fiscal year using ODP's Essential Data Element (EDE) survey tool. The survey targets safety, satisfaction and quality of life issues for people with intellectual disabilities. In Westmoreland County, data from the Independent Monitoring for Quality (IM4Q) process has been used to address unmet communication needs of its citizens, and has increased the number of individuals who carry some form of emergency identification. Data will be used in the upcoming year to identify people residing in unlicensed settings who are in need of an Emergency Preparedness plan.

Health Care Quality Units (HCQUs) serve as the entity responsible to county ID programs for the overall health status of individuals receiving services in the county programs. Westmoreland County Developmental Service manages the \$1,747,853 allocation on behalf of an eight county collaborative for the local HCQU. The HCQU strives to ensure individuals with Intellectual and Developmental Disabilities receive the highest quality healthcare in order to enable them to enjoy life to its fullest potential. To support this outcome the HCQU provides physical and behavioral health related training topics to Developmental Services' service delivery systems and support staff so that

they can better assist persons with I/DD (training close to 1500 participants from Westmoreland County this year alone); support healthcare professionals and support those who work with the I/DD community by building capacity in the community; provides clinical healthcare expertise to caregiver teams supporting individuals with complex physical and behavioral healthcare needs; and collect and analyze health-related data to identify and support health-related issues.

## **HOMELESS ASSISTANCE SERVICES**

### **Continuum of Services:**

Westmoreland County Housing Authority (WCHA) is a member of the Westmoreland Coalition on Housing (WCOH) and the Local Housing Options Team (LHOT). Community and social service agencies are represented at the WCOH and LHOT meetings. These representatives identify unmet housing needs of Westmoreland County residents. WCHA is an active participant at WCOH and LHOT meetings.

WCHA's Homeless Assistance Program (HAP) has an Advisory Board comprised of community and social service agencies. The HAP Supervisor reports funding, statistics and HAP activities to this Board. WCHA seeks input, guidance and direction from its HAP Advisory Board members. Community and social service agencies discuss current and new programs they offer, share information about their agencies and strategize how agencies and programs can work together to benefit our mutual clientele.

Homeless shelters address clients' immediate needs. Residents of the shelter can only stay for a limited number of days, then must relocate. Shelters refer individuals and families to WCHA for permanent housing. The Homeless Assistance Program (HAP) and the Emergency Solutions Grant assist homeless individuals and families with a first month's rent and/or security deposit. WCHA's Section 8 Program gives a preference to residents of a homeless or domestic violence shelter. WCHA and Westmoreland County homeless and domestic violence shelters have a cooperative working relationship.

WCHA realizes the need for more funds to assist homeless and near homeless individuals and families. Annually, HAP funds are expended and there are still unserved individuals and families who need housing assistance. With a lack of homeless shelters and limited Section 8 vouchers, there is a continued need for HAP funds.

WCHA has taken steps to increase funds available to homeless individuals and families. Additional funds have been brought into the County the Emergency Solutions Grant (ESG) Program. In partnership with local homeless and domestic violence shelters, WCHA provides rent and security assistance to individuals transitioning out of a shelter and into permanent, low income housing.

As mentioned above, WCHA's Section 8 Program gives a preference to residents of homeless and domestic shelters. The Housing Authority has applied for and obtained additional Section 8 vouchers through HUD's Family Unification Program (FUP). This program allows families to obtain affordable housing and gain or retain custody of their children. It also addresses the housing need of youth transitioning out of foster care.

This program is administered in partnership with Westmoreland County Children's Bureau (WCCB).

WCHA's Section 8 Program also gives a preference to individuals being released from mental health facilities. WCHA receives a referral from mental health agencies that an individual is being released to the general public and will need Section 8 assistance for permanent, affordable housing. WCHA intends to continue offering this preference.

WCHA will continue to pursue additional vouchers to expand the housing opportunities in Westmoreland County.

HAP funds are utilized to meet the housing needs of the homeless and near homeless population in Westmoreland County. WCHA will continue to seek input from County and social service agencies.

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Bridge Housing	0	0
Case Management	474	510
Rental Assistance	1051	1,150
Emergency Shelter	843	843
Other Housing Supports	0	0

**Bridge Housing:**

No HAP funds are expended for Bridge Housing. HAP funds can serve more individuals and families through the Rental Assistance component than the Bridge Housing component.

**Case Management:**

HAP Casemanagers receive by mail or complete a detailed application with individuals or families in need of rent assistance. Clients list their current or past landlord, household income, housing and other monthly obligations. The HAP Casemanager verifies income, homelessness, need, family composition, residency and landlord information. The Casemanager reviews the application to determine what community and social service agencies are working with the family. Casemanagers will develop a Service Plan, with the client, to identify needs and stabilize housing. The Casemanager will make referrals to the appropriate community and social service agencies.

Casemanagers act as a liaison between client, landlord and agencies. The application is also reviewed to determine client need and eligibility. Rental assistance is provided if the applicant is eligible.

\* For budgeting and statistical purposes, case management numbers do not include individuals and families receiving Rental Assistance. This is to address unduplicated numbers in reporting. However, all applicants who receive Rental Assistance also receive Case Management services.

Westmoreland County has developed and is maintaining a Needs Assessment Survey. The survey as well as administering agency input will be utilized to evaluate the efficacy of case management services. Annual reporting will play a part in the County's evaluation of this component.

Proposed change for the current year is to provide more budgeting education for families and individuals receiving HAP services.

### **Rental Assistance:**

The Rental Assistance component provides temporary financial assistance to low income individuals and families who are homeless, facing eviction, living with family/friends or coming out of a shelter. Eligible clients are assisted with back rent, first month's rent and/or security deposit. Funds are used to stabilize housing for individuals and families in need.

Westmoreland County has developed and is maintaining a Needs Assessment Survey. The survey as well as administering agency input will be utilized to evaluate the efficacy of Rent Assistance. Annual reporting will play a part in the County's evaluation of this component.

No changes in Rent Assistance are planned for this year.

### **Emergency Shelter:**

A portion of HAP Funds are given to two homeless and two domestic violence shelters that serve the residents of Westmoreland County. HAP funds assist with operation costs for the already established homeless and domestic violence shelters.

Westmoreland County has developed and is maintaining a Needs Assessment Survey. The survey as well as administering agency input will be utilized to evaluate the efficacy of Emergency Shelter. Annual reporting will play a part in the County's evaluation of this component. WCHA conducts a yearly monitoring review of each shelter.

No changes in Emergency Shelter are planned for this year.

### **Other Housing Supports:**

No funds are expended for Other Housing Supports. With the increasing need for rent assistance and limited funds, HAP funds are better utilized to assist with rent than other housing supports. WCHA has developed relationships with community and social

service agencies that provide housing supports. HAP Casemanagers make referrals to the appropriate agency to meet other housing needs.

