

**Butler County
2016-2017
Human Services Block Grant Plan**

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PART I: COUNTY PLANNING PROCESS

Butler County operates an integrated human services department, with a Director that oversees seven program areas, including Mental Health, Intellectual Disabilities, Early Intervention, Drug and Alcohol, Children and Youth Services, Community Action, and Area Agency on Aging. Each of these programs is managed by a Program Director who, in addition to the Finance Director, Director of Information Technology, and Director of Integrated Services, is part of the Human Services Administrative Team.

Our integrated human services model has allowed us to focus on developing services that meet the multiple and complex needs of the individuals and families we serve rather than trying to make their needs fit within the existing programs. Our structure promotes cost efficiencies through the braiding of funding, sharing of resources, such as personnel, equipment, and data, and the streamlining of service delivery and business practices. We recognize that complete integration is a complicated and difficult task, especially considering the intricacies of the various funding streams and regulations that are involved with each program. However, each year we make significant strides that bring us closer to this goal and the Block Grant has undoubtedly enhanced our efforts and our ability to move toward this goal even faster. We are confident that operating within our current model and with the flexibility we are offered through our participation in the Block Grant, we will certainly reach our goal of becoming a fully integrated system of care.

1. Critical stakeholder groups:

The Butler County Human Services Block Grant Planning Team was created in the first year of the Block Grant. Team members were recruited by the Human Services Administrative Team based upon their active participation in the human service system. The Planning Team is comprised of 12 members and includes each of the program directors within Butler County Human Services, the Human Services Administrator and Fiscal Director, a representative from the County Board of Commissioners, a representative from the local United Way, a representative from the local mental health consumer drop-in center (who is also a person in recovery from substance abuse), and a parent with a transition-age child involved with the intellectual disabilities system. The role of this group is to provide input regarding needs and oversight on the implementation of the Block Grant.

In addition to the Block Grant Planning Team, our Administrative Team interacts regularly with critical stakeholder groups in the community for the purpose of continuously assessing need for changes in the system, gaps in services, etc. These groups include individuals, families, and youth who are involved with the various service areas and providers of services, as well as representatives from other sectors in the community, such as education, business, and faith-based.

2. How stakeholders were provided with opportunity for participation in the planning process:

In order for the Planning Team to be an effective vehicle for planning for the expenditure of human services funds, it is necessary to maintain a manageable number of members. In light of this, it is extremely important to note that we view planning for the use of the Human Services Block Grant not as a once a year occurrence, but as a year-round process of networking and collaboration that aims to assess the continuously evolving needs within the community and develop a plan to utilize available community resources and funding streams in a way that will be most effective and efficient.

Various stakeholder groups from the community are involved in a number of working committees within the County, including the Butler Collaborative for Families, Local Housing Options Team, Early Care and Education Council, Community Support Program, Aging Taskforce, Criminal Justice Advisory Board, Reentry Committee, Butler County Prevention Council, Aging and Disability Resource Centers, the Advisory Boards for the human service program areas (MH/ID, CYS, Aging, Community Action, D&A), and many others. A majority of these committees meet on a monthly basis and all have representation from the Butler County Human Services Planning Team as part of their membership. These working committees provide informative data and a real-time assessment of the needs of our target populations which is critical in developing solutions. This information is then fed back to the Planning Team by the representative members and is taken into account as we move forward with the development and implementation of the Block Grant.

The Planning Team met twice in FY 2015-2016, on November 4, 2015 and May 12, 2016, to oversee the progress of the block grant plan and to report input throughout the year from the various community stakeholder groups. Minutes of these meetings are available in the Human Services office.

Beyond the Planning Team and the feedback from the various collaboratives, the Human Services Administrative Team (as described in the first paragraph of this document) meets twice a month in order to stay attuned to what is happening within each program area and to develop plans on an ongoing basis for collaboration and further integration of the services we administer.

