

**BEAVER COUNTY  
HUMAN SERVICES PLAN  
2017-2018**

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## **Appendix A**

### **Assurance of Compliance Board of Commissioners Signature Page**

Appendix A  
Fiscal Year 2017-2018

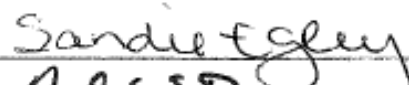

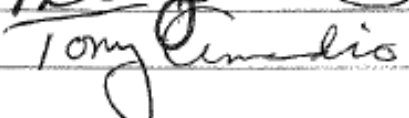
**COUNTY HUMAN SERVICES PLAN**

**ASSURANCE OF COMPLIANCE**

COUNTY OF: BEAVER

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. The County assures, in compliance with Act 80, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County and/or its providers assures that it will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.
- D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (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 disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
  - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

**COUNTY COMMISSIONERS/COUNTY EXECUTIVE**

<i>Signatures</i>	<i>Please Print</i>	
	Sandie Egley, Chairman	Date: 5-31-17
	Daniel C. Camp, III	Date: 5-31-17
	Tony Amadio	Date: 5-31-17

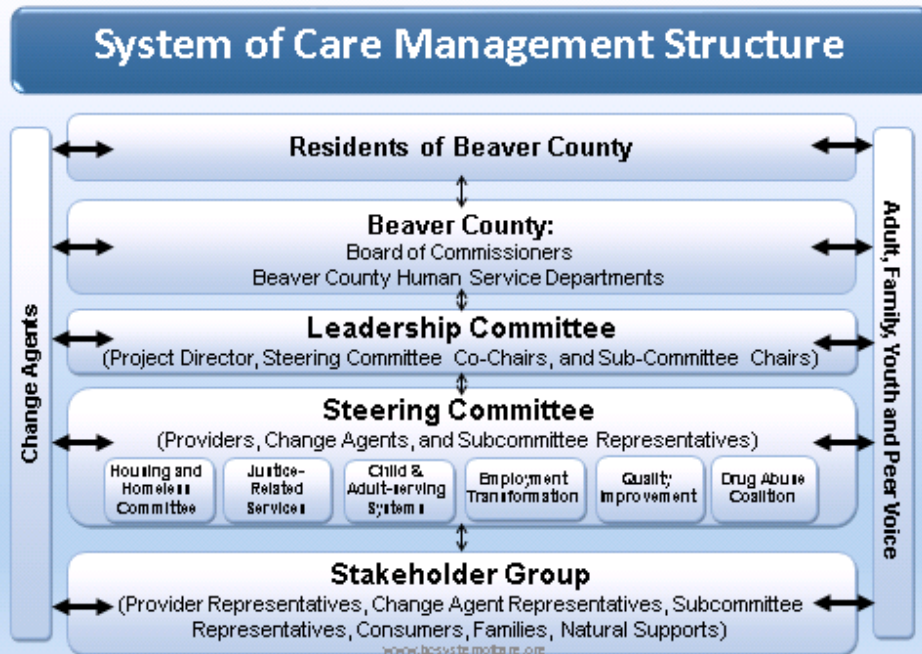
## **Appendix B**

### **County Human Services Plan Template**

**PART I: BEAVER COUNTY PLANNING PROCESS** (Limit 2 pages)

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds by answering each question below.

1. Beaver County reached out to several critical **stakeholder groups**. The Beaver County Planning and Leadership Team includes representatives from each of the program areas outlined in the plan. It also includes the local **Children and Youth Services, the Office on Aging and the chairs of the Beaver County System of Care (SOC) Steering Committee**. This team met on Monday, May 8, 2017 to review the Human Services Plan guidelines, analyze progress made over the last year, discuss the public hearing details, and determine priorities for the delivery of human services over the next year. As part of the ongoing System of Care (SOC) development, Beaver County has a Leadership Team and a Steering Committee, as well as several subcommittees. The Leadership Team membership includes county staff, along with Steering Committee and subcommittee chairs. The Steering Committee and the subcommittees are comprised of **individuals with lived experience, families**, change agents, and providers. The County Planning Team and SOC Steering Committee work together on the development of a countywide plan and discuss the expenditure of funds. The Steering Committee takes a lead role in gathering stakeholder input and planning the public hearings. Each human service department director attends at least one Steering Committee meeting annually to present their piece of the plan and to obtain stakeholder feedback.



2. Stakeholders are part of the Leadership and Steering committees that meet throughout the year, **participate** in the County Planning meeting, attend two Stakeholder/**Public Hearings** conducted as part of Human Service Plan development and receive a stakeholder **survey** annually. **Outreach** includes distribution of the survey at provider agencies, the drop-in center and a senior center. Surveys are emailed, available on line and taken to both public hearings. One public hearing occurs at a drop-in center and the other at a senior center
3. **Advisory boards** involved in the planning process include: Mental Health/Mental Retardation Advisory Board, Drug and Alcohol Advisory Council, the System of Care Steering Committee, the Housing and Homeless Coalition and the Criminal Justice Advisory Board.
4. Beaver County, one of only five counties in Pennsylvania operating without access to a state hospital, is committed to serving its residents in the **least restrictive setting** appropriate to their needs. As of May 2017, Beaver County had 14 children/adolescents in residential treatment. Beaver County has been building a system of care (SOC) since 2005. The SOC is built around community supports and community inclusion. Since 2006, Beaver County Children and Youth Service (BCCYS) has reduced the number of children in out-of-home care by 60%. Its current placement rate is .69/1000, the lowest percentage of any fourth class county in Pennsylvania. BCOA also has a strong commitment to providing the least restrictive community-based services. BCOA provides Nursing Home Transition services, home modifications, and in-home care, so that older Beaver County citizens can reside at home, while receiving the care they need. Older adults and persons with disabilities have the right to choose to live at home or in a community setting, and the Aging Office is committed to helping them do so. This philosophy is also reflected in the county's housing plan and supported housing program.
5. Block **grant funding** in Beaver County has led to greater collaboration among human services departments, increased data sharing, and provided valued flexibility between previously categorical budget line items. During the last fiscal year, Beaver County has worked to expand peer support, added another case management provider for children and continued to expand its Sequential Intercept Model.

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

Two (2) public hearings were held as part of the Human Services Block Grant planning process. One was Friday, 05/19/17 from 1:30 to 3:30 p.m. at the local Mental Health Association and the second was held on Tuesday, 05/23/17 from 1:30 to 3:00 p.m. at the Senior Center at the Beaver Valley Mall. Proof of publication in the *Beaver County Times* is on page 64; a summary and copy of the sign-in sheets from both public hearings can be found on pages 67 through 69 (5/19/17) and pages 70 and 71 (5/23/17).

### **PART III: CROSS-COLLABORATION OF SERVICES** (Limit of 4 pages)

For each of the following, please provide a description of how the county administers services collaboratively across categoricals and client populations. In addition, please explain how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities.

#### **Employment:**

At present Beaver County has one provider focused on vocational services for the behavioral health population, Beaver County Rehabilitation Center (BCRC). This agency works in conjunction with other agencies, including Office of Vocational Rehabilitation and Career Links, assisting consumers in accessing education and skills training for employment or volunteer opportunities based upon the individual's goals. Vocational Assessment and Training, as well as Supportive Employment Programs, provide transitional and integrated work experience opportunities. Depending on the program and the consumer's need, services are provided in a one-on-one setting up to a group setting.

BCRC programs are designed to serve diverse populations/specialized populations, including forensic, Mental Health (MH), Intellectual Disabilities (ID), Limited English Proficiency, Autism Spectrum Disorders, youth, and various forms of Co-occurring Disorders, which may consist of a combination of any two or more identified/diagnosed areas of need, such as MH, ID, substance use, or medical.

In collaboration with multiple school districts in Beaver County, a branch of BCRC has developed a School to Work Program that offers hands on, individualized services that work in correlation with the youth's Individual Education Plan; a team approach utilizing natural and community supports; focuses on independent living, community participation, furthering education, employment first; activities include volunteering, work experiences, and skills training. This program is paid for by the school districts.

Paid Work Training Experience began as a grant with the target population of female inmates at Beaver County Jail (BCJ). Since the start of the program, the population served has been expanded to include, not only incarcerated females, but both males and females with recent forensic involvement. At the conclusion of the grant, data gathered showed a decrease in recidivism for inmates who participated in vocational services that were being offered in the jail. BCRC also provides vocational assessments in the jail.

Beaver County having a spectrum of rural to urban communities, works with Beaver County Transit Authority to increase access to services by providing free or low cost income-based transportation available to residents.

Increasing education and employment is one of BC-SOC 10 priorities. The county has been trying to measure and increase goals surrounding education and employment in

service plans developed by consumers with case management. Moving forward, there will be a focus on employment in plans developed with Certified Peer Specialists (CPS) and Certified Recovery Specialists (CRS).

Beaver County also supports and encourages peer employment. There are currently 21 Certified Peer Specialists working in social services in job settings, such as: consumer run programs, residential programs, community-based programs, psych rehab, substance abuse programs, and Peer Support Programs. For further details, please refer to the peer employment section.

Beaver County Behavioral Health intends to issue a Request for Proposals to select an agency to provide Psychiatric Rehabilitation services and supports through a community integrated service center. The population of focus will include, but not be limited to, justice involved individuals, ages 18 to 40. Along with addressing the individually assessed needs of persons participating in programs at the center, the content of the center programs will strongly emphasize Recovery, Peer Supports, Education and Employment. The center content will be comprised of a number of the SAMHSA Evidence-Based Practice Toolkits (EBPs). In particular, Illness Management and Recovery (IMR), Wellness Recovery Action Plans (WRAP), Supported Education and Supported Employment Toolkits will be central to day-to-day program content. These toolkits provide curricula, guidelines and ideas for practitioners and members to build skills, competencies, confidence and self-awareness. These factors are necessary parts of each individual's recovery journey and success in community life.

### **Housing:**

Beaver County Behavioral Health has an OMHSAS approved Permanent Supportive Housing Plan, which has been in effect since 2008. Additionally, BCBH has developed an Olmstead Plan which has been submitted to OMHSAS for review and approval. BCBH is currently in the process of submitting the requested revisions and additional information as requested by OMHSAS.

In addition, Beaver County has both a Housing and Homeless Coalition (HHCBC), as well as a Steering Committee. The HHCBC consists of county agencies, local service system providers, community partners, formerly homeless individuals, local housing providers and the Housing Authority. The mission of the coalition is to provide support, direction, and collaboration in effectively addressing the issues of homelessness and affordable, sustainable housing in Beaver County by identifying and utilizing all available resources. The Steering Committee serves as the HUD-designated primary decision-making group and oversight board of the Collaborative Applicant for the Beaver County Continuum of Care PA-603. As the oversight board of the CoC, the Steering Committee and its members: 1. Ensure the CoC is meeting all the responsibilities assigned to it by HUD regulations; 2. Represent the relevant organizations and projects serving homeless subpopulations; 3. Support homeless persons in their movement from homelessness to economic stability and affordable permanent housing within a supportive community; 4. Ensure the CoC is inclusive of all needs of Beaver County's



homeless population, including the special service and housing needs of homeless sub-populations; 5. Facilitate responses to issues and concerns that affect the agencies funded by the CoC that are beyond those addressed in the annual CoC application process. The Steering Committee is comprised of individuals representing various county agencies and system partners, which includes the BCBH Administrator.

Behavioral Health services available throughout the county are also used as in-kind leverage for HUD dollars through the CoC application to increase housing options for individuals across various populations. Additionally through the Human Services Block Grant (FY 16/17), both BCBH and CYS has provided match funds for multiple CoC grant programs to provide housing for individuals who are homeless. One of the pieces funded is a Homeless Outreach Specialist, who sits at The Cornerstone. The Cornerstone is a new non-profit organization offering centralized access to Beaver County housing resources, such as access to the various HUD funded CoC permanent/supportive housing programs, rent/utility assistance, Fair Housing Office, Consumer Protection Office, etc.

Recently the Housing Authority of the County of Beaver had applied for and received Section 811 funding through the Pennsylvania Housing Finance Authority (PHFA), which was designed to create safe, affordable housing options for individuals who meet the following criteria:

- a. *Institutionalized*, but able to live in the community in permanent supportive housing.
  - i. Institutions include but are not limited to: private and public mental health hospitals, nursing facilities and facilities for those with Intellectual Disabilities.
- b. *At-risk of institutionalization* with no permanent supportive Housing.
  - i. Including but not limited to: people who are living with caregivers in unstable situations, homeless, people aging out of the Early and Periodic Screening, Diagnosis and Treatment Program with no family supports, and individuals aging out of foster care.
- c. *Congregate Care Setting* and desires to live in community.
  - i. Including but not limited to: persons in Community Residential Rehabilitation facilities, Long Term Structured Residences, personal care homes and domiciliary care.

BCBH is one of the stakeholder partners with the Housing Authority for the Section 811 units and makes referrals, as appropriate. Additionally, BCBH also provides assessments and case management services to many individuals who are involved in the CoC Permanent Supportive Housing programs.

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

### **MENTAL HEALTH SERVICES**

#### **a) Program Highlights:** (Limit of 6 pages)

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 16-17.

- **Youth Mental Health First Aid** – Four YMHFA trainings were held in the community, with forty-two participants. Trails Ministries had their afterschool program staff trained this winter. Guidance counselors and special education teachers from the Beaver Falls School District also received YMHFA training this winter. The Beaver Falls school district plans to train additional faculty and staff in 2017/2018. Aliquippa School District is scheduled to train all of their faculty and staff in the fall of 2017.
- **Mental Health First Aid** – Five trainers from the three local colleges were trained as Mental Health First Aid trainers this past year. Penn State Beaver has trained Resident Advisors and students this year and will be scheduling more classes for the fall semester. Geneva College has held one training for students and faculty and has plans for three more trainings to occur before the next school year. Geneva is also reaching out to the local faith community to offer training. CCBC has trained all of their current nursing students. They are working on expanding the training to additional students and faculty for the fall semester.
- **Open Table** is a model of care, which engages local faith communities to recruit and train volunteers to participate in a year-long commitment to "act through relationship" (Open Table). For each table, 10-12 volunteers commit to serving an individual living in poverty. These tables assist in setting individual goals and acting throughout the year to support, encourage, and challenge the individual toward life change. Pennsylvania is the fastest growing state currently utilizing this model and it is presently being implemented in many churches throughout Beaver County.
- **The Youth Ambassador Program** began with the 2016-2017 school year. Five school districts were originally involved in an effort to increase knowledge of mental illness, reduce stigma, and improve youth and family involvement in the System of Care. Students from grades 8-12 were selected by school representatives to reflect a wide dynamic of the population. Our inaugural event in recognition of Suicide Awareness month was held on September 19 at CCBC in order to introduce the program and educate them about the System of Care and how they could each be involved. Moving forward, the plan was to identify five additional schools for the next school year. However, many more expressed the desire to join this movement and soon nearly all of the schools in the county were involved. Planning will begin shortly for the upcoming year.
- This Mental Health Association **Certified Peer Specialist** Health and Recovery Partner is now a licensed PA Department of Human Services peer support program open to individuals with mental health disorders, who are 18 and older. The program focuses attention on the importance of maintaining healthy lifestyles that promote optimum behavioral and physical health, while ensuring that the services are unique, comprehensive, collaborative, and include options for building on natural and

community supports. The Certified Peer Support's role is to mentor and support individuals with choice and recovery-focused goals.

- **BH Diversion Program** – Beaver County Behavioral Health has been working closely with the District Attorney and the Adult Probation Office to offer two diversion programs. One occurs at Violation Hearings and the other will occur at the Preliminary Hearing. Each requires the participant to receive a co-occurring mental health and substance use disorder evaluation, accept case management, begin recommended treatment and complete four Wellness Classes. The goals are to promote treatment and recovery, while avoiding incarceration.
- **ChancesR (Reentry, Reunification and Recovery)** was a Bureau of Justice Assistance funded grant that focused on people with mental health, substance use, or co-occurring disorders, who were incarcerated in the Beaver County Jail, offering them a second chance at community integration. Some of the accomplishments include:
  - Exceeding projected number of enrollments: 1,214 from 2010 through 2016.
  - Receiving vocational services is related to a reduction in recidivism. The recidivism rate for the 38.3% who agreed to receive vocational/educational services was lower when compared to those who did not agree to those services.
  - Reducing recidivism, defined as re-incarceration within 12 months post-release from jail by 20%.
- **ROOTS Certified Peer Specialist** – ROOTS (Reaching Over Obstacles To Succeed) now employs a Certified Recovery Specialist (CRS) to support individuals in their recovery from substance use addiction. CRSs help to facilitate long-term sustainable recovery by helping individuals gain access to needed community resources, and by assisting them in overcoming barriers and helping to bridge gaps. Initial funding for this program is through the Behavior Health Treatment Court Collaborative grant program from the federal Substance Abuse and Mental Health Services Administration. However, CRS services will be funded on an ongoing basis as part of HealthChoices.
- **Sex Offender Education class in the jail** – Beaver County Behavioral Health and the Beaver County Jail have partnered with Clover Psychological Association to develop a group intervention and education program at the Jail for people who have been accused of, or have been convicted of sexually inappropriate behaviors / crimes. This program is funded through a grant with the Pennsylvania Commission on Crime and Delinquency. This program helps individuals in understanding the concepts such as consent, sexual abuse/offense, denial and minimization, accountability and acceptance, and the impact and effects of sexual abuse upon victims.
- **Circles of Support and Accountability (COSA)**: Robin Wilson, lead researcher for the COSA model, presented a full day training in April 2017. Forty-five people were in attendance, including criminal justice, mental health and housing support staff.