Westmoreland County has an operational HMIS system. WCHA currently provides information to HMIS for other rent assistance programs. HAP statistics are not reported in HMIS. HAP regulations do not require reporting to HMIS.

**CHILDREN and YOUTH SERVICES**

<b>Outcomes</b>		
Safety	<ol style="list-style-type: none"> <li>1. Children are protected from abuse and neglect.</li> <li>2. Children are safely maintained in their own home whenever possible and appropriate.</li> </ol>	
Permanency	<ol style="list-style-type: none"> <li>1. Children have permanency and stability in their living arrangement.</li> <li>2. Continuity of family relationships and connections if preserved for children.</li> </ol>	
Child & Family Well-being	<ol style="list-style-type: none"> <li>1. Families have enhanced capacity to provide for their children's needs.</li> <li>2. Children receive appropriate services to meet their educational needs.</li> <li>3. Children receive adequate services to meet their physical and behavioral health needs.</li> </ol>	
<b>Outcome</b>	<b>Measurement and Frequency</b>	<b>All Child Welfare Services in HSBG Contributing to Outcome</b>
Safety	Monthly reports and year end statistics	MST, FGDM, Housing
Permanency	Monthly reports and year end statistics	MST, FGDM, Housing
Child & family Well-being	Monthly reports and year end statistics	MST, FGDM, Housing

Program Name:	Multi-Systemic Therapy
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Request Type	Enter Y or N			
Renewal from 2013-14	Y			
New implementation for 2014-15 (did not receive funds in 2012-13)	N			
Funded and delivered services in 2013-14 but not renewing in 2014-15	N			
Requesting funds for 2015-16 (new, continuing or expanding)	Y	New	Continuing	Expanding
				X

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2014-15	\$60,000		\$60,000
FY 2015-16			\$60,000

	11/12	12/13	13/14	14/15	15/16
Target Population	Status Offenders				
# of Referrals	41	50	73	<u>73</u>	<u>73</u>
# Successfully completing program	25	28	35	<u>35</u>	<u>35</u>
Cost per year	\$44,122	\$43,215	\$61915.75	<u>\$60000</u>	<u>\$60000</u>
Per Diem Cost/Program funded amount	\$67.63 per day				
# of MA referrals	44	43	59	<u>59</u>	<u>59</u>
# of Non MA referrals	6	7	9	<u>9</u>	<u>9</u>
Name of provider	Adelphoi Village				

**Successes:**

The county has had positive outcomes with this service, particularly with truant and incorrigible youth. This program has been successful with decreasing risk factors and builds on family strengths, which preserve the family unit, and prevents placement.

Outcomes are consistently measured by monthly reports along with end of the year statistics. In order to expand utilization of this evidence based model that has yielded positive outcomes, the contract monitors as well as supervisors review each service request to identify if it fits the criteria for MST and encourages the caseworker to utilize the service.

**Barriers:**

In FY 2013/2014, the process for which MST is approved by Value Behavioral Health has changed. In the past, the MST provider was able to open up the case quickly through their own process. In 13/14, the process changed that has created a lengthy period of time waiting for VBH approval. The county utilizes the MST Block Grant funds until the family is accepted into the program and it is approved by VBH as well as for those not eligible for MA. Since we have exceeded our expenditures for MST, additional funds have been requested through the NBPB, to supplement the county's need.

Program Name:	Family Group Decision Making
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Request Type	Enter Y or N			
Renewal from 2013-14	Y			
New implementation for 2014-15 (did not receive funds in 2012-13)	N			
Funded and delivered services in 2013-14 but not renewing in 2014-15	N			
Requesting funds for 2015-16 (new, continuing or expanding)	Y	New	Continuing	Expanding
			Y	

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2014-15	\$100,000	0	\$100,000
FY 2015-16			\$100,000

	11/12	12/13	13/14	14/15	15/16
Target Population	Transitional Age/Status Offenders	Placement Youth Ages 11-15	Placement Youth Ages 11-15	Available to all families	Available to all families
# of Referrals	14	18	31	50	50
# Successfully completing program	10	11	22	30	31
Cost per year	\$13,603	\$20,609	\$15,150	\$100,000	\$100,000
Per Diem Cost/Program funded amount	\$82.50 per hour	\$82.50 per hour	\$82.50 per hour	\$82.50 per hour	\$82.50 per hour
# of MA referrals	0	0	0	0	0
# of Non MA referrals	14	18	31	50	50
Name of provider	Justice Works	Justice Works	Justice Works	Justice Works	Justice Works

Successes:

The county expects to either prevent placement or decrease the amount of time in placement by connecting families to various resources within the community and developing supports within in their own extended family. Outcomes are consistently measured monthly and annually through reports submitted by the provider. In order to enhance FGDM utilization, one of our caseworker's internship through their MSW program, is to examine any barriers for FGDM, develop solutions toward enhancing utilization, educate staff about the program and positive outcomes and will be responsible to organize and facilitate some sessions himself. In three months, he has received 7 referrals, with 3 successful conferences, 3 conferences that are pending, and 1 was referred to our contracted provider (Justice Works). As of January 1, 2013, the county became involved in the PPI. The county has been referring all youth between 8-11 years of age for FGDM. With Act 55 of 2013, requiring family finding for all cases accepted for service, there will be a correlating increase in referrals for FGDM. In addition, our new Judge has embraced FGDM, and has encouraged this model in the courtroom which will further enhance our county's utilization. FGDM has been extremely successful with re-connecting several older youth with their relatives.

**Barriers:**

In order to support the fidelity of this model, caseworkers should attend the meeting which most often is held after hours or on weekends, depending on the schedule of the family and provider. The requirement of the caseworker's attendance during non-traditional work hours is one of the barriers responsible for the underutilization of this program.

Program Name:	Housing Initiative
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Request Type	Enter Y or N			
Renewal from 2013-14	Y			
New implementation for 2014-15 (did not receive funds in 2012-13)	N			
Funded and delivered services in 2013-14 but not renewing in 2014-15	N			
Requesting funds for 2015-16 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
				Y

Total Budget Amount	Original/Approved Allocation (Amt requested and approved)	Revision Amount Change + or -	Requested Amount (enter this amount in fiscal worksheets)
FY 2014-15	<u>\$100,000</u>		<u>\$100,000</u>
FY 2015-16			<u>\$100,000</u>

No change

	11/12	12/13	13/14	14/15	15/16
Target Population	everyone	everyone	everyone	everyone	everyone
# of Referrals	81	113	137	<u>137</u>	<u>137</u>
# Successfully completing program	81	113	137	<u>137</u>	<u>137</u>
Cost per year	\$76,360	\$82,974	\$100,476	<u>\$100,000</u>	<u>\$100,000</u>

Per Diem Cost/Program funded amount					
# of MA referrals	0	0	0	0	0
# of Non MA referrals	81	113	137	<u>137</u>	<u>137</u>
Name of provider	multiple	multiple	multiple	multiple	multiple

Successes:

As a result of the housing initiative, the county has been able to successfully preserve the family unit, maintaining families in their own homes, prevent placement, and ensure that children have a safe place to reside. This funding may also be utilized to assist transitional age youth with housing. Outcomes are measured by a decrease in the number of children in placement due to housing issues.