Also, each Program Director receives quantitative data through reports, many of which are received quarterly, as well as through the annual monitoring process. This helps us to better understand the anecdotal information that we hear throughout the year and to assess where the greatest gaps and level of needs exist within our system. Data we receive and analyze regularly includes number of people served, major issues leading to the person/family seeking assistance, types of programs that people are being referred to, length of wait lists, housing status, employment status, requests for assistance with basic needs, success rates of various programs, recidivism rates, participant satisfaction, people's progress through the system and participation in various levels of care, etc. Perhaps the most important and

effective method of program review and needs assessment we utilize on a regular basis is one-on-one interviews with program participants during monitoring of our service providers. These interviews provide us with direct insight into the way that programs are being delivered and people are being treated within our service system.

In addition, we hold two public hearings each year in preparation for the development of the Block Grant Plan. These meetings are publicized widely among all of the groups mentioned above, as well as through the local newspaper, and flyers posted in service providers' offices and other areas throughout the community. All community members, especially individuals and families who have accessed or are in need of services, are encouraged to attend. Please see the Public Hearing section below for more detailed information.

Information from the monthly SW PA 2-1-1 reports complement the feedback we gather through the other means discussed above because 2-1-1 helps to identify the needs of those in the community requiring assistance. In addition to input from the public hearings and 2-1-1 data, we also advertise that community members can submit their comments, questions, testimonies, etc. via email or mail at any time during the year. We let people know that, although this plan is due in July, we will continue to collect input beyond that point because we are constantly in planning mode, and it is always beneficial to have ongoing community feedback.

3. How the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs:

Participation in the Block Grant has led to increased cross-systems planning, especially in situations that are very complicated and often require multiple, intensive services. The focus on this planning is always on serving the person in the least restrictive setting appropriate. This guiding principal of service delivery is undoubtedly supported through the flexibility of the Block Grant. Through the cross-systems planning efforts, we are able to brainstorm and learn about methods of intervention from one another that we might not otherwise consider and ultimately we can devise a plan that meets the needs of the person/family rather than working to make the person/family fit into the categorical services that are available to them. The flexibility of the Block Grant funding then allows us to make the shifts necessary to pay for the plan that is created.

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

- For fiscal year 2016-2017, Butler County will be decreasing the amount of funding we allocate for drug and alcohol treatment. We are making this change based on the fact that we have seen a decrease in the need for funding in this category due to Medicaid Expansion, which is now covering much more of the treatment costs for our county residents than in the past. This funding is being redirected to other categories that have been impacted greatly by the increased occurrence of opioid use in our county, including Mental Health, Children and Youth Services, and Housing and Homeless Services. We are also planning to use these funds to provide additional

prevention and intervention services within the D&A system. This shift clearly demonstrates the benefit of the block grant by allowing us to move resources to address current trends and gaps in the service system.

- The decrease in planned expenditures in the MH category is primarily due to the fact that during the 15-16 fiscal year, we experienced a major transition within the system with a change in the organization functioning as our Community Mental Health Center. This change has led to variations in programming and service delivery that has resulted in a majority of the changes seen in the 2016-2017 budget.
- Butler County Human Services recently moved in to a new building that has provided us with additional space needed to accommodate growth we have experienced over the past several years. The increased occupancy costs related to this move have been incorporated in to the Block Grant budget.

PART II: PUBLIC HEARING NOTICE

In preparation for the 2016-2017 Human Services Block Grant Plan, Butler County held two public hearings for the purpose of providing the public with information about the Block Grant and for gaining direct input from the community regarding the priorities and issues they feel should be addressed as part of the plan. A majority of the time at each public meeting was scheduled to hear testimonies from individuals and families accessing services, as well as providers, advocates and other stakeholders. The public hearings were held on Wednesday, April 13 and Tuesday, June 28 at the Butler County Government Center.

The public hearings were advertised widely within the community. A flyer was created announcing each of the public hearings (see Attachment B, Public Hearing Flyer #1 and Attachment C, Public Hearing Flyer #2). The flyer was posted throughout the Butler County Government Center. In addition, the flyer was emailed to the Butler Collaborative for Families, the Butler County Local Housing Options Team, and the Early Care and Education Council. About 70 organizations are represented within these three community collaboratives. Members were asked to print the flyer and post it in their agencies and also to share it directly with the people they serve. The flyer was also emailed to the MH/ID/EI Advisory Board, the CYS Advisory Board, the D&A Advisory Board, and the Community Action Advisory Board. In addition, the flyer was emailed to all provider agencies with the same request to print and post prominently within their offices. The public hearings were also advertised in the local newspaper (see Attachment D, Proof of Publication in Butler Eagle #1 and Attachment E, Proof of Publication in Butler Eagle #2). The testimonies and comments from each public hearing were summarized and have been included as attachments to this plan (see Attachment F, Public Hearing Summary #1 and Attachment G, Public Hearing Summary #2).

