

BEAVER COUNTY
HUMAN SERVICES PLAN
2015-2016

Table of Contents

Appendix A – Assurance of Compliance	3
Appendix B – Human Services Plan Narrative Responses	
• Part I: County Planning Process	5
• Part II: Public Hearing Notice	9
• Part III: Waiver Request	9
• Part IV: Human Service Narrative	
Mental Health Services	10
Intellectual Disability Services	23
Homeless Assistance Services	<u>30</u>
Children and Youth Services	<u>32</u>
Drug and Alcohol Services	<u>47</u>
Human Services and Supports/Human Services Development Fund	<u>57</u>
Appendix C-1 – Proposed Budget and Service Recipients Spreadsheet	<u>62</u>
Appendix D – Stakeholder Outreach	<u>66</u>
Appendix E – Public Hearing Notice	<u>69</u>
Appendix F – Summary of Public Hearing	<u>72</u>
Appendix G – Beaver County System of Care Work Group Table.....	<u>77</u>
Appendix H – Adult Mental Health Existing Services	<u>82</u>
Appendix I – Child/Adolescent Mental Health Existing Services	<u>89</u>

Appendix A

Assurance of Compliance Board of Commissioners Signature Page

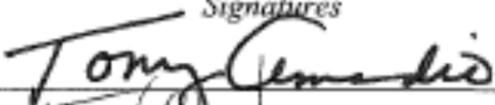
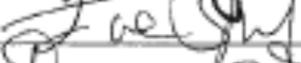
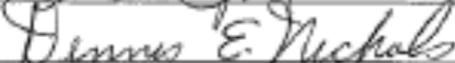
Appendix A
Fiscal Year 2015-2016

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 Pre-Expenditure Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C.** The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to 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 handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.
 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Tony Amadio	Date: 6-30-15
	Joe Spanik	Date: 6-30-15
	Dennis Nichols	Date: 6-30-15

Appendix B

County Human Services Plan Template

PART I: COUNTY PLANNING PROCESS

1. The county planning and leadership team process.

The Beaver County Planning Team includes representatives from each of the program areas outlined in the plan and also includes the local Office on Aging. This team met on June 3, 2015 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 who receive services, families, change agents, and providers. The County Planning Team and SOC Leadership Team 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. Critical stakeholder participation.

Beaver County has a comprehensive quality management (QM) structure outlined by the Department of Human Resources to assure the successful implementation of HealthChoices. In Beaver County, families and peers comprise 51% of the QM committee. The committee is facilitated by the County's Administrative Service Organization, Value Behavioral Health, and includes representatives from mental health, substance abuse services, and intellectual disabilities (ID). In addition to measures established by the state, County specific performance outcomes are added each year. Findings from the Family/Consumer Satisfaction Teams, Incident Management reports, and Transformation Priorities are also reviewed by this committee. FACT sheets are also presented quarterly to provide updates on SOC initiatives.

Beaver County Behavioral Health also has a SOC Quality Improvement (QI) committee that meets bi-monthly to review data collected that is related to the various areas included in the plan. Several sources of secondary data are used to create reports that are reviewed by the QI committee. Examples include: countywide standards developed for the Single Points of Accountability (SPAs); fidelity assessments of specific Evidence-Based Programs (EBPs), such as Supported Employment and employment outcomes, housing placement information, implementation of the electronic service plan (eSP), and jail recidivism data.

Additionally, BCBH has an internal QI committee that meets monthly to assure coordination among mental health, intellectual disabilities, and drug and alcohol. Service utilization, outcome data, and client satisfaction are considered by each member of the County Planning Team when funds are allocated each year. Priority is

given to evidence-based practices that address the County-level measures and transformation priorities.

The **Single County Authority** that administers Drug and Alcohol services for Beaver County also has a number of methods to obtain stakeholder input. These include, in addition to participating in the quality management meetings, the County Leadership Team and the Steering Committee; the Drug and Alcohol Advisory Council; the Prescription Drug Coalition; the Problem Gambling Prevention Coalition; and the planning committee for Forward/U. The **Intellectual Disability** program also participates in the quality management meetings, the County Leadership Team, and the Steering Committee.

Children and Youth uses the following data sources to determine the achievement of benchmarks and outcomes of the programs funded by the Block Grant:

- Hornby Zeller NBB data package
- AFCARS
- AOPC Data Dashboard and PPI data
- Pennsylvania Partnership for Children
- Agency generated year end reports
- Provider outcome reports
- Agency placement and re-entry data

All of the above data is evaluated to determine if the funded programs are achieving positive outcomes. Information is shared with stakeholders at public hearings, stakeholder meetings, and steering committee, and meetings with families and transition-age youth. To date, the Special Grant programs have been critical to the agency being able to safely reduce the number of children entering out-of-home placements by allowing the development of an array of services designed to keep families safely together. When children do enter placement, Children and Youth uses programs funded by the block grant to complete thorough assessments and work toward safe and timely reunification. Programs designed to increase family engagement have allowed the agency to develop a much more strength-based orientation that, in turn, increases the family's role and voice in the casework process. Other block grant programs allow the agency to meet its mandate of "Reasonable Efforts" to prevent placement by assisting families to meet their requirements for basic needs, while others enable staff to divert children/families from the CYS system by providing preventative services.

In the **Homeless Assistance Program (HAP)** operated by the Community Development Program, the subrecipient agencies submit quarterly activity reports. These figures are entered into a yearly report submitted to the Department of Public Welfare. In order to assure program compliance, all participating agencies are monitored annually during a site visit. Tracking and a coordinated assessment process also occur through the utilization of the County's Homeless Management Information Systems (HMIS). In addition, the annual Point-in-Time survey is conducted through the County's Continuum of Care. This is also used to determine homeless need. The HAP

complements the efforts of the County's Emergency Solutions Grant and the Continuum of Care. These efforts are shared with stakeholders through the county's Housing and Homeless Coalition that is comprised of approximately 50 organizations, including representatives from state and local government, private non-profits, and the faith-based community.

Beaver County Office on Aging (BCOA) has an Advisory Council which, according to its by-laws, must be at least 60% older citizens of Beaver County. This group meets 10 times a year to offer advocacy, feedback, and support to BCOA programs. The agency also has more than 60 volunteers, who work in Aging programs and provide assistance with planning and service delivery. Approximately 90% of these volunteers are over age 60. The Advisory Council and the volunteers were provided an opportunity to complete the online survey about behavioral health services in Beaver County.

In addition to the two Public Hearings for the Block Grant, one of which is also a SOC Stakeholder meeting, Beaver County staff and the BCBH Recovery Coordinators conducted outreach efforts to engage a broad range of constituents in the planning process. ***This year, an online survey using Survey Monkey was distributed to stakeholders, including natural supports, faith-based organizations, the provider community, consumer groups, family members, housing providers, and forensic partners. Information presented was also placed in the "spotlight" of the Beaver County System of Care website. A paper survey was also distributed to consumer and family groups and was available at both public hearings. The survey concentrated on identifying strengths and needs.***

3. How the county assures services to its residents are provided in the least restrictive setting.

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. The county had one person in a state (non-forensic) facility since Mayview closed in December 2008. That person was originally in the forensic unit and transferred to civil. As of May 2015, Beaver County had only 11 children/adolescents in residential treatment.

BCCYS is an agency that believes in using a strength-based approach with families and that children have a right to be raised by their family whenever possible. Since 2006, BCCYS has reduced the number of children in out-of-home care by 60%. Its current placement rate is .87/1000 children in the county, the lowest percentage of any fourth class county in Pennsylvania. BCCYS workers are all trained to use solution-focused practice when engaging families. The agency utilizes FGDM for case planning, engagement, establishing permanency, and transition planning. In addition to its Crisis Stabilization Program, BCCYS has developed an Emergency Housing Program to assist families in need of safe, affordable housing.

BCOA also has a strong commitment to community-based services. When asked, very few seniors or disabled adults express a desire to reside in a nursing home. The vast majority prefer to remain in their own home receiving home and community-based services to meet their needs. This is also the least expensive way to assist those adults. Two to three adults can receive home and community-based services for the cost of one person living in a nursing home. 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.

The array of behavioral health services available in Beaver County is outlined in Exhibits H and I. These exhibits include service category, target population, service availability (number of slots and providers), and how allocated funds are utilized in conjunction with other available funding. Estimates of the number of individuals to be funded in each service can be found in Exhibit C-1.

Beaver County has been building a countywide SOC since 2005, when the county received a Cooperative Agreement for the Comprehensive Community Mental Health Services for Children and Their Families Program. The county has been refining its original SOC structure into a more comprehensive countywide effort and has been working with nationally recognized consultants, Drs. Kenneth Minkoff and Christie Cline, to expand their Substance Abuse and Mental Health Services Administration (SAMHSA) best practice Comprehensive, Continuous, Integrated System of Care (CCISC). This effort is currently funded, in part, through a SAMHSA Center for Mental Health Services (CMHS) transformation grant, the primary goals of which mirror the purpose and goal of Pennsylvania's Human Services Block Grant. Below is the organizational structure in place to implement the SOC. This process was highlighted as the county's innovative service in the Block Grant application.

System of Care Management Structure



4. Substantial programmatic and/or funding changes being made as a result of last year’s outcomes.

Block grant funding in Beaver County has led to greater collaboration among human services departments, increased data sharing, and valued flexibility between previously categorical budget line items. Although it has not yet resulted in substantial programmatic and/or funding changes, the successful collaborations and flexibility have resulted in the Board of Commissioners considering the establishment of a Human Services structure.

PART II: PUBLIC HEARING NOTICE

The two required public hearings were held on Wednesday, June 17, 2015 and Thursday, June 25, 2015. The event on June 25, 2015 also served as the SOC stakeholder annual meeting. ***One meeting was held at a senior center located in the Beaver Valley Mall. The other was held at the local community college. Proof of publication of notice can be found in Appendix E. A summary of each hearing can be found in Appendix F.***

PART III: WAIVER REQUEST

Beaver County is not requesting a waiver from the minimum expenditure level for any categorical area.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights:

- 1) **The HELP Team:** Pressley Ridge has added a new crisis team to those already serving Children Youth and Juvenile Services. This offers an immediate response to families and youth in need of assistance.
- 2) **Mental Health First Aid:** For several years now, Beaver County has been offering Mental Health First Aid (MHFA) to promote mental health literacy across the county. Seven individuals were recently trained in Youth MHFA and this training will be offered to all of the school districts.
- 3) **Implementation of Act 53:** An Act 53 commitment is a legal procedure for a parent or guardian to get a juvenile treatment for a significant substance abuse problem. Beaver County developed a process to successfully implement this treatment option.
- 4) **First Annual Rx Drug Coalition Town Hall Meeting:** Over 200 people attended this important first meeting held to address the epidemic of prescription drug use and overdose deaths.
- 5) **Probation Teams:** Beaver County has added a new case management option for individuals on probation. The new probation teams are comprised of a re-entry (blended) case manager, a probation officer, and a peer. They work together to coordinate service plan needs and probation orders.

b) Strengths and Unmet Needs:

Please identify the strengths and needs for the following target populations served by the behavioral health service system:

Older Adults (ages 60 and above)

Strengths:

- Beaver County Behavioral Health (BCBH) works closely with Beaver County Office on Aging (BCOA). BCBH is a Core partner for the BeaverLINK. BeaverLINK is the Aging and Disabilities Resource Collaborative (ADRC) serving Beaver County residents.
- 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 participates in SOC activities.
- One of the two public hearings is held at a senior center.
- BCBH and BCOA participate collaboratively with the Penn State site of the Geriatric Education Center to review cases with other PA counties via teleconference. Approaches and resources are compared and developed to best address the individual cases being presented.
- BCBH and BCOA collaboratively attend/monitor Beaver County personal care home licensing visits/exits conducted by the PA Bureau of Human Services and 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. Nursing homes often deny admission due to previous mental health history.
- Accessing transportation that will travel across county lines to close neighboring sites, medical, and other.
- Community safety checks for Older Adults perceived to be especially vulnerable.
- Accessing appropriate inpatient care.
- Availability of trustworthy respite care.
- Additional [home support](#) worker resources to help promote “Aging in Place”.
- Increased access to a benefits counselor, who can help with Social Security and Healthcare questions.
- 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. The president of the local NAMI is also a member of VBH’s Beaver County’s MCO QM committee.
- BCBH has expanded the number of case management entities (Single Points of Accountability) and has a countywide initiative to assure competency across

providers. There is an initiative underway with VBH to establish best practice standards.

- Beaver County is working with case management providers to implement an electronic service plan (eSP).
- Through the eSP, crisis plans are now available to staff in both of the emergency rooms that primarily serve Beaver County clients.

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:

- BCBH has a work group chaired by the family coordinator and charged with increasing transition-age youth voice in the SOC.
- BCBH contracts with a faith-based organization in Aliquippa to provide life skills, academic support, and pre-vocational training to at-risk youth.
- The Mental Health Matters grant was used to introduce Signs of Suicide (SOS) in the local schools; this is being done in conjunction with the Student Assistance program.
- The Family-Focused Recovery Coordinator organizes the annual Children's Mental Health Awareness Day event for Beaver County, which has focused on transition-age youth the past two years.
- BCBH has supported the Managed Care Company's Transition-Age Advocacy Group (TAAG) events and has worked to assist with representation from Beaver County.
- Beaver County Rehabilitation Center offers vocational support to every school district through CAPs (Creating Alternative Pathways).
- Beaver County is working with the Managed Care Company and case management providers to develop countywide standards of best practice and to implement an electronic service plan (eSP).
- Through the eSP, crisis plans are now available to staff in both of the emergency rooms that primarily serve Beaver County clients.
- For transition-age youth currently receiving MH and/or ID services and involved with Special Education Services, the assigned case manager participates in the transition IEP's.
- Community Alternatives' StepUP Summer Program is a four-week summer program for transition-level students in Beaver County, ages 14-21. The program helps create awareness about careers and the necessary skills in obtaining employment,

identifying and implementing the necessary life skills for daily living situations, and proper social functioning.

- Through a SOC expansion grant from SAMHSA, the County is developing transition-age case management and offering an immediate response to families in crisis through the HELP Team.

Needs:

- Transportation to appointments, education, employment, supports.
- Case management staff with the skills and training to support a healthy transition to independent living.
- Increased access to mobile crisis.
- Increased housing options.