Resources were provided that will help continue the discussion of high risk populations in Beaver County.

- **Moral Reconciliation Therapy:** MRT is a cognitive-behavioral counseling program that combines education, group and individual counseling, and structured exercises designed to foster moral development in treatment-resistant clients. Beaver County is hosting an MRT Facilitator training in May. It is a four day training that will certify the participants to lead MRT groups and provide MRT to individual clients. Approximately 25 people are registered for the training.
- **Homeless Outreach** – ROOTS is a faith-based organization with strong community ties and a commitment to working with the area homeless. Individuals are identified by their Outreach Coordinator, screened using the Emergency Solutions Grant Tool, and connected with case management, sponsors, housing resources, treatment and community supports.
- **HELP team mobile response** – The HELP Team is a mobile crisis stabilization team that is available to youth and their families when they need it. Referrals to the HELP Team can come from many points of contact, including the walk-in crisis center, a school, the hospital ER, or from any provider or system partner. Families can also access the HELP Team through direct self-referral. The HELP Team meets with youth and their families in their homes or communities with the goal of stabilizing the crisis, assessing their needs, and connecting the youth and family to supports and services. The HELP Team works with families for up to thirty days and ensures an in-person connection to new supports and services.
- **Information Sharing Agreement** – All five Single Point of Accountability (case management) providers use crisis plans stored in an electronic service plan (eSP). This plan has been shared with local emergency rooms and the county crisis provider. In January 2017, eight county agencies signed an agreement that will give them access, with releases, to the crisis plans on shared clients. The agencies are: Beaver County Behavioral Health, Children and Youth Services, Adult Probation, Juvenile Probation, the local jail, the Housing Authority, the Office on Aging and the Emergency Management Agency.
- **Human Services CLC Plan** – Beaver County Behavioral Health, Children and Youth Services, the Office on Aging and the Adult Probation Office located in the Beaver Falls, PA Human Service Building have a team working with two experts in Cultural and Linguistic Competence to develop a building-wide CLC plan and a corresponding training program. More detail about this activity can be found in the CLC section of this submission.

**b) Strengths and Needs:** (Limit of 8 pages)

Please identify the strengths and needs of the county/joiner service system specific to each of the following target populations served by the behavioral health system. When

completing this assessment, consider any health disparities impacting each population. Additional information regarding health disparities is available at <https://www.samhsa.gov/health-disparities>.

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

#### **Strengths:**

- BCBH works closely with BCOA. BCBH is a Core partner for the BeaverLINK.
- BCBH and BCOA work cooperatively with the Emergency Operation (911) Center to assure information needed for disaster drills is comprehensive and current.
- BCBH and BCOA jointly attend Risk Management meetings facilitated by the Department of Human Services / Bureau of Human Services / Adult Residential Licensing.
- BCBH and BCOA collaborate on individual cases and have worked well with Protective Services.
- **BCOA will have a provider trained in Mental Health First Aid in order to promote the County's goal of Mental Health Literacy across the Lifespan.**
- One of the two public hearings is held at a senior center.
- BCBH and BCOA participate collaboratively in "Cross Systems Collaboration Technical Assistance Call" to review cases with other PA counties
- BCBH and BCOA collaboratively attend/monitor personal care home licensing.

#### **Needs:**

- More appropriate care options (facilities/nursing homes) for Older Adults deemed in need of nursing care, having mental health diagnoses, and presenting with challenging behaviors.
- Accessing transportation that will travel across county lines.
- Community safety checks for Older Adults perceived to be especially vulnerable.
- Accessing appropriate inpatient care and trustworthy respite care.
- Additional home support worker resources to help promote "Aging in Place".
- Increased access to a benefits counselor,
- Additional guardianship services.
- Increased access to home modification services and general maintenance services.
- Accessing medical needs not covered under traditional medical insurance (i.e. hearing aids, eyeglasses, and personal emergency response devices).

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

#### **Strengths:**

- BCBH emphasizes the use of evidence-based practices, such as Assertive Community Treatment, Seeking Safety, Motivational Interviewing, and Supported Employment (SE). The number of Wellness Recovery Action Plans (WRAP) is increasing.
- BCBH employs a recovery coordinator to increase consumer voice in the SOC.

- BCBH works closely with NAMI.
- BCBH has expanded the number of case management entities (Single Points of Accountability) and has a countywide initiative to assure competency.
- Both Transition-Age and D&A case management have been added.
- Case management providers use an electronic service plan (eSP).
- Through the eSP, crisis plans are shared with several county agencies.
- Beaver County has a Dual Diagnosis Treatment Team

**Needs:**

- An increased emphasis on employment.
- Continued work on co-occurring mental health and substance abuse treatment.
- Continued efforts to increase physical and behavioral health integration.
- More transportation options.
- More housing options.

**Transition-age Youth (ages 18-26)**

**Strengths:**

- The Youth Ambassadors program now included every school district..
- BCBH is using Open Table to support transition age youth.
- Signs of Suicide (SOS) is part of the Student Assistance program.
- Youth Mental Health First Aid is being offered to all school districts in the county.
- Beaver County Rehabilitation Center offers vocational support to every school district through CAPs (Creating Alternative Pathways).
- Beaver County has implemented Transition-Age Psychiatric Rehabilitation.
- BCBH and Children and Youth services have successfully implemented mobile crisis response teams for youth and families.

**Needs:**

- Transportation to appointments, education, employment, supports.
- Increased housing options.

**Children (under 18)**. Counties are encouraged to also include services like the Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports in the discussion.

**Strengths:**

- BCBH serves as the Zone Administrator for the Student Assistance Program reporting for both drug and alcohol and mental health.
- All BCBH child/adolescent staff is trained in the CASSP principles
- Beaver County, through its HealthChoices network with Value Behavioral Health, has a panel of independent evaluators available to assess and prescribe BHRS
- Beaver County offers blended case management services and has five providers.
- BCBH continues to expand the development of school-based outpatient.

- The Youth Ambassador Program (YAP) began in the 2016-2017 school year. The program fosters awareness and understanding of mental health issues in local school districts and reduces stigma. An event was held on May 2nd at Penn State University to celebrate National Children’s Mental Health Awareness Day. A total of thirteen school districts attended with 94 students. The day included a motivational speaker, a viewing of the YAP videos, a presentation of cultural competency by Dr. Sheffield, a personal story of recovery, a “Stress Free Zone” where students could learn about wellness through art, yoga, and therapy dogs and resource tables of service providers in Beaver County. Freedom, Beaver Falls, and Aliquippa students took the information and resources back to their schools and celebrated National Children’s Mental Health Awareness Day on May 4th, showing the videos and discussing the youth ambassador program and mental health awareness.
- Beaver County is working with VBH and case management providers to develop countywide standards of best practice and to implement an electronic service plan (eSP).
- Through a SOC expansion grant, the county offers a mobile response team to youth/families.

**Needs:**

- Easier access to overnight respite.
- More mentoring and support for youth with special needs
- More evidence-based trauma-informed practices
- Additional programs focusing on the transition to adulthood

Identify the strengths and needs of the county/joiner service system (including any health disparities) specific to each of the following special/underserved populations. If the county does not currently serve a particular population, please indicate and note any plans for developing services for that population.

**Individuals transitioning from state hospitals**

**Strengths:**

- Since 2008 and the closure of Mayview State Hospital, Beaver County had one person enter a civil state hospital bed and that occurred as the result of a transfer from the forensic unit at Torrance State Hospital. Currently, there are no patients in civil state hospital beds and one person about to be discharge back to the community from a forensic bed.

**Needs:**

- More permanent, specialized housing.
- Housing options for sex offenders
- Additional Long Term Structured Residence beds.

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

**Strengths:**

- Beaver County has been working since 2001 to develop a system of care (SOC) welcoming to individuals with (COD).
- Dr. Minkoff offers at least one training a year.
- All providers in Beaver County assess for COD.
- BCBH offers the 10 part COD training series and Motivational Interviewing annually.
- BCBH is offering Drug and Alcohol case management..

**Needs:**

- Continued education and training for both provider systems.
- Better transition planning post-inpatient.
- Increased communication/collaboration among providers.
- Acceptance of one assessment by both systems.

**Justice-involved individuals**

**Strengths:**

- Since 2001, BCBH has funded COD treatment and re-entry services in the jail.
- BCBH also provides COD assessments in the courthouse and screens in the Regional Booking Center.
- Beaver County is one of seven programs participating in a national evaluation of the Second Chance Act (SCA) conducted by the Department of Justice.
- Beaver County makes contact with State Correctional Institutes, when an individual is identified on the Final Discharge Maximum Expiration (FDME) report.
- BCBH participates in the County's Criminal Justice Advisory Board (CJAB)
- Beaver County has an Assertive Community Treatment team with a forensic focus. Mental Health First Aid training is being offered to the justice system and first responders.
- Vocational services are provided in the jail and there is community follow up.
- The county has a sponsor program to mentor released offenders.
- Another organization offers services to youth, with a parent in the justice system.
- Certified Peer Specialists and Recovery Specialists work with this population.
- Currently two diversion programs are being developed; one at probation violation hearing and one at the preliminary hearing.

**Needs:**

- It would be helpful if at least the State portion of the Medical Assistance dollar could fund jail-based treatment.
- Increased housing options are always needed, especially for sex offenders..
- Increased employment options.

**Veterans**

**Strengths:**

- The County has a Veteran's Court. .
- Veterans also participate in jail-based treatment.



- BCBH has a positive relationship with the veteran's outreach coordinator and clinical staff at the local veteran's outpatient center.
- Supportive Services for Veteran Families (SSVF) Program operates in the county.

**Needs:**

- Funding from the Veteran's Administration that will support community options, such as case management and treatment from local providers.

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

**Strengths:**

- BCBH holds an annual training addressing LGBTQI topics
- The LGBTQI community is included in the countywide Cultural Linguistic Competency Plan.
- PRISM, a local support group started and participates in the SOC.

**Needs:**

- More training would be helpful, especially, training focused on transition-age youth.
- Increased access to specialized providers.
- 

**Racial/Ethnic/Linguistic Minorities**

**Strengths:**

- There is a countywide Cultural Linguistic Competence (CLC) Advisory Committee.
- Beaver County's System of Care (SOC) has developed a Cultural and Linguistic Competency.
- BCBH contracts now require providers to provide or attend an annual CLC training
- Agencies in the Human Service Building are developing a building wide CLS plan.

**Needs**

- Provide CLC trainings focusing specifically on the inter-relationships among poverty, employment, mental illness, and underserved populations (e.g., LGBT community).
- Expand the Culture of Poverty training and Diversity training to accommodate the schedule of schools and the education community.
- Increase the representation on the countywide CLC.

**Homeless**

**Strengths:**

- Beaver County continues to support and provide services to homeless individuals and families through its Continuum of Care initiatives addressed in the Housing and Urban Development mandate.
- Since the late 1990s, a Housing and Homeless Coalition of Beaver County (HHCBC), which includes a Homeless Task Force

- The Cornerstone, a suite of centrally located offices, provides a single point of entry into most of the continuum of care's homeless assistance programs.
- Since 2009, BCBH has had a permanent supportive housing program targeted to individuals diagnosed with serious, persistent mental illness.
- There is currently a federally funded homeless outreach program with peer support.

**Needs:**

- An emergency family shelter.
- Increase in safe, affordable housing stock.
- Additional transportation resources for shelter and supportive housing
- Housing options for individuals registered as offenders under Megan's Law.

**Mental Health and Intellectual Disabilities (ID)**

**Strengths:**

- Beaver County was the lead county in the development of Community Health Connections, the Health Care Quality Unit (HCQU), located in Butler.
- BCBH participates in the HCQU Management Oversight Committee.
- As part of BCBH's internal QI process, cases of individuals receiving services from both the mental health and the ID system are reviewed.
- BCBH participates in the Positive Practice Committee
- BCBH has a regional Dual Diagnosis Treatment Team.
- In the past year, both Beaver County LTSRs (Friendship Ridge LTSR and NHS LTSR) have served clients dually diagnosed (MH/ID).

**Needs:**

- A "Step Down" option when transitioning back into the community from an Inpatient Psychiatric Unit.
- More resources to address medical co-morbidities.
- Housing options for MH/ID individuals involved in the justice system, especially sex offenders.
- Additional respite options.

**Cultural and Linguistic Competence (CLC) Training**

Yes

Beaver County Behavioral Health (BCBH) currently utilizing Cultural and Linguistic Competence (CLC) Training. As part of the ongoing System of Care (SOC) development, a special emphasis was placed on the SOC leadership to assist in planning and operationalizing CLC activity within county human service agencies and contract providers. As a result, a Human Services Work Group, made up of representatives from agencies housed in the County Human Service Building, including adult probation, children and youth services, office on aging and BCBH was initiated to

begin training, planning and development of a CLC Plan. Upon development of the plan (by late fall 2017) agency leadership will be convened for adoption and implementation.

Currently the Human Serviced Work Group has completed three of four training sessions and will begin the plan development process during the summer months. The objective of the training has been to emphasize organizational leadership for cultural competency and the role of a leadership/staff team to oversee diversity related issues and how do develop and implement a CLC planning document as part of its overall service mission.

In addition to the Human Service Building CLC Plan, training for other Beaver County System of Care components desiring a better understanding of CLC. This past year a special initiative for Youth Ambassadors from all Beaver County Schools began, culminating in a major training session on CLC: A Heart to Serve. This program will take place on Tuesday, May 2 at Penn State Beaver as part of the SOC Children's Mental Health Awareness Day. Likewise, ongoing training in Cultural Competency and the Culture of Poverty continues to be very important and well attended. Another session is scheduled for June 29, 2017.

**c) Supportive Housing:**

The DHS' five- year housing strategy, [\*Supporting Pennsylvanians through Housing\*](#), is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing. This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation. Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges; individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

**SUPPORTIVE HOUSING ACTIVITY** Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not. **Include any program activity approved in FY 16-17 that is in the implementation process. Please use one row for each funding source and add rows as necessary.**

1. Capital Projects for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 17-18 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
Keystone House*	Reinvestment	0	0	1	1	1	15 years		2013
PHARE Project*	CDBG	0	0	0	0	0	20 years		2014
	ACT 137	0	0	0	0	0	20		2014
	Reinvestment	0	0	0	0	1	20		2014
	Private Developer Capital	0	0	0	0	0	0		2014
	PHARE Funds	0	0	0	0	0	20		2014

\*Both projects were renovated in 2013 and therefore no funds were disbursed from FY16-17 or projected from FY17-18.

<b>2. Bridge Rental Subsidy Program for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.</b>									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
	Reinvestment	83,896	83,896	16	15	16	368	1	2009
	HUD CoC	194,376	194,376	42	42	42	677	4	2013

<b>3. Master Leasing (ML) Program for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>Leasing units from private owners and then subleasing and subsidizing these units to consumers.</b>									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17 –18	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started

<b>4. Housing Clearinghouse for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>An agency that coordinates and manages permanent supportive housing opportunities.</b>									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started
	HSBG	14,172	14,172	19	20			0.4	2009

<b>5. Housing Support Services for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.</b>									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started
CRS - PSH	HSBG	587,018	887,018	18	36			2.5	2009
CRS Housing BCM	HC	77,997	155,997	38	76			2	2014
CRS Housing BCM	HSBG	52,380	52,380	7	10				
CRS HSC	HSBG	155,050	155,050	79	79			2	2009

Crossroads	HSBG	125,000	125,000	86	86			51	2009
ARC - PSH	HSBG	692,970	692,690	10	9			11.2	2008
CARL Program	HSBG	31,600	31,600	42	42			1	2013

<b>6. Housing Contingency Funds for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.</b>									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Average Contingency Amount per person	Year Project first started
	Reinvestment	14,751	24,000	35	30			421	2008
	HSBG	6500	0	10 estimate	0			Unknown	2017

<b>7. Other: Identify the program for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<p><b>Project Based Operating Assistance (PBOA)</b> is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); <b>Fairweather Lodge (FWL)</b> is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); <b>CRR Conversion</b> (as described in the CRR Conversion Protocol ), <b>other</b>.</p>									

	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	# of Projects Projected in FY 17-18 (i.e. if PBOA; FWLs, CRR Conversions planned)	# of Projects projected in FY 17-18 (if other than PBOA, FWL, CRR Conversion)		Year Project first started



**d) Recovery-Oriented Systems Transformation:** (Limit of 5 pages)

**1. Increase Integration of Physical and Behavioral Health**

**Narrative including action steps:** BCBH is measuring the following items for individuals receiving some type of case management: the number of people with a Primary Care Provider (PCP), with a physical health diagnosis, with releases to communicate with the PCP, and Notice of Privacy Statements allowing for communication with PCPs. BCBH is also working with the managed care provider to measure medication reconciliation at the FQHC. Action steps include ongoing discussions with the single point of accountability agencies, a survey to be conducted in spring 2017 and compared to the existing baseline, and a self-audit to be done by the FQHC and analyzed by the managed care provider.