PART III: MINIMUM EXPENDITURE LEVEL

As required, no categorical area is being eliminated. Detailed information about the division of funding within program areas is included within the budget chart attached to this document.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights FY 2015-2016:

The following list of program highlights is reflective of the flexibility found within the mental health system of Butler County. Many of the initiatives were planned in the year prior and were able to be implemented in FY 2015-2016.

- A Behavioral Health Court was established in August 2015. Currently, 17 individuals are participating in the court and the first graduation is scheduled for October 2016. A grant received from the Staunton Farm Foundation was integral in the development of the court and the County Commissioners have agreed to sustain the program once the grant is expired.
- The South Butler School District requested in-school counseling services in April 2015 and participated in the proposal process to procure a provider for the upcoming school year. The largest school districts in the county implemented the service in September 2015 and have been able to provide on-site mental health services to over 50 children.
- The Assertive Community Treatment Team began to serve people in July 2015. The team has 30 individuals enrolled in the program with plans to continue to grow throughout FY 2016-2017.
- The mental health system partnered with the adult probation department to standardize the assessment process for people transitioning back to the community from jail. The assessment tool will be piloted with the individuals participating in the problem solving courts beginning July 2016.
- In conjunction with the managed care entity, Butler County was able to transition over 1800 individuals from a major mental health provider to another with minimal negative effects on the people seeking services.

- Eleven clinicians were trained in Trauma Focused- Cognitive Behavioral Therapy throughout the spring of 2016. These clinicians will help meet the treatment needs of children experiencing trauma at all levels of the mental health system.
- As part of the “Open Table” initiative, Butler County assisted with the credentialing/training process for three churches to begin assisting transition-aged youth.
- The Butler County Suicide Awareness Taskforce held “A day of Awareness” in June 2016. The event focused on suicide and drug/alcohol abuse/addiction. Over 50 community members attended the event.
- A training video was developed by the Partners in Building a Trauma-Informed Community and presented to all Human Service Staff regarding the basic philosophy of Trauma-Informed Service.

b) Strengths and Unmet Needs:

- **Older Adults**

Strengths: A strong, effective relationship exists between the departments of mental health and aging. As a result of this collaborative spirit, both departments have begun to come together to assist people involved in both systems in a more effective manner (i.e. crisis response, braided funding, cross-training).

Needs: A more formal process by which the collaboration occurs between mental health and aging needs to be developed. A joint crisis team will be implemented using consistent policies/procedures in FY 2016-2017. Training will be a key component to the effectiveness of this team and will begin in September 2016. Drugs/alcohol in the aging population and the relationship between dementia and mental health will be included in the trainings.

- **Adults**

Strengths: The wide array of mental health services available throughout the county continues to provide choice and quality to the residents of the Butler. The system was able to absorb and transition over 1800 people after the abrupt closure of a major provider. Community providers rallied around this situation and did everything within their power to ensure individuals seeking services had their treatment needs met.

Needs: Safe, affordable permanent housing that promotes recovery is still lacking for people with mental illness. Butler County will be working diligently in FY 2016-2017 to examine and improve the housing continuum currently available.

The overall lack of psychiatrists is also a serious problem for Butler County and the region. We have begun to use tele-psychiatry in an attempt to meet the needs of people, but would much prefer on-site, face to face psychiatric services.

- **Transition-age Youth**

Strengths: Mental Health has worked closely with Children and Youth and Juvenile Probation to meet the needs of transition-age youth. The implementation of the “Open Table” model was made possible by the collaboration between a mental health provider and the case work supervisors of CYS. The churches involved have decided to focus their efforts on children aging out of the foster care system and CYS has been instrumental in identifying candidates for the process and aiding in the referral/transition process.