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

Strengths:

- BCBH serves as the Zone Administrator for student assistance program reporting for both drug and alcohol and mental health. BCBH contracts with The Prevention Network to deliver student assistance liaison services in all 14 school districts at the high school/middle school level. All students referred for SAP are screened and, if warranted, referred for further assessment.
- Drug and Alcohol Services of Beaver Valley offers services in all 14 school districts and can provide a co-occurring assessment. Beaver County Behavioral Health Outpatient Assessment Center is available to provide mental health evaluations and drug and alcohol assessments for all students referred through the Student Assistance Program.
- Beaver County Behavioral Health offers both in-home respite and out-of-home crisis stabilization for children and youth with mental health disorders and behavioral health issues.
- Pressley Ridge is the provider for out-of-home crisis stabilization.
- All BCBH child/adolescent staff is trained in the CASSP principles. At all Interagency Service Planning Team meetings, where there is County representation, the CASSP principles are applied.
- Beaver County, through its HealthChoices network with Value Behavioral Health, has a panel of independent evaluators available to assess and prescribe BHRS. An independent evaluator panel serves to reduce conflict of interest for service delivery.
- Beaver County has a long standing history of offering blended case management services and has increased the number of case management providers.
- BCBH added two School-Based Mental Health Outpatient sites (South Side and Big Beaver Falls). The target pilot schools of Aliquippa middle/high school building and Ambridge Highland elementary building have been successful.
- BCBH and over 60 exhibitors worked together to provide information, resources, and fun for the youth and families in Beaver County on May 7, 2015. This is an annual

event that has grown tremendously over the past 4 years. It has grown to include behavioral health, education, community, and physical health resources.

- 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 the eSP, crisis plans are now available to staff in both of the emergency rooms that primarily serve Beaver County clients.
- Through a SOC expansion grant from SAMHSA, the County is developing transition-age case management and offering an immediate response to families in crisis through the HELP Team.

Needs:

- Easier access to overnight respite.
- More mentoring and support for youth with special needs (for example, youth with an incarcerated parent).

Individuals transitioning out of 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.

Needs:

- One-on-one respite or stabilization.
- Housing with intense treatment component specific to individuals in the home.
- Wrap-around capacity for up to four months.
- More permanent, specialized housing.
- More housing for maximum of three individuals, who are not acceptable to any other housing provider (e.g., those under Megan's Law).
- Cross-training and clarification of roles (e.g., when to call Blended Case Management [BCM] or when to call Crisis).
- Training in interventions.
- Collaborative treatment planning.
- Locked, permanent housing (LTSRs as permanent housing for some individuals).

Co-occurring Mental Health/Substance Abuse

Strengths:

- Beaver County has been working since 2001 to develop a system of care (SOC) welcoming to individuals with a co-occurring mental health and substance use disorder (COD), who are involved in the forensic system.
- Progress is measured through tools found in the Comprehensive, Continuous, Integrated System of Care model developed by Drs. Minkoff and Cline, who work as consultants with BCBH.

- All providers in Beaver County assess for COD.
- BCBH offers the 10 part COD training series and motivational interviewing annually.
- BCBH is planning a case management service that will follow individuals with a substance use only and a COD.

Needs:

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

Justice-involved individuals

Strengths:

- Since 2001, BCBH has funded COD treatment and re-entry services in the county jail.
- BCBH also provides COD assessments in the courthouse and Global Appraisal of Individual Need (GAIN) screens in the Regional Booking Center.
- Beaver County is one of seven programs selected to participate in a national evaluation of the Second Chance Act (SCA) conducted by the Department of Justice. The aim of the SCA is to reduce recidivism by providing re-entry services in the jail and in the community.
- Beaver County makes contact with State Correctional Institutes, when an individual is identified on the Final Discharge Maximum Expiration (FDME) report. This report lists inmates receiving active mental health treatment or monitoring, and also contains the maximum sentence date for each inmate.
- BCBH participates in the County's Criminal Justice Advisory Board (CJAB) and helped to complete its strategic plan. The Sequential Intercept Model is part of the comprehensive strategic plan.
- Beaver County has an Assertive Community Treatment team with a strong forensic component.
- Mental Health First Aid training is being offered to local law enforcement, probation/parole, 911 dispatchers, Emergency Medical Services (EMS), and other first responders.
- Vocational services are provided in the jail and there is community follow up. There is a special work release program for women.
- The county has a sponsor program in which two faith-based organizations train and supervise individuals, who mentor released offenders.
- Another faith-based organization offers a Future Anticipated Cohort for youth, who have a parent in the justice system.
- The county oversees the Forensic Partner Meeting made up of county, probation, treatment, re-entry, vocational and faith-based providers, who meet monthly to discuss issues related to the provision of services to individuals with a behavioral health diagnosis who are involved in the justice system.

Needs:

- The importance of jail-based treatment, as part of forensic services, is well established, but funding for the program is difficult to maintain. It would be helpful if at least the State portion of the Medical Assistance dollar could be used for this purpose.
- Increased housing options are always needed.
- Specialized probation teams.
- Coordination of services and supports to families of offenders, who are in the jail or a State Correctional Institution.
- Increased employment options.

Veterans

Strengths:

- The County has a Veteran's Court. BCBH, through a contract provider, completes assessments for the 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.
- Veterans are identified as a priority population for enrollment into a specialized probation team if they get re-arrested while on probation. This team integrates probation, behavioral health, and peer services.
- Supportive Services for Veteran Families (SSVF) Program operates in the county and provides supportive services to very low income Veteran families in or transitioning to permanent housing. SSVF provides eligible Veteran families with outreach, case management, and assistance in obtaining VA and other mainstream benefits, which may include:
 - Health care services
 - Daily living services
 - Personal financial planning services
 - Transportation services
 - Fiduciary and payee services
 - Legal services
 - Child care services
 - Housing counseling services
 - Referral to local resources for furniture and food banks
 - Military discharge documents,
 - Connection to other Veteran resources via the local Veterans Affairs office out of the Beaver County Courthouse.
 - Employment options

Needs:

- Addiction Treatment and dual diagnosis groups.
- Housing for individuals with specific issues: substance abuse, mental health, or sexual offense charges/Megan law registrants.
- Funding from the Veteran's Administration that will support community options, such as case management.

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

Strengths:

- BCBH holds an annual training addressing LGBTQI topics. Specifically, trainings have included: *Working Competently with LGBT (Lesbian, Gay, Bisexual and Transgender) Consumers and Families*; and *Working Competently with LGBT Youth*. These are scheduled for fall 2015.
- The LGBTQI community is included in the countywide Cultural Linguistic Competency Plan.

Needs:

- More training would be helpful, especially, training focused on transition-age youth.
- Training that includes school personnel and students.
- Increased access to specialized providers.

Racial/Ethnic/Linguistic Minorities

Strengths:

- As a result of their involvement and oversight of the Cultural Linguistic Competence (CLC) Advisory Committee, the Beaver County Commissioners have approved a CLC training and planning initiative for all county staff under their supervision.
- The CLC Advisory Committee is represented on the Shell Oil Community Group to ensure that a trained and diverse workforce is an integral part of the discussions and future goals of the Shell facility in Beaver County.
- The increase in diverse articles in the local newspaper is a direct result of the involvement of the Beaver County Times editor serving on the CLC Committee.
- Beaver County's System of Care (SOC) has developed a Cultural and Linguistic Competency Plan that is fully committed to ensuring that all SOC agencies, programs, and services are responsive to the cultural, racial, and ethnic differences of the populations they serve.
- CLC Initiatives for 2015 will move toward complete implementation of the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care.
- Beaver County will develop and implement CLC training programs that will improve the overall employment representation of underserved minority groups.
- Beaver County will develop a minority database that will link potential employers with potential employees, who are members of under-represented groups.

Needs

- Expand the CLC activity and trainings on understanding more on the issues surrounding the LGBT community.
- 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 CLC committee to include other community representatives, such as parents, youth, and religious leaders.

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, has met under the leadership of the Beaver County Community Development Office. The HHCBC is comprised of over 100 members from over 50 agencies and meets monthly to address the need and to provide affordable, sustainable housing with the goal to end homelessness in Beaver County.
- 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 using a coordinated assessment.
- Since 2009, BCBH has had a permanent supportive housing program targeted to individuals diagnosed with serious, persistent mental illness. The program is designed to assist individuals in accessing and maintaining safe, affordable, permanent housing within the community by providing Housing Supports Coordination, funding for Bridge Subsidies until access to Section 8 HCV's is available, and funding to increase available housing stock.
- In 2014, funding was set aside from the HSBG for a homeless outreach coordinator to oversee one of the HUD funded permanent supportive housing programs designed to assist disabled households residing in shelters or places not meant for human habitation.

Needs:

- Increased outreach to individuals, who are homeless, and assistance in navigating the maze of services and community/natural supports.
- Expansion to 24 hour homeless shelter for men.
- An emergency family shelter.
- Increase in safe, affordable housing stock.
- Additional transportation resources for shelter and supportive housing program residents.
- 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.
- Through the Community Support Plan process at Mayview, BCBH has been successful in utilizing services and supports from the ID system for individuals, who do not technically qualify for that system, but are benefiting from the approach and the expertise available.
- 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 described in the ID section of this plan.
- BCBH is working with NHS to develop a regional Dual Diagnosis Treatment Team, which is a voluntary, community-based, direct service that provides intensive supports with a primary focus on crisis intervention, hospital diversion, and community stabilization to individuals with a co-occurring ID/MH diagnosis. This is achieved through the delivery of integrated case management, medication monitoring/ management, behavioral assessment, and the development and implementation of comprehensive behavioral support plans.
- In the past year, both Beaver County LTSRs (Friendship Ridge LTSR and NHS LTSR) have served clients dually diagnosed (MH/ID). Friendship Ridge LTSR collaborated with Beaver County MH and ID systems of care, admitting two clients from inpatient MH care, allowing for further stabilization and facilitation of ID waiver resources.

Needs:

- Lack of a “Step Down” option when transitioning back into the community from an Inpatient Psychiatric Unit.
- Challenges with medical co-morbidity remain a challenge.
- Difficulty with transition from Inpatient to community, especially when aging out and there is no family support.

c) Recovery-Oriented Systems Transformation:

The priority of the behavioral health system is to support recovery and resiliency. Below are Beaver County’s **transformation priorities/county level performance indicators**. As part of this year’s planning process the transformation priorities were expanded to reflect the human services, rather than the mental health, system. The measures added as part of the countywide planning process do not as yet have measures. Those are indicated with an asterisk (*).

Transformation Priorities

- Children, youth, adults, and the elderly are safe, healthy, living (whenever possible) in their own homes and have access to services that meet their needs*.
- Physical and behavioral health are provided in an integrated coordinated manner.
- All services in the county are delivered within a framework of trauma-informed care.
- There is a countywide crisis response to the national Opioid Overdose Epidemic*.
- Medication Assisted Treatment Protocols are available for all individuals in need of this treatment option*.

- Every citizen has access to safe and affordable housing options, and housing supports.
- There are education and community-based employment options for adults and transition-age youth.
- There is consistent countywide implementation of the standards for a Single Point of Accountability.
- Beaver County maintains a trained, skilled, effective, and productive workforce.
- Behavioral health, developmental services and criminal justice collaboration through implementation of the County's Sequential Intercept Model.
- Human Services funding support for successful recovery-oriented community support programs.

Brief Summary of each priority and corresponding fiscal resources is below.

Outcome measures and a time line are in Appendix G. The priorities added as part of the planning process do not yet have detailed outcome measure or timelines. These will be developed by the SOC Quality Improvement Committee.

- **Children, youth, adults, and the elderly are safe, healthy, living (whenever possible) in their own homes and have access to services that meet their needs***. This reflects a value shared across all human service departments. For the mental health system, this has been measured in part by following outcomes from the closure of Mayview State Hospital. New measures will be developed by the SOC Quality Improvement Committee and will include outcomes from Children and Youth, behavioral health, and the Office on Aging.
- **Increased integration of physical and behavioral health:** In January 2015, a Federally Qualified Health Clinic (FQHC), Primary Health Network (PHN), became the largest provider of mental health and COD outpatient services in the county. PHN has a commitment to the provision of integrated care. There are plans to do a study of medication reconciliation with PHN in the next fiscal year. These activities are funded through HealthChoices, grants, and block grant funding.
- **Implementation of a countywide framework of trauma-informed care:** In 2007 through a grant from the Pennsylvania Commission on Crime and Delinquency (PCCD), the County began to offer Seeking Safety, a trauma-informed evidence-based practice (EBP) to individuals in the local jail, who had a history of behavioral health issues and trauma. The County has provided multiple trainings on Seeking Safety and this EBP is now offered in the community, as well as in the jail. During this fiscal year, two peer-guided Seeking Safety groups took place and peer-guided Seeking Safety groups have occurred at the two county Long Term Structured

Residences. There are plans to continue the peer-guided Seeking Safety at the LTSR and to expand this practice into the community. Training is grant funded. Services are billable to HealthChoices and the block grant depending on the client's eligibility.

- **There is a countywide crisis response to the national Opioid Overdose Epidemic*:** The Beaver County Prescription Drug Abuse Coalition was established in October of 2012. Coalition members are from many sectors: Law Enforcement, Medical, Drug Treatment, Education, First Responders, Fire Fighter, Drug and Alcohol Prevention, Pharmacists, Print Media, etc. The initial aim of the group was looking at prescription drug abuse and education around this topic. In light of the opioid overdose epidemic, which includes heroin use, the focus of the group has expanded. Some of the objectives are to Increase public awareness of life-threatening opioid addiction and abuse. Reducing the availability of prescription drugs in the home by making families aware of how and where to disposed of unused, unneeded prescription drugs. A primary focus recently has been to poll Emergency Responders; EMS. Police Officers, Fire Fighters, First Responders on their thought regarding the use of Naloxone and asking them to share their protocol if one exist in their agency. Future planning is to focus training on Naloxone first through a Town Hall Meeting and then to develop trainings to help meet the needs of Emergency First Responders. The Single County Authority (SCA) is adding a Certified Drug and Alcohol Recovery Specialist as part of a warm hand off for those individuals identified as needing treatment and/or ancillary services.
- **Medication Assisted Treatment Protocols are available for all individuals in need of this treatment option*:** Individuals seeking Medication Assisted Treatment (Methadone) must be assessed for appropriateness by the SCA for pharmacotherapy using the guideline in the Pennsylvania Client Placement Criteria manual (except for VBH clients, who can go directly to the treatment provider). Re-authorizations can be completed by telephone with the treatment facility. Initial authorizations shall be for 26 weeks when using SCA funds. Re-authorizations or continued stays shall be for an additional 26 weeks when using SCA funds. Persons referred for methadone should be offered Resource Coordination Services, particularly if the client is an IV drug user. Re-authorizations are to be requested by the treatment facility 30 days prior to the end of the most recent authorization.
- **Increase safe and affordable housing options and housing supports:** In 2007, as part of a statewide OMHSAS initiative, BCBH developed and received approval for their permanent supportive housing plan targeted to individuals diagnosed with serious persistent mental illness. The program is designed to assist individuals in accessing and maintaining safe, affordable permanent housing within the community by providing Housing Supports Coordination, funding for Bridge Subsidies until access to Section 8 HCV's is available, and funding to increase available housing stock.
BCBH and the Housing Authority of the County of Beaver (HACB) have been working with the Cleveland Housing Network (CHN) over the last two years to

secure a potential site for a 40 unit affordable housing development. An option on a property in Beaver Falls with access to transportations, services and community supports has been secured. CHN will be submitting an application for Low Income Housing Tax Credits (LIHTC) to the Pennsylvania Housing Finance Authority for the 2016 funding round.