Barrier:

We have the financial barrier of expending our entire allocation of \$100,000 and anticipate the need for housing to rise countywide; therefore, additional funding has been requested through the NBPB, to supplement the county’s need.

**DRUG and ALCOHOL SERVICES**

The Westmoreland Drug and Alcohol Commission, Inc. (WeDAC) holds the contract with the PA Department of Drug and Alcohol Programs (DDAP) to function as the Single County Authority.

The Single County Authority (SCA) of Westmoreland County is an Independent Commission and has been for over 30 years. DDAP oversees the network of SCAs throughout PA and performs central planning, management, and monitoring duties, while the SCAs provide planning and administrative oversight for the provision of drug and alcohol services at the local level. The Westmoreland Drug and Alcohol Commission, Inc., is the designated non-profit agency designed to carry out the drug and alcohol treatment, prevention and intervention needs of the county. Under the option of an Independent Commission the Department contracts directly with a non-profit corporation organized in accordance with the Pennsylvania Non-profit Corporation Law, 15 Pa. C. S. §5101 et seq.

DDAP provides state and federal funding to SCAs through grant agreements. The SCA also receives funding through the PA Department of Public Welfare (DPW) through the Block Grant. DPW dollars are currently distributed directly to Westmoreland County and redistributed to the SCA. The SCA completes and files DPW reports as mandated. The SCA will work with the Westmoreland County Human Services Department to assure a flow of information with the ultimate goal of completing a combined report that reflects the use of these respective funding streams. Naturally, dialogue will take place on a consistent basis in order to assure an integrated approach to include planning, service delivery, assessment and reporting.

Services to be provided: WeDAC subcontracts to providers a full array of drug and alcohol services including intervention prevention, recovery support services, medication assisted treatment, outpatient/IOP/ partial hospitalization, inpatient hospital, and inpatient non hospital treatment.

Drug and Alcohol Block Grant funding will be utilized by the Westmoreland SCA, in conjunction with State and Federal dollars allocated by the Department of Drug and Alcohol Programs and HealthChoices dollars, to provide drug and alcohol treatment and case management services to Westmoreland County residents who qualify.

Block Grant funding will provide coverage for drug and alcohol inpatient non-hospital detoxification and residential rehabilitation, including halfway house services. The funding also serves individuals who are uninsured, do not have insurance that covers the service they need, or cannot obtain Medical Assistance benefits. The intent of the block grant funding is to provide persons in need of substance abuse services access to the full continuum of drug and alcohol treatment. Funding is available for administration and case management costs, including assessment and the full continuum of care as determined by the Pennsylvania Client Placement Criteria (PCPC) for adults or the American Society of Addiction Medicine Criteria (ASAM) for adolescents. Block Grant funding can also be used for client support services that will enhance an individual's participation in treatment and prospects for recovery. Services require authorization through the SCA and billing is through the SCA.

The following is an overview of specific services provided to clients utilizing all funding sources:

Inpatient Non-Hospital Treatment and Rehabilitation: A licensed residential facility that provides 24 hour professionally directed evaluation, care and treatment for addicted clients in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, and/or school functioning. It is projected that 300 clients will receive duplicated services in this category: 265 detox, 280 rehab and 15 halfway house.

Partial Hospitalization: Services designed for those clients who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24 hour in-patient care. Services consist of regularly scheduled treatment sessions at least 3 days per week with a minimum of 10 hours per week. It is projected that 75 clients will be served.

Outpatient/Intensive Outpatient: A licensed organized, non-residential treatment service providing psychotherapy and substance use/abuse education. Services are usually provided in regularly scheduled treatment sessions for a maximum of 5 hours per week; IOP is an organized non-residential treatment service providing structured psychotherapy and client stability through increased periods of staff intervention. Services are usually provided in regularly scheduled sessions at least 3 days per week for at least 5 hours (but less than 10 hours). It is projected that 830 clients will be served.

Medicated Assisted Treatment (MAT): Any treatment for opioid addiction that includes a medication approved by the U.S. Food and Drug Administration for opioid addiction detoxification or maintenance treatment. This may include methadone, buprenorphine, naltrexone, or Vivitrol. It is projected that 25 clients will be served.

Annualized data from 2013/2014 was used to project the number of clients to be served in 2014/2015. The SCA anticipates service delivery to 530 Block Grant clients. There is a demonstrated increase in demand for services based on authorization requests for service beyond Westmoreland County's primary allocation. It is the hope and expectation that the flexibility of the Block Grant will allow the SCA greater capacity to meet the demand for authorization of treatment services for these eligible clients.

Access to Assessment and Treatment Services: Entry points for accessing treatment services in Westmoreland County are centralized. The Westmoreland Single County Authority (SCA) has a subcontracted Case Management Unit comprised of one case management supervisor and four case managers. Each case manager has completed the required core case management trainings and is available between the hours of 8:30 a.m. and 5:00 p.m., Monday through Friday, to provide screening and assessment.

The Department of Drug and Alcohol Programs (DDAP) Case Management Guidelines regulate the structure of the subcontracted Case Management Unit as it relates to assessments, referrals for treatment and continued stay reviews.

The function of the Case Management Unit is to screen clients, conduct assessments for appropriate treatment referral within seven days of the client's first contact, determine the appropriate level of care for the client and make referrals for treatment. No client is denied an assessment despite the number of past treatment experiences. Case managers also conduct continued stay reviews with treatment providers at specific intervals during the client's active participation in treatment to ensure that the client continues to participate at the least restrictive but most appropriate level of care.

A client's entry into the SCA subcontracted Case Management and overall Treatment systems generally occur by telephoning the Southwestern Pennsylvania Human Services (SPHS) Case Management Unit with a request for treatment. Initial referrals come from various entities, including hospitals, the criminal justice system, treatment facilities, Children and Youth Services, managed care organizations, and self-referrals.

Individuals seeking access to residential services, including short and long-term residential or a halfway house, are encouraged to contact SPHS Case Management Unit for coordination, monitoring and referral to an array of specialized treatment facilities and programs under contract with the SCA.