**Timeline:** Found in Appendix G

**Fiscal and Other Resources:** No additional resources are needed.

**Tracking Mechanism:** Found in Appendix G

**2. Increase Safe and Affordable Housing Options and Supports**

**Narrative including action steps:** BCBH is using the following items to measure housing capacity: the capacity of housing supports and housing options; the number of people who use housing options and supports each year and consumer satisfaction with housing. Action steps ongoing work with housing providers to increase capacity, regular updating of the housing inventory and quarterly measurement of changes in capacity/utilization.

**Timeline:** Found in Appendix G

**Fiscal and Other Resources:** The primary need is additional housing stock, especially for single individuals.

**Tracking Mechanism:** Found in Appendix G

**3. Expand services at each intercept in the Sequential Intercept Model**

**Narrative including action steps:** Beaver County is developing two new diversions programs. One, already in process, is a diversion from Probation Violation hearings to treatment. The second is a behavioral health diversion at the preliminary hearing. This is targeted to start in late May 2017. Action steps include implementation of the planned diversions and re-evaluating the Sequential Intercept Model plan annually.

**Timeline:** Found in Appendix G

**Fiscal and Other Resources:** None at this time.

**Tracking Mechanism:** Found in Appendix G

#### **4. Increase Behavioral Health Funding for Recovery Oriented Community Supports**

**Narrative including action steps:** Changes in funding were between 2002 and 2012 were measured and showed increased spending in community supports. The next action step will be to measure changes between 2012 and 2017. This will occur after the first quarter of 2018.

**Timeline:** Found in Appendix G

**Fiscal and Other Resources:** None at this time

**Tracking Mechanism:** Found in Appendix G

#### **5. Measure the use of Medication Assisted Treatment (MAT)**

**Narrative including action steps:** A baseline will be established using claims data for fiscal year 15/16. The action steps include training on MAT to the provider system and general public, support of MAT providers and re-measurement of claims data one quarter after the close of fiscal year 16/17.

**Timeline:** Found in Appendix G

**Fiscal and Other Resources:** None at this time

**Tracking Mechanism:** Found in Appendix G

**e) Existing County Mental Health Services:**

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

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

\*HC= HealthChoices

Additional services can be found in two attachments: Appendix H and Appendix I.

**f) Evidence Based Practices Survey:**

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	Y	75	TMACT DDCT	County AHCI	Annually	Y	Y	
Supportive Housing	N							
Supported Employment	Y	70	SAMHSA Toolkit	Agency County	Annually	Yes		Include # Employed 21
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	500	Compass	Agency County	Annually	NO		
Illness Management/ Recovery	Y	24	SAMHSA IMR Toolkit- Evaluating Your Program	Agency County	End of each class			
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	N							
Multisystemic Therapy	Y	27	P/R	Agency	Q6 months	Yes	Yes	
Functional Family Therapy								
Family Psycho-Education	Y	22	Evaluation Forms		End of each class	No	NO	

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

To access SAMHSA's EBP toolkits:

<http://store.samhsa.gov/list/series?name=Evidence-Based-Practices-KITs>

**g) Additional EBP, Recovery Oriented and Promising Practices Survey:**

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer Satisfaction Team	Y	544	
Family Satisfaction Team - as above CFST	Y		
Compeer	N		
Fairweather Lodge	N		
MA Funded Certified Peer Specialist	Y	36	
Other Funded Certified Peer Specialist	Y	25	
Dialectical Behavioral Therapy	N		
Mobile Meds – only thru ACT	N		
Wellness Recovery Action Plan (WRAP)	Y	23	
High Fidelity Wrap Around	N		
Shared Decision Making	N		
Psychiatric Rehabilitation Services (including	Y	73	
Self-Directed Care	N		
Supported Education	Y	23	
Treatment of Depression in Older Adults	Y		
Competitive/Integrated Employment Services**	Y	62	Include # employed 17
Consumer Operated Services	Y		Drop In Center
Parent Child Interaction Therapy	N		
Sanctuary	Y		Glade Run
Trauma Focused Cognitive Behavioral Therapy	Y	15	Seeking Safety
Eye Movement Desensitization And Reprocessing	N		
First Episode Psychosis Coordinated Specialty Care	N		
Other (Specify) - Warm Line	Y	13.515	

\*Please include both County and Medicaid/HealthChoices funded services.

\*\*Do not include numbers served counted in Supported Employment on Evidenced Based Practices Survey above [table (f)]

**Reference: Please see SAMHSA’s National Registry of Evidenced Based Practice and Programs for more information on some of the practices at the link provided below.**

<http://www.nrepp.samhsa.gov/AllPrograms.aspx>

**h) Certified Peer Specialist Employment Survey:**

“Certified Peer Specialist” (CPS) is defined as:

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

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

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

<b>Total Number of CPSs Employed</b>	<b>21</b>
<b>Number Full Time (30 hours or more)</b>	<b>8</b>
<b>Number Part Time (Under 30 hours)</b>	<b>13</b>

**INTELLECTUAL DISABILITY SERVICES**

The Office of Developmental Programs (ODP), in partnership with the county programs, is committed to ensuring that individuals with an intellectual disability live rich and fulfilling lives in their community. It is important to also ensure that the families and other stakeholders have access to the information and support needed to help be positive members of the individuals’ teams.

This year, we are asking you to focus more in depth on the areas of the county plan that will help us achieve the goal of an Everyday Life for all individuals.

With that in mind, describe the continuum of services to enrolled individuals with an intellectual disability within the county. In a narrative format, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. In completing the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditures should be included for both base/block grant and waiver administrative funds.

*\*Please note that under Person Directed Supports, individuals served means the individual used Vendor Fiscal/Employer Agent (VF/EA) or Agency with Choice (AWC) for at least one service during the fiscal year. The percentage of total individuals served represents all funding streams. The percentage might not add to 100 percent if individuals are receiving services in more than one category.*

Beaver County Behavioral Health's goal into FY 2017/18, is focusing on Person Centered Approach in planning service outcomes for individuals with an intellectual disability. Educational forums to both AE's and SCO's have been occurring by ODP with this focus when developing outcomes with the ISP's for our participants. Beaver County has begun to discuss this with our provider network holding training sessions with both providers and SCO as requested and needed.

Beaver County Behavioral Health employs an Intake Worker who receives referrals from all sources to obtain necessary information to review with a contracted psychologist to determine ID eligibility for referral to Support Coordination Entity. SCO will complete PUNS( to determine need criteria: Emergency, Critical or Planning) and conduct with the consumer and relevant others as part of their team, an Individual Service Plan, which is to focus on what needs and strengths consumer has to develop person centered outcomes to accomplish those areas.

If service needs exist, requests are made to AE to determine funding availability to meet those needs. If emergent needs exist, which are having the consumer be homeless or at health/safety risk, our office uses the base funds available to secure safety for the consumer due to the emergent nature of the situation (temporary respite).

### Individuals Served

	<i>Estimated Individuals served in FY 16-17</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 17-18</i>	<i>Percent of total Individuals Served</i>
Supported Employment	19	2%	23	3%
Pre-Vocational	32	4%	28	3%

Adult Training Facility	25	3%	25	3%
Base Funded Supports Coordination	284	35%	288	35%
Residential (6400)/unlicensed	22	3%	26	3%
Life sharing (6500)/unlicensed	1	0%	1	0%
PDS/AWC	0	0%	0	0%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	0	0%	0	0%

**Supported Employment:** “Employment First” is the policy of all commonwealth executive branch agencies under the jurisdiction of the governor. Therefore, ODP is strongly committed to Community Integrated Employment for all.

- Please describe the services that are currently available in your county such as discovery, customized employment, etc.
- Identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may assist the county in establishing employment growth activities.
- Please add specifics regarding the Employment Pilot if your county is a participant.

Beaver County participates in the state’s Employment Program. Some Beaver County related statistics from the Base Funded Employment Program.

- **Total # of Youth and Young Adults Receiving Supported Employment Through Base Funding**
  - Total unduplicated number of youth and young adults served by the base funded employment project - 10
  - Number of youth and young adults in the base funded employment project with a job paying at least minimum wage - 7
  - Number of youth and young adults in the base funded employment project working 20 hours or more a week - 4
  - Number of youth and young adults in this year’s base funded employment project, who received base funded employment project funding in the previous year - 8
- **Age Breakdown of Youth and Young Adults Who Received Funded Supported Employment at the Time of Their Entry Into the Employment Program**



- Age 16 and below - 0
- Age 17 through 21 - 0
- Age 22 through 26 - 8
- Age 27 and older - 2

While the County is following ODP’s recommended practices to promote employment outcomes, stakeholders agree that adults going to 2380 facilities need to be brought into the employment picture, too. The group agrees to recommend that ISP practices to promote employment be expanded to people in non-vocational programs, too. The “How Can They Be Improved” part is the most critical to this discussion.

**The following represents ODP principles concerning employment for people supported by ODP:**

- All working age people with disabilities can and should work.
- Competitive employment in the general workforce is the first and preferred post education outcome.
- Paid work is an essential part of having control over the life you want.
- Everyone deserves to establish career goals and aspirations, earn a living wage and be valued for their contributions.
- Employment leads to new competencies, and open doors to new relationships and social opportunities.
- Achieving employment and community inclusive outcomes are cornerstones of ODP policies, principles and practices.

**Supports Coordination:**

- Describe how the county will assist the supports coordination organization to engage individuals and families in a conversation to explore natural support available to anyone in the community.
- Describe how the county will assist supports coordinators to effectively plan for individuals on the waiting list.
- Describe how the county will assist the supports coordination organizations to develop ISPs that maximize community integration and Community Integrated Employment.

The Beaver County Behavioral Health Support Coordination Units will be encouraged to have conversations with families and individuals when a request for a new service or at minimum annually, to explore natural supports. This has always been Beaver County’s practice.

With our system’s focus to complete more person-centered outcomes, this would be a more natural way to first expend what supports would normally be there or to access in the community to fulfill a person directed outcome. This would overall be meeting ODP’s overall mission of individuals with a developmental disability to have an “Everyday Life” as anyone else in the community.

For Waiting List individuals, the Support Coordination Unit determines who has greatest need, based on PUNS, to be addressed by either residential, day program or in-home support services. Prior to ODP requests for waiver expansions, when emergency needs arise, SC submits requests to The Beaver County AE for consideration of available block/base funds to address the immediate issue. When ODP requests lists for Waiting List Initiatives for additional waiver capacities to AE's, those consumers with Emergency Needs are listed first to the Office of Developmental Programs for consideration.

The Beaver County AE Employment Point Person, along with the SCO Supervisor will attend Employment Coalition meetings on a regular basis. During meetings, coalition members will explore ways for individuals to obtain community integrated employment which will then be incorporated into their ISPs for person centered planning. Employment related training and other sources will be offered to the SCO and families to attend to obtain employment related information for individuals. The SCO Supervisor then shares any information from Employment Coalition Meetings with the Support Coordinators that will better assist them to be able to augment community integration supports and community integrated employment for the individuals they serve.

Beaver County is not proposing any changes in the provision of supports coordination. The program will continue to fund transitions from ICF/ID as part of its commitment to offering services in the least restrictive setting and adhering to a best practice model.

#### **Lifesharing Options:**

- Describe how the county will support the growth of Lifesharing as an option.
- What are the barriers to the growth of Lifesharing in your county?
- What have you found to be successful in expanding Lifesharing in your county despite the barriers?
- How can ODP be of assistance to you in expanding and growing Lifesharing as an option in your county?

Beaver County currently has 1 client who participates in the Lifesharing Program. BCBH will continue to support those individuals in pursuing Lifesharing when residential options become available. Beginning 7/1/2017, ODP is permitting client family members to be their Lifesharing partner. It is Beaver County Behavioral Health's hope this will increase the number of clients who choose Lifesharing as their residential living option. The Supports Coordinator is expected to discuss Lifesharing options with persons and their families as part of the ISP Planning Process and/or before a new residential service is authorized. This discussion is expected to occur when a person and family begin to consider the need of locating a new home for the person and when a person, who is living in another type of residential service (such as ICF/ID or community home), may be interested in considering Lifesharing options. This discussion is expected to include:

- ❖ A description of Lifesharing
- ❖ A description of how health, safety, and positive community outcomes are structured into Lifesharing settings through program support and supervision,

home studies, training of Lifesharers, and monitoring by Supports Coordination, IM4Q, and licensing

- ❖ A review of the availability of Lifesharing providers in and around the county
- ❖ A review of the services and costs associated with Lifesharing, including Substitute Care
- ❖ A review of the benefits of Lifesharing, including longevity of relationship, permanency, and social integration
- ❖ An opportunity to address the person's/family's questions/concerns

Opportunities for the person and family to discuss Lifesharing with practitioners, including provider agency representatives and Lifesharers, as well as family members of people in Lifesharing arrangements.

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

- Describe how the county will use funding, whether it is block grant or base, to increase the capacity of your community providers to more fully support individuals with multiple needs.
- Describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age.
- Describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging and the mental health system to ensure individuals and families are provided with the information they need to access needed community resources as well as formalized services and supports through ODP.

The Western Region Positive Practices Committee was established in April of 2012 with stakeholder attendance from across Western Pennsylvania to discuss the challenges facing our system and the people we serve related to Dual Diagnosis, and continues to this day. The statewide mission statement and the goals of the state and BCBH for those that have a dual diagnosis are to improve lives by increasing local competency to provide Positive Practices-based supports to people with intellectual/developmental disabilities, as well as mental health/behavioral challenges by promoting the guiding principles of Positive Approaches, Everyday Lives, and Recovery through a DPW and multi-system stakeholder collaboration. BCBH also has an internal mechanism to review cases in which individuals are receiving services from both mental health and ID.

Committee activities have focused around psychiatric hospitalizations occurring for individuals, not only in residential settings, but also for people with ID living in other settings. In order to keep on top of what is transpiring, we want to identify individuals, as soon as possible, in order to help meet people's needs. This assists with communication with Mental Health peers also, so we are clear on what is materializing. This project is also meant as a Quality Management project related to Positive Practices Committee activities across the region. If our actions as a support system are effective,

it should be reflected in a reduction in numbers of psychiatric hospitalizations or other positive outcomes.

### **Emergency Supports:**

- Describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
- Provide details on your county's emergency response plan including:
  - Does your county reserve any base or block grant funds to meet emergency needs?
  - What is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?
  - Does your county provide mobile crisis?
  - If your county does provide mobile crisis, have the staff been trained to work with individuals who have an ID and/or Autism diagnosis?
  - What is the composition of your mobile crisis team?
  - Do staff who work as part of the mobile crisis team have a background in ID and/or Autism?
  - Is there training available for staff who are part of the mobile crisis team?
  - If your county does not have a mobile crisis team, what is your plan to create one within your county's infrastructure?
- Please submit the county 24-hour Emergency Response Plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

**Emergency Supports – The Supports Coordination Unit, according to their guidelines, must have a process to address emergency situations which may occur outside of normal work hours. If the unit learns of an emergency situation, their responsibility would also include notifying the Administrative Entity of the situation.**

All persons involved in the Beaver County Behavioral Health Case Management programs will have access to these services 24-hours a day, seven days a week. In order to meet this objective, individuals receiving Supports Coordination will be provided a letter explaining how to reach the program during both standard and non-standard work hours.

Persons enrolled in the program, who need to access Supports Coordination services during non-standard working hours, may do so through crisis/emergency services by calling 724-775-5208 or 1-800-400-6180. All clients registered in the programs will have an updated crisis prevention plan available to the on-call team.

Block grant funding is used to assure the health and safety of individuals in the least restrictive setting and to address emergency situations until other resources or natural supports can be established. The Beaver County Administrative Entity (AE) does maintain reserved funds through the prior year's Retained Revenue of the Block Grant for any emergency supports necessary. **If no waiver capacity is available and the person needing support can be served with base funds, this is Beaver County's first method. The approach is to keep funds available for emergency situations throughout**

the fiscal year. Program Compliance Officers in both Mental Health and Intellectual Disabilities Programs work closely with the Fiscal Officer when requesting funds for emergency needs.

The ISP Team must determine that there are no natural or local resources to address the emergency.

The emergency must create the imminent risk within the next 24 hours of institutionalization, substantial self-harm or substantial harm to others, if the individual does not immediately receive services. The AE must have no other resources available to address this situation.

In addition to funds available through the ID funding stream (block grant) Beaver County Behavioral Health contracts with a local provider to operate a Family Services System (FSS) program. Achieva operates this program on behalf of the county. The funds are to be used for emergency and respite situations, primarily.

ODP has developed a process for AEs to use when they do not have capacity and/or existing non-waiver resources to address an unanticipated emergency. This process became effective July 1, 2009. The process includes nine major steps, which are listed below.