- **Increase education and employment options for adults and transition-age youth:** The County is especially interested in growing Supported Employment using mobile employment and mobile psych rehab peers. A countywide Employment Transformation committee exists and serves as a subcommittee of the SOC. For the last several years, vocational and educational assessments have been offered in the local jail. Psychiatric Rehabilitation is being expanded to serve youth starting at age 16 through a SAMHSA SOC expansion grant. This will be operational in the 15/16 fiscal year. The County's largest behavioral health vocational provider is also developing a plan to move funds from their workshop to community based employment options. This plan is due with their 15/16 contract. Supported Employment services and Psychiatric Rehabilitation are funded through HealthChoices, grants and base dollars. Other employment resources include the Office of Vocational Rehabilitation, Job Training, and CareerLink. These entities participate in the employment transformation committee.
- **Establish countywide standards for a Single Point of Accountability (SPA):** County SPA providers continue to meet as a group to develop consistent countywide standards and improve client outcomes. An online competency exams exist for Engagement, Emergency Room Diversion, Crisis Response and Crisis Prevention. Value Behavioral Health is participating in the group to identify best practice expectations. SPAs continues to use an electronic Service Plan (eSP). Crisis plans are part of the eSP and both emergency rooms have access to the crisis plans. Currently a grant funded audit is underway to measure adherence to SPA standards. That will be concluded by October 2015. Two new SPA providers have been added during the past year. One specializes in housing and the other in forensic reentry. Development of the eSP is grant funded. SPA services are billed to HealthChoices and the block grant.
- **Develop and sustain a trained, skilled, effective, and productive workforce:** BCBH continues to offer countywide training in evidence-based practices, such as Motivational Interviewing, Seeking Safety, Stages of Change, Wellness Recovery Action Plans (WRAP), and a ten-part COD series. Work is underway to determine if providers have individualized staff training plans. Training is predominately grant funded.
- **Advance behavioral health and criminal justice collaboration through implementation of the County's Sequential Intercept Model (SIM):** Beaver County has been using the SIM since 2009. The SIM subcommittee of the Criminal Justice Advisory Board (CJAB) is in the process of updating the plan and developing a presentation that shows changes over the past 5 years. This will be shared with the CJAB and, possibly, a meeting of the court and the bar during the next fiscal

year. The SIM outlines next steps for justice and behavioral health collaboration and is funded through HealthChoices, grants and base dollars. .

- **Increase behavioral health funding support for successful recovery-oriented community support programs:** BCBH continues to monitor spending trends over time to determine if more resources are going toward recovery-oriented community support programs.

Plan to evaluate priorities – A workgroup of the SOC Quality Improvement Committee met to determine the primary questions to be answered under each priority, to collect historical data, to develop baselines and next steps. The outcome measure that resulted can be found in Appendix G.

INTELLECTUAL DISABILITY SERVICES

BCBH services as the Administrative Entity for the County of Beaver and is the first point of contact for individuals and families seeking information and/or direct services. Services include: intake, assessment, individual support planning, psychiatric evaluation/consultation, treatment planning, and service authorization. Case Management Services include: monitoring, advocacy, service planning, and continuity of care. Types of Case Management include: Early Intervention and Supports Coordination (Targeted Service Management, and Waiver Supports Coordination). Services are financed through both block grant and waiver funds.

- **Early Intervention Services:** The delivery of authorized educational, developmental, therapeutic services to developmentally delayed infants (birth to 3 years) and their families occurs in the natural environment. Early Intervention Services in Beaver County are designed to help families maximize the development potential of infants and toddlers, who are at-risk for or have disabilities. Early Intervention builds upon the natural learning occurring from birth to 3 years of age. Services are individualized and based on the concerns and priorities of the family, and the needs of the child. Early Intervention programs include activities and services designed to: 1) Facilitate intellectual, emotional, physical, mental, social, and language development. 2) Encourage the participation of the parents in the development and operation of any such programs.
- **Intellectual Disabilities Services:** The Beaver County Intellectual Disability Program coordinates services for adults and children diagnosed with intellectual disability prior to their reaching the age of 22. Individuals with an Intellectual Disability Diagnosis, who are current residents of Beaver County, are eligible for supports coordination services at no fee. Services available are intake, assessment, individual support planning, psychiatric evaluation/consultation, treatment planning, and service authorization. Services can begin as early as age 3 with an assigned Supports Coordinator assisting and monitoring all services throughout the

individual's involvement in the program. Types of services are: 1) Residential, 2) Adult Day Program, 3) Behavioral Support Services, 4) Vocational Rehabilitation, and 5) Family Support Services.

	Estimated / Actual Individuals served in FY 14/15	Projected Individuals to be served in FY 15/16
Supported Employment	20	25
Sheltered Workshop	31	30
Adult Training Facility	25	24
Base Funded Supports Coordination	307	320
Residential (6400)	20	20
Lifesharing (6500)	0	0
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Services	0	0

*These number represent Block Grant funded individuals only.

Supported Employment is a way for people to achieve their personal dreams of success, respect, and control. Having a job can be an important part of one's self-identity and value in society. Employment is an essential part of self-determination for many people. Employment is defined as: A job in the community that the person wants and can perform, with or without accommodation and support. The job matches the person's abilities, career goals, aspirations, and pays at least minimum wage. Beaver County participates in the state's Employment Pilot Program. Some Beaver County related statistics from the Employment Pilot Program.

- **Total # of Youth and Young Adults Receiving Supported Employment Funding**
 - Total unduplicated number of youth and young adults served by the pilot project - 7
 - Number of youth and young adults in the pilot with a job paying at least minimum wage - 4
 - Number of youth and young adults in the pilot working 20 hours or more a week - 4
 - Number of youth and young adults in this year's pilot, who received pilot funding in the previous year - 6
- **Age Breakdown of Youth and Young Adults Who Received Pilot Funded Supported Employment at the Time of Their Entry Into the Pilot Program**
 - Age 16 and below - 0
 - Age 17 through 21 - 0
 - Age 22 through 26 - 4

- Age 27 and older - 3

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.

- ❖ Increase number of individuals moving from non-work to vocational training
- ❖ Increase number of individuals moving from vocational training to employment
- ❖ Increase number of hours individuals work
- ❖ Increase number of employers

Base Funded Supports Coordination – 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 is living and sharing life experiences with supportive persons, who form a caring household. Lifesharing is recognized as both a close personal relationship and a place to live. Lifesharers offer individuals the opportunity to be part of a family, and to participate in community life. Lifesharers and individuals are carefully matched, and supported by qualified professionals to achieve the person's program objectives. Birth families are encouraged to be part of the matching process, and continue to have close relationships with individuals who choose a Lifesharing option. Beaver County currently has 3 clients who participate in the Lifesharing Program. BCBH was approached by 1 client during past fiscal year about entering the Lifesharing program. BCBH will continue to support those individuals in pursuing Lifesharing when residential options become available.

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: 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 – 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.

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.

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 – 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

Homeless Assistance

The Homeless Assistance Program (HAP) makes available a **continuum of services** to persons, who are at risk of becoming homeless or who are currently homeless. The Community Services Program (a designated public community action agency) administers the Program by establishing subcontract agreements with local human services agencies. These agencies provide the necessary supports to homeless or near homeless individuals, including emergency shelter, case management, bridge housing, rental assistance and information and referral, and other related supports.

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.

The chart below shows the actual number of individuals served through the HAP funds only in Program Year 14-15 and the projected number of individuals to be served in Program Year 15-16.

	Estimated Individuals served in FY14/15	Projected Individuals to be served in FY 15/16
Bridge Housing	0	0
Case Management	1750	1750

Rental Assistance	280	280
Emergency Shelter	250	250
Other Housing Supports	125	125

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.

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.

Emergency Shelter

Emergency shelter funding is used for hotels/motels. This program provides emergency, temporary shelter for individuals and families who are waiting to be placed in bridge or 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.

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.

BEAVER COUNTY CHILDREN AND YOUTH SERVICES

DATA SOURCES:

AGENCY STATISTICAL DATA
PROVIDER YEAR-END REPORTS
HORNBY ZELLER DATA
AOPC PPI DATA
AGENCY PLACEMENT AND RE-ENTRY DATA
AFCARS
CAPS CASELOAD DATA
PENNSYLVANIA PARTNERSHIPS FOR CHILDREN

Beaver County Children and Youth Services (BCCYS) is a state mandated, county administered agency that is responsible for the provision of child welfare services in Beaver County. For the past 6 years, the goals the agency have included:

- Safely reducing the number of children in out-of-home placement
- Reducing the number of children re-entering out-of-home care once they are reunified with a parent or guardian
- Reducing the use of congregate care settings for children in placement
- Increasing the use of kinship care when placement is necessary
- Increasing our efforts to engage non-custodial parents
- Improving our rates of reunification of children
- Expanding our service array to safely maintain children at home
- Establishing a consistent long-term view of families and establishing safe case closure
- Focus on teaming both within and outside of the agency
- Increasing the engagement of families with regard to all phases of planning and service provision
- Assuring that the permanency needs of children in placement are identified early and addressed throughout the life of the case
- Train our casework staff on a strength-based, solution-focused approach with families

The agency has been using a strength-based, solution-focused approach with consumers for the past few years. Our thought is that children have a right to be raised by their family of origin whenever that can be done safely. In order to facilitate that belief, we have focused on the creation of an extensive service continuum that prevents out-of-home placements by mitigating the safety threats to children and increasing the protective capacities of caregivers. Placement is only considered when safety cannot be assured using a combination of in-home services and informal supports. As we learn more about trauma with regard to children and caregivers, it becomes increasingly important to have strong assessments that can identify the root causes of family concerns that are jeopardizing the safety of children so they can be thoroughly addressed. Over the course of the last eight years, we have successfully reduced our placements by about 70%. The current Hornby Zeller data shows that our current placement rate is: 0.063/1,000 for admissions, 1.277/1,000 for those in-care now and 1.8/1,000 for those served. All of these percentages are lower than other fourth class counties, the western region, and the state. We also practice with a casework model as opposed to a case manager model. Our staff is expected to provide services to families themselves, in addition to those provided by community service providers. Staff has been trained to use a strength-based model of engagement with families that encourages them to more fully participate in the process. Over the past four years, we have seen a steady increase in the willingness of families to participate in their case plan. One of the focus groups held in connection with our May 2015 Quality Services Review was with active families. They all reported that, although they did not like the involvement of CY5 in their lives, they felt they had input into their case plans and were treated with respect by agency staff.

Over the past four years, the agency has concentrated our efforts toward safely reducing the number of children in out-of-home care, reducing the re-entry of children back into placement, and improving our rates of reunification/permanency. As placement rates decrease, it is important to have a wide array of in-home services that can effectively meet the needs of children and their families. We have found that all of our programming via special grants has had a positive impact on working toward our goals and on the well-being of children. A review of our most recent Hornby Zeller data shows that for the first time in about four years, our reunification rates are above 70% and that reunifications are occurring earlier in the placement episode. The federal benchmark for re-entry is 9.9%. We have not achieved that level of compliance, but our most recent rate is 14%, which is better than in previous years. Our efforts toward permanency and adoption are also positive. Concurrent planning will be implemented in Pennsylvania in July 2015, which will improve our permanency timeliness and our placement stability, an area in which we need to improve.

The agency's first Quality Services Review was held in May 2012. At that time, the areas identified as needing improvement were:

- Engagement of fathers
- Long-term view
- Teaming (both internal and external)

The agency formed a Continuous Quality Improvement Team and a Sponsor Group that began to address practice areas that would positively impact performance in these areas. In May 2015, we had our second Quality Services Review. All of the above areas improved and were not identified as a concern. Actually, the lowest percentage of the entire review was a 58% with regard to placement stability and was a result of one case. All of our other scores were in the 70's and above. We did identify areas that we will be addressing for the next three years:

- The agency will concentrate on internal and external teaming to facilitate improved service provision to children and families with a focus on improving the early learning and development of children in the community.
- Improve the success of families/children by focusing on achievable goals/objectives that are reasonable. May involve prioritizing the services in a family's home and limiting the number of providers involved with a family.
- Fully implement concurrent planning for children in out-of-home care, which will further address placement stability by identifying the most appropriate permanent home for a child early on in the placement episode.
- The agency continues to safely reduce the out-of-home placement of children by increasing the array of appropriate in-home services available to children/families. We want to assure that these services are assessing for trauma and are providing services to address the identified trauma, if applicable. At the same time, we are trying to safely reduce placements; we want to improve our rates of re-entry into care by assuring that children/families receive the appropriate intervention to address their underlying concerns, that supportive services are firmly in place in all domains when children are returned from care, and that informal supports are identified and engaged.
- That the safety, permanence, and well-being needs of children are identified, investigated, and addressed in the most solution-focused, strength-based manner possible. The addition of an assessment using CANS/FAST should assist in identifying the underlying concerns in the family.