Waiting List Issues: To ensure individuals are not placed on a waiting list to access non hospital detox treatment, the Case Management Unit implemented a walk-in process for a level of care assessment. This process allows an individual to show up at the Case Management Unit Monday through Friday from 9:00 am to 12:00 pm and to be seen on a first come/first serve basis. This allows individuals to be seen for their level of care assessment the same day and be referred to treatment.

Weekend and After Hours Coverage: The SCA holds Memorandums of Understanding (MOU) with Gateway Rehabilitation Center (GRC), Greenbriar Treatment Center, White Deer Run, Cove Forge and Pyramid Duncansville and Pittsburgh to allow clients with emergent needs to have access to non-hospital detoxification services. These providers are available after business hours and on weekends and holidays to provide this service.

These agencies are monitored by WeDAC per DDAP guidelines to ensure that staff persons conducting after-hours screenings are screening clients for the potential need for detoxification, prenatal care, perinatal care, and psychiatric care. Preferential treatment must be given to pregnant women. Pregnant women requesting any level of treatment services must be scheduled for an assessment within forty-eight hours from the point of initial contact.

Limitations to Funding: The Westmoreland Drug and Alcohol Commission has the discretion to limit funding for treatment. WeDAC will limit funding for inpatient treatment episodes to one (1) per fiscal year per client. Halfway house is limited to 90 days and long term treatment is limited to 60 days. There is no limit for funding for detox services. Exceptions to this policy will be reviewed on a case-by-case basis and must have the approval of the SCA Executive Director. A level of care assessment will be good for six (6) months for clients who have not engaged in treatment, or have discontinued treatment and would like to reinitiate services. These limitations do not apply to pregnant women.

The decision to limit funding of a client's treatment is based on the following factors:

- Previous treatment progress
- Type of discharge
- Client's current physical and mental condition
- Willingness to follow through with treatment recommendations
- Motivation
- Reason for failure in last course of treatment
- Legal status
- Funding availability

If the client is denied re-admission to treatment, he/she can utilize the Client Grievance and Appeal Procedure.

Priority Populations: Providers which serve an injection drug using population shall give preference to treatment as follows:

- Pregnant injection drug users
- Pregnant substance users
- Injection drug users
- All others

Injection Drug Use (IDU) Outreach: Outreach to the IDU population is provided in high traffic areas of Westmoreland County. Community Prevention Services of Westmoreland (CPSW) in conjunction with WeDAC will coordinate and assure that

appropriate activities are planned and implemented to address the needs of the injection drug abuser and to encourage their entry into treatment. CPSW will ensure that pamphlets outlining the risks associated with injection drug use and its association with HIV/AIDS and STDs and the availability of treatment services are distributed to low income housing units and other areas where high risk substance abusers may be found, e.g. community centers, Salvation Army, shelters, methadone clinics, etc. CPSW will provide follow up on a monthly basis by returning to the identified high risk areas where IDU persons can be found. In addition, posters/pamphlets will be placed in public areas where high risk substance abusers may be found, e.g. community centers at federally qualified health centers, countywide Family Centers, retail, grocery stores, laundromats, convenience stores, etc.

Coordination within County Human Services System to support special populations: The SCA, though not a County Government entity, is an integral part of the overall human services delivery system within Westmoreland County and has built a working relationship with Westmoreland County Human Services Department as well as the respective programs that fall under the Human Services umbrella, to also include the Offices of Adult and Juvenile Probation, the Westmoreland County Correctional Facility, and the court system. The majority of the individuals who are served have complex needs. They may have a primary substance abuse issue, but this disease is further complicated by a co-occurring illness or need, such as a mental health diagnosis, homelessness, criminal history, or an intellectual and developmental disability.

Substance Abuse Trends that may impact services: Accidental overdoses have been the primary cause of death among accidents in Westmoreland County over the past 9 years. The number of overdose deaths has climbed steadily since 2002. In the past 6 years overdose deaths have climbed from 47 in 2008 to 86 in 2013, showing an increase of 83%.

The heroin that is on the streets of Westmoreland County today is a much purer form as drug dealers seek to control the market by branding their stamp bags and driving addicts to seek out their product at the exclusion of other, less potent formulations. Occasionally, Fentanyl will find its way into a batch and the lethality of the mixture is increased substantially.

Though heroin use is on the increase due to its availability and its low-cost, it is not causing most of the deaths. Other substances are causing a majority of the deaths, mostly prescription drugs. In 2011, 9 of 64 persons who overdosed had heroin in their system. In 2012, that number tripled to 27 and in 2013 there were 26 individuals with heroin in their system. The percentage of victims with heroin in their systems increased from 14% in 2011 to 30% in 2013, indicating a drastic increase in the rate among victims. In 2013, 86% of the drug overdoses investigated by the Westmoreland County Coroner's Office showed the cause of death was the result of a combination of multiple drugs found in the decedent's toxicology, such as anti-depressants, benzodiazepines, and muscle relaxers.

The SCA has seen an increase in the average length of stay for detoxification services from three days to five days. This upsurge is due to the opiate epidemic the county is

experiencing.

Six hundred one individuals were treated for heroin/opiate addiction. This results in an increase of 19% in heroin/opiate users between fiscal year 2012-2013 and 2013-2014.

The SCA has also seen a growing trend over the last five years in criminal justice referrals. Data from fiscal year 2012/2013 shows that 64% of clients admitted to treatment were referred by a criminal justice agency. Please note: no criminal justice related funds flow through the SCA, which limits our ability to help those who are referred by other agencies, families, providers and themselves. The SCA has had to enforce benefit limitations and stretch DPW funds in order to serve the greatest number of people possible. The SCA has established relationships with service providers, county agencies, the legal system, the prison system and non-profit agencies, and will continue to reach out to other sectors of the community to develop strategies that will lead us to a more integrated approach to drug and alcohol treatment services and a recovery oriented system of care.

In an effort to address the overdose epidemic, Westmoreland Drug and Alcohol Commission, Inc., has been collaborating with Excelsa Health Westmoreland Hospital and SPHS Behavioral Health to employ an onsite mobile case manager. This case manager will be available at the hospital to work with any individual who is experiencing drug and alcohol issues or has survived an overdose. The mobile case manager will offer a comprehensive level of care assessments for substance abuse treatment services, with referrals and linkage to treatment and support services.

This program is a warm “hand-off” approach, with the emphasis on ensuring overdose survivors receive immediate referral to appropriate drug and alcohol services once they have been stabilized.

### **Target Populations**

Provide an overview of the specific services provided and any service gaps/unmet needs for the following populations:

- **Older Adults (ages 60 and above)**

Older adults currently comprise one percent of the population served through WeDAC. Screening, assessment, intervention, treatment, and other case management services are provided for this population.