**Step One** - After the AE has determined that it does not have waiver capacity and/or existing non-waiver resources to address an unanticipated emergency, the AE will refer to the document called *Unanticipated Emergency Assessment Form*. This document includes information that is provided to the Waiver Capacity Manager by the AE. The emergency management system of the AE must gather as much of the information included on the form as possible before contacting the Waiver Capacity Manager.

**Step Two** - After the AE has gathered as much information as possible, the designated person in the AE contacts the Waiver Capacity Manager. During business hours, the AE would contact the Regional Waiver Capacity Manager at his or her office. Outside normal business hours, the AE would page the Waiver Capacity Manager who is on-call. The AE and Waiver Capacity Manager will review the situation of the individual experiencing the unanticipated emergency. They will determine whether the support needs of the individual are expected to be long-term or short-term, if the individual is known to the AE, and if eligibility for waiver services has been established. If during the conversation between the AE and the Waiver Capacity Manager, the Waiver Capacity Manager determines that the situation does not meet the definition of an unanticipated emergency, the Waiver Capacity Manager may work with the AE to explore other options to address the individual's needs.

**Step Three** - If it is immediately obvious that the individual's needs are long-term and waiver eligibility information is present, the Waiver Capacity Manager may approve additional waiver capacity in either the P/FDS or Consolidated Waiver. After this approval, the AE would then be able to enroll the individual in the waiver and work with the SCO to create or update the ISP to address the individual's needs.

- In order to protect the health and welfare of the individual until permanent waiver services can be provided, temporary services may be needed. If immediate temporary services have been identified by the AE, the Waiver Capacity Manager would authorize the use of those services and the waiver capacity to accommodate funding for those services. If there have been no immediate temporary services identified, the Waiver Capacity Manager would work with the AE to locate services that may fit the needs of the individual. If residential services are needed, this may include vacancies within 6400 homes that are located in another AE or another part of the state.

**Step Four** - If the individual's needs are determined by the AE and Waiver Capacity Manager to be short-term and a determination has been made that the individual is eligible or likely to be eligible for ID services, the Waiver Capacity Manager can approve up to 15 days of state-only funding to provide for the individual's needs. Note that this funding is only approved by ODP if the AE does not have the ability to address the individual's short-term needs within their current resources. During this 15-day interval, the AE would provide the supports needed by the individual. If the individual's needs extend beyond the 15 days of approved funding, the Regional Waiver Capacity Manager would work with the AE to determine if an additional 15 days of state-only funding will be necessary. In order to access the additional 15 days of state-only funding, the designated person in the AE submits a written request by email to the Regional Waiver Capacity Manager. In this written request, the AE will include justification for the extension and progress to date. If the individual's needs become long-term needs, the Regional Waiver Capacity Manager works with the AE to consider enrollment in the waiver program.

**Step Five** - There are two additional circumstances in which the Waiver Capacity Manager can approve up to 15 days of state-only funding.

- The first scenario occurs when the eligibility process has not been completed, but the individual is likely to be eligible based on gathered information. During this 15-day period, the AE must pursue the determination of eligibility. ODP realizes that the confirmation of waiver eligibility cannot be made without partnership with the County Assistance Offices. ODP will be working with the Office of Income Maintenance on this issue.
- The second scenario occurs when the AE cannot determine if the individual's needs are long-term or short-term based on available information. In this situation, 15 days of state-only funding may also be approved to provide the AE additional time to learn about the individual and his or her needs. Note that in both situations just described, the 15 days of state-only funding is only approved if the AE does not have the ability to provide for the individual on a short-term basis within its current resources and the AE can make a determination that the person is likely to meet ID eligibility criteria, based on available information.

**Step Six** - The Waiver Capacity Manager will track the information discussed with the AE in an ODP database. This will allow ODP to track individual specific information and statewide trends.

**Step Seven** - By the end of the next business day following the original contact, the AE will call the Regional Waiver Capacity Manager to report on progress made and determine a schedule for additional follow-up. This conversation and all subsequent conversations are tracked by the Regional Waiver Capacity Manager in the ODP database.

**Step Eight** - If at any point in this process, the Waiver Capacity Manager approves an increase in waiver capacity verbally or over the phone, the AE is responsible for submitting a request for increased waiver capacity. This request is submitted to the Regional Waiver Capacity Manager via email. The AE must follow the email with a request in writing. It is important to remember that an AE must establish an individual's waiver eligibility before ODP will increase waiver capacity and approve waiver enrollment. Therefore, all eligibility information must be obtained before ODP will increase an AE's waiver capacity.

After the request for additional capacity is received by ODP, the Regional Waiver Capacity Manager will confirm with the AE that capacity will be increased via email and follow up in writing. This change will then be reflected in HCSIS. Note that a similar process will be followed if there is a need to decrease an AE's waiver capacity; AEs will be notified in writing and capacity will be changed in HCSIS.

**Step Nine** - The last step in this process is designed to acknowledge that after the work between the AE and the Regional Waiver Capacity Manager has been completed, it is the AE's responsibility to work with the Supports Coordination Organization and ISP team to develop a new or modify an existing ISP to plan for the needed supports and services. The development of the ISP would revert to the regular process. Any further correspondence between the AE and ODP would follow the regular process between the AE and the Regional Office.

**Administrative Funding:** ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are person centered thinking trainers.

- Describe how the county will utilize the trainers with individuals, families, providers, and county staff.
  - Beaver, Butler, Armstrong/Indiana, and Lawrence County Intellectual Disabilities programs have become one of the Regional Collaboratives described in the Community of Practice informational materials and have had an initial discussion with ODP about this. We plan to offer educational sessions for individuals and families regarding the Transition Process for students with IDD, community living for individuals with IDD, and building social capital for individuals with IDD. We plan to use the PA Family Network as well as other trainers to provide information to individuals and families on these topics.

- Beaver County understands keeping individuals and families informed about what's happening in our system, and including individuals and families in the planning process is pivotal to providing quality supports & services for them. In March 3, 2017, Beaver County along with Butler, Lawrence, and Armstrong/Indiana counties held an educational session for individuals and families to discuss ODP's Community of Practice initiative. Nancy Richey, Cathy Traini (ODP), Lisa Meyer (Tuscarora Intermediate Unit), Melissa Morgan (PA Family Network) were the presenters for this session.
- Allocated base funds are used to support budgets developed through the Individual Support Plan process and include services, such as supports coordination, transportation, employment, prevocational services, adult training facilities, respite, community habilitation, and behavioral supports. Unallocated funds could be used to assure an individual's health and safety in the least restrictive setting or to address emergency situations.
- Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families. What kinds of support do you need from ODP to accomplish the above?
  - The county will utilize Person Centered Thinking trainers to help individuals, families, providers, and county staff gain skills in order to utilize person-centered thinking resources and techniques. Training sessions will be scheduled as needed. It is expected that participants in the training will develop skills to create more meaningful Individual Support Plans to help persons with intellectual disabilities obtain an Everyday Life.
- Describe how the county will engage with the Health Care Quality Units (HCQU) to improve the quality of life for the individuals in your community.
  - 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. 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 Beaver County Behavioral Health's service delivery systems and support staff so that they can better assist persons with I/DD; 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.



- Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.
  - Beaver County continues to work with the HCQU on a regular and as needed basis. A HCQU Nurse is a member of our Beaver County Quality Management Committee.
  - A quarterly training syllabus is designed and provided by the HCQU to all Beaver County Providers on an ongoing and continuous basis. The trainings are developed as outcomes to the identified findings and best practices.
- Describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals in your program.
  - The following is the process used by Beaver County Behavioral Health to engage the local IM4Q program and use the data generated by it to improve the quality of lives of the people in our program:
    - Selected Achieva to enter into a yearly contract as our local Program to conduct Independent Monitoring (IM4Q).
    - Assigned an Intellectual Disabilities Specialist, as the AE IM4Q Coordinator.
    - Ensured that there is a written policy for addressing IM4Q considerations, closing the loop, major concerns, and any other policies determined by ODP that align with ODP requirements;
    - Ensures that SCO and other providers of service cooperate in providing needed IM4Q information and addressing IM4Q considerations in a timely fashion;
    - Ensures that IM4Q reports related to services in Beaver County are shared with individuals receiving services, families, providers of services, quality councils, and the AE MH/ID Advisory Board;
    - Ensures that individuals receiving services and their families are advised about IM4Q during registration into the AE for services;
    - Ensures that Local Programs are paid in a timely manner based on documentation that surveys are finalized based on ODP requirements.
- Describe how the county will use the data generated by the IM4Q process as part of your Quality Management Plan. Are there ways that ODP can partner with you to utilize data more fully?
  - Ensures that AE-level IM4Q data is used to improve services and supports through the AE's Quality Framework (Quality Management Plan); Beaver County Behavioral Health's (BCBH) IM4Q Representative attends BCBH's local quality management meetings; and

- Contacts ODP or the Technical Advisors when technical assistance is needed to analyze reports or utilize considerations and findings within the AE's Quality Framework.
- ODP will determine the number of Beaver County individuals and families to be interviewed by the IM4Q Team in the upcoming 17/18 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 Beaver County, data from the Independent Monitoring for Quality (IM4Q) process has been used to address unmet community involvement needs of its citizens, and has increased the number of individuals who carry some form of emergency identification.
- Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc.
  - Beaver County will support providers by continuing to explore their inclination and abilities to support individuals with behavioral health challenges. Beaver County has a DDTT (Dually Diagnosed Treatment Team). The DDTT is a wide-ranging team to support to providers serving individuals who are dually diagnosed. Many Beaver County providers attend ODP's quarterly Positive Practices meetings to obtain information and training on dually diagnosed indicators.
  - The county will support local providers to increase their competency and capacity to support individual with higher levels of need by utilizing the HCQU for trainings in the areas of aging and physical health, and encouraging participation. Behavioral health trainings are regularly provided within the mental health system. ID providers will be informed of the available trainings and encouraged to attend.
- How can ODP assist the county's support efforts of local providers?
  - ODP can assist Beaver County by making available in depth training in communication, and fostering provider expansion of Respite services, as there are very few options for providers of service in this area.
- Describe what Risk Management approaches your county will utilize to ensure a high-quality of life for individuals.
  - Beaver County Behavioral Health tracks Individuals identified as "at-risk" and questions meant to guide the provider agencies in responding to this inquiry. The Response Form, along with the At-Risk List Action Plan template is used to respond to the Western Regional Office of Developmental Programs

(WRO) and Beaver AE/County. Beaver AE/County works with the provider agencies that support the individuals identified to develop action plans.

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- WRO reviews incident management data through the Risk Management Committee. The individuals are identified as “at-risk” by using the criteria presented below.

**Individuals At-Risk Criteria**

The Western Region has identified four groups of at-risk individuals. Please see the criteria below:

	<u>Behavioral Health</u>	<u>Physical Health</u>	<u>Abuse, Neglect and Exploitation</u>	<u>Restraints</u>
<b>Criteria:</b>	At least 2 incidents in 2 categories in 6 months.	Total of 6> incidents in 6 months	Total of 6> incidents in 6 months	Total of 15 >in 6 months
<b>Categories:</b>	<ul style="list-style-type: none"> <li>• Psychiatric Hospitalizations</li> <li>• ER Visits – Psychiatric</li> <li>• ER Visits – Behavioral</li> <li>• Law Enforcement – Crisis Intervention</li> <li>• Suicide Attempts</li> <li>• Missing Persons</li> </ul>	<ul style="list-style-type: none"> <li>• Reportable Disease</li> <li>• Hospitalizations (x. Psychiatric)</li> <li>• ER Visits (x Psychiatric and Behavioral)</li> <li>• Injuries Beyond First Aid</li> </ul>	<ul style="list-style-type: none"> <li>• Rights Violation</li> <li>• Abuse</li> <li>• Individual to Individual Abuse</li> <li>• Neglect</li> <li>• Law Enforcement (Individual Victim of Crime)</li> <li>• Misuse of Funds</li> </ul>	<ul style="list-style-type: none"> <li>• Restraints</li> </ul>

- Describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.
  - The county uses Incident Management (IM) data to complete quarterly trend analysis of incident categories at our local Quality Management Meetings. If trends are identified in any area, the committee brainstorms potential reasons for increase and develops an action plan to address the issue. Strategies implemented will be evaluated on an ongoing basis to determine their effectiveness. Should there be an increase in an area where an action plan already exists, the committee will re-evaluate the plan and determine if additional action items are necessary.

- Individual risk factors are addressed during ISP process. Once the ISP is submitted, the AE authorizer assures that services identified in the ISP are supported by the information in the plan and applicable to meet the needs of the individual, as well as their health and safety in the least restrictive way. If the AE reviewer recognizes additional risks or risk factors, the AE reviewer will communication that information to the team and request revisions to the ISP.
- How can ODP assist the county in interacting with stakeholders in relation to risk management activities?
  - ODP can be of assistance by making Risk Management training mandatory for all providers within our system.
- Describe how you will utilize the county housing coordinator for people with an intellectual disability.
  - Beaver County has an arrangement with Cornerstone Housing Support Center that aids individuals with intellectual disabilities seeking housing. This agency has assisted individuals with a dual diagnosis of Mental Health and intellectual disability to locate housing in a timely manner.
- Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.
  - The county will engage providers in the development of an Emergency Preparedness Plan by adding this as an agenda item at an upcoming Beaver County Quality Management Meeting. By holding discussion in this group providers will be able to collaborate with each other, as well as the AE in the development of their individual plans.

Allocated base funds are used to support budgets developed through the Individual Support Plan process and include services, such as supports coordination, transportation, employment, prevocational services, adult training facilities, respite, community habilitation, and behavioral supports. Unallocated funds could be used to assure an individual's health and safety in the least restrictive setting or to address emergency situations.

Functions performed by the Administrative Entity Operating include:

- maintains client service and financial records
- complies with the waiver capacity management process
- meets needs of the waiver participants
- ensures that waiver applicants are identified accurately in PUNS and enrolled in the waiver process
- monitors compliance with the service delivery preference process
- ensures that the assigned needs are fully addressed

- reviews, approves, and authorizes the ISPs
- conducts an administrative review annually
- develops and updates a written quality management plan, which includes minimum goals and outcomes

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. 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 Beaver County Behavioral Health's service delivery systems and support staff so that they can better assist persons with I/DD; 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.

The following is the process used by Beaver County Behavioral Health to engage the local IM4Q program and use the data generated by it to improve the quality of lives of the people in our program:

- Selected Achieva to enter into a yearly contract as our local Program to conduct Independent Monitoring (IM4Q).
- Assigned an Intellectual Disabilities Specialist, as the AE IM4Q Coordinator.
- Ensured that there is a written policy for addressing IM4Q considerations, closing the loop, major concerns, and any other policies determined by ODP that align with ODP requirements;
- Ensures that SCO and other providers of service cooperate in providing needed IM4Q information and addressing IM4Q considerations in a timely fashion;
- Ensures that IM4Q reports related to services in Beaver County are shared with individuals receiving services, families, providers of services, quality councils, and the AE MH/ID Advisory Board;
- Ensures that individuals receiving services and their families are advised about IM4Q during registration into the AE for services;
- Ensures that Local Programs are paid in a timely manner based on documentation that surveys are finalized based on ODP requirements;
- Ensures that AE-level IM4Q data is used to improve services and supports through the AE's Quality Framework (Quality Management Plan); Beaver County Behavioral Health's (BCBH) IM4Q Representative attends BCBH's local quality management meetings; and

- Contacts ODP or the Technical Advisors when technical assistance is needed to analyze reports or utilize considerations and findings within the AE's Quality Framework.

ODP will determine the number of Beaver County individuals and families to be interviewed by the IM4Q Team in the upcoming 17/18 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 Beaver County, data from the Independent Monitoring for Quality (IM4Q) process has been used to address unmet community involvement needs of its citizens, and has increased the number of individuals who carry some form of emergency identification.

Beaver County Behavioral Health tracks closure time of incident reports within the Enterprise Incident Management (EIM). This was chosen as an area of focus due to information shared by ODP at a Western Region Quality/Risk Management Council Meeting. A concerning number of Incident Reports were not being finalized within 30 days. Timeliness of incident reports are directly tied to health and safety of folks served. Consequently, we would like to promote the completion/closure of incident reports within 30 days.

**Participant Directed Services (PDS):**

- Describe how your county will promote PDS services.
- Describe the barriers and challenges to increasing the use of Agency with Choice.
- Describe the barriers and challenges to increasing the use of VF/EA.
- Describe how the county will support the provision of training to individuals and families.
- Are there ways that ODP can assist you in promoting/increasing PDS services?

Beaver County Behavioral Health initiates conversation about the PDS during the intake process and furthers that during the participant's initial ISP Meeting with the Supports Coordinator. Beaver County Behavioral Health is an active member of the Western Region Agency With Choice (AWC) group that meets periodically throughout the year to discuss new and/or ongoing issues. A barrier that comes to light often, is the lack of financial incentive to be an Agency With Choice for possible AWC Providers.

**Community for All:** ODP has provided you with the data regarding the number of individuals receiving services in congregate settings.

- Describe how the county will enable these individuals to return to the community.