	Outcomes
Safety	<ol style="list-style-type: none"> 1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate.
Permanency	<ol style="list-style-type: none"> 1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections are

	preserved for children.	
Child & Family Well-being	<ol style="list-style-type: none"> 1. Families have enhanced capacity to provide for their children's needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs. 	
Outcome	Measurement and Frequency	The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome
Children are safely maintained in their own home whenever possible and appropriate	<p>HZA data shows placement rate of .613/1,00 for entries; 1.2/1,000 for those in care</p> <p>Internal Monthly Reviews</p> <p>Pre Placement Meetings</p> <p>Provider year end reports</p> <p>Agency year end reports</p> <p>Review of safety plans</p>	<p>Teen Diversion</p> <p>FGDM</p> <p>Emergency Housing</p> <p>Harmony House (Bridge to Recovery)</p> <p>Reasonable efforts housing costs</p> <p>MST</p>
Children have permanency and stability in their living arrangements	<p>Internal placement data (monthly)</p> <p>AOPC/PPI/Dashboard (quarterly)</p> <p>Hornby Zeller (HZA) (2X yearly)</p>	<p>Teen Diversion</p> <p>FGDM</p> <p>MST</p> <p>All housing initiative programs</p>
Families have enhanced capacity to provide for their children's needs	<p>Internal monthly reviews</p> <p>QSR (every 3 years)</p> <p>Agency QA (monthly)</p>	<p>TIP</p> <p>FGDM</p> <p>Teen Diversion</p>

	Review of provider reporting (monthly) Focus groups Review of truancy data gathered internally by program staff	All of Housing Initiative MST
--	---	--------------------------------------

For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.

<u>Program Name:</u>	<u>Crisis Stabilization (Teen Diversion)</u>
----------------------	--

Please indicate the status of this program:

<u>Status</u>	<u>Enter X</u>			
<u>Funded and delivered services in 2014-2015 but not renewing in 2015-2016</u>	-	-	-	-
<u>Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)</u>	-	<u>New</u>	<u>Continuing</u>	<u>Expanding</u>
		X		

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

The Crisis Stabilization Program (Teen Diversion) was developed four years ago as an attempt to divert youth from being placed into emergency shelter. Agency data showed that once adolescents were in placement via shelter care, it was very difficult to reunify them with their caregiver. The program responds to all requests for shelter placement that are received by intake or on-going units within the agency. Program staff respond either immediately or within 24 hours. A face-to-face interview is always held with the family within 24 hours of referral. The program will remain involved with the family for 3 to 4 months. During that time an evaluation is completed and the family is referred to the most appropriate services to meet their on-going needs. The program uses the North Carolina Family Assessment Scale (NCFAS) to measure the family's improvement with regard to skills and well-being. In 2015-15, the program will also begin to use the CANS/FAST with referred families.

In 2014-15, the agency added three additional teams to the program. Referrals were expanded to include families experiencing crisis with not just adolescents but all ages of children. In addition, during the last two months of 2014-15 Juvenile Probation began to use the program for their families. Particularly those families that were referred to their intake department and who were on consent decrees.

For FY 2014-15, the program was active with 76 children of which 64 were successfully discharged. As of 5/31/15, 85% of children remained with their family, 82% of families improved their skills in providing for their children and 91% of families were very satisfied with the services they received. The average length of involvement with a family was 3.3 months and the average age of the identified child was 15 years old.

The desired outcome for this program is to safely avert out-of-home placement for a child by thoroughly assessing the family system to identify the root cause of concerns and refer the family to appropriate treatment services. This year we experienced difficulty in making referrals to Family Based Mental Health services. A local provider ended their FBMH services in December 2014 and there has been a tremendous backlog since that time in getting the service. A majority of the families seen by the crisis program are referred for family based and there has been a long wait to transition the families to that service.

In FY 2014-15, the agency was unable to sustain the practice of Strength-Based Family Workers that was funded as an evidence-based practice in the Block Grant. The amount allocated to that program was \$25,144. That money was added to the Crisis Stabilization Program allocation in the block grant bringing the amount spent to \$253,159. The agency contracts for 5 teams to provide the crisis services to CYS and JPO families at a cost of around \$900,000 so the amount provided in the Block Grant funds only a portion of the actual program cost.

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

Complete the following chart for each applicable year.

	14-15	15-16
Target Population	Adolescents	Families where placement is imminent. Both CYS and JPO
# of Referrals	36	76
# Successfully completing program	24	64
Cost per year	\$228,015	\$253,159
Per Diem Cost/Program funded amount	\$465.30	\$465.30

Name of provider	Pressley Ridge	Pressley Ridge
------------------	----------------	----------------

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

Program was not under-spent. Funding in the Block Grant covers the cost of 1.5 teams for program whereas the agency currently contract for 5 teams.

For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.

<u>Program Name:</u>	<u>Housing Initiative</u>
----------------------	---------------------------

Please indicate the status of this program:

<u>Status</u>	<u>Enter X</u>			
<u>Funded and delivered services in 2014-2015 but not renewing in 2015-2016</u>	-	-	-	-
<u>Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)</u>	-	<u>New</u>	<u>Continuing</u>	<u>Expanding</u>
		X		

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

The agency identified a concern with our families experiencing homelessness and their children entering placement as a result. The majority of these families did not immediately qualify for public housing or HUD funding and could not find or afford private housing. We met with our local Housing Authority and arranged to rent an apartment for use on an emergency basis. The apartment was never empty and there was a waiting list. Over the past 5 years, we have increased our number of emergency houses to ten. We also have one apartment designated for use by Independent Living. To qualify for emergency housing, the family must be a client of the agency. The family is required to pay 1/3 of their income to the agency; but if the family leaves the property in good condition, the accumulated payments are returned to them in full. While in housing, the family is required to receive casework services from the agency and other providers deemed necessary in the Family Services Plan. The majority of services address barriers that exist to the family securing safe, affordable housing. The family

signs a lease agreement that specifies all of the rules/regulations of the property. Many of the rules in the agreement come from our local Housing Authority, because we are using their properties.

Our original intent was for families to live in the properties for no more than three months, but that has not been possible. Many of our families stay for closer to a year. We have found that the majority of our families have circumstances, which make it difficult to access other housing, such as: felony convictions, poor payment histories, chronic disabilities that negatively impact their behavior, and very low incomes. In 2014-15, the agency had a total of 15 families with 42 children in our properties. Of the families entering our housing, three families experienced placement. In one family, two children entered placement due to their mother's continued heroin relapse, another had a teenage child enter care due to drug addiction and the last had a child enter shelter due to behavior problems. At the time of this writing, all of the children continue to be in placement.

The need for emergency housing is great and we frequently have four or five families waiting for one opening.

The agency also funds Bridge to Recovery, a transitional housing program for recovering addicts and their children. The program has four, two bedroom apartments and can serve female or male head of household. The provider for the program is Salvation Army. We have found that 90 to 100% of the parents participating in the program are experiencing concerns with regard to co-occurring disorders, not just addiction. To qualify for the program, the parent must be clean for 30 days and be a client of CYS. The family may remain in the program for up to one year while involved in treatment and following recommendations. While in the program, families are involved with parenting, relapse prevention groups, wellness programming, AA/NA meetings, social skills, and their mental health/substance abuse treatment. A year ago, the program began to admit parents who were using harm reduction for treatment. We also added a Peer Support person, who assists families trying to negotiate the various systems they are involved with and making the adjustment to sober living. During FY 2014-15, the program served 9 families with 11 children. The average length of stay for a family was 9 months. Program success is measured by the family being able to obtain safe, affordable housing, maintaining sobriety, and having custody of their children. This year, five families left the program successfully, one family lost custody of their child and relapsed, and 4 families are still in residence.

The last service area of the Housing Initiative is the efforts the agency staff makes to keep clients housed. We make extensive efforts to assist families with rent, utilities, repairs, and special projects, such as rewiring or adding dry wall that will allow children to safely remain with their family. We consider making reasonable efforts essential to our practice and a great assistance to families. In FY 2014-15, the agency assisted 223 families and 490 children.

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

Complete the following chart for each applicable year.

	14-15	15-16
Target Population	CYS homeless/near homeless	CYS homeless/near homeless
# of Referrals	1. 45 c 2. 13 c 3. 368 c	1. 42 c 2. 11 c 3. 490 c
# Successfully completing program	1. 43c no placmt 2. 3 fam, 6 c 3. 368 c	1. 39 c no placmnt 2. 9 fam 11c 3. 490 c
Cost per year	\$457,609	\$457,609
Per Diem Cost/Program funded amount	N/A	N/A
Name of provider	CYS, Salvation Army, CYC	1. CYC 2. Salvation Army 3. CYC

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

The allocation for housing was underspent in FY 2014-15 because the agency planned to expand our number of housing units by five and add another caseworker to provide services to the families. We could not get approval for staff until March 2015. We also could not expand by five properties because they were not available. We now have approval for hiring a caseworker and can begin to lease additional properties in September 2015.

For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.

<u>Program Name:</u>	<u>Multi Systemic Therapy</u>
----------------------	-------------------------------

Please indicate the status of this program:

Status	Enter X			
<u>Funded and delivered services in 2014-2015 but not renewing in 2015-2016</u>	-	-	-	-
<u>Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)</u>	-	<u>New</u>	<u>Continuing</u>	<u>Expanding</u>
		X		

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

Multi Systemic Therapy is a therapeutic intervention that is heavily researched and evidence-based as being an effective intervention with adolescents, who have been diagnosed with externalizing disorders, such as ADHD or Conduct Disorder. The practice is especially effective with youth involved with juvenile probation and the Court. The program in Beaver County is used primarily by Beaver County Juvenile Probation to prevent youth from entering placement and to reintegrate them into family/community from placement. The practices addresses the behavioral concerns the youth is experiencing in the context of their family, school, peers, and the community. The provider for Beaver County is Mars Home for Youth.

In FY 2014-15, there was difficulty with MST, because the state changed the way managed care would pay for the service. The practice used to be categorized the same as family-based mental health and a provider was able to begin service with the family prior to all of the authorizations being completed. The provider was able to go back 30 days to recoup the funding for the services they had provided. This changed when MST was categorized as a BHRS. Now, the provider cannot be paid for any past service. It has been difficult to make this transition, because it takes quite a while for an evaluation and to work through the MA loophole for families. Until that is completed, the family cannot receive the service. The money allocated under evidence-based practice in the Block Grant is used to pay for the service prior to insurance payment being available. The allocated amount of \$95, 597 is spent quickly, when the insurance process is not completed in a timely manner. Prior to this year, our allocated money was spent primarily for families who did not qualify for the service under insurance guidelines, but needed to be involved.

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

Complete the following chart for each applicable year.

	14-15	15-16
Target Population	Adolescent Youth	Adolescent Youth
# of Referrals	43c	35c
# Successfully completing program	19c	12c
Cost per year	\$95,597	\$95,597
Per Diem Cost/Program funded amount	\$166.55	\$166.55
Name of provider	Mars Home for Youth	Mars Home for Youth

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

The allocation for this service was slightly underspent in FY 2014-15. As explained in the above narrative, the way this intervention was categorized for reimbursement was changed this year and it impacted the way the program was utilized. There was a delay in getting the service going with families which resulted in referral sources turning to another form of intervention that did not have a delay. The agency and provider met and have resolved the referral concern. The Block Grant money will be applied to the program differently in 2015-16 and there will be less of a wait for services to begin.

For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.

<u>Program Name:</u>	<u>Strength Based Family Workers</u>
----------------------	--------------------------------------

Please indicate the status of this program:

<u>Status</u>	<u>Enter X</u>		
<u>Funded and delivered services in 2014-2015 but not renewing in 2015-2016</u>	<u>X</u>	-	-
<u>Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)</u>	-	<u>New</u>	<u>Continuing</u>
			<u>Expanding</u>

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the

funding is being discontinued and how the needs of that target population will be met.

This practice is focused on developing a strength-based skills orientation for those professionals working in social services. The intent is to improve the overall community practice with regard to strength-based services, so there is a continuity across all service systems. The credential offered is recognized nationwide and is qualified through Temple University for seven college credits. Two years ago, the name of the program changed from Family Development Credentialing to Strength-Based Family Workers. With the name change came a curriculum change that the trainers and portfolio advisors have had to implement. The current curriculum is more challenging and has had mixed reviews as to whether it was an improvement.

In Beaver County, we have not been able to garner attendance for this program. Many professionals began the class, but the workload was too high and they stopped attending. We also had issues getting commitments from portfolio advisors. They said that the advising took an extraordinary amount of time and it was not worth their effort. Consequently, we did not have anyone fully complete the program in FY 2014-15 and do not wish to have the program next fiscal year.

The funding for this program was transferred to Promising Practices Dependent, where it was used to help fund our Crisis Stabilization Program (Teen Diversion). The funding in the Block Grant really only covers the cost of 1.5 teams for the service when there are actually 6 teams operating. The additional cost for 4.5 teams is covered under Act 148.

For FY 15-16, the \$25,144 will be utilized for Promising Practices Dependent raising the amount of that special grant to \$253,159.

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

Complete the following chart for each applicable year.

	14-15	15-16
Target Population	Social Service Staff	Social Service Staff
# of Referrals	20	0
# Successfully completing program	11	0
Cost per year	\$25,144	<u>0</u>
Per Diem Cost/Program funded amount	\$600 to \$750/person	\$850 to \$900/person
Name of provider	Beaver County Collaborative Action Network	Beaver County Collaborative Action Network

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

The funding for this program was not spent. The agency has discontinued use of the program due to the reasons given in the above narrative. We do not plan to spend the \$25,144 in this program but have moved it to Promising Practices Dependent to increase the funding used for our Crisis Stabilization Program (Teen Diversion). The funding under that program is not sufficient to cover the cost. The agency has five teams operating and the Block Grant funding only covers the cost of 1.5 teams.

For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.

<u>Program Name:</u>	<u>Family Group Decision Making</u>
----------------------	-------------------------------------

Please indicate the status of this program:

<u>Status</u>	<u>Enter X</u>			
<u>Funded and delivered services in 2014-2015 but not renewing in 2015-2016</u>	-	-	-	-
<u>Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)</u>	-	<u>New</u>	<u>Continuing</u>	<u>Expanding</u>
		X		

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

FGDM is an engagement practice that the agency uses in a variety of situations. The practice is introduced to each family accepted for services by the agency. The provider goes to the family home and explains the practice and what's involved in a meeting so they can decide whether or not they would want to utilize the practice to develop their Family Service Plan. We use the practice for permanency decisions and expect this to increase due to the implementation of concurrent planning in July 2015. We continue to use the practice for transition planning for IL youth, the development of Act 101 agreements and for truancy. In 2015-16, we will be using the practice to reestablish family relationships between children and parents being released from jail. The use of FGDM clearly gives families more voice in decisions being made regarding their

children and gives them control of the planning process. The agency has seen the practice reduce the time a case is active with the agency, increase the availability of natural supports, develop an action plan that does not include CYS (truancy) and engage absent parent's involvement with their children. The application for the practice are endless.