- **Adults (ages 18 and above)**

Adults currently comprise 98 percent of the population served through WeDAC. Screening, assessment, intervention, treatment, and other case management services are provided for this population.

- **Transition Age Youth (ages 18 to 26)**

Transition-age youth currently comprise 30 percent of the population served through WeDAC. Screening, assessment, intervention, treatment, and other case management services are provided for this population.

- **Adolescents (under 18)**

Adolescents currently comprise two percent of the population served through WeDAC. Screening, assessment, intervention, treatment, school based treatment and other case management services are provided for this population.

- **Individuals with Co-Occurring Psychiatric and Substance Use Disorders**

Individuals with co-occurring psychiatric and substance use disorders currently comprise 67 percent of the population served through WeDAC. Screening, assessment, intervention, treatment, and other case management services are provided for this population.

WeDAC's sub-contracted case management unit coordinates referrals for possible mental health counseling, pharmacotherapy, and other support services. Special drug and alcohol counseling tracks are provided for dually diagnosed clients in outpatient or intensive outpatient treatment at contracted treatment facilities. If the client requires a higher level of care, WeDAC contracts with a number of dually licensed residential treatment facilities throughout the state that eligible clients can be referred to for services.

- **Criminal Justice Involved Individuals**

Criminal justice involved individuals comprise 64 percent of the clients served through WeDAC. Screening, assessment, intervention, treatment, and other case management services are provided for this population. Clients eligible to participate in the Day Reporting Center program or the correctional facility-based education program are provided services tailored to this population.

- **Veterans**

Veterans services are not currently tracked in our database system. Therefore 0 percent of the population has been identified as being served through WeDAC. Individuals with Veteran's benefits are typically referred for services utilizing their benefits. Services available to Veterans unable to access their services through Veteran benefits are as follows: Screening, assessment, intervention, treatment, and other case management services are provided for this population.

- **Racial/Ethnic/Linguistic minorities**

Racial/Ethnic/Linguistic minorities currently comprise eight percent of the population served through WeDAC. Screening, assessment, intervention,

treatment, and other case management services are provided for this population. Translation or deaf services are provided through contractual agreements when needed. Of the eight percent, 76 percent of the minority groups served are African-American. Cultural and ethnic sensitivity is observed through matching clients with facilities with specialized programs in similar origins when requested and available.

The SCA contracts with over 35 providers throughout the state who have specialized programs for these individuals. The Case Management staff is highly trained and receives continuing education in order to work appropriately with these segments of the population.

### **Recovery-Oriented Services:**

SPHS Case Management Unit employs two Certified Recovery Specialists to provide Recovery Support Services for individuals 18 years of age and over in the identified target population. Recovery Support Services (RSS) are non-clinical services which SPHS provides to assist individuals and their families to recover from alcohol and other drug problems. CRS services are funded through HealthChoices and base dollars – no Block Grant dollars are utilized. These services complement the focus of treatment, outreach, engagement and other strategies and interventions to assist people in recovery in gaining the skills and resources needed to initiate, maintain and sustain long-term recovery. Recovery Support Services are not a substitute for necessary clinical services. The availability of these services within Westmoreland County greatly complements the development of a Recovery Oriented System of Care.

The Certified Recovery Specialists offer support and guidance to adults struggling with addiction issues or co-occurring substance abuse and mental health issues in need of outreach, mentoring and peer support at all stages of the recovery process. This includes individuals at the pre-contemplative stage and those not yet engaged in any type of treatment and/or services. The target population also includes adults involved with CYS, the criminal justice system and those re-entering the community after release from jail. Recovery Support Services may be provided to any individual prior to, during and/or following treatment. An individual does not have to be involved in treatment to utilize Recovery Support Services; however, RSS should never replace professionally directed treatment as a means of initiating recovery. RSS may serve as an alternative to treatment for individuals with low to moderate problem severity and high levels of personal, family and community recovery capital. Recovery Support Services may also serve as an alternative for relapsed clients with multiple treatment episodes who are unable to sustain recovery within their natural environments following discharge from treatment.

The SCA supports the use of Evidence-Based Practice by our contracted in-county providers. Some of the EBPs currently being utilized are: Cognitive Behavioral Therapy (CBT), Motivational Interviewing, Twelve-Step Facilitation (TSF) and the Matrix Model.

**HUMAN SERVICES and SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND**

	<u>Estimated / Actual Individuals served in FY 13-14</u>	<u>Projected Individuals to be served in FY 14-15</u>
Adult Services	205	60
Aging Services	4,010	11
Generic Services		
Specialized Services	72,182	32,350

**Administration**

The County Block Grant Administration line item includes the administration costs for Westmoreland Drug and Alcohol Commission (WeDAC) to administer the Act 152 funds and the administration costs for the Human Services Development Fund (HSDF), which goes to the Westmoreland County Human Services Office. \$41,000 of the \$58,084 is what WeDAC receives for administrative costs and \$17,084 is what the Human Services office receives for their administrative costs.

The Human Services office, along with other County offices, writes and maintains the contracts for providers receiving funds, processes the payments for the funds, holds monthly meetings of the leadership team, and will hold quarterly meetings for the advisory committee.

Our HSDF funds will be allocated to:

Adult:

- Union Mission: \$2,500

Aging:

- Westmoreland County Area Agency on Aging- Adult Protective Services: \$70,002

Specialized Service:

- Westmoreland County Children’s Bureau- Generations in Touch (GIT): \$\$24,531
- Blackburn Center: \$11,000
- ParentWise: \$14,000
- Westmoreland County Food Bank: \$49,374
- Big Brothers/Big Sisters of the Laurel Region- Community-based Mentoring: \$7,810
- Big Brothers/Big Sisters of the Laurel Region- School-based Mentoring: \$2,208

- Total: \$108,923

Interagency Coordination:

- United Way 211 Information and Referral System: \$20,000
- To be distributed as need dictates: \$21,733
- Total: 41,733

Mental Health

- Westmoreland County Behavioral Health- Social Rehabilitation: \$117,751

Homeless Assistance Program

- Connect, Inc.: \$2,500

Note: Social Rehabilitation and Connect, Inc. are located in the HSBG budget under Mental Health Social Rehabilitation and Homeless Assistance Program respectively. A revised budget is being submitted with this revised plan.

Administrative Costs: \$17,084

Total : \$360,493

**Interagency Coordination:** United Way's 211 system is a nationally recognized, easy to remember phone number that quickly and effectively connects people in need with resources. In the case of 2-1-1, the connections are to human services and community resources tailored to meet caller's needs. This number is available to all Westmoreland County residents. Westmoreland County, through this initiative driven by our local United Way agency, moved from a County information and referral system to this nationally supported system that we believe will maximize the use of various human service agencies in Westmoreland County and in southwest Pennsylvania.