Beaver County Behavioral Health partners with the Northwest Human Services to provide a Dual Diagnosis Treatment Team (DDT). The DDTT is a recovery-oriented approach to supporting individuals who are diagnosed with serious and persistent mental illness and a developmental disability. This program offers a team approach to service coordination and treatment for individuals who have encountered challenges

with more traditional treatment settings. Staff, the individuals and other supports work together using person-centered, recovery services to promote the principles of everyday lives with individuals, family members and the community.

Where are services provided?

Services are provided where the individual is at the time of need and may include the home, a local community setting such as a coffee shop, work place or the Northwest Human Services (NHS) office.

Who provides DDTT services?

- Psychiatrist
- Registered Nurse
- Pharmacist Consultant
- Program Director
- Behavioral Specialist
- Recovery Coordinator

DDTT members provide treatment, rehabilitation, and support services that are needed to assist participants to become as independent as possible within their home community. DDTT services are individually tailored with the vast majority of clinical interventions being provided in the participant's home or community. Working together, the team provides participants with a comprehensive integrated program of psychosocial rehabilitation services in areas such as:

- Basic needs (e.g., food, housing, medical care) through referral and care coordination with local community agencies.
- Understanding their illness
- Symptom/medication management
- Self-care
- Activities of daily living
- Social and interpersonal relationships,
- Structuring time
- Employment
- Developing a network of community supports/linkages to maintain participants in the least restrictive environment.

The DDTT program has a high staff-to-participant ratio. DDTT staff are available to the participants weekdays, evenings, weekends and holidays, in addition to 24-hour 7 days per week on-call services.

Who is eligible for services?

- Must be 18 years of age or older, diagnosed with a major psychiatric disorder and present with an intellectual and developmental disability; have experienced frequent interactions with crisis services and/or hospitalizations
- At risk of losing current community housing and/or supports

- Require step down, transitional services back to the community from a higher level of care.

## **HOMELESS ASSISTANCE**

### **Bridge Housing**

- Due to the small budget for this program, this service is not provided through this funding source. However, bridge housing does exist and is supported by other grants.

### **Case Management**

- The case management activities include counseling through a crisis helpline and case management as essential services in bridge housing and an emergency shelter.
- The County requires quarterly activity reports from each of the subrecipient agencies. The County also conducts on-site monitoring of each subrecipient. This component is an integral part of the County's Continuum of Care.
- The Case Management Services provided by the HAP are carried out through a team approach in tandem with the services provided by the newly formed agency, The Cornerstone of Beaver County.

### **Rental Assistance**

- Rental Assistance is provided in the form of first month's rent, security deposits, utility payments and arrearages. This funding is utilized as a supplement to the HEARTH funding rental assistance to fill the gaps created by HEARTH eligibility and funding constraints.
- All information concerning entry, services and exit are contained in the County's HMIS. In addition, the County requires quarterly activity reports from each of the subrecipients agencies. The County also conducts on-site monitoring of each subrecipient. This component is an integral part of the County's Continuum of Care.
- If the HAP requirements preclude assistance to an individual experiencing housing crisis, the individual is immediately connected to the appropriate homeless support "on-site" at the newly formed agency, The Cornerstone of Beaver County.



## Emergency Shelter

- Emergency shelter funding is used to pay the cost of emergency nights in hotels/motels. This program provides emergency, temporary shelter for individuals and families who are waiting to be placed in bridge or permanent housing.
- The HAP emergency funding is managed through The Cornerstone of Beaver County and the local Salvation Army. As members of the County's Continuum of Care, each of these agencies provide collaboration and support for emergency housing to individuals through a referral process or to individuals and families who seek help directly. All information is tracked through the HMIS. In addition, the County requires quarterly activity reports from each of the subrecipient agencies.
- New this year is the addition of The Cornerstone of Beaver County as a manager of the hotel/motel vouchers. In addition, the County's Continuum of Care saw a need for emergency housing for victims of sudden disaster, such as fires, flooding and other weather related issues that render a dwelling uninhabitable. Typically, when disaster strikes, the American Red Cross steps in and provides assistance for 3 days. The Continuum has found that most people who are experiencing a sudden housing crisis have not secured permanent, affordable and safe housing in that short period of time. So, through the HAP Program, a project titled "Beaver County On-Call" was established to provide housing for an extended period of time to allow for a more effective search for permanent housing.

## Other Housing Supports

- Supportive activities are in the form of bus tickets and food gift cards that are provided to human services agencies that assist individuals faced with housing crises. The bus tickets give the clients an opportunity to access appointments needed to assure housing placement. The gift cards are used for essential purchases at local food stores and discount department stores.
- The subrecipient agency that manages the bus tickets and food gift cards must maintain a detailed list that tracks the distribution. The individuals that receive these items must report back to the distribution center (The Cornerstone of Beaver County) with the status of their housing issue and the use of the items.
- New this year is the addition of The Cornerstone of Beaver County as a manager of the bus tickets and food gift cards.

ALSO, The HAP provides supplemental funding to existing homeless programs administered through the Community Development Program of Beaver County, the umbrella agency for the Community Services Program. These programs include the

Emergency Solutions Grant Program that the County receives through the federal government as an entitlement and from state awards through a competitive process and the HUD Continuum of Care effort for which the County, through the Community Development Program, is the collaborative applicant. The County also utilizes its Affordable Housing Fund Program (Act 137) and a portion of its allocation of Community Services Block Grant Program funds to support homeless efforts.

The Housing and Homeless Coalition of Beaver County is a collaborative group that includes among its diverse membership formerly homeless individuals and members of the community. This group also serves as the County's Continuum of Care for homeless activities funded through HUD's Supportive Housing Programs. This collaborative group continues to identify, and fill, gaps in the provision of services for the homeless and works to address other housing needs for low income persons and families.

Additionally, a government mandated Point-in-Time Homeless Survey is conducted annually in Beaver County on the last Wednesday in January. A group of volunteers go out and canvas areas where they may find homeless persons, searching under bridges, along railroad tracks, and in abandoned houses. In addition, every person in Beaver County who is staying in a homeless shelter or a supportive housing program bed is counted. This information is used to give the County a snapshot of what homelessness looks like on a single night. We use this information for planning and fund seeking.

**Describe the current status of the county's HMIS implementation.**

- The Beaver County Homeless Management Information System is a comprehensive, confidential electronic database that collects important information about people, who are living in places unfit for human habitation, doubled up with family members or friends, or staying in shelters and motels. The Homeless Management Info System provides an accurate snapshot of the demographics of homelessness in Beaver County. This data is integral in analyzing homeless trends in the county. The HMIS also provides information regarding the destination of all clients who entered and exited the system. A coordinated assessment process is now in place and provides an online tool for all agencies to report; creating a mechanism to collect and process all up-to-date homeless data and to most importantly track and follow-up with individuals who find a need to access the services that are offered throughout the continuum.
- In an effort to engage in the most efficient and comprehensive tracking and reporting system, the County is now negotiating with the PA DCED to utilize the PA State HMIS. This program is fully scalable, designed with the newest software development tools, and built on and currently incorporates the most recent HUD universal data standards. In an effort to strengthen the County's HMIS process even more, the County was awarded funding from the Continuum of Care process for the addition of a staff person who is assigned exclusively to coordinated assessment. This has provided a "safety net" for any individual who may have reached out for

services, but for whatever reason, “has potentially fallen through the cracks”. The enhanced HMIS, coupled with a refined assessment strategy, will enable the County’s Continuum of Care to have a full, real-time understanding of the needs of the homeless and, as a result, affect a reduction in the number of homeless and near-homeless in our County.

## **SUBSTANCE USE DISORDER SERVICES** (Limit of 10 pages for entire section)

This section should describe the entire substance use disorder service system available to all county residents that is provided through all funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

The Department of Health has designated Single County Authorities (SCAs) across the state to be responsible for administration, planning, and funding of publicly funded drug and alcohol abuse prevention and treatment services in their local area. In Beaver County, the administrative structure chosen by the Beaver County Commissioners to administer drug and alcohol programs and services is the Advisory Council option. In this option, the SCA is part of BCBH and reports to the BCBH Administrator, who is also the Mental Health/Intellectual Disabilities Administrator. The BCBH Administrator reports directly to the Beaver County Commissioners. The BCBH Administrator is responsible for oversight of the SCA. The Advisory Council participates in oversight of the SCA.

The Drug and Alcohol Advisory Council is comprised of eleven community volunteers appointed by the Beaver County Board of Commissioners to assist the SCA in assessing community-wide needs and defining the drug and alcohol service delivery system to meet those needs. Specific duties include:

- ✓ Review and evaluation of services.
- ✓ Development of an annual drug and alcohol treatment plan.
- ✓ Review of the drug and alcohol plan.
- ✓ Recommendation and approval of projects and services, including contracts and budgetary issues.
- ✓ Review of the performance of all agencies funded.
- ✓ Assistance with the implementation of guidelines, rules and regulations.
- ✓ Review of by-laws governing the manner in which business is conducted.
- ✓ Preparation of an Annual Report to the Local Authority and the Department on programmatic activities.
- ✓ Development of a full continuum of accessible services.

### **DUTIES**

- Ensure that a full range of quality alcohol, tobacco and other drug prevention, intervention, treatment and ancillary services are available to support the substance user/abuser and/or their families moving toward recovery by entering into an agreement with at least one provider for each service activity in the full continuum of substance abuse service delivery:

- Medically Monitored Detoxification - adult
- Medically Managed Detoxification - adult
- Medically Monitored Residential Rehabilitation - adult, adolescent, and women with children
- Medically Managed Residential Rehabilitation - adult
- Halfway House - adult
- Partial Hospitalization - adult
- Outpatient to include Intensive Outpatient - adult and adolescent
- Screen all clients to ascertain if emergent care is needed in the following areas:
  - Detoxification
  - Prenatal Care
  - Perinatal Care
  - Psychiatric Care
  - Conduct Level of Care Assessments of clients to ascertain treatment needs based on the degree and severity of alcohol and other drug use/abuse through the development of a comprehensive confidential personal history, including significant medical, social, occupational, educational, and family information.
  - Ensure that 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
    - Overdose survivors
    - Veterans
    - All others
- Increase community recognition of alcohol and tobacco as drugs.
- Coordinate with other state and local agencies to improve cross-system collaboration, whenever possible.
- Work within Beaver County Behavioral Health (BCBH) and the Beaver County service system to develop one infrastructure to identify and treat co-occurring substance use and mental health disorders.
- Improve coordination with other systems of care, i.e. physical health, mental health, aging, schools, criminal justice, Children and Youth Services, etc.
- Maintain a management information system capable of generating accurate and timely reports, demographic data, and information to assess emerging trends within the county.
- Assess and evaluate the impact of the delivery of services.
- Promote ongoing training and credentialing of drug and alcohol field staff.
- Identify risk factors in the community in an effort to build resiliency among youth and reduce risks associated with substance abuse through awareness, education, recognition and knowledge.

- Partner with higher educational institutions to bring research to practice and to promote workforce development.
- Assist in building youth-led advocacy and other grassroots advocacy efforts to promote drug and alcohol program and tobacco program awareness, assistance, and leadership.

Pursue funding opportunities that will expand the availability of prevention/intervention and treatment funds.

This overview should include:

1. Waiting list information (time frames, number of individuals, etc.) for:

- Detoxification services
- Non-hospital rehabilitation services
- Medication Assisted treatment
- Halfway House Services
- Partial Hospitalization
- Outpatient

2. Barriers to accessing any level of care.

Access to treatment services in a timely manner is a barrier, especially for the Medically Monitored Detox (3A) and Residential Rehab (3B) levels of care, due to: the increased demand for treatment, limitation to funding, and full capacity at most programs throughout our Southwestern Region. **The chart below illustrates the number of Beaver County D&A clients, who had to wait for placement to these levels of care currently for FY 2016-17:**

<b>County</b>	<b>3A Wait Time</b>	<b># of Individuals</b>	<b>3B Wait Time</b>	<b># of Individuals</b>
Beaver	2-3 days	80% or 107 lives	5-7 days	100% or 73 lives

The SCA does not maintain a waiting list for other levels of Drug & Alcohol treatment. There is a mandate to meet 7-day access. The SCA has a procedure in place in the event they are beyond the 7-day access. The client is given the option to schedule with a contracted provider, who has appointment slots available within the 7-day access.

Child care issues are problematic for female D&A clients. Many of these women have multiple children and most Women with Children treatment facilities accept only two children per client. In addition, the age limit is usually 12 and under, so women with older children are left without adequate care for them if they enter treatment. There are no female halfway houses in Beaver County. Many women refuse to leave the county for their treatment and forego this level of care.

The availability of an in-county halfway house for women and women with children is being explored. The SCA Administrator and the BCBH HealthChoices Reinvestment Specialist will continue to analyze data to determine the need for this level of care. An in-county facility may be considered, if the number of individuals in need is sufficient to sustain a program.

The SCA Administrator continues to interface with other Human Services agencies and committees, such as the Housing and Homeless Coalition of Beaver County, in an effort to maximize resources for D&A clients with special needs.

Another barrier to treatment for Beaver County clients is lack of adequate transportation. Many of the local treatment facilities are centrally located in the county, leaving clients living in outlying areas without access to transportation. It is difficult for these people to remain in treatment due to transportation needs.

### **3. Narcan resources available in the county**

Since May of 2016 Opioid Overdose Prevention Training and Naloxone Distribution have been provided to: Beaver County Jail Medical and Supervisory Staff, Beaver County Jail and APO Corrections Officers, Beaver County JSD, APO and CYS Management and Officers and to Pressley Ridge Community Based Management and Staff.

Narcan has been used by local EMT agencies for many years. In the past year, the SCA has been able to assist in this area by providing Narcan Support. The SCA distributed Naloxone to six (6) Beaver County First Responder Agencies: Beaver Falls Fire Department, Aliquippa Fire Department, Center Township Fire Department, New Sewickley Police Department, Brighton Township Police Department, and Beaver Falls Police Department. The total Naloxone reversals reported through SCA distribution since June 2016 is 51.

### **4. Resources developed to address the opioid epidemic, such as warm hand-off protocols, use of CRS, 24/7 case management services, use of toll free hotline, coordination with local emergency departments, police, EMS, etc.**

In the Fall of 2016 a Pilot Diversion Program discussion began with the Beaver Falls Police Department, the local Magistrate and the SCA office. It has now expanded to include representatives from other agencies needed to help individuals participating in the diversion program succeed. Agencies include Treatment, Housing, Vocational, Education, etc. The focus is to get the individual into treatment, instead of sending him/her to jail. In addition to treatment, he/she is given tools/help from these agencies to keep them drug free and away from issues that may have contributed to or been a result of their drug abuse.

The SCA is working to hire a Case Manager, whose specific duties will be Warm Hand-off, working non-traditional hours in collaboration with local emergency departments, police and EMS to provide a LOC Assessment to get the client into treatment.

The Beaver County Coroner's Office and the Beaver County Behavioral Health SCA have teamed up with the Allegheny Medical Examiner's office and the University of Pittsburgh School of Pharmacy to bring residents of Beaver County the following website: [www.overdosefreepa.pitt.edu](http://www.overdosefreepa.pitt.edu). Funded by the Pennsylvania Commission on Crime and Delinquency (PCCD), the website is based at the pharmacy school's Program Evaluation and Research Unit (PERU).

**The site provides data of Beaver County deaths from 2012–2016 related to drug overdoses. Information is posted to the site as it is verified.**

5. Treatment Services expansion, including the development of any new services or resources to meet local needs.
6. Any emerging substance use trends that will impact the ability of the county to provide substance use services.

In November of 2016, Beaver County was the first County in Southwest Pennsylvania to have an overdose death, as a result of Carfentanil – the medication intended to tranquilize elephants – but lethal if consumed/touched by humans. The emergence of this drug, in addition to dealers now providing/supplying those addicted with pure Fentanyl, is potentially lethal for them, as well as Officers, First Responders, EMT's who may come in contact with it as well as family members, children and in general the unsuspecting individuals in the lives of the abuser or dealer.

The SCA, with the support the Drug Abuse Coalition, is dedicated to providing education, research, support, etc. to help combat this issue.

This overview should not include the DHS-issued guidelines for the use of Act 152 or BHSI funds. The focus should be a comprehensive overview of the substance use services and supports provided by the SCA and any challenges to providing services.

### **Target Populations**

Please identify the county resources to meet the service needs for the following populations:

- **Adults (including older adults, transition age youth, ages 18 and above)**
- **Adolescents (under 18)**
- **Individuals with Co-Occurring Psychiatric and Substance Use Disorders**
- **Women with Children**
- **Overdose survivors**
- **County's identified priority populations**

### **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)**

#### ***Treatment Services:***

- Detox (Hospital and Non-Hospital)
- Inpatient Rehabilitation (Hospital and Non-Hospital)
- Halfway House
- Methadone
- Partial
- Intensive Outpatient
- Outpatient Group
- Outpatient Individual

***Prevention Services:***

- Drug & Alcohol awareness education through speaking engagements and dissemination of educational materials on topics, such as prescription drug abuse, harmful effects of other drugs and alcohol, etc.

***Needs:***

- Continued education regarding prescription drugs and potential abuse.