For FY 2014-15, the agency's overall use of FGDM increased in all practice areas. We are predicting that this trend will continue into 2015-16.

FGDM is tracked on a statewide database that gathers information from a survey completed by those participating in a meeting. In addition, the agency gathers specific local outcomes from our provider.

The allocation for FGDM is \$193,566 in the Block Grant. The practice is also funded in the Needs Based Budget in the amount of \$247,000.

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

Complete the following chart for each applicable year.

	14-15	15-16
Target Population	CYS/JPO/MH/Schools	CYS/JPO/Schools/MH
# of Referrals	142f/270c	188f/313c
# Successfully completing program	78f	86F/189C
Cost per year	\$193,566	\$193,566
Per Diem Cost/Program funded amount	\$3,000 completed conference \$1,000 follow-up conference \$250 unsuccessful conference \$40 for introduction	Same as 13-14
Name of provider	The Prevention Network	The Prevention Network

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

For fiscal year 2014-15 the entire allocation for FGDM was spent.

For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.

<u>Program Name:</u>	<u>Truancy Intervention Program</u>
----------------------	-------------------------------------

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

The County has developed a truancy program that is a collaboration between CYS and Juvenile Probation. The Program is called TIP and is staffed by two full-time CYS caseworkers and one probation officer part-time. The staff attend all truancy hearings held by the nine District Justices in the county and offers an educational program to the parents/children in lieu of a fine or driver's license suspension. The educational session is held once a month or more depending upon the need. If the parent/child attends successfully, the District Justice dismisses the truancy charge. In FY 2014-15, 426 children were seen at hearings. The program staff also attends preemptive meetings at the schools and work with parents/children to identify service gaps leading to truancy prior to a charge being filed with the District Justice. This process has been extremely successful and unmet service needs of families are being identified and services provided. In FY 2014-15, 443 children were seen at school meetings and 88 were referred to the magistrate (19%). Not all of the county's 14 school districts participate in the preemptive meetings. The TIP staff have continued to work with their Truancy Protocol Committee in 2014-15. They have successfully adopted a countywide definition of truancy, absenteeism and unexcused absences. The only outstanding concern has been doctor's excuses for absences that are not valid. To date, we have not been able to identify a local physician willing/able to address the concern.

For FY 2014-15, the TIP program held 12 educational sessions to which 146 families were referred. Of the 146 families, 106 families attended (233 children). A total of 791 children were served by the TIP staff. The staff presented the program to the following organizations:

- Macedonia FACE
- PA Cyber
- Western Regional Tapestry Conference
- FGDM Advisory Board
- Beaver County Career and Technology Center
- Freedom Area School District Freshman Academy Forum
- Beaver County Children's Roundtable
- Regional District 5 Magistrate Meeting
- Ambridge Area School District

- [SWAN Permanency Conference](#)

[Program statistics and outcomes are maintained by the program staff and reviewed by agency administration.](#)

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

Complete the following chart for each applicable year.

	14-15	15-16
Target Population	Truant children/family	Truant children/family
# of Referrals	838	791
# Successfully completing program	419	570 (72%)
Cost per year	\$56,579	\$56,579
Per Diem Cost/Program funded amount	N/A	N/A
Name of provider	Beaver County Children and Youth Services/Beaver County Juvenile Services	Beaver County Children and Youth Services/Beaver County Juvenile Services

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

[There was no over/under spending. The funding pays part of the cost of one CYS caseworker 2 position.](#)

DRUG AND ALCOHOL SERVICES

This section should describe the entire substance abuse system available to county residents incorporating all supports and services 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
 - 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.

1. Information regarding access to services.

Access to Assessment and Treatment Services

Entry points for accessing treatment services in Beaver County are centralized. The Beaver County Single County Authority (SCA) has a case management unit comprised of one case management supervisor and three administrative case managers. Each case manager has completed the required core case management trainings and is available between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday, to provide screening and assessment.

A client's entry into the SCA Case Management and Treatment system generally occurs by telephoning the Beaver County Behavioral Health (BCBH) Drug and Alcohol Program with a request for treatment. Initial referrals come from various entities, including hospitals, the criminal justice system, treatment facilities, Children and Youth Services, managed care organizations, and self-referrals. Individuals seeking to access residential services, including short and long-term residential or a halfway house, are encouraged to contact the SCA for coordination, monitoring, and referral to an array of specialized treatment facilities and programs under contract with the SCA.

Access to detoxification and rehabilitation services in the county

- The BCBH D&A Program has a daily detox clinic from 8am-9am, except for Thursdays during biweekly staff meetings when the clinic hours are 10am-11am. The clinic operates on a first-come, first-served basis. A dedicated coverage person (assigned D&A case manager) is available to process referrals: screen for emergent care needs; complete paperwork, PCPC, consents, provider choice, etc.; do bed searches; case notes, etc. The unit will provide a list of potential clients to the front desk-reception. Reception will then number the clients in the order of their arrival. Other available case managers will assist in processing these assessments.
- SCA consents to all of the contracted residential treatment providers within our network are completed in order to provide payment to the individual's provider of choice and gather feedback about further treatment needs. Although the individual may be requesting the services of a particular provider; it is in the best interest of the client to complete an SCA release to all the contracted providers in the event the anticipated placement cannot be completed. The SCA also encourages the client to provide written consent for SCA staff to speak with an emergency contact. Often, clients need additional support to get into treatment and this practice allows facilitation of admission to the appropriate level of care.
- Should a client present after clinic hours, a case manager will provide the client with further direction or may process that client's request considering presenting symptomology and substance of abuse.

- For walk in clients who request detox services, the coverage (or available CM) will provide the client with further direction or may process that client's request considering presenting symptomology and substance of abuse.
- For case manager vacations and leave, coverage back-up will handle this process. Should there be a conflict because of a scheduled assessment or other work flow, a supervisor will distribute duties accordingly.

Weekends, After Hours Coverage, and Holidays

Clients having emergent care needs are instructed to go to their nearest emergency room.

Access to emergency detoxification services afterhours and weekends through the local emergency department of the hospital

- For Friday and long weekends, from 8am to 2:30pm, the process of completing the Profile, the Screen and the bed search is followed as outlined above. For clients calling or presenting after 2:30, the D&A case manager assesses the urgency of need by use of the Profile and the Screen, and **if safe** refers the client to come the DSU the following working day. In addition, the client is educated to access any hospital ER after hours services. If it is **not safe** to delay referring the client, the client must be scheduled and processed immediately and placement attempts completed.
- After hours, a recorded message directs any clients calling the SCA to present to the nearest Emergency Department for evaluation of emergent care needs.
- For case manager vacations and leave, coverage back-up will handle this process. Should there be a conflict because of a scheduled assessment or other work flow, a supervisor will distribute duties accordingly.

Limitations to Funding

The BCBH Drug and Alcohol Program has the discretion to limit funding for treatment. BCBH Drug and Alcohol Program will limit funding for inpatient treatment episodes to two (2) per fiscal year per client. Exceptions to this policy will be reviewed on a case-by-case basis and must have the approval of the SCA Administrator. Funding for detoxification services is limited to two (2) times per fiscal year per client. The SCA will limit Level of Care Assessments to two (2) per client per fiscal year. An assessment will be good for six (6) months for clients who have not engaged in treatment, or have discontinued treatment and would like to reinstate services.

These limitations do not apply to pregnant women. Clients who previously left a residential treatment facility AMA, SID, or were administratively discharged and are

seeking re-admission may be required to wait for a thirty (30) day period. This individual will be required to attend AA/NA meetings and provide documentation of attendance. In the interim, clients may attend outpatient services.

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

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

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

2. Waiting list issues:

The SCA does not maintain a waiting list for Drug & Alcohol clients. 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.

3. Coordination with the county human services system:

Collaboration with the BCBH MH/ID, and HealthChoices programs has benefited the SCA tremendously. The SCA works closely with the BCBH HealthChoices program specialist and the provider network to explore the possibility of converting existing programs, not billable to MA, into OMHSAS-approved Supplemental Services billable under HealthChoices and free up base dollars for HC-eligible members.

4. Any emerging substance use trends that will impact the ability of the county to provide substance use services.

In an effort to create public awareness around the dangers of prescription drug abuse, Beaver County Behavioral Health Drug and Alcohol Program, in conjunction with Community Health Challenge, now doing business as Keystone Wellness Programs, has convened a Prescription Drug Abuse Coalition. The Coalition is comprised of: a Federal Drug Enforcement Agent; the Beaver County District Attorney; physicians specializing in addictions, as well as pain management; law enforcement agents; pharmacists; a pharmaceutical manufacturing representative; county behavioral health care professionals; persons in recovery; and substance abuse treatment and prevention providers. The inaugural meeting took place on October 10, 2012 at Beaver County Behavioral Health. The Coalition continues to meet 4 times a year. The group has identified the following action steps:

1. Research best practice models in other states.

2. Support legislation for monitoring and coordination among health professionals at various levels and locations and law enforcement.
3. Provide Education/Awareness for pharmacists/health care workers.
4. Examine potential legal interventions.
5. Examining the role of Naloxone in Beaver County, from it being obtained by a concerned family/loved one of an abuser, to training and use by emergency personnel (police, fire fighter, first responders, and EMT).

In light of the increased overdoses within the region in the past year, the SCA has established the following:

To allow priority access to substance abuse treatment for those being referred by the emergency room/urgent care facilities following an overdose. The SCA has compiled a list of local Drug & Alcohol Assessment and Treatment Facilities. This list is supplied to local Emergency Rooms and Urgent Care Facilities as a resource in securing timely help for those in need of Drug and Alcohol Treatment. The aim is to facilitate the smooth transition from emergency room visits to substance abuse treatment. The list will be updated annually or as new providers are added (whichever occurs first), and an updated list will be provided to all necessary parties. A Certified Drug & Alcohol Recovery Specialist is being added to the SCA team to assist with warm hand-off when individuals are identified as needing D&A Treatment.

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 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.

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 service 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

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 Reinvestment specialist to develop a reinvestment plan for a Certified Recovery Specialist for MA-eligible adults struggling with addiction issues or co-occurring substance abuse and mental health issues in need of outreach, mentoring, and peer support at all stages of the recovery process. This individual will be hired and in place beginning FY 2015-16.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

For each of the five categories, Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services, please complete the chart below with current and next fiscal year’s individual information. Also for each of the five categories, please explain how allocated funding will be utilized by the county to support

an array of services to meet the needs of county residents by providing the following in the format provided:

- The program name (if applicable)
- Changes, if any, in service delivery from previous year
- Specific service(s) - from the list of allowable services under each category in Appendix D, describe how services are provided
- Planned expenditures for each service

Note: Please ensure that the estimated individuals in the chart and planned expenditures in the narrative match what is included on the budget in Appendix C.

	Estimated Individuals Served in FY 14-15	Projected Individuals to be Served in FY 15-16
Adult Services	<u>194</u>	<u>203</u>
Aging Services	<u>25</u>	<u>25</u>
Children and Youth Services		
Generic Services	<u>37</u>	<u>45</u>
Specialized Services	<u>92</u>	<u>100</u>

Adult Services: Please provide the following:

Program Name/Description: [Public Transportation provided for low income adults](#)
Changes in Service Delivery from Previous Year: [None](#)
Specific Service(s): [Transportation](#)
Planned Expenditures: [\\$31,700](#)

Program Name/Description: [Counseling provides psychotherapy to persons experiencing stressors related to marital or family dysfunctions](#)
Changes in Service Delivery from Previous Year: [None](#)
Specific Service(s): [Counseling](#)
Planned Expenditures: [\\$30,100](#)

Program Name/Description: [Home delivered meals provides delivery of nutrition services to consumers to reduce the risk of malnutrition](#)
Changes in Service Delivery from Previous Year: [None](#)
Specific Service(s): [Home Delivered Meals](#)
Planned Expenditures: [\\$17,600](#)

Aging Services: Please provide the following:

Program Name/ Description: [Provides assessments \(Occupational Therapist\) that will be used as a guide to determine the type of home support services the consumers will need.](#)

Changes in Service Delivery from Previous Year: [None](#)

Specific Service(s): [Home Support](#)

Planned Expenditures: [\\$5,700](#)

Generic Services: Please provide the following:

Program Name/Description: [Homemaker Home Health Services provides activities of daily living for disabled clients and semi-skilled home maintenance tasks.](#)

Changes in Service Delivery from Previous Year: [None](#)

Specific Service(s): [Chore and Homemaker](#)

Planned Expenditures: [\\$50,700](#)

Specialized Services: Please provide the following:

Program Name/Description: [The Advocacy 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](#)

Changes in Service Delivery from Previous Year: [None](#)

Specific Service(s): [Advocacy](#)

Planned Expenditures: [\\$11,900](#)

Interagency Coordination: Describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of county human services.

Program Name/Description: [Planning is done using a countywide needs assessment and Public Hearings with an annual update. In addition, program directors need to discuss specific cross-program issues. Providers participate in the process, as well.](#)

In MH/ID, D&A, Office on Aging and OVR, agreements are used for the coordination of services. The human services effort is coordinated by the Beaver County Behavioral Health office.

Participation of the categorical program services with other Human Services to the poor and handicapped individuals in a poverty area. It provides for the enhancement of the mobility and accessibility of services from the six 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.