Westmoreland County will determine the use of \$21,733 of HSDF funds upon the completion of our needs assessment in November of 2014.

Westmoreland County is demonstrating its commitment to interagency coordination through its Truancy Pilot Program, Drug Overdose Task Force, and working as a Learning Community in the Systems of Care Initiative.

The Truancy Pilot Program involves 12 County Public School Districts, 8 Magisterial District Justices, the Westmoreland County Children's Bureau, the Westmoreland County Human Service Department, private providers, 2 Westmoreland County Judges, consumer advocates, and other stakeholders. There have been over 100 individuals involved on either the Advisory Committee or the Pilot Program itself. We began implementing our Truancy Model with 7 school districts in the 2013-14 school year.

The Drug Overdose Task Force involves over 100 individuals from the business community, education, health care, law enforcement, the court system, adult probation, juvenile probation, private providers, the state legislature, the County Commissioner's office, the recovery community, the County prison, Veterans Affairs, Westmoreland

Drug and Alcohol Commission, Area Agency on Aging, funders, attorneys, Coroner's office, and other stakeholders. The number of overdose deaths in Westmoreland County has increased by 291% from 2002 to 2013. Our goal is to reduce the deaths by 25% by 2018.

In 2013, Westmoreland County became a Learning Community in the Systems of Care Initiative in Pennsylvania. Our goals and objective are:

#### **System of Care Goals**

- Effective system/array of services
- Systems operate efficiently
- Integrated approaches

#### **System of care objectives**

- Communication/breaking down silos
- Streamline assessment processes
- Common data system
- Single plan of care approach
- Systemic needs vs. department needs

#### **Adult Services:**

The Union Mission will provide service planning and case management service for homeless men. These services are essential for the men in the Union Mission Shelter to receive support in finding direction in their lives. 100% of their HSDF allocation is for these services.

#### **Aging Services:**

The Westmoreland County Area Agency on Aging (AAA) will continue to provide adult protective services funded by the HSDF, though this year we are supporting our guardian program rather than information, referral and outreach. The guardianship program assumes power of attorney for adults who have no or little other support from family members. The cost and number of clients represents approximately 25% of the cost for our guardianship program. These protective services and case management are critical for the safety and well-being of our seniors.

#### **Specialized Services:**

The Generations In Touch (GIT) program is a program for the young and the young at heart. Applicants for both programs must be 55 years or older, a resident of Westmoreland County, able to obtain Act 33 and 34 clearances and have a valid Pennsylvania Drivers License and Insurance. The GIT In-Home program is its 19th year of existence.

The main purpose of the GIT is to keep children safe in their family home. The GIT program attempts to make this a reality by providing support to the families as well as to the caseworkers. The GIT program links the senior population to work with pre-school age children, 0-5 years of age in their families' homes where abuse and/or neglect has

already been documented. During training, the GIT worker will learn listening skills, how to give emotional support, indicators of abuse, and legal issues related to reporting child abuse.

The Blackburn Center provides sexual abuse prevention programs to 2,700 children and teens in small groups or classroom settings. The training is presented by Blackburn Center staff members. The classes are presented in an age appropriate fashion, geared to the developmental period of the audience. The goals of the program are to decrease the incidence of sexual assault and bullying for children and teens.

Blackburn Center has been providing education programs in school districts across Westmoreland County for nearly thirty years. Blackburn Center also provides direct services to adult and child survivors of sexual assault and domestic violence, though this is not part of their work for the Block Grant.

Parent Wise will offer educational series to parents and caregivers in Westmoreland County. Each series runs between 4 and 10 weeks of classroom instruction covering topics such as physical, cognitive, and emotional development of children, discipline issues, communication skills, and self-esteem issues. Various literacy levels of participants are considered in the teaching methods. There will be some individual workshops also offered. Topics of these workshops are Handling Bullies, Emotion Management, Helping Skills, Humor and Parental Stress, Teen Issues, Helping Children Grieve, Co-Parenting, Behavior Modification, Understanding IEP's, Relationship Building, Effective Discipline, Children and Divorce, Bedwetting, Budgeting and Engaging Fathers. These workshops are offered year round throughout the County and are open to any caregiver, parent, service providers, professionals or interested parties.

The Westmoreland County Food Bank will use HSDF funds for coordination of volunteer hours needed to operate the Food Bank. The use of volunteers has increased due to the cuts in funding and the increased demand. The staff who coordinate volunteers spend their hours recruiting, training, organizing, scheduling, communicating with, and supervising volunteers.

Big Brothers/Big Sisters of the Laurel Region (BBBSLR) Community Based Mentoring program provides adult mentors for youth between the ages of 6 and 14. The youth are typically from a single parent household with limited access/interaction with the other parent. Once matched, the volunteers spend a minimum of two contacts a month with their Little Brother or Sister. "Bigs" and "Littles" are matched along the lines of personality, hobbies, interests, and geographic location. Activities are jointly planned but subject to the approval of the custodial parent. The average length a child participates in the program varies according to the identified needs. The average match length is 24.9 months. Periodic trainings are offered to support the match and are available for both the parents and the "Big."

Big Brothers/Big Sisters of the Laurel Region (BBBSLR) School Based Mentoring focuses on matching adult volunteers with elementary age children in a "lunch buddies" program. Volunteers meet their matched student for lunch one day a week at the school to provide support and encouragement for the student. BBBSLR provides a site

coordinator for the schools who participate to monitor the operation of the program. The outcomes of this program are increased academic achievement, decreased absences, increased self confidence, and improve relationships with peers.

**Mental Health:**

Behavioral Health Social Rehabilitation includes programs or activities designed to decrease the need for structured supervision through teaching or improving self-care personal behavior. Services are provided in both home and community settings addressing social skills, daily living skills, and behavior. Age-appropriate activities are conducted in either environment based upon individual need and preference. Opportunity for increased community awareness and skill development is provided through behavioral and instructional programming. This life skills education is considered essential for their capacity to thrive in the community.

**Homeless Assistance Program:**

Connect, Inc. operates the Welcome Home emergency shelter for single women and families with children located in downtown Greensburg. Residents or “guests” of Welcome Home are provided with emergency shelter during their 30 to 60 day stay. With the assistance of facility staff, case management, and life skills programming guests are given a chance to stabilize their life situations in order to gain safe, affordable, permanent housing in the community. This adult placement is essential for their safety and survival.