**Adults (ages 18 and above)**

***Treatment Services:***

- Detox (Hospital and Non-Hospital)
- Inpatient Rehabilitation (Hospital and Non-Hospital)
- Halfway House
- Methadone
- Partial
- Intensive Outpatient
- Outpatient Group
- Outpatient Individual

***Prevention Services:***

- Drug & Alcohol awareness education through speaking engagements and dissemination of educational materials on topics, such as prescription drug abuse, harmful effects of other drugs and alcohol, etc.

***Needs:***

- Continued education regarding current drug trends and dangers of use.

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

***Treatment Services:***

- Detox (Hospital and Non-Hospital)
- Inpatient Rehabilitation (Hospital and Non-Hospital)
- Halfway House
- Methadone
- Partial
- Intensive Outpatient
- Outpatient Group
- Outpatient Individual



***Prevention Services:***

- Drug & Alcohol awareness education through speaking engagements and dissemination of educational materials on topics, such as prescription drug abuse, harmful effects of other drugs and alcohol, etc.

***Needs:***

- Continued education regarding current drug trends and dangers of use.

**Adolescents (under age 18)**

***Treatment Services:***

- Inpatient Rehabilitation (Hospital and Non-Hospital)
- Halfway House
- Partial
- Intensive Outpatient
- Outpatient Group
- Outpatient Individual
- In-school Drug Treatment

***Prevention Services:***

- Drug & Alcohol awareness education through Evidence-Based Curriculum, such as All Stars, Too Good for Drugs, Too Good for Violence, Peacemakers, Positive Action, etc. Student Assistance Programs are available in all school districts.
- Programs are provided to reach both teens and parents/guardians: Reality Tour® – an innovative parent and child drug prevention program. It consists of an evening for children age 10+, who must be accompanied by a parent/guardian. This 3 hour interactive program gives families the tools needed to reduce the risk of substance abuse. This award winning program has been recognized locally, nationally, and internationally.
- Forward/U. – is an interactive choice-coaching program that brings together parents/guardian and teens 13+ (for a day of activities focused on empowering teens to make informed decisions about drugs, alcohol, and other destructive behaviors. This program was started in Beaver County in 2012. The fourth successful event was recently completed.

***Needs:***

- Continued education regarding current drug trends and dangers of use.

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

***Treatment Services:***

- Detox (Hospital and Non-Hospital)
- Inpatient Rehabilitation (Hospital and Non-Hospital)
- Halfway House
- Methadone
- Partial

- Intensive Outpatient
- Outpatient Group
- Outpatient Individual

***Prevention Services:***

- Drug & Alcohol awareness education through speaking engagements and dissemination of educational materials on topics, such as prescription drug abuse, harmful effects of other drugs and alcohol, etc.

**Criminal Justice Involved Individuals**

In FY 2010-11, with funding awarded by the Drug and Alcohol Treatment-Based Restrictive Intermediate Punishment (RIP) grant, the SCA expanded the existing PCCD IP project to include Levels 3 and 4 offenders, who are statutorily eligible for RIP.

Offenses, which would preclude the offender from RIP, include: 3 prior revocations; assaultive behaviors; and failure to reside at an approved address.

This project allows more offenders to receive a full continuum of drug and alcohol treatment, including: Medically Monitored Detoxification, Outpatient services, and random drug and alcohol testing, in order to reduce offender re-involvement with drug and alcohol use and crime. The restrictive component for the majority of these offenders is house arrest with electronic monitoring. Case management services expanded to this population to include a site-based drug and alcohol case manager, located at the courthouse. This case manager offers drug and alcohol assessments – prior to sentencing – and facilitates earlier identification of chemically dependent offenders, closer interaction with the criminal justice staff, and improved tracking of compliance and client outcomes. The SCA and the Criminal Justice System work collaboratively in an effort to support the treatment needs of the individual. The project expansion allows for closer interaction and reduced fragmentation between the criminal justice community and the treatment community, fostering a full range of treatment options.

**Women with Children**

***Treatment Services:***

- Inpatient Rehabilitation (Non-Hospital)
- Halfway House
- Methadone
- Partial
- Intensive Outpatient
- Outpatient Group
- Outpatient Individual

***Prevention Services:***

- Drug & Alcohol awareness education through speaking engagements and dissemination of educational materials on topics, such as prescription drug abuse, harmful effects of other drugs and alcohol, etc.

Case management staff works diligently to connect identified women with children to appropriate services identified during the assessment. Every effort is made to meet both treatment and non-treatment needs.

***Needs:***

- Treatment specific to the needs and the nuances of the woman with children.
- Support groups specific to the woman with children.
- Housing for displaced the woman with children.

**Overdose Survivors**

***Treatment Services:***

- Detox (Hospital and Non-Hospital)
- Inpatient Rehabilitation (Hospital and Non-Hospital)
- Halfway House
- Methadone
- Partial
- Intensive Outpatient
- Outpatient Group/Outpatient Individual

***Drug Diversion Program (If applicable)***

- In lieu of jail time, client may enter and must complete the jail diversion program.

***Prevention Services:***

- Drug & Alcohol awareness education through speaking engagements and dissemination of educational materials on topics, such as prescription drug abuse, harmful effects of other drugs and alcohol, etc.

***Needs:***

- Continued education regarding current drug trends and dangers of use.

**Veterans**

***Treatment Services:***

- Detox (Hospital and Non-Hospital)
- Inpatient Rehabilitation (Hospital and Non-Hospital)
- Halfway House
- Methadone
- Partial
- Intensive Outpatient
- Outpatient Group
- Outpatient Individual

***Prevention Services:***

- Drug & Alcohol awareness education through speaking engagements and dissemination of educational materials on topics, such as prescription drug abuse, harmful effects of other drugs and alcohol, etc.

Case management staff works diligently to connect identified veterans to appropriate services identified during the assessment. Every effort is made to meet both treatment and non-treatment needs.

**Needs:**

- Treatment specific to the needs and the nuances of the veteran.
- Support groups specific to veterans.
- Housing for displaced veterans.

**Racial/Ethnic/Linguistic minorities**

Provider organizations make an effort to hire staff from the local community, who have personal experience with the race, ethnicity, gender, age, and socioeconomic composition of the population of focus. Providers, families, and peers across the County have access to Cultural and Linguistic Competency (CLC) training. Beaver County has established a countywide CLC committee. Membership includes the Board of Commissioners and leaders in local business, as well as behavioral health providers. BCBH recently sponsored a training on the culture of poverty.

**Needs:**

- Continue to develop a CLC Initiative that brings together the manager-level staff from provider organizations of the Beaver County System of Care (SOC) for training in “operationalizing” diversity.
- Develop a section on the System of Care (SOC) website that highlights current CLC trainings and activities, and gives tips on how organizations involved in the SOC can communicate and interact across cultures.

**Recovery-Oriented Services**

Describe the current recovery support services including CRS services available in the county, including any proposed recovery support services being developed to enhance the existing system. Do not include information on independently affiliated 12 step programs (AA,NA,etc.).

BCBH has been working for the past several years to develop a recovery-oriented system of services and supports that will make it possible for all individuals to live a safe and successful life in the community. Some agency-wide initiatives are key to this endeavor:

- A commitment to Permanent Supported Housing.
- A commitment to supporting all individuals, who have behavioral health needs in their own community.
- A commitment to Evidence-Based Practices (EBP).
- COD competence across the service system.
- Collaboration with the Criminal Justice System.

Presently, the SCA has obtained funding through the BCBH HealthChoices Re-investment specialist to develop a reinvestment plan for a Certified Recovery Specialist.

## **HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND**

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the fields and dropdowns to describe how the county intends to utilize HSDf funds on allowable expenditures (please refer to the HSDf Instructions and Requirements for more detail).

Copy and paste the template for each service offered under each categorical, ensuring each service aligns with the service category when utilizing Adult, Aging, Children and Youth, or Generic Services.

**Adult Services:** Please provide the following:

Program Name: Transportation

Description of Services: Provides public transportation to low income adults to and from employment and social services

Service Category: Transportation - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living. The service is provided only if there are no other appropriate resources.

**Adult Services:** Please provide the following:

Program Name: Counseling

Description of Services: Provides psychotherapy to persons experiencing stressors related to marital or family dysfunctions

Service Category: Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functioning.

**Adult Services:** Please provide the following:

Program Name: Home Delivered Meals

Description of Services: Provides delivery of nutrition services to consumers to reduce the risk of malnutrition

Service Category: Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes. Each client is served a minimum of one but no more than two meals daily, up to 7 days a week.

**Aging Services:** Please provide the following:

Program Name: Home Support

Description of Services: Home Support services includes, but are not limited to: laundry, housekeeping, prepare meals, grocery shopping and errands in order for individuals to remain independent and in their own home

Service Category: Home Support - Services include basic housekeeping activities necessary to ensure safe and sanitary conditions. This service may also include the activities of shopping assistance, laundry, etc.

**Children and Youth Services:** Please provide the following:

Program Name: Case Management

Description of Services: This service provides mentors who provide a positive influence in order to reduce the incidence of and/or prevent a host of counterproductive risky behaviors. These activities include: interviews and child safety training with child and parent, STEM programming, recreational activities, surveys, monthly contacts with parents and child.

Service Category: Counseling/Intervention - Activities directed at preventing or alleviating conditions which present a risk to the safety or well-being of the child, by improving problem-solving and coping skills, interpersonal functioning, and the stability of the family.

**Generic Services:** Please provide the following:

Program Name: Homemaker

Description of Services: Provides basic activities of daily living for severely disabled individuals and semi-skilled home maintenance tasks with the goal to avoid institutional care of living a sub-standard lifestyle. This service involves light housekeeping to keep the client's environment clean and safe.

Activities include: vacuuming, mopping floors, sweeping floors, dusting, sanitizing toilet, sinks, tub and shower, emptying trash, taking recycling to curbside, linen changes, laundry, shopping and errands, meal preparation, washing dishes for clients who cannot do so.

Service Category: Please choose an item.

Please indicate which client populations will be served (must select at least **two**):

Adult  Aging  CYS  SUD  MH  ID  HAP

Program Name: Chore

Description of Services: This service provides short-term heavy home maintenance, such as removing debris and clutter, organizing and improving hoarding situations and removing trash to collection points on the home site. It also includes deep cleaning, emergency shopping for clients with severe disabilities when the individual is unable to perform the tasks or has no one available, capable or willing to provide help.

Service Category: Please choose an item.

Please indicate which client populations will be served (must select at least **two**):

Adult  Aging  CYS  SUD  MH  ID  HAP

Program Name:

Description of Services:

Service Category: Please choose an item.

Please indicate which client populations will be served (must select at least **two**):

Adult  Aging  CYS  SUD  MH  ID  HAP

**Specialized Services:** Please provide the following: (Limit of 1 paragraph per service description)

Program Name: Community Wellness Advocate

Description of Services: This program will provide education and organize groups to help consumers deal with physical and mental wellness problems in their communities, such as weight management programs, physical problems related to the side effects of psychotropic drugs, housing issues, medical problems, legal difficulties, securing entitlements, welfare benefits, patient rights and employment problems. Consumers will be taught skills that will help them understand that they can empower themselves to deal with their own problems.

**Interagency Coordination:** (Limit of 1 page)

If the county utilizes funds for Interagency Coordination, describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain both:

- how the funds will be spent (e.g. salaries, paying for needs assessments, etc.).
- how the activities will impact and improve the human services delivery system.

The coordination provides for the enhancement of the mobility and enhancement of the accessibility of services from all categorical programs in high poverty and population center areas. This service provides coordination, outreach and referral, and delivery of services through a variety of in-house programs and partnerships. The in-house programs include: job readiness assistance, resume development, career path and job placement, income tax assistance, energy assistance and career links. **Funds are used to pay a portion of the coordinator's salary and payroll taxes and not direct service expenses.** Those served in the in Interagency Coordination are from the Adult, Aging, Mental Health, Intellectual Disabilities and Homeless populations.

**Other HSDF Expenditures – Non-Block Grant Counties Only**

If you plan to utilize HSDF for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder, please provide a brief description of the use and complete the chart below.

Only HSDF-allowable cost centers are included in the dropdowns.

Category	Allowable Cost Center Utilized
Mental Health	
Intellectual Disabilities	
Homeless Assistance	
Substance Use Disorder	

**Note:** Please refer to Appendix C-2, Planned Expenditures for reporting instructions.

## Appendix C-1

### Proposed Budget and Service Recipients

(For a clearer review with larger numbers,  
please see separate attachment of original 8-1/2 x 14 size)



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

County:	1.	2.	3.	4.	5.	6.
<b>BEAVER</b>	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	30		\$ 179,940		\$ 7,060	
Administrative Management	925		\$ 342,753		\$ 13,447	
Administrator's Office			\$ 864,508	\$ 3,000	\$ 39,920	\$ 150,000
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	80		\$ 232,842		\$ 9,135	
Community Residential Services	48		\$ 1,222,971		\$ 60,852	
Community Services	2,500		\$ 350,728		\$ 13,952	
Consumer-Driven Services						
Emergency Services	280		\$ 134,567	\$ 34,500	\$ 6,633	
Facility Based Vocational Rehabilitation	50		\$ 756,722		\$ 29,688	
Family Based Mental Health Services	2		\$ 9,622		\$ 378	
Family Support Services	45		\$ 287,087		\$ 13,829	
Housing Support Services	200		\$ 1,571,230		\$ 61,643	
Mental Health Crisis Intervention	35		\$ 366,617		\$ 14,383	
Other						
Outpatient	500		\$ 449,776	\$ 100	\$ 20,004	\$ 60,000
Partial Hospitalization						
Peer Support Services						
Psychiatric Inpatient Hospitalization	11		\$ 38,490		\$ 1,510	
Psychiatric Rehabilitation	17		\$ 36,565		\$ 1,435	
Social Rehabilitation Services	10		\$ 393,434		\$ 15,435	
Targeted Case Management	200		\$ 512,454	\$ 6,000	\$ 20,340	
Transitional and Community Integration						
<b>TOTAL MENTAL HEALTH SERVICES</b>	4,933	\$ 8,153,680	\$ 7,750,306	\$ 43,600	\$ 329,644	\$ 210,000
<b>INTELLECTUAL DISABILITIES SERVICES</b>						
Administrator's Office			\$ 719,189	\$ 300	\$ 22,499	\$ 7,827
Case Management	285		\$ 257,448		\$ 53,052	
Community-Based Services	88		\$ 863,306		\$ 26,706	
Community Residential Services	27		\$ 1,133,384		\$ 35,736	
Other						
<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	400	\$ 2,401,153	\$ 2,973,327	\$ 300	\$ 137,993	\$ 7,827

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

County:	1.	2.	3.	4.	5.	6.
<b>BEAVER</b>	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b><i>HOMELESS ASSISTANCE SERVICES</i></b>						
Bridge Housing						
Case Management	220		\$ 77,080			
Rental Assistance	180		\$ 33,019			
Emergency Shelter	50		\$ 3,950			
Other Housing Supports	110		\$ 2,500			
Administration						
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	<b>560</b>	<b>\$ 116,549</b>	<b>\$ 116,549</b>		<b>\$ -</b>	<b>\$ -</b>
<b><i>SUBSTANCE USE DISORDER SERVICES</i></b>						
Case/Care Management	17		\$ 2,550			
Inpatient Hospital						
Inpatient Non-Hospital						
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention	92		\$ 20,000			
Recovery Support Services						
Administration			\$ 133,745			
<b>TOTAL SUBSTANCE USE DISORDER SERVICES</b>	<b>109</b>	<b>\$ 356,295</b>	<b>\$ 156,295</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b><i>HUMAN SERVICES DEVELOPMENT FUND</i></b>						
Adult Services	400		\$ 222,500			
Aging Services	25		\$ 6,000			
Children and Youth Services						
Generic Services	70		\$ 5,200			
Specialized Services	180		\$ 4,900			
Interagency Coordination			\$ 8,000			
Administration			\$ 1,142			
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	<b>675</b>	<b>\$ 216,542</b>	<b>\$ 247,742</b>		<b>\$ -</b>	<b>\$ -</b>
<b>GRAND TOTAL</b>	<b>6,677</b>	<b>\$ 11,244,219</b>	<b>\$ 11,244,219</b>	<b>\$ 43,900</b>	<b>\$ 467,637</b>	<b>\$ 217,827</b>

## Appendix D

### Stakeholder Outreach

## HSBG Stakeholder Outreach 17/18

- 103 responses were received
- The survey was both online and in hard copy
- Shared with as many stakeholder groups as possible
- Provided assistance to anyone who needed help