Changes in Service Delivery from Previous Year: None

Specific Service(s): Service Coordination

Planned Expenditures: \$8,000

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 BLOCK GRANT PROPOSED BUDGET AND INDIVIDUALS SERVED**

<i>County:</i>	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE AND FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	27		257,604		10,832	
Administrative Management	1,300		310,000		10,542	46,000
Administrator's Office			822,790	3,000	41,224	
Adult Developmental Training - Adult Day Care	0		0			
Children's Evidence Based Practices	0		0			
Children's Psychosocial Rehabilitation Services	0		0			
Community Employment & Emplmt Rel Svcs	39		202,869		8,489	
Community Residential Services	52		1,424,052		55,285	
Community Services	1,200		342,098		13,083	
Consumer-Driven Services	0		0			
Emergency Services	352		130,850	28,000	4,875	
Facility Based Vocational Rehabilitation	74		885,389		34,240	
Family Based Mental Health Services	13		14,000		1,210	
Family Support Services	53		249,647		12,297	
Housing Support Services	184		1,448,420		41,411	
Mental Health Crisis Intervention	89		330,250		12,537	
Other	0		0			
Outpatient	849		443,413	100	20,093	
Partial Hospitalization	0		0			
Peer Support Services	2		3,550		146	
Psychiatric Inpatient Hospitalization	44		120,150		4,642	
Psychiatric Rehabilitation	8		108,492		3,474	
Social Rehabilitation Services	90		355,367		13,022	
Targeted Case Management	156		361,000		16,770	6,000
Transitional and Community Integration	0		0			
TOTAL MH SERVICES	4,532	8,153,680	7,809,941	31,100	304,172	52,000

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

County:	1. ESTIMATED INDIVIDUALS	2. HSBG ALLOCATION	3. HSBG PLANNED EXPENDITURES	4. NON-BLOCK GRANT	5. COUNTY	6. OTHER PLANNED
<i>INTELLECTUAL DISABILITIES SERVICES</i>						
Administrator's Office			516,491	8,127	33,545	27,000
Case Management	307		304,000	1,273,377	17,187	
Community-Based Services	76		1,070,777			
Community Residential Services	20		767,111		41,193	
Other					46,069	
TOTAL ID SERVICES	403	2,401,153	2,658,379	1,281,504	137,994	27,000
<i>HOMELESS ASSISTANCE SERVICES</i>						
Bridge Housing						
Case Management	1,750		68,690			
Rental Assistance	280		39,409			
Emergency Shelter	250		3,950			
Other Housing Supports	125		2,500			
TOTAL HAP SERVICES	2,405	116,549	114,549		0	0
<i>CHILD WELFARE SPECIAL GRANT SERVICES</i>						
Evidence Based Services	348		256,640		32,523	
Promising Practice	76		224,686		28,473	
Alternatives to Truancy	791		50,375		6,384	
Housing	543		406,142		51,467	
TOTAL CWSG SERVICES	1,758	937,843	937,843		118,847	0

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

<i>County:</i>	1. ESTIMATED INDIVIDUALS	2. HSBG ALLOCATION	3. HSBG PLANNED EXPENDITURES	4. NON-BLOCK GRANT	5. COUNTY	6. OTHER PLANNED
DRUG AND ALCOHOL SERVICES						
Case/Care Management	94		51,680			
Inpatient Hospital						
Inpatient Non-Hospital	227		277,382			
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient	117		60,284			
Partial Hospitalization	9		7,367			
Prevention	1,378		53,935			
Recovery Support Services						
TOTAL DRUG AND ALCOHOL SERVICES	1,825	356,295	450,648		0	0
HUMAN SERVICES AND SUPPORTS						
Adult Services	203		79,400			
Aging Services	25		5,700			
Children and Youth Services	0		0			
Generic Services	45		50,700			
Specialized Services	100		11,900			
Interagency Coordination			8,000			
TOTAL HUMAN SERVICES AND SUPPORTS	373	216,542	155,700		0	0
7. COUNTY BLOCK GRANT ADMINISTRATION			55,002		0	
GRAND TOTAL	11,296	12,182,062	12,182,062	1,312,604	561,013	79,000

Appendix D

Stakeholder Outreach

HSBG Stakeholder Outreach 15/16

- 51 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	Women's Center
Warmline	Housing & Homeless Coalition
Speakers' Bureau	Friendship Ridge LTSR
MHA Board	D&A Providers
MHA Staff	D&A Advisory Council
CRS – residential staff and residents	MH Provider Meeting
Beaver County Office on Aging	SOC Steering Committee
Senior Center at the Mall	Change Agents
Beaver County Children & Youth Services	The Cornerstone
Public Housing	Project Recovery QI Committee
Eleanor Roosevelt Housing	The Prevention Network
Sheffield Towers Housing	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	ID Providers
UnCommon Grounds	Early Intervention
Family/Youth Voice Coalition	SPA
Natural Supports	Community Development
Faith-Based Communities	Local Businesses
Community Supports	Forensic Partners
Consumers/Parents	Housing Providers
Family Members	Legislators

This is what was said:

<u>What are we doing well?</u>	
Collaboration BCBH MHFA Free Trainings SOC SPA Evaluating programs Involving stakeholders Services for various ages MHA Rep Payee	Minimizing unmet needs SOC Website Partnerships Putting MH, D&A, CYS, Housing, Aging as priorities CYS homes/shelters for families Caring people Block Grant MHA Peer Mentoring program
<u>What can we improve upon?</u>	
Transportation support Staff knowledge Collaboration/Communication Training for natural supports/parents/community Bringing COA & SSA to the table as partners Shelters Housing School-based providers Communication Funding SPA D&A OP Marketing this survey ID services Marketing the Phoenix Center Faster response to referrals	Human Trafficking Communication with schools Prioritize funding Expand eSP CYS collaboration Community centers Services for LGBT Access/wait Increase strength-based approach Where to turn? More male therapists More ethnic staff Enforce OP commitments Crisis to be a support Placement for someone hitting many systems (MH, ID, aging, D&A, etc.)

Appendix E
Public Hearing Notice

Beaver Newspapers Inc.

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

15 JUN 15 2015

PUBLIC NOTICE ADVERTISING INVOICE

Account Number: 7248476225
 Invoice Date: 6/10/2015
 Invoice Number: 106814665-06092015
 Balance: \$ 258.86

BEAVER COUNTY BEHAVIORAL HEALTH
 1070 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	6/10/2015	PUBLIC HEARING NOTICE Two pub	1.00 x 17Lines	1	\$ 18.00	\$ 258.86
6/7/2015, 6/8/2015, 6/9/2015 DATES APPEARED						

PROOF OF PUBLICATION

The **Beaver County Times, Allegheny 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.

PUBLIC HEARING NOTICE
 Two public hearings will be held on the Beaver County Human Services Plan:
 Wednesday, 06/17/15 from 1:30-4:00 p.m. at the Senior Center at the Beaver Valley Mall and A Stakeholder's Meeting on Thursday, 06/25/15 from 1:30-4:00 p.m. at Community College of Beaver County (Learning Resource Room).
 All interested consumers, families and providers are encouraged to attend.
 6/7, 6/8, 6/9/15

The attached advertisement, which is exactly as printed and published, appeared in the regular issue on 6/7/2015, 6/8/2015, 6/9/2015

BEAVER NEWSPAPERS, INC.

By Tina Bequeath

STATE OF PENNSYLVANIA,
 COUNTY OF BEAVER,

} SS:

Before me, a Notary Public in and for such county and state, personally appeared TINA BEQUEATH, who being duly sworn according to law says that she is CONTROLLER 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 June 2015

The costs of advertising and proof, has been paid. \$ 258.86
 BEAVER NEWSPAPERS, INC.

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.

By _____
 400 FAIR AVE. BEAVER, PA. 15009

Public Hearing Notice

Two public hearings will be held on the Beaver County
Human Services Plan:

Wednesday, 6/17/15 from 1:30 to 4:00 p.m.

At the

Senior Center at the Beaver Valley Mall

AND

**A System of Care Stakeholder's Meeting on
Thursday, 6/25/15 from 1:30 to 4:00 p.m.**

At

**Community College of Beaver County
(Learning Resource Room)**

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

Appendix F
Summary of Public Hearing

Minutes

Beaver County Human Services Block Grant (HSBG) Planning

Public Hearing June 17, 2015

Public Hearing and System of Care (SOC) Stakeholder Meeting June 25, 2015

- Gerard Mike, Beaver County Behavioral Health Administrator, provided a brief history of the block grant and explained some of the ways it has been beneficial for Beaver County.
- Linda Ogden shared her powerful recovery story.
- Joanne Kohler and Bob Curtis offered a tribute to Bob Boyer who died this past May. Bob was one of the Steering Committee chairs. He will be missed by many and remembered especially for his political advocacy.
- System of Care Guiding Principles were reviewed by Kelly Nardone and Bonnie Palmiere
- Gerard Mike outlined the SOC transformation priorities and BCBH 14/15 highlights. Attendees were asked to rank the highlights to determine which should be included in the HSBG plan.
- Dayna Revay reviewed Children Youth goals and highlights. Opening the new Child Advocacy Center, significantly reducing out of home placements and increasing engagement of the non-custodial parent were three main highlights.
- Julie Finikiotis presented the Office on Aging priorities and reviewed the services and supports provided by the agency.
- Lisa Signore described the Office of Community Development's goals and highlighted services provided at the Cornerstone Building.
- Stephanie Santoro presented a summary of findings from the first five years since the closing of Mayview State Hospital

- There was a question about behavioral health care for nursing home residents.
- There was a reminder about the Stakeholder meeting on June 25th at Community College of Beaver County.

**Beaver County Human Service Block Grant Annual Plan
Stakeholder / Public Hearing
Community College of Beaver County
June 25, 2015 1:30 – 4:00
NOTES**

- Gerard Mike, (Beaver County Behavioral Health Administrator), opened the meeting welcoming all attendees. He explained the purpose of the meeting relative to the Human Services Block Grant funding asking all to consider input and feedback regarding the existing system of services in Beaver County. Responses were encouraged via a form survey and methods to do so were explained; electronic and hard copy. Mr. Mike provided history of the Block Grant funding concept, its evolution, and the services it provides for in Beaver County. He emphasized the flexibility of HSBG funding as it exists today, citing benefits, with the anticipation of how it may positively impact Beaver County services in the future. He cited the Ad Hock Block Grant Committee as a state government initiative to direct the future of HSBG funding. The Retained Revenue concept was explained relative to the seven funding categories involved in the Beaver County HSBG.
- Question from the audience (1): Are there less Drug and Alcohol services since Gateway Rehab is not involved with Beaver County?
Response - Gerard Mike (BCBH Administrator) and Kate Lichius (BCBH Drug and Alcohol Administrator): Beaver County continues to receive the same D/A funding level without Gateway's participation, even though providers are outside of county. BCBH continues to negotiate with Gateway regarding a rate that is agreeable to both.
- Question from the audience (2): How do issues / complaints regarding providers get resolved?
Response – Gerard Mike (BCBH Administrator): Individuals are directed to call the BCBH Administrative office for direction and resolution of any problems / complaints regarding service providers.
- Bonnie Polmeri (Certified Peer Specialist / Allegheny Health Choices Inc.) introduced David Ogden / Recovery Story
- David Ogden candidly chronicled his mental illness journey relative to his employment history, his personal relationships, his treatment, and his faith. Mr. Ogden concluded by citing specific strategies that he believes can help others maintain their recovery in coping with the challenges of mental illness.
- JoAnn Koehler (Mental Health Association Director) spoke in memory of the late Bob Boyer (1949 – 2015). She chronicled Mr. Boyer's roles at the MHA and how his contributions have impacted and will continue to impact the lives of others in the community. An event is scheduled at the MHA for July 8, 2015 to celebrate and pay tribute to the life Mr. Boyer.
- Bonnie Polmeri (Certified Peer Specialist / Allegheny Health Choices Inc.) cited and discussed the Beaver County System of Care Principles.
- Stephanie Santoro (Senior Quality Analyst / Allegheny Health Choices Inc.) cited and discussed the Beaver County Behavioral Health program highlights for the fiscal year.

She referenced a program handout and asked that all participants rank the nine events in order of their perceived importance. Results from both public hearings will be compiled.

- Gerard Mike (BCBH Administrator) discussed the Beaver County System of Care Transformation Priorities.
- Dayna Revay (Beaver County Children and Youth Services Administrator) discussed her agency's priorities, citing safety, reducing trauma, providing residential supports, and the reunification of families as goal focuses. The agency's latest program services were discussed, noting / describing the impact that has been imposed by the new child protection laws.
- Julie Finikiotis (Beaver County Office on Aging Deputy Director) addressed her agency's priorities. "Aging in place" is the primary precept of their mission, supported by a vast array of programs that provide resources, education, collaboration, and advocacy. The Ombudsman and APPRISE programs were specifically discussed for their significant impact on Beaver County's senior population.
- Lisa Signore (Beaver County Office of Community Development) addressed the homelessness issue and the services being provided in Beaver County through the auspices of her office. She noted that Homelessness Assistance has been provided in the county for over twenty years and that the HSBG funding is contributing to that initiative. "The Cornerstone", the building, and the action / connection of services provided there, were described.
- Audience Question (1) – What is admission criteria and where is the homeless shelter in Beaver Falls?
Response - It is a dusk to dawn shelter for men only, located in Beaver Falls, Lutheran Church, 11th street and 4th. It was originally started as a cold weather shelter.
- Audience Question (2) – What is the program in Beaver Falls that is a "red house on 7th avenue"?
Response – It is believed to be a ¾ recovery house. (offered by audience participation)
- Stephanie Santoro (Senior Quality Analyst / Allegheny Health Choices Inc.) presented a summary of the Mayview State Hospital Closure 2009-2013 referencing statistical analysis. The 27 Beaver County consumers were chronicled. Myths versus facts were discussed, noting demographics, housing comparisons, jail activity, and deaths. Two of the 27 Beaver County consumers have passed as a result of natural causes. Ms. Santoro concluded the meeting, encouraging all to respond to the services survey via email or hard copy.