**PART V: ATTACHMENTS**

- Attachment A: Proof of publication of notice for Block Grant Public Hearings on June 26, 2014 and July 11, 2014
- Attachment B: Sign in sheet from Public Hearing on June 26, 2014
- Attachment C: Minutes from June 26, 2014 Public Hearing
- Attachment D: Sign in sheet from Public Hearing on July 10, 2014
- Attachment E: Minutes from July 10, 2014 Public Hearing
- Attachment F: Roster of the Westmoreland County Block Grant Advisory Committee
- Attachment G: Assurance of Compliance

**Attachment A:**

Proof of publication of notice for Block Grant Public Hearings

on June 26, 2014 and July 11, 2014

PROOF OF PUBLICATION

State of Pennsylvania }  
County of Westmoreland } SS.

**PUBLIC MEETINGS**

**WESTMORELAND COUNTY**

Dirk Matson, Director of Human Services for Westmoreland County, will be presenting details of the Human Services Block Grant, voted into law in 2012, in public meetings to be held on June 26th, 2014, 3:00-4:00 P.M. and July 10th, 2014, 5:30-6:30 P.M. in Public Meeting Rooms, 1, 2 and 3 of the Westmoreland Courthouse, 2 North Main Street, Greensburg, PA. Input will be sought from Stakeholders and citizens of our County at these meetings. Public input is also being sought in a survey about the needs/gaps in services, service quality, and accessibility of human services available in Westmoreland County at <http://grif.ly/dhssurvey>. The survey will be running June 13 - July 11, 2014. For more information call 724-830-3663.

Also, the WESTMORELAND COUNTY CHILDREN'S BUREAU in compliance with Commonwealth of Pennsylvania, Dept. of Public Welfare, Office of Children, Youth & Families Regulations, Notice is hereby given that a Public Meeting on the Westmoreland County Children & Youth 2014-2015/2015-2016 Needs Based Budget will be held on August 6, 2014 from 3:00 - 4:00 P.M. in Commissioner's Meeting Room 3, North Main Street, Greensburg, PA. Addie Beighley, Chief Juvenile Probation; Rich Gordon, Director of Juvenile Detention/Shelter; Shara Savelkis, Administrator, Children's Bureau will be seeking public input and will accept subsequent written comments for the NBPB through August 12, 2014 at 40 N. Pennsylvania Avenue, Suite 310, Greensburg, PA.

(6/12, 13, 14, 16/14) 291

Personally appeared before me a Notary Public in and for said state and county, the undersigned, who being duly sworn according to law, deposes and says, for the publisher, that the LATROBE BULLETIN is a newspaper of general circulation, established on the 19th day of December 1902, and published daily in the City of Latrobe, County of Westmoreland and State of Pennsylvania, and that the advertisement, of which a copy is hereto attached, was published in the regular edition and issues on the following date

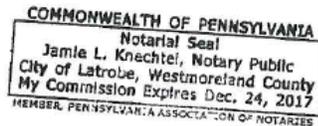
June 12, 13, 14 and 16, 2014

and is in all respects as ordered and that neither the affiant nor publisher is interested in the subject matter of the notice and that all of the allegations of the statement as to time, place and character of publication are true.

Patricia A. Shuback  
Business Manager

Subscribed and sworn to before me this

17 day of June A.D. 2014  
[Signature]  
Notary Public



# Classified Advertising Invoice

**The Latrobe Bulletin**  
 1211 Ligonier Street  
 PO Box 111  
 Latrobe, PA 15650  
 Phone: (724)539-1636  
 Fax: (724)537-0489

1

Aimee Heater  
 Westmoreland County Childrens Burea  
 2 North Main St.  
 GREENSBURG, PA 15601

Cust#: 01100157-000  
 Phone: (724)830-3300  
 Date: 06/16/14  
 Due Date: 07/15/14

Ad#	Text	Start	Stop	Days	Amount	Prepaid	Due
03708087-001	291 Human Servi	06/12/14	06/16/14	4	347.60	0.00	347.60

Please return a copy with payment	<b>Total Due</b>	<b>347.60</b>
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## **Attachment C:**

Minutes from June 26, 2014 Public Hearing

### **Human Service Block Grant Public Meeting June 26, 2014**

#### **Public Comments**

##### **Veronica Murray- Arnold, PA**

“ Some money should be spent in areas of child welfare and Special Grants  
It really saddens me when I walk around the Arnold/New Kensington area and see how  
it is

There are 3 things that I am passionate about: The elderly, kids, and animals.  
I am a single parent, on disability, and currently have 15 year old quadruplets.  
Usually at Christmas time people donate to Toys for Tots, but the cute of age to receive  
those donations is 13 years old. The elderly are often forgotten, teens are forgotten,  
and they all end up getting nothing.

I wish there was money to get them something. Money for a meal too.

Mental Health kids can get assistance in school, but my son with Asbergers who is  
brilliant receives no help.

New Kensington is depressed and really needs help. That’s all I’m going to say.”

##### **Anita Leonard-**

“There is a definite gap in services. I am a part time school nurse and I understand what  
the lady before me said. Services are lacking. A child with an emotional problem should  
be put in a special class. Kids with emotional problems need to receive emotional  
support, and we need to make sure they receive that. If a child is in a family with a  
parent who overdoses, for example, they need to receive this emotional support.  
Thank you.”

##### **Cathy Criner**

“I have a brother with special needs and an elderly mother with many health problems.  
They are taking care of each other. We need state money for him to live a fuller life. He  
is on a strict diet and my mother feeds him food he shouldn’t have. She can’t be  
responsible for him. She’s not doing okay. I’m really pushing to get my brother funding,  
but every time I call they say he’s on the list and we have to wait. There are 70 other  
citizens on the list before him, and I’m afraid we won’t get the money when needed.”

##### **Kim Sonafelt- Alle Kiski, Monesson Area**

“There are 3 things that I see need funding.

I really want to see more family focused, evidence based programs.

The three things I feel need funding are:

How to restore principles to families

Transition aged youth after 18 with nowhere to go, they’re ending up incarcerated

Supported housing- there is never enough!  
That's all. Thank you."

**Laurie Barnett Levine**

"I'm the chairperson of the Ray of Hope Suicide prevention.

What I want to talk about today is the preservation of what some of the rest of you have talked about, and that's the safety net services that help define a community in order to sustain themselves and live a full life in the community. I think these services are a risk; things like drop in centers and housing issues, and transportation; I know that some of the organizations have tried to provide transportation. The state is targeting these areas for funding cuts. I also have to talk about suicide. The facts mirror the overdose issue in the area. The past 2 years the suicides have elevated in the county. They are not who you think they are, they mostly mirror the age groups of the overdose victims. These people are often isolated, without services, and the majority of the deaths are because of guns. I think we have a lot of public awareness that is needed, and there might be opportunities to prevent these deaths."