Stakeholder Groups	
MHA: Phoenix Center	Faith-Based Communities: ROOTS
Warmline	TRAILS
Speakers' Bureau	Tiger Pause
MHA Board	UnCommon Grounds
MHA Staff	Aliquippa Impact
Beaver County Children & Youth Services	Direct Service Unit staff and consumers
Beaver County Office on Aging	SOC Steering Committee
Senior Center at the Mall	SOC Change Agents
CRS residential staff and residents	The Cornerstone
Public Housing/Housing Authority	The Women's Center
Youth Ambassadors & Schools	The Prevention Network
ARC Human Services	Human Services Forum
BCBH Staff	Certified Peer Specialist Group
MH/MR Advisory Board	Gateway
SCORES Coalition	Salvation Army
BCRC/Aurora	Adult MH Providers
NAMI	Children Providers
C/FST staff and Advisory Board	ID Providers
MH Provider Meeting	Early Intervention
Family/Youth Voice Coalition	D&A Providers
Natural Supports	Community Development
D&A Advisory Council	Local Businesses
Community Supports	Forensic Partners
Consumers/Parents	Housing Providers
Family Members	Legislators
LGBTQ Support Group - PRISM	Housing & Homeless Coalition
Friendship Ridge LTSR	Franklin Center
Family Group Decision Making Advisory Board	Single Point of Accountability Workgroup
Local colleges	

This is what was said:

<u>What are we doing well?</u>	
<p>Collaboration            Increased awareness            Youth Mentors            Youth Ambassadors            Family Group Decision Making            PRISM – LGBTQ support            Maintaining a person- natural setting            Sr. Center at the Mall            Meals on Wheels            Famers Market Vouchers            Rent Rebate            MHA programs            Case Management Choices            Cornerstone Recovery &amp; Supports            BCRC/Aurora            The Cornerstone            Careerlink/OVR            BC CYS            Family, Youth, Consumer Voice</p>	<p>Early Intervention/Early            Headstart/Headstart            D&amp;A programs            AA/NA Meetings            Collaboration with Jail and Courts            Reduced Fair bus passes            Access to probation and court house            NHS            MH supports in the jail            Veteran’s Court            VA Center in Monaca            PERSAD            PGH Aids Task Force            Project HOPE            Cultural &amp; Linguistic Competency            BHRS/FBMHS            Education Advocate            Project Star/Roots</p>
<u>What can we improve upon?</u>	
<p>Housing/Placement based on need(s)/            Shelters/safe &amp; affordable housing            Respite/24/7 Peer Respite            Transportation            ID supports for Seniors            Insurance/Medicare education            Accessibility of services/wait times            COD capable            DBT Therapy            D&amp;A Services            Mobile Meds            More training for direct care staff            More Representative Payees            Enforcement of OP Commitments            Simplify Referral process            Discharge planning/transition            Transition from child to adult system            More Psychiatrists            Transition Age services</p>	<p>Community Centers/Social Outlets/Camp            Prevention/crisis response            Continuity of Care            Childcare            Outreach/linkage            Funding            Collaboration/communication            Employment/training/apprenticeships            School based services            Support transition from treatment to life            Recovery/Peer Navigator            Recidivism            Consumer Run Programs            VA peers            LGBTQ training/awareness/peer            More ESL classes/Bi-lingual providers            Leadership &amp; staff reflect the population served            PTSD support/trauma sensitive providers</p>

**Appendix E**  
**Public Hearing Notice**

# Beaver Newspapers Inc.

400 FAIR AVENUE  
 BEAVER, PA 15009-0400  
 (724) 775-3200 OR (724) 846-6300

MAY 12 '17 AM 9:34

**PUBLIC NOTICE ADVERTISING INVOICE**

Account Number: 7248476225  
 Invoice Date: 5/10/2017  
 Invoice Number: I07107817-05082017  
 Balance: \$ 218.12

BEAVER COUNTY BEHAVIORAL HEALTH  
 1040 EIGHTH AVE  
 BEAVER FALLS, PA 15010

PROOF CHARGE IS \$5.00 FOR AFFIDAVIT, \$13.00 FOR CLERICAL FEE

REMITTANCE - DETACH & RETURN THIS PORTION WITH PAYMENT

ACCOUNT #	INVOICE DATE	DESCRIPTION	LINES	TIMES	PROOF	TOTAL CHARGES
7248476225	5/10/2017	PUBLIC HEARING Two Stakeholder	1.00 x 14Lines	1	\$ 18.00	\$ 218.12
5/5/2017, 5/7/2017, 5/8/2017						
DATES APPEARED						

**PROOF OF PUBLICATION**

**The Beaver County Times, Ellwood City Ledger**

a daily newspaper of general circulation, published by BEAVER NEWSPAPERS, INC., a Pennsylvania corporation, 400 Fair Avenue, West Bridgewater, Beaver County, Pennsylvania, was established in 1946, and has been issued regularly, except legal holidays since said date.

The attached advertisement, which is exactly as printed and published, appeared in the regular issue on 5/5/2017, 5/7/2017, 5/8/2017

BEAVER NEWSPAPERS, INC.

By *Debbie L. Hays*

STATE OF PENNSYLVANIA,  
 COUNTY OF BEAVER, } **SS:**

Before me, a Notary Public in and for such county and state, personally appeared DEBBIE L. HAYS, who being duly sworn according to law says that she is ACCOUNTING SUPERVISOR of BEAVER NEWSPAPERS, INC.; that neither affiant nor said corporation is interested in the subject matter of the attached advertisement; and that all of the allegations of the foregoing statement including those as to the time, place and character of publication are true.

Sworn to and subscribed before me this 10th day of May 2017

*Susan K. Miller*

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL  
 Susan K. Miller, Notary Public  
 Bridgewater Boro, Beaver County  
 My Commission Expires Oct. 1, 2018

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES  
 BEAVER NEWSPAPERS INC.

The costs of advertising and proof, has been paid. \$ 218.12  
 BEAVER NEWSPAPERS, INC.

By \_\_\_\_\_

400 FAIR AVE. BEAVER, PA. 15009

# **PUBLIC HEARING NOTICE**

**Two Stakeholder's meetings will be held as follows:**

**Friday, 05/19/17 from 1:30 to 3:30 p.m.  
At the  
Mental Health Association in Rochester, PA**

**AND**

**Tuesday, 05/23/17 from 1:30 to 3:30 p.m.  
At the  
Center at the Mall, Beaver Valley Mall**

**All interested consumers, families and providers  
are encouraged to attend**



**Appendix F**  
**Summary of Public Hearing**

## Notes

### Public Hearing/Stakeholder Meeting

#### Mental Health Association

May 19, 2017

- Marie Krechowski, Mental Health Association / Steering Committee co-chair, provided the welcome and introduced each segment of the Public Hearing/Stakeholder agenda.
- Denny Knepper, Certified Peer Specialist with the Mental Health Association, gave his personal recovery story, chronicling his transfer from Allegheny County to Beaver County. He described the many services in Beaver County that have helped him gain stability and satisfaction in his life.
- Maureen Hawk and Susan Smith, BCRC Youth Ambassador Program Directors, detailed the activities and success of their program, noting its inception beginning with five school districts, growing into thirteen. Two short videos addressing stigma were viewed. Two students from the Aliquippa School District spoke of their personal heartfelt experiences and the impact that the program is currently having among the youth in the schools. Jessica Monick, from the Mental Health Association's Speakers Bureau, was recognized for her collaboration with the program. A short question and answer period ensued.
- The Beaver County Human Service Departments provided highlights and updates on their programs. Each had one or two slides to provide detail.
  - Beaver County Behavioral Health – Lisa McCoy highlighted the Mental Health First Aid program, the county's response to the Opioid crisis and two Intellectual Disabilities programs.
  - Children and Youth Services – Dayna Revay provided a summary of accomplishments and included examples of system of care collaboration.
  - Office on Aging – Joanne Koehler presented the Office on Aging slides and noted several accomplishments.
  - Community Development – Lisa Signore gave an update of her organization's initiative to address homelessness and explained how the Cornerstone had become a 501c3, a new not-for-profit.
- There was brief question and answer period.
- Stephanie Santoro explained ways to complete the Outreach Survey. Everyone who completed one received a raffle ticket. There was a drawing for five gift certificates. Announcement of the second public meeting to be held at The Center at Beaver Valley Mall from 1:30 p.m. to 3:30 p.m. on 5-23-17.

**Sign-In Sheet**  
**Stakeholder's Meeting - MHA**  
**05/19/17**

NAME	AGENCY
JACK WALLACE	BCBH
Stephanie Santoro	AHCI / BCBH
Jim White	
Mary Ann Bezuk	MHA
DANIELLE PONSACI	MHA
JAMIE Mineard	MHA
Joanne Koehler	MHA
Desiree Alianaru	MHA
Christine Albaugh	MHA
Daphne Kovaj	CYS
Kim Itze	
Maurten Hawk	BCRC
Marie Krechowski	MHA
Jonie Dallenine	MHA
Ch Skawer	MHA
Joe Boerjinger	
Lisa Meln	BCBH
Krista Bring	MHA
Ahjana Williams	Youth Ambassadors
Brooklin Smith	YAP
LISA SIMMON	CAP
Yolanda Dawson	
SHAWN POWERS	
Jessica Manick	MHA
Ray West	
HL Koho	
WSON	
SANDRA KOER	
Heidi Edwards	AHCI
Denny Knepfer	MHA

Sign-In Sheet  
Stakeholder's Meeting - MHA  
05/19/17

NAME	AGENCY
MATHEW COENGE	MHA
Michael Vail	MHA
Bonnie Palmieri	AHCI
Kelly Nadomy	BCBH
Debra Unger	CFST
Roni Marie Smith	MHA
Norris Thurling	MHA
Lichani magnifico	MHA
Rebecca Soto	Intersections Wellness
Kim Schenkel	Pressley Ridge
Shawn Smith	TRAC
Kim E. Smith	
JIM Smith	
Jennifer Bentz	MHA
Wendy Nadzam	
Emmanuel Turner	
Shon Owens	Franklin Center
Lisbert Dawdell	" "

**Notes**  
**Public Hearing/Stakeholder Meeting**  
**Senior Center at Beaver Valley Mall**  
**May 23, 2017**

- Amanda Wayatt, Intensive/Blended Service Coordination Supervisor for Staunton Clinic and Steering Committee Co-Chair, provided the welcome and introduced each segment of the Public Hearing/Stakeholder agenda.
- Bonnie Palmieri, BCBH Recovery Coordinator, began the session by updating her personal recovery story and sharing some of the peer system of care highlights.
- Youth Ambassadors from Freedom and Aliquippa described the program and the activities that occurred this year. Two short videos addressing stigma were viewed. Maureen Hawk and Susan Smith provided information on the history, the past year and the current plans for the Youth Ambassador program.
- The Beaver County Human Services Departments provided highlights and updates on their programs. Each had one or two slides to provide detail.
  - Beaver County Behavioral Health – Gerard Mike offered some new items from Harrisburg, highlighted the Mental Health First Aid program, the County’s response to the Opioid Crisis and two Intellectual Disabilities programs.
  - Children and Youth Services – Dayna Revay provided a summary of accomplishments and included examples of system of care collaboration.
  - Office on Aging – Joanne Koehler presented the Office on Aging slides and noted several accomplishments.
  - Community Development – Lisa Signore gave an update of her organization and explained how the Cornerstone had become a 501c3, a new not-for-profit.
- There was brief question and answer period.
- Stephanie Santoro explained ways to complete the Outreach Survey. Everyone who had completed one received a raffle ticket. There was a drawing for gift certificates. Close to 80 surveys have been completed to date.

**Sign-In Sheet**  
**Stakeholder's Meeting – Center at the Mall**  
**05/23/17**

NAME	AGENCY
William M. B. Lause	county
Jack Wallace	BCBH
DONNA J. JACOB	BCBH
Volleen Limerick-McKenzic	Consumer-Fair, Satisfacto Team
Marcelle Scott	CRS
Maria Daniel	CRS
Ahiani Williams	YAD
Sharon Smith	BCRC
Carmen Hope	Student of Freedom
Julie Hawk	Student of Freedom
Maureen Hawk	BCRC
Kim Hall	
Amanda Wyatt	Stamton Clinic
Bonnie Palmieri	AHCI
Joanne Kochler	MHA
Elvira Mayors	WPIC Beaver County Crisis
Herta Madder	BCBH
Krista Ball	Highmark Caring Place
Gerard Mike	BCBH
Gay Probiolski	BCRC
Cheryl Rex	BCBH
Antoine West	CTSR FR
Diane Funkhouser	PA CareerLink
Mary C. Galland	Homebased - MHA
Ashli Simpson	CRP
Dayna Rebay	CYS
Mallory Smith	BCRC
Sydney Smith	BCRC

## **Appendix G**

**Transformation Priorities  
Measures and Timeline  
(PowerPoint attached)**

**Appendix H**  
**Adult Mental Health Existing Services**



**FY 2017 BEAVER COUNTY PLAN  
ESSENTIAL SERVICES IN A RECOVERY-ORIENTED SYSTEM - CROSSWALK**

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Treatment	Adult Adult SMI COD Adult	<p align="center"><b><u>Outpatient Psychiatric</u></b></p> (Limited/7) <ul style="list-style-type: none"> <li>▪ Primary Health Network: Beaver Falls – Aliquippa, Rochester</li> <li>▪ Glade Run Lutheran Services</li> <li>▪ BCBH: Direct Service Unit - Courthouse - Beaver County Jail</li> <li>▪ Catholic Charities</li> <li>▪ Community Alternatives</li> </ul>	Human Services Block Grant Client fees HealthChoices
	SMI Adult Adult SMI	<p align="center"><b><u>Inpatient Psychiatric-(32/1)</u></b></p> <ul style="list-style-type: none"> <li>▪ Heritage Valley Health Systems-Beaver 1000 Dutch Ridge Road, Beaver (UPMC Western Psychiatric Institute / Clinic)</li> </ul>	Health Choices MA FFS MH FFS
	Adult SMI	<p align="center"><b><u>Assertive Community Treatment (64/1)</u></b></p> <ul style="list-style-type: none"> <li>▪ F/ACT - NHS</li> </ul>	Health Choices
	Adult SMI / ID	<p align="center"><b><u>Dual Diagnosis Treatment Team</u></b> (Limited / 1)</p> <ul style="list-style-type: none"> <li>▪ NHS</li> </ul>	Re-investment
	Adult SMI	<p><b>MH/MR Scripts...(Limited/1)</b></p> <ul style="list-style-type: none"> <li>▪ Primary Health Network, Rochester</li> </ul> <p><b>Pharmacy Program...(UL/1)</b></p> <ul style="list-style-type: none"> <li>▪ Primary Health Network , Rochester</li> </ul>	Human Services Block Grant Human Services Block Grant
	Adult SMI	<p><b>Regional LTSR ....(16/1)</b></p> <ul style="list-style-type: none"> <li>▪ Brighton Rehabilitation and Wellness Center LTSR 246 Friendship Circle, Beaver, 15009</li> </ul>	Health Choices Human Services Block Grant
	Adult SMI	<p><b>NHS LTSR...(14/1)</b></p> <ul style="list-style-type: none"> <li>▪ 148 Theodore Drive Chippewa Twp. 15010</li> </ul>	Health Choices Human Services Block Grant
		<p><b>Mobile Medications</b> (None)</p>	

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source	
Crisis Intervention	Adult Adult SMI	<p><b>Crisis Intervention</b> (phone , walk-in, mobile) (UL/1)</p> <ul style="list-style-type: none"> <li>UPMC / WPIC, 176 Rochester, PA 15074.</li> </ul>	Health Choices Human Services Block Grant	
	Adult Adult SMI	<p><b>Crisis Residential</b> ( None)</p>		
Case Management	Adult SMI or COD	<p><b>Blended Case Management (Limited/5)</b></p> <ul style="list-style-type: none"> <li>Beaver County Behavioral Health Direct Services Unit ( BCBH DSU)</li> <li>Glade Run</li> <li>Staunton Clinic – ICM/BCM</li> <li>NHS</li> <li>Cornerstone Recovery and Supports, Inc. – BCM / Housing Supports</li> </ul>	Health Choices Human Services Block Grant Grants	
	D&A Adult	<p><b>D&amp;A Case Coordination ... (Limited)</b></p> <ul style="list-style-type: none"> <li>BCBH-Single County Authority (SCA)</li> <li>D&amp;A Resource Coordination</li> <li>NHS</li> </ul>		Health Choices Human Services Block Grant
	Adult	<p><b>Admin. Case Management.....UL/2)</b></p> <ul style="list-style-type: none"> <li>BCBH-DSU</li> <li>Primary Health Network</li> </ul>		Human Services Block Grant
Rehabilitation	Adult SMI Adult	<p><u><b>Community Employment &amp; Employment Related Services</b></u></p> <p><b>Vocational Evaluation (UL/1)</b> <b>Vocational Training.....(74/1)</b></p> <ul style="list-style-type: none"> <li>Beaver County Rehabilitation Center (BCRC)</li> </ul>	Human Services Block Grant Client Fees	
	Adult	<p><b>Supportive Employment (33/1)</b></p> <ul style="list-style-type: none"> <li>Beaver County Rehabilitation Center</li> </ul>		Human Services Block Grant Client Fees Grants