Appendix G

Beaver County System of Care Quality Improvement Work Group

BCBH System of Care Quality Improvement Work Group

Priority	Measures and Services	Measurement Timeframe	Baselines
#1 Increase integration of physical and behavioral health	<ul style="list-style-type: none"> • Number of people with a PCP • No. and % of people with a PCP who have seen the provider in the last year • No. and % of people with a physical health diagnosis 	Baseline : January 2015	A total of 191 SPA charts were reviewed: <ul style="list-style-type: none"> • 94.8% (181) have a documented primary care physician; • 82.7% (158) have documentation that the PCP was seen in 2014; • 74.9% (143) have a documented physical health diagnosis; • 41.1% (79) have a release that allows for communication between physical and behavioral health providers.
#2 Implement a countywide framework of trauma-informed care	<ul style="list-style-type: none"> • Provider intake/assessment processes include questions about trauma 	Baseline: October 2014	<ul style="list-style-type: none"> • 78% (14) of agencies surveyed reported asking trauma questions at intake or assessment • 17% (3) use a specific tool to screen for trauma
#3 Increase safe and affordable housing options and housing supports	<ul style="list-style-type: none"> • Capacity of housing supports as of 12/31/2013 • Capacity of housing options as of 12/31/2013 • Number of people who used affordable housing options in FY2013 • Number of people who used housing supports in FY2013 	Baseline : FY 2013	Housing Options <ul style="list-style-type: none"> • Housing Options Capacity Total: 82 • Number of People who Used Housing Options: 66 Housing Supports (7/1/13-6/30/14) <ul style="list-style-type: none"> • Housing Supports Capacity Total: 347 • Number of People who Used Housing Supports: 272
#4 Increase education and employment options for adults and transition age youth	<ul style="list-style-type: none"> • List of employment resources and the programs utilized 	Baseline: October 2014 ¹	Top three employment referrals: <ul style="list-style-type: none"> • OVR (Office of Vocational Rehabilitation) (68.4%), • BCRC (Beaver County Rehabilitation Center) (55.3%), • PA CareerLink (47.4%). Top four education referrals: <ul style="list-style-type: none"> • OVR (65.8%), • PA CareerLink (47.4%), • BCRC (31.6%)

¹ Included some Intellectual Disability clients.

	<ul style="list-style-type: none"> • Number of PR consumers employed or in school 	Baseline: September 2014	<ul style="list-style-type: none"> • Community College of Beaver County (31.6%). Of the 436 consumers enrolled in Project Recovery: <ul style="list-style-type: none"> • 9.6% were enrolled in school or training • 11.9% were employed either full or part-time. 																								
#5 Establish countywide standards for a Single Point of Accountability	<p>Completed Competencies Number of SPA staff who have taken and passed SPA competencies</p> <p>Standards:</p> <ul style="list-style-type: none"> • Number of contacts with clients post-inpatient hospitalization within 14 days from discharge. • Number of SPA units for new SPA clients during the first 30 days of SPA services. New SPA clients are defined as clients that have had at least a 60-day break in SPA services. • Number of referrals to SPA where client referred has been seen within 3 business days of referral. <p>Targets:</p> <ul style="list-style-type: none"> • For Adult BCM/ICM, ≥ 5 contacts with client, of which ≥ 3 are face-to-face contacts. • For Child BCM/ICM, ≥ 5 contacts, of which ≥ 2 are face-to-face contacts. • For CTT/FACT, ≥ 7 contacts with client, of which ≥ 3 are face-to-face contacts. • For Adult/Child BCM/ICM, ≥ 16 units during the first 30 days of SPA services. • For CTT/FACT, ≥ 60 units during the first 30 days of SPA services. 	Baseline: November 2014	<p>Competencies Completed: Initiated 7/19/2012</p> <ul style="list-style-type: none"> • Crisis Diversion: 67 staff members • Crisis Prevention Plan: 70 staff members • Crisis Response: 65 staff members <p>Initiated 1/9/2014</p> <ul style="list-style-type: none"> • SPA Engagement: 15 staff members <p>The data from the following two tables are from April 2014- November 2014</p> <table border="1" data-bbox="1255 670 1738 922"> <thead> <tr> <th colspan="2">Contacts with clients post-inpatient hospitalization within 14 days from discharge from inpatient</th> </tr> <tr> <th>Level of Care</th> <th>Avg Number of Contacts/Consumer</th> </tr> </thead> <tbody> <tr> <td>FACT/ACT</td> <td>5</td> </tr> <tr> <td>BCM/ICM 1</td> <td>4</td> </tr> <tr> <td>BCM/ICM 2</td> <td>3</td> </tr> <tr> <td>BCM/ICM 3</td> <td>4</td> </tr> </tbody> </table> <table border="1" data-bbox="1255 954 1738 1154"> <thead> <tr> <th colspan="2">Number of SPA units for new clients during the first 30 days of SPA services</th> </tr> <tr> <th>Level of Care</th> <th>Avg Number of Units</th> </tr> </thead> <tbody> <tr> <td>FACT/ACT</td> <td>98</td> </tr> <tr> <td>BCM/ICM 1</td> <td>20</td> </tr> <tr> <td>BCM/ICM 2</td> <td>17</td> </tr> <tr> <td>BCM/ICM 3</td> <td>30</td> </tr> </tbody> </table>	Contacts with clients post-inpatient hospitalization within 14 days from discharge from inpatient		Level of Care	Avg Number of Contacts/Consumer	FACT/ACT	5	BCM/ICM 1	4	BCM/ICM 2	3	BCM/ICM 3	4	Number of SPA units for new clients during the first 30 days of SPA services		Level of Care	Avg Number of Units	FACT/ACT	98	BCM/ICM 1	20	BCM/ICM 2	17	BCM/ICM 3	30
Contacts with clients post-inpatient hospitalization within 14 days from discharge from inpatient																											
Level of Care	Avg Number of Contacts/Consumer																										
FACT/ACT	5																										
BCM/ICM 1	4																										
BCM/ICM 2	3																										
BCM/ICM 3	4																										
Number of SPA units for new clients during the first 30 days of SPA services																											
Level of Care	Avg Number of Units																										
FACT/ACT	98																										
BCM/ICM 1	20																										
BCM/ICM 2	17																										
BCM/ICM 3	30																										

<p>#6 Develop and sustain a trained, skilled, effective, and productive workforce</p>	<ul style="list-style-type: none"> • Training plan for staff at each agency • Trauma Informed Care included in that plan? 	<p>Baseline: October 2014</p>	<p>During the past 24 months:</p> <ul style="list-style-type: none"> • Trauma Informed Care training was received by program staff at 44.4% of agencies surveyed. <p>Other trainings received by agencies:</p> <ul style="list-style-type: none"> • Co-occurring disorders (33.3%), • Motivational interviewing (55.6%), • Stages of change (33.3%), • Criminal justice cross-system training (11.1%) <p>In the next 24 months:</p> <ul style="list-style-type: none"> • 83.3% of agencies plan to have staff training 																								
<p>#7 Advance behavioral health and criminal justice collaboration through implementation of the County's Sequential Intercept Model</p>	<ul style="list-style-type: none"> • Programs / Services by Intercept <p>Intercepts:</p> <ol style="list-style-type: none"> 1. Pre-arrest Diversion Law Enforcement/Emergency Services 2. Post-arrest Diversion Initial Detention/Initial Court Hearings 3. Jail/Court Diversion 4. Jail/Prison and Re-Entry 5. Probation, Parole, Community Support 	<p>Baseline: 2010</p> <p>Measure: 2015</p>	<p>Change in number of programs and services by Intercept from 2010 to 2015. (See Intercept descriptions in Measures and Services column.)</p> <table border="1" data-bbox="1262 695 1709 883"> <thead> <tr> <th>Intercept</th> <th>2010</th> <th>2015</th> <th>Change</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>5</td> <td>+3</td> </tr> <tr> <td>2</td> <td>2</td> <td>5</td> <td>+3</td> </tr> <tr> <td>3</td> <td>5</td> <td>4</td> <td>-1</td> </tr> <tr> <td>4</td> <td>4</td> <td>6</td> <td>+2</td> </tr> <tr> <td>5</td> <td>4</td> <td>8</td> <td>+4</td> </tr> </tbody> </table>	Intercept	2010	2015	Change	1	2	5	+3	2	2	5	+3	3	5	4	-1	4	4	6	+2	5	4	8	+4
Intercept	2010	2015	Change																								
1	2	5	+3																								
2	2	5	+3																								
3	5	4	-1																								
4	4	6	+2																								
5	4	8	+4																								
<p>#8 Increase behavioral health funding support for successful recovery oriented community supports program</p>	<ul style="list-style-type: none"> • Percent of funds used for inpatient, outpatient, community service, and case management 	<p>Baseline: 2002</p> <p>Measure: 2012</p>	<p>The trend from 2002 to 2012 was increased funding in community based services.</p> <table border="1" data-bbox="1262 1027 1856 1211"> <thead> <tr> <th>Service</th> <th>2002 Funding</th> <th>2012 Funding</th> <th>Change</th> </tr> </thead> <tbody> <tr> <td>Inpatient</td> <td>11%</td> <td>7%</td> <td>-4%</td> </tr> <tr> <td>Outpatient</td> <td>17%</td> <td>9%</td> <td>-8%</td> </tr> <tr> <td>Community Service</td> <td>13%</td> <td>18%</td> <td>+5%</td> </tr> <tr> <td>Case Management</td> <td>5%</td> <td>11%</td> <td>+6%</td> </tr> </tbody> </table>	Service	2002 Funding	2012 Funding	Change	Inpatient	11%	7%	-4%	Outpatient	17%	9%	-8%	Community Service	13%	18%	+5%	Case Management	5%	11%	+6%				
Service	2002 Funding	2012 Funding	Change																								
Inpatient	11%	7%	-4%																								
Outpatient	17%	9%	-8%																								
Community Service	13%	18%	+5%																								
Case Management	5%	11%	+6%																								
<p>#9 Increase children, youth, adults, and elderly who are safe, healthy, living (when possible) in their own homes, and have</p>	<p>Measures to be determined in FY 2015</p>	<p>FY 2015</p>																									

access to services that meet their needs			
#10 Develop and sustain a countywide crisis response to the national Opioid Overdose Epidemic	Measures to be determined in FY 2015	FY 2015	
#11 Develop and disseminate Medical Assisted Treatment Protocols to all individuals in need of this treatment option	Measures to be determined in FY 2015	FY 2015	

Priority Number	Transformation Priority	Data Source(s)
1	Increase integration of physical and behavioral health	On-site chart audits by supervisors
2	Implement a countywide framework of trauma-informed care	Online provider survey
3	Increase safe and affordable housing options and housing supports	FY2013 Beaver County Plan Adult Mental Health Existing Services
4	Increase education and employment options for adults and transition age youth	Survey of SPA staff National Outcomes Measures (NOMS)
5	Establish countywide standards for a Single Point of Accountability	Website analytics Claims data
6	Develop and sustain a trained, skilled, effective, and productive workforce	Survey
7	Advance behavioral health and criminal justice collaboration through implementation of the County's Sequential Intercept Model	Change in the number of programs and services from implementation to present time
8	Increase behavioral health funding support for successful recovery oriented community supports program	Base, HealthChoices and Human Service Development Fund \$ 2002-2012
9	Increase children, youth, adults, and the elderly who are safe, healthy, living (whenever possible) in their own homes, and have access to services that meet their needs	TBD
10	Develop and sustain a countywide crisis response to the national Opioid Overdose Epidemic	TBD
11	Develop and disseminate Medical Assisted Treatment Protocols to all individuals in need of this treatment option	TBD

Appendix H

Adult Mental Health Existing Services

FY 2015 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><u>Outpatient Psychiatric</u> (Limited/7)</p> <ul style="list-style-type: none"> ▪ Primary Health Network: Beaver Falls – Aliquippa, Rochester ▪ Glade Run Lutheran Services ▪ BCBH: Direct Service Unit – Courthouse - jail ▪ Catholic Charities ▪ Community Alternatives 	Human Services Block Grant Client fees
	SMI Adult	<p><u>Inpatient Psychiatric</u>-(32/1)</p> <ul style="list-style-type: none"> ▪ Heritage Valley Health Systems-Beaver 1000 Dutch Ridge Road, Beaver 	HealthChoices MA FFS
	Adult SMI	<p><u>Assertive Community Treatment</u> (64/1)</p> <ul style="list-style-type: none"> ▪ F/ACT / NHS, Inc. 	Human Services Block Grant
	Adult SMI	<p>MH/MR Scripts...(Limited/1)</p> <ul style="list-style-type: none"> ▪ Primary Health Network, Rochester <p>Pharmacy Program...(UL/1)</p> <ul style="list-style-type: none"> ▪ Primary Health Network , Rochester 	HealthChoices SAP
	Adult SMI	<p>Regional LTSR(16/1)</p> <ul style="list-style-type: none"> ▪ Friendship Ridge 246 Friendship Circle, Beaver 	Human Services Block Grant
	Adult SMI	<p>NHS LTSR....(14/1)</p> <ul style="list-style-type: none"> ▪ 148 Theodore Drive Chippewa Twp. 	Human Services Block Grant
	Adult SMI	<p>NHS LTSR....(14/1)</p> <ul style="list-style-type: none"> ▪ 148 Theodore Drive Chippewa Twp. 	HealthChoices Human Services Block Grant
	Adult SMI	<p>Mobile Medications (None)</p>	HealthChoices Human Services Block Grant

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source	
Crisis Intervention	Adult Adult SMI	<p>Crisis Intervention (phone and walk-in) (UL/1)</p> <ul style="list-style-type: none"> HVHS-Staunton Clinic, Rochester (mobile).....(Limited/2) HVHS-Staunton Clinic, Rochester 	HealthChoices Human Services Block Grant	
	Adult Adult SMI	<p>Crisis Residential (None)</p>		
Case Management	Adult SMI or COD	<p>Blended Case Management.....(Limited/5)</p> <ul style="list-style-type: none"> BCBH-DSU Glade Run Staunton Clinic – ICM/BCM NHS Cornerstone Recovery and supports - pending 	HealthChoices Human Services Block Grant Grants	
	D&A Adult	<p>D&A Case Coordination ...(Limited)</p> <ul style="list-style-type: none"> BCBH-Single County Authority (SCA) D&A Resource Coordination- HealthChoices and Block Grant 		HealthChoices Human Services Block Grant
	Adult	<p>Admin. Case Management.....UL/2)</p> <ul style="list-style-type: none"> BCBH-DSU Primary Health Network, Rochester 		Human Services Block Grant
Rehabilitation	Adult SMI Adult	<p>Community Employment & Employment Related Services</p> <p>Vocational Evaluation (UL/1) Vocational Training.....(74/1)</p> <ul style="list-style-type: none"> Beaver County Rehabilitation Center (BCRC) 	Human Services Block Grant	
	Adult	<p>Supportive Employment (33/1)</p> <ul style="list-style-type: none"> Beaver County Rehabilitation Center 		Human Services Block Grant Grants
	Adult SMI Adult	<p>Housing Supports</p> <p>Community Residential Rehabilitation</p> <ul style="list-style-type: none"> Cornerstone Recovery and Supports <p>Full Care CRR (12/1) Partial Care CRR (8/1)</p>	Human Services Block Grant Client Fees	
	Adults	<p>Personal Care Respite Services (2/1)</p>		