**Attachment E:**

Minutes from July 10, 2014 Public Hearing

**Human Service Block Grant Public Meeting July 10, 2014**

**Public Comments**

No public comments.

**Attachment F:**

Roster of the Westmoreland County Block Grant Advisory Committee

<b>Name</b>	<b>Consumer/ Former Consumer/ Family Member**</b>	<b>Private Provider</b>
<b>1. Deborah Thackrah</b>		
<b>2. Kelly Wolfgang</b>	Yes	
<b>3. Lisa Liston</b>	Yes	Clelian Heights
<b>4. Paula Martino</b>	Yes	
<b>5. Kimberly Sonafelt</b>	Yes	NHS Human Services
<b>6. Mary Schroeder</b>	Yes	
<b>7. Charles Seamans</b>	Yes	
<b>8. Julie Cawoski</b>		F.S.W.P
<b>9. Tracy Brown</b>		Outside In
<b>10. Mary Ellen Beres</b>		
<b>11. Laurie Barnett Levine</b>	Yes	
<b>12. Debra Wohlin</b>	Yes	
<b>13. Lynnette Emerick</b>		WCSI
<b>14. Anita Leonard</b>		
<b>15. Sobato Stile</b>		
<b>16. Dana Bauer</b>		
<b>17. Elmer Speer</b>	Yes	
<b>18. Patricia Elliott</b>		
<b>19. Carlotta Paige</b>		

\*\*The 10<sup>th</sup> consumer shall remain anonymous.

**Attachment G:**  
Assurance of Compliance

DPW Bulletin 2014-1  
County Human Services Plan Guidelines

Appendix A  
Fiscal Year 2014-2015

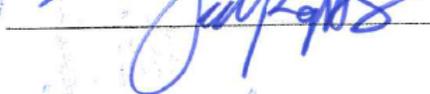
**COUNTY HUMAN SERVICES PLAN**  
**ASSURANCE OF COMPLIANCE**

COUNTY OF: Westmoreland

- 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: 9/10/2014
	Date: 9/10/2014
	Date: 9/10/2014

**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.**

**WESTMORELAND COUNTY JULY 2, 2014**

Revised 01-08-2015

<b>County:</b>	<b>ESTIMATED CLIENTS</b>	<b>HSBG ALLOCATION (STATE AND FEDERAL)</b>	<b>HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</b>	<b>NON-BLOCK GRANT EXPENDITURES</b>	<b>COUNTY MATCH</b>	<b>OTHER PLANNED EXPENDITURES</b>
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	16		166,503		7,526	
Administrator's Office			836,250		37,799	
Administrative Management	4,199		772,272		34,907	
Adult Developmental Training					0	
Children's Evidence Based Practices					0	
Children's Psychosocial Rehab	25		41,823		1,890	
Community Employment	9		90,025		4,069	

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

<b>County:</b>	<b>ESTIMATED CLIENTS</b>	<b>HSBG ALLOCATION (STATE AND FEDERAL)</b>	<b>HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</b>	<b>NON-BLOCK GRANT EXPENDITURES</b>	<b>COUNTY MATCH</b>	<b>OTHER PLANNED EXPENDITURES</b>
Community Residential Services	175		2,122,278		95,927	
Community Services	652		1,953,347	15,000	88,291	
Consumer Driven Services					0	
Crisis Intervention	83		218,127		9,859	
Emergency Services	5		66,719		3,016	
Facility Based Vocational Rehab	5		217,683		9,839	
Family Based Services	46		126,000		5,695	
Family Support Services	722		189,611		8,570	
Housing Support	324		635,796		28,738	
Other					0	
Outpatient	396		377,923		17,082	
Partial Hospitalization	23		145,286		6,567	
Peer Support	68		91,789		4,149	
Psychiatric Inpatient Hospitalization	11		84,000		3,797	
Psychiatric Rehabilitation	55		201,816		9,122	
Social Rehab Services	301		1,036,652		46,857	
Targeted Case Management	396		463,040		20,929	
Transitional and Community Integration					0	
<b>TOTAL MH SERVICES</b>	<b>7,511</b>	<b>9,719,189</b>	<b>9,836,940</b>	<b>15,000</b>	<b>444,630</b>	<b>0</b>

**Note: 117,751 from HSS is included under Social Rehab Services**

**INTELLECTUAL DISABILITIES SERVICES**

Admin Office			3,187,465		144,073	
Case Management	1,346		435,405		19,680	
Community Residential Services	0				0	
Community Based Services	310		788,271		35,630	
Other					0	
<b>TOTAL ID SERVICES</b>	<b>1,656</b>	<b>4,411,141</b>	<b>4,411,141</b>	<b>0</b>	<b>199,384</b>	<b>0</b>

**HOMELESS ASSISTANCE SERVICES**

Bridge Housing	0		0			
Case Management	510		278,054			
Rental Assistance	1,150		202,240			
Emergency Shelter	924		18,500			
Other Housing Supports	0		0			
<b>TOTAL HAP SERVICES</b>	<b>2,584</b>	<b>496,294</b>	<b>498,794</b>		<b>0</b>	<b>0</b>

**Note: 2,500 from HSS funds included under Emergency Services in HAP**

**CHILDREN & YOUTH SERVICES**

Evidence Based Services	115		152,000		8,000	0
Promising Practice						
Alternatives to Truancy			0			
Housing	165		85,000		15,000	
<b>TOTAL C &amp; Y SERVICES</b>	<b>280</b>	<b>237,000</b>	<b>237,000</b>		<b>23,000</b>	<b>0</b>

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

<i>County:</i>	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b><i>DRUG AND ALCOHOL SERVICES</i></b>						
Inpatient non hospital	215		317,055			
Inpatient Hospital	0		0			
Partial Hospitalization	5		3,000			
Outpatient/IOP	300		130,000			
Medication Assisted Therapy	10		6,500			
Recovery Support Services	0		0			
Case/Care Management	0		0			
Other Intervention	0		0			
Prevention	0		0			
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	530	497,555	456,555		0	0
<b><i>HUMAN SERVICES AND SUPPORTS</i></b>						
Adult Services	60		2,500			
Aging Services	11		70,002			
Generic Services						
Specialized Services	32,350		108,923			
Children and Youth Services						
Interagency Coordination			41,733			
<b>TOTAL HUMAN SERVICES AND SUPPORTS</b>	32,421	360,493	223,158		0	0
<b>COUNTY BLOCK GRANT ADMINISTRATION</b>			58084		0	
<b>Note: 117,751 for Social Rehab and 2,500 for emergency shelter of HSS funds is located in MH Social Rehab and HAP Emergency Shelter respectively. Adm costs left in HSS.</b>						
<b>GRAND TOTAL</b>	44,982	15,721,672	15,721,672	15,000	667,013	0