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Enrichment	Adult SMI Adult	<p align="center"><b><u>Housing Supports</u></b></p> <p align="center"><b><u>Community Residential Rehabilitation</u></b></p> <ul style="list-style-type: none"> <li>▪ Cornerstone Recovery and Supports</li> </ul> <p>Full Care CRR (12/1) 1300 9<sup>th</sup> Avenue , Beaver Falls, PA 15010</p> <p>Partial Care CRR (8/1) 1120 5<sup>th</sup> Avenue, Beaver Falls, PA 15010</p>	Human Services Block Grant Client Fees
	Adults Adult SMI	<p><b>Personal Care Respite Services (2/1)</b></p> <ul style="list-style-type: none"> <li>▪ Smith's Personal Care Home 300 Pine St., Beaver Falls</li> </ul> <p><b>Respite (Limited)</b></p> <ul style="list-style-type: none"> <li>▪ BCBH authorized</li> </ul>	Human Services Block Grant  Human Services Block Grant
	Adult SMI Adult	<p><b><u>Psychiatric Rehabilitation</u></b></p> <ul style="list-style-type: none"> <li>▪ BCRC-Aurora Site-based...(30/1) Mobile.....(Limited/1) *Includes deaf/hard of hearing services</li> </ul>	Health Choices Human Services Block Grant
	Adult SMI	<p><b><u>Certified Peer Specialist (Limited/2)</u></b></p> <ul style="list-style-type: none"> <li>▪ BCRC-Aurora</li> <li>▪ MHA</li> </ul>	Health Choices Grants
	All Adults Older Adults	<p align="center"><b><u>Social Rehabilitation</u></b></p> <p><b>Personal Care Home Re-socialization .... (UL/1)</b></p> <ul style="list-style-type: none"> <li>▪ Mental Health Association (MHA)</li> </ul> <p><b>Drop-In Center Enhancement - Friendship Room.....(UL/1)</b></p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul> <p><b>Clubhouse (None)</b></p>	Human Services Block Grant  Human Services Block Grant

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Rights Protection	<p>All Adults</p> <p>All Adults</p> <p>All Adults</p> <p>Families</p>	<p>Ombudsman.....(UL/1)</p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul> <p>Community Advocate.....(UL/1)</p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul> <p>Consumer/Family Satisfaction Team.....(UL/1)</p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul> <p>Parent/Child Advocate ( 400/1)</p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul>	<p>Health Choices</p> <p>Human Services Block Grant</p> <p>Health Choices Human Services Block Grant</p> <p>Human Services Block Grant</p>
Basic Supports	<p>Families</p> <p>Adult</p>	<p style="text-align: center;"><u>Housing Supports</u></p> <p><b>Family/Caregiver Respite</b> (Limited/1)</p> <ul style="list-style-type: none"> <li>▪ BCRC</li> </ul> <p><b>Supportive Housing</b></p> <ul style="list-style-type: none"> <li>▪ Cornerstone Recovery and Supports (several properties) (70/1)</li> </ul> <p>285 Merchant Street, Apartment 1D, Ambridge, PA 15003 (3/1)</p> <p>1201 Beaver Road , Ambridge, PA , 15003 (3/1)</p> <p>1001 Fourth Street, Freedom, PA 15042 (4/1)</p> <p>101 Brighton Ave., Rochester, PA 15074 (9/1)</p>	<p>Human Services Block Grant</p> <p>Client Fees Human Services Block Grant</p> <p>Client Fees Human Services Block Grant</p> <p>Client Fees Human Services Block Grant</p> <p>Client Fees Human Services Block Grant</p> <p>Client Fees Human Services Block Grant</p> <p>Client Fees</p>
		<ul style="list-style-type: none"> <li>▪ ARC Human Services, Inc.</li> </ul>	

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
		403 Morado Dwellings, Beaver Falls, PA 15010 (3/1)  1113 6 <sup>th</sup> Ave, Beaver Falls, PA, 15010 Apt A Minimal supervision (3/1) Apt B Full supervision (3/1)  <b>Permanent Supported Housing Coordinator</b> (Limited/1) <ul style="list-style-type: none"> <li>▪ Cornerstone Recovery and Supports</li> </ul> <b>Released Offenders Housing</b> <ul style="list-style-type: none"> <li>▪ Cornerstone Recovery and Supports Stone Harbour (12/1) 1001 4<sup>th</sup> St Freedom, PA 15042</li> </ul> <b>In-Home Support Services....(Limited/1)</b> <ul style="list-style-type: none"> <li>▪ Crossroads-Homemaker/Home Health</li> </ul> <p style="text-align: center;"><u>Financial Assistance</u></p> <b>Representative Payee....(180/1)</b> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul> <b>Contingency Fund...(UL/1)</b> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul> <b>Guardianship</b> None	Human Services Block Grant     Human Services Block Grant   Human Services Block Grant  Human Services Block Grant HUD  Human Services Block Grant  Human Services Block Grant  Human Services Block Grant  Human Services Block Grant  Human Services Block Grant  Human Services Block Grant  Human Services Block Grant  Human Services Block Grant
Self-Help	All Adults	<b>Phoenix Drop-In Center...</b> (UL/1) <ul style="list-style-type: none"> <li>▪ MHA</li> </ul>	Human Services Block Grant

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
	<p><b>Families</b></p> <p><b>All Adult</b></p> <p><b>Families</b></p> <p><b>All Adults</b></p> <p><b>All Adults</b></p> <p><b>All Adults</b></p>	<p><b>NAMI Southwest (UL/1)</b></p> <p><b>CSP Committee (UL/1)</b></p> <p><b>Beaver Co. NAMI (UL/1)</b></p> <p><b>WARMLINE (UL/1)</b></p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul> <p><b>COMPEER (Limited/1)</b></p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul> <p><b>Peer Mentors (UL/1)</b></p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul>	<p>Human Services Block Grant</p> <p>Human Services Block Grant</p> <p>Human Services Block Grant</p> <p>Human Services Block Grant</p> <p>Human Services Block Grant</p> <p>Human Services Block Grant</p>
<p><b>Wellness/ Prevention</b></p>	<p><b>All Adults</b></p> <p><b>All Adults Families</b></p>	<p><b>Wellness/Recovery Program (100/1)</b></p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul> <p><b>Recovery Coordinators (2)</b></p> <ul style="list-style-type: none"> <li>▪ AHCI, Inc</li> </ul>	<p>Human Services Block Grant</p> <p>Human Services Block Grant</p>

## **Appendix I**

### **Child/Adolescent Mental Health Existing Services**

**Child / Adolescent / Early Intervention Services**

**FY 2017 BEAVER COUNTY PLAN  
ESSENTIAL SERVICES IN A RECOVERY-ORIENTED SYSTEM - CROSSWALK**

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Family Based Services	Child / Adolescent	<p><b>Glade Run Lutheran Services</b> 1008 7<sup>th</sup> Avenue, Suite 210 Beaver Falls, PA 15010 (724) 843-0816 Fax (724) 843-0818 (20/1)</p> <p><b>Southwood Family Based Mental Health Services</b> 342 Creek Road Canonsburg, PA 15317 (724) 338-4080 Fax (724) 514-7942 (50/1)</p> <p><b>Wesley Spectrum Services 221</b> Penn Avenue Pittsburgh, PA 15221 (412) 342-2300 Fax (412) 247-6399 (12/1)</p> <p><b>Pressley Ridge</b> 530 Marshal Avenue Pittsburgh, PA 15214 (412) 442-2080 (724) 843-5320 FAX (412) 321-5281 (32/1)</p>	<p>Health Choices</p> <p>Health Choices</p> <p>Health Choices</p> <p>Base Health Choices Human Services Block Grant</p>



Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Behavioral Health Rehabilitation Services	Child / Adolescent	<p><b>Community Alternatives</b> 500 Market Street, Suite 300 Bridgewater, PA 15009 724-728-0535 (Phone) 724-728-1605 (Fax) ( Prescription driven... unlimited)</p> <p><b>Family Behavioral Resources</b> 150 Pleasant Drive, Suite 10 Aliquippa, PA 15001 (724) 775-1362 FAX (724) 775-3793 ( Prescription driven... unlimited)</p> <p><b>Glade Run Lutheran Services</b> 1008 7<sup>th</sup> Avenue, Ste. 210 Beaver Falls, PA 15010 (724) 843-0816 FAX (724) 843-0818 ( Prescription driven... unlimited)</p> <p><b>Family &amp; Child Development Center Wesley Spectrum Services</b> 221 Penn Avenue Gibsonia, PA 15044 (724) 443-4888 FAX (412) 347-3227 (Prescription driven ...unlimited)</p> <p><b>Western PA Psych. Care</b> 1607 3<sup>rd</sup> Street, Beaver, PA 15009 (724) 728-8400 FAX (724) 728-7666 (Prescription driven ... unlimited)</p> <p><b>Cranberry Psychiatric Services Mental Health Solutions</b> 2671 Darlington Road Beaver Falls, PA 15010 (724) 843-4647 FAX (724) 843-8033 (Prescription driven ...unlimited)</p>	<p>Health Choices MA MH FFS</p> <p>Health Choices MA MH FFS</p> <p>Health Choices MA MH FFS</p> <p>Health Choices MA MH FFS</p> <p>Health Choices MA MH FFS</p> <p>Health Choices MA MH FFS</p> <p>Health Choices MA MH FFS</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Psychiatric Services	Child / Adolescent	<p><b>Beaver County Behavioral Health</b> 1070 Eighth Avenue Beaver Falls, PA 15010 (724) 891-2827 or 1-800-318-8138 www.bcbh.org (Unlimited)</p> <p><b>Primary Health Network</b> 176 Virginia Avenue Rochester, PA 15074 724-775-5208</p> <p><b>HV-Sewickley Staunton Clinic</b> 720 Blackburn Road Sewickley, PA 15143</p> <p><b>Glade Run</b> 1008 Seventh Ave., Suite 210 Beaver Falls, PA 15010 724-843-0816</p> <p><b>Primary Health Network, Beaver Falls</b> 1302 7<sup>th</sup> Avenue Beaver Falls, PA 15010 724-843-0314</p> <p><b>Primary Health Network, Aliquippa</b> 99 Autumn Street Aliquippa, PA 15001 724-857-3570</p> <p><b>Community Alternatives</b> 500 Market Street Suite 300 Bridgewater, PA 15009 724-728-0535 (Unlimited)</p> <p><b>Human Services Center</b> 130 West North Street New Castle, PA 16101 724-658-7874 (Unlimited)</p> <p><b>Western PA Psych. Care</b> 1607 3<sup>rd</sup> Street Beaver, PA 15009 724-728-8411</p>	<p>Health Choices MA Human Services Block Grant</p> <p>Health Choices MA Human Services Block Grant</p> <p>Health Choices MA Human Services Block Grant</p> <p>Health Choices MA Human Services Block Grant</p> <p>Health Choices MA</p> <p>Health Choices MA</p> <p>Health Choices MA</p> <p>Health Choices MA</p> <p>Health Choices MA 3<sup>rd</sup> party Insurance</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Psychiatric Hospitals	Child / Adolescent	(Unlimited)  <b>Belmont Pines Hospital</b> 615 Churchill – Hubbard Road Youngstown, Ohio 44505 Phone: 330-759-2700 (102/1)  <b>Western Psychiatric Institute and Clinic</b> 3811 O'Hara Street Pittsburgh, PA 2593 412-624-2100 1-877-624-4100 <ul style="list-style-type: none"> <li>▪ Child / Adolescent unit (29)</li> <li>▪ John Merck unit (10)</li> <li>▪ Bipolar unit (9)</li> </ul> <b>Southwood Psychiatric Hospital</b> (412) 257- 2290 or (888) 907-5437 Fax (412) 257-0374 2575 Boyce Plaza Road Pittsburgh, PA 15241 (50/1)  <b>Clarion Psychiatric Hospital</b> 2 Hospital Drive, Clarion, PA 16214 (814) 226-5232 (32/1)  <b>Sharon Regional Health System</b> 740 East State Street Sharon, PA 16146 Phone 724-983-3911 (12/1)  <b>Heritage Valley Health System</b> 1000 Dutch Ridge Road Beaver , PA 15009 (724) 773-4525 (32/1) age 18 and above	Health Choices MA 3 <sup>rd</sup> party Insurance   Health Choices MA 3 <sup>rd</sup> party Insurance   Health Choices MA 3 <sup>rd</sup> party Insurance   MA 3 <sup>rd</sup> party Insurance   Health Choices MA 3 <sup>rd</sup> party Insurance
Early Intervention - Multi-Disciplinary Evaluation	0-3 years of age	<b>Achieva /COMPRO</b> 711 Bingham Street, Pittsburgh , PA 15203 (412) 995-5000 (Unlimited)	MA FF Human Services Block Grant

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Early Intervention Services	0-3 years of age	<p><b>Rehab Links</b> P.O. Box 343 Delmont, PA 15626</p>	<p>MA FF Human Services Block Grant</p>
		<p><b>TEIS (MDE's only)</b> Three Parkway Center East 2020 Ardmore Blvd., Suite 295, Forest Hills, PA 15221 (412) 271-8347 (Unlimited)</p>	<p>MA FF Human Services Block Grant</p>
		<p><b>Beaver County Behavioral Health Direct Service Unit Case Management</b> 1070 Eighth Avenue, Beaver Falls, PA 15010 (724) 891-2827 (TTY capability) or 1-800-318-8138 (150/1)</p>	<p>MA FF Human Services Block Grant</p>
		<p><b>Integrated Care Corporation</b> 371 Bethel Church Road, Ligonier, PA 15658 1-888-645-5683 (Unlimited)</p>	<p>MA FF Human Services Block Grant</p>
		<p><b>Pediatric Therapy Professionals</b> 3023 Wilmington Rd., New Castle, Pa 16105 (724) 656-8814 (Unlimited)</p>	<p>MA FF Human Services Block Grant</p>
		<p><b>Positive Steps</b> 5316 William Flynn Highway Route 8 Gibsonia, PA 15044; (724) 444-5333 (Unlimited)</p>	<p>MA FF Human Services Block Grant</p>
		<p><b>Tiny Tots Child Development</b> 393 Adams Street Rochester, PA 15061. (724) 774-2677 (Unlimited)</p> <p><b>Western PA School for the Deaf (Hearing Services Only)</b> 300 East Swissvale Avenue, Pittsburgh, PA 15218 (412) 244-4261 (Unlimited)</p>	<p>MA FF Human Services Block Grant</p> <p>MA FF Human services Block Grant</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Residential Treatment Facilities	Child / Adolescent	<p><b>AVID- WPPC</b> 1607 Third Street, 3<sup>rd</sup> Floor Beaver, PA 15009</p> <p><b>Community Care Connection</b> 114 Skyline Drive Butler, PA 16004 (724) 283-3198</p> <p><b>MHY Family Services</b> 521 Route 228 Mars, PA 16046 Phone: 724-625-3141 Fax: 724-625-2226</p> <ul style="list-style-type: none"> <li>▪ Male unit (12/1)</li> <li>▪ Diversion and Acute Stabilization unit (24/1)</li> </ul> <p><b>Southwood Hospital: Treatment Facility</b> 311 Station Street Bridgeville, PA 15017 (412) 257-2290</p> <ul style="list-style-type: none"> <li>▪ I.D. Dually Diagnosed RTF (40/1)</li> <li>▪ Sexually Maladaptive Behavior RTF (27/1)</li> </ul> <p><b>The Bradley Center</b> 5180 Campbells Run Road Pittsburgh, PA 15205 (412) 788-8219 (104/1)</p> <p><b>Belmont Pines Hospital</b> 615 Churchill-Hubbard Road Youngstown, OH 44505 Phone: 800 423- 5666 or 330 759-2700 (56/1)</p> <p><b>Kids Count Inc. Community Based Residential Treatment Facility</b> 317 W Jefferson Street, Butler PA 16001 724 284-0076</p> <ul style="list-style-type: none"> <li>▪ 317 W Jefferson Street, Butler, PA 16001 (male 8/1)</li> <li>▪ 564 W New Castle, Pa 16001 (male / female 8/1)</li> </ul>	<p>MA FF</p> <p>MA FF Human services Block Grant</p> <p>Health Choices MA</p> <p>Health Choices MA</p> <p>Health Choices MA</p> <p>Health Choices MA</p> <p>Health Choices MA</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
		<p><b>Harborcreek Youth Services (78/1)</b> 5712 Iroquois Avenue, Harborcreek, PA 16421 (814) 899-7664</p> <ul style="list-style-type: none"> <li>▪ St Joseph House (10/1)</li> <li>▪ Conway House (16/1)</li> <li>▪ Wagner House (16/1)</li> <li>▪ Columbus House(16/1)</li> <li>▪ Liberty House (10/1)</li> <li>▪ 26<sup>th</sup> Street House (10/1)</li> </ul> <p><b>Beacon Light-Bradford</b> 800 East Main St., Bradford, PA 16701</p> <p><b>Fox Run Center</b> 67670 Traco Drive St. Clairsville, OH 43950 Phone: 740-695-2131 Toll Free: 800-245-2131</p> <p><b>Sara Reed Children's Center</b> Main Campus 2445 West 34<sup>th</sup> Street Erie, PA 16506 814-838-1954 (Phone) 814-835-2196 (Fax)</p>	<p>MA</p> <p>Health Choices MA</p> <p>Health Choices</p> <p>Health Choices MA FFS</p> <p>Health Choices MA FSS</p>