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Enrichment	Adult SMI	<ul style="list-style-type: none"> Smith's Personal Care Home 300 Pine St., Beaver Falls 	Human Services Block Grant
	Adult SMI Adult	<p><u>Respite</u> (Limited)</p> <ul style="list-style-type: none"> Various sites 	
	Adult SMI	<p><u>Psychiatric Rehabilitation</u></p> <ul style="list-style-type: none"> BCRC-Aurora Site-based...(30/1) Mobile.....(Limited/1) *Includes deaf/hard of hearing services 	HealthChoices Human Services Block Grant
	All Adults Older Adults	<p><u>Certified Peer Specialist</u> (Limited/2)</p> <ul style="list-style-type: none"> BCRC-Aurora NHS - pending <p><u>Social Rehabilitation</u></p> <p><u>Personal Care Home Resocialization</u>(UL/1)</p> <ul style="list-style-type: none"> Mental Health Association (MHA) <p><u>Drop-In Center Enhancement - Friendship Room</u>.....(UL/1)</p> <ul style="list-style-type: none"> MHA <p><u>Clubhouse</u> (None)</p>	HealthChoices Grants Human Services Block Grant Human Services Block Grant
Rights Protection	All Adults	<p><u>Ombudsman</u>.....(UL/1)</p> <ul style="list-style-type: none"> MHA 	HealthChoices
	All Adults	<p><u>Community Advocate</u>.....(UL/1)</p>	Human Services Block Grant

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
	<p>All Adults</p> <p>Families</p>	<ul style="list-style-type: none"> ▪ MHA <p>Consumer/Family Satisfaction Team.....(UL/1)</p> <ul style="list-style-type: none"> ▪ MHA <p>Parent/Child Advocate (400/1)</p> <ul style="list-style-type: none"> ▪ MHA 	<p>HealthChoices Human Services Block Grant</p> <p>Human Services Block Grant</p>
<p>Basic Supports</p>	<p>Families</p> <p>Adult</p> <p>SMI Adults</p> <p>MISA Adult</p>	<p style="text-align: center;"><u>Housing Supports</u></p> <p>Family/Caregiver Respite (Limited/1)</p> <ul style="list-style-type: none"> ▪ BCRC <p>Supportive Housing)</p> <ul style="list-style-type: none"> ▪ Cornerstone Recovery and Supports (several properties) (70/1) ▪ Cornerstone Recovery and Supports 101 Brighton Avenue Rochester, PA 15074 (3/1) 285 Merchant Street, Apartment 1D Ambridge, PA 15003 (3/1) 1201 Beaver Road Ambridge, PA 15003 (3/1) 1001 Fourth Street Freedom, PA 15042 (4/1) ▪ ARC Human Services, Inc. 403 Morado Dwellings Beaver Falls, PA 15010 (3/1) 1113 Sixth Avenue Beaver Falls, PA, 15010 (6/1) 	<p>Human Services Block Grant</p> <p>Human Services Block Grant</p> <p>Client Fees</p> <p>Human Services Block Grant</p> <p>HUD</p> <p>Human Services Block Grant</p> <p>Human Services Block Grant</p> <p>Human Services Block</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
	Adult	Permanent Supported Housing -Coordinator (Limited/1)	Grant
	Adult SMI	<ul style="list-style-type: none"> Cornerstone Recovery and Supports Released Offenders Housing.....(12/1) <ul style="list-style-type: none"> Supportive Services, Inc. Stone Harbor 36 Pulaski Homes New Brighton, PA 15066 	HUD
	MH Adults	Homeless/Housing Supports (100/1) NHS Inc.	Human Services Block Grant Grants
	MH/COD Adults	<ul style="list-style-type: none"> Eleanor Roosevelt Apartments (50/1) 740 Sheffield Avenue, Aliquippa Sheffield Towers (50/1) 100 Superior Avenue, Aliquippa In-Home Support Services....(Limited/1) <ul style="list-style-type: none"> Crossroads-Homemaker/Home Health 	Human Services Block Grant
	MH Adults	Financial Assistance Representative Payee....(180/1)	Human Services Block Grant
	MH Adults	<ul style="list-style-type: none"> MHA Contingency Fund...(UL/1) <ul style="list-style-type: none"> MHA 	Human Services Block Grant
	MH Adults	Guardianship None	Human Services Block Grant
		Transportation (Limited/2)	Human Services Block Grant
		<ul style="list-style-type: none"> Beaver County Transit Authority JB Taxi Service 	
		Meals on Wheels (Limited/1)	
		<ul style="list-style-type: none"> Lutheran Services 	
Self-Help	All Adults	Consumer Drop-In Center... (UL/1)	Human Services Block Grant
	Families	NAMI Southwest (UL/1)	Human Services Block Grant
	All Adult	CSP Committee (UL/1)	Human Services Block

Appendix I

Child/Adolescent Mental Health Existing Services

Child / Adolescent / Early Intervention Services

FY 2015 BEAVER COUNTY PLAN

ESSENTIAL SERVICES IN A RECOVERY-ORIENTED SYSTEM - CROSSWALK

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
<p>Family Based Services</p>	<p>Child / Adolescent</p>	<p>Glade Run Lutheran Services 1008 7th Avenue, Suite 210 Beaver Falls, PA 15010 (724) 843-0816 Fax (724) 843-0818 (20/1)</p>	<p>HealthChoices</p>
		<p>Southwood Family Based Mental Health Services 443 Chess Street Bridgeville, PA 15017 (412) 206- 0176 Fax (412) 206-0170 (50/1)</p>	<p>HealthChoices</p>
		<p>Wesley Spectrum Services 221 Penn Avenue Pittsburgh, PA 15221 (412) 342-2300 Fax (412) 247-6399 (12/1)</p>	<p>HealthChoices</p>
		<p>Pressley Ridge 530 Marshal Avenue Pittsburgh, PA 15214 (412) 442-2080 (724) 843-5320 FAX (412) 321-5281 (32/1)</p>	<p>HealthChoices Human Services Block Grant</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
<p>Behavioral Health Rehabilitation Services</p>	<p>Child / Adolescent</p>	<p>NHS Human Services Brady's Run Center Kelly Nardone – Program Director 260 Ohio River Blvd., Baden Plaza Baden, PA 15005 (724) 869-5004 FAX (724) 869-5449 (Prescription driven... unlimited)</p>	<p>HealthChoices MA</p>
		<p>Community Alternatives Shelly Babel, Interim Director 500 Market Street, Suite 300 Bridgewater, PA 15009 724-728-0535 (Phone) 724-728-1605 (Fax) (Prescription driven... unlimited)</p>	<p>HealthChoices MA</p>
		<p>Family Behavioral Resources Kerri Popowich – Program Director 1301 Riverside Drive , 1st Floor Beaver, PA 15009 (724) 775-1362 FAX (724) 775-3793 (Prescription driven... unlimited)</p>	<p>HealthChoices MA</p>
		<p>Glade Run Lutheran Services Sara Sosak – x 105 1008 7th Avenue, Ste. 210 Beaver Falls, PA 15010 (724) 843-0816 FAX (724) 843-0818 (Prescription driven... unlimited)</p>	<p>HealthChoices MA</p>
		<p>Family & Child Development Center Wesley Spectrum Services Erin Benacquista – Intake Coordinator Ashley Bieiewicz – Intake Coordinator 5465 William Flynn Highway Gibsonia, PA 15044 (724) 443-4888 FAX (412) 347-3227 (Prescription driven ...unlimited)</p>	<p>HealthChoices MA</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
		<p>Western PA Psych. Care Heather Morrow – Program Director Greg DeDominicis – Adm. Manager 1607 3rd Street, Beaver, PA 15009 (724) 728-8400 FAX (724) 728-7666 (Prescription driven ... unlimited)</p> <p>Cranberry Psychiatric Services Mental Health Solutions Eric Denison – Program Director 717 12th Street, Beaver Falls, PA 15010 (724) 843-4647 FAX (724) 843-8033 (Prescription driven ...unlimited)</p>	<p>HealthChoices MA</p>
<p>Psychiatric Services</p>	<p>Child / Adolescent</p>	<p>Beaver County Behavioral Health 1070 Eighth Avenue Beaver Falls, PA 15010 (724) 891-2827 or 1-800-318-8138 www.bcbh.org (Unlimited)</p> <p>Primary Health Network 176 Virginia Avenue Rochester, PA 15074 724-775-5208</p> <p>HV-Sewickley Staunton Clinic 720 Blackburn Road Sewickley, PA 15143</p>	<p>HealthChoices MA Human Services Block Grant</p> <p>HealthChoices MA Human Services Block Grant</p> <p>HealthChoices MA Human Services Block Grant</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Psychiatric Hospitals	Child / Adolescent	Glade Run 1008 Seventh Ave., Suite 210 Beaver Falls, PA 15010 724-843-0816	HealthChoices MA Human Services Block Grant
		Primary Health Network, Beaver Falls 1302 7 th Avenue Beaver Falls, PA 15010 724-843-0314	HealthChoices MA Human Services Block Grant
		Primary Health Network, Aliquippa 99 Autumn Street Aliquippa, PA 15001 724-857-3570	HealthChoices MA Human Services Block Grant
		Community Alternatives 500 Market Street Suite 300 Bridgewater, PA 15009 724-728-0535 (Unlimited)	HealthChoices MA
		Human Services Center 130 West North Street New Castle, PA 16101 724-658-7874 (Unlimited)	Health Choices MA
		Western PA Psych. Care 1607 3 rd Street Beaver, PA 15009 724-728-8411 (Unlimited)	Health Choices MA
		Belmont Pines Hospital 615 Churchill-Hubbard Road Youngstown, OH 44505 Phone: 330-759-2700 (102/1)	HealthChoices MA
Western Psychiatric Institute and Clinic 3811 O'Hara Street Pittsburgh, PA 15213 412-624-2100 1-877-624-4100 <ul style="list-style-type: none"> ▪ Child / Adolescent unit (29) ▪ John Merck unit (10) ▪ Bipolar unit (9) 			

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
<p>Early Intervention - Multi-Disciplinary Evaluation</p> <p>Early Intervention Services</p>	<p>0-3 years of age</p>	<p>Southwood Psychiatric Hospital Boyce Plaza Road Pittsburgh, PA 15241 (412) 257- 2290 or (888) 907-5437 Fax (412) 257-0374 2575 (50/1)</p> <p>Clarion Psychiatric Hospital 2 Hospital Drive, Clarion, PA 16214 (814) 226-5232 (32/1)</p> <p>Sharon Regional Health System 740 East State Street Sharon, PA 16146 Phone 724-983-3911 (12/1)</p> <p>Heritage Valley Health System 1000 Dutch Ridge Road Beaver , PA 15009 (724) 773-4525 (32/1) age 18 and above</p> <p>Achieva_/COMPRO 4007 Gibsonia Road, Gibsonia , PA 15044 (724) 443-1141; www.achieva.info (Unlimited)</p> <p>RehabLinks P.O. Box 343 Delmont, PA 15626</p> <p>TEIS (MDE's only) Three Parkway Center East 2020 Ardmore Blvd., Suite 295, Forest Hills, PA 15221 (412) 271-8347; www.TEISinc.com (Unlimited)</p>	<p>HealthChoices MA</p> <p>HealthChoices MA</p> <p>MA</p> <p>HealthChoices MA</p> <p>HealthChoices MA</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
<p><u>Residential Treatment Facilities</u></p>	<p>0-3 years of age</p>	<p>Beaver County Behavioral Health Direct Service Unit - Case Management 1070 Eighth Avenue, Beaver Falls, PA 15010; www.bcbh.org (724) 891-2827 (TTY capability) or 1-800-318-8138 (150/1)</p> <p>Integrated Care Corporation 371 Bethel Church Road, Ligonier, PA 15658 1-888-645-5683; www.integratedcare.us (Unlimited)</p> <p>Pediatric Therapy 3023 Wilmington Rd., New Castle, Pa 16105 (724) 656-8814; www.pedtp.com (Unlimited)</p> <p>Positive Steps 5465 Route 8 Gibsonia, PA 15044; (724) 444-5333 (Unlimited)</p> <p>Tiny Tots Child Development 2020 Beaver Avenue, Suite 206 Monaca, PA 15061 (724) 774-2677 ; www.hapenterprises.org (Unlimited)</p> <p>Western PA School for the Deaf (Hearing Services Only) 300 East Swissvale Avenue, Pittsburgh, PA 15218 (412) 244-4261 (Unlimited)</p> <p>AVID- WPPC 1607 Third Street, 3rd Floor Beaver, PA 15009</p>	<p>MA FF Human Services Block Grant</p>
	<p>Child / Adolescent</p>	<p>Community Care Connection 114 Skyline Drive Butler, PA 16004 (724) 283-3198</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
		<p>Mars Home for Youth 521 Route 228 Mars, PA 16046 Phone: 724-625-3141</p> <p>Fax: 724-625-2226 Female unit (12/1) Male unit (12/1) Diversion and Acute Stabilization unit (24/1)</p> <p>Southwood Hospital: Treatment Facility 311 Station Street Bridgeville, PA 15017 (412) 257-2290</p> <ul style="list-style-type: none"> ▪ I.D. Dually Diagnosed RTF (40/1) ▪ Sexually Maladaptive Behavior RTF (27/1) <p>Glade Run Lutheran Services 70 West Beaver Street Zellenople, PA 16063 Phone: (724) 452.4453 Fax: (412) 452.6576 (95/1)</p> <p>The Bradley Center 5180 Campbells Run Road Pittsburgh, PA 15205 (412) 788-8219 (104/1)</p> <p>Belmont Pines Hospital 615 Churchill-Hubbard Road Youngstown, OH 44505 Phone: 800-423- 5666 or 330 759-2700</p> (56/1) <p>Kids Count Inc. Community Based Residential Treatment Facility 317 W Jefferson Street, Butler PA 16001 (724) 284-0076</p> <ul style="list-style-type: none"> ▪ 317 W Jefferson Street Butler, PA 16001 (male 8/1) ▪ 564 New Castle Street Butler, PA 16001 (male / female 8/1) 	<p>MA FF Human services Block Grant</p> <p>MA FF</p> <p>MA FF Human services Block Grant</p> <p>HealthChoices MA</p> <p>HealthChoices MA</p> <p>HealthChoices MA</p> <p>HealthChoices MA</p> <p>HealthChoices</p>

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

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source