Mental Health has been participating in the Multi-Disciplinary Implementation Team out of CYS to provide guidance pertaining to mental health services for specific transition-age youth. Coupled with this is the creation of a subcommittee of the Criminal Justice Advisory Board to address the mental health needs of justice involved transition-age youth. These collaborative relationships will help to shape changes to the children’s mental health system in FY 2016-2017.

Needs: Treatment aimed at ameliorating specific problems are a need for the county. Specifically providers adept at treating problematic sexual behaviors, co-occurring disorders, and family trauma are lacking in the current system.

- **Children**

Strengths: The variety and quantity of service providers continues to be a strength of the children’s mental health system. The willingness of school districts, juvenile probation, and CYS to recognize the importance of early, effective mental health treatment has driven our case consultation process and assisted in the overall coordination of care for children.

Needs: Although, Butler has the benefit of many providers and services, the workforce needed to deliver the services is lacking. We are finding that once a service is recommended, providers are having difficulty finding staff to provide the service. The lack of child psychiatrists has also been an issue.

An alternative to Residential Treatment Facilities is also a need in our system. The revolving door of admissions and discharges is not effective in treating the issues of the families involved.

- **Individuals transitioning out of state hospitals**

Strengths: The availability of Assertive Community Treatment, Physical Health/Behavioral Health Coordination, and Behavioral Health Court has positively impacted people coming home from the state hospital. We continue to use the Long Term Structured Residence as a diversion option.

Needs: Appropriate housing options and specialized treatment are needs identified for the upcoming year. Treatment related to individuals diagnosed with co-occurring disorders, personality disorders, and problematic sexual behaviors need to be developed.

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

Strengths: Historically, providers have been willing to offer services aimed at addressing both drug/alcohol and mental health issues. Many providers have sought training specific to these issues and have attempted to provide blended services.

Needs: Several years ago OMHSAS drafted a bulletin describing the process/philosophy of providing services in a co-occurring manner. The provider community in Butler would like to implement the changes outlined in that bulletin and many providers are interested in becoming co-occurring credentialed. A “true” co-occurring program has not been possible due to the regulatory silos and complications associated with billing, marketing, etc.

- **Justice-Involved individuals**

Strengths: The mental health system in Butler is a strong, active partner in many criminal justice initiatives. The development of Behavioral Health Court has had a positive impact on multiple systems (i.e.corrections, legal, mental health). Mental health continues to be a key participant in the Criminal Justice Advisory Board and the Prison Re-entry Coalition.

Needs: The implementation of evidence-based programming for mental health issues and criminogenic factors still needs to be addressed. Many providers will be trained on the Trauma Recovery Empowerment Model for use with justice related individuals in August 2016.

- **Veterans**

Strengths: Butler County continues to collaborate with the Veterans’ Administration as part of the Veterans’ court process. Veterans have access to all mental health services and are offered choice regarding where they would like to participate in treatment. This relationship will continue to serve as a strength.

Needs: Veterans with co-occurring issues and who work during the day have difficulty finding services during non-traditional hours.

- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex**

Strengths: Several providers have participated in trainings related to this area. The drop-in center in particular participated in a training specific to issues around gender identification and expression. Monitoring has shown an increase in the prevalence of documentation, policies, and procedures to address equality issues.

Needs: The lack of providers with expertise in sexuality and gender issues is a problem. The messaging, both written and verbal, from the state hospital, OMHSAS, and county departments needs to be consistent, current, and appropriate.

- **Racial/Ethnic/Linguistic Minorities**

Strengths: Requests for trainings related to cultural competence have increased. Providers are wanting more advanced training. Yearly monitoring has shown that providers are training all new hires on the basics of cultural competency and have policies/procedures in place to obtain interpreter services as needed.

Needs: More in-depth trainings need to be developed and implemented on the topic of race and ethnic diversity.

c) Recovery Oriented Systems Transformation:

1. RTF Initiative- Butler County is home to three residential treatment facilities for children experiencing significant mental health issues. In FY 2015-2016, two of the facilities were investigated for serious incidents pertaining to the welfare of children. This coupled with the overall poor outcomes garnered by this level of care have spurred Butler County to consider alternatives to the traditional RTF. Below is the timeline for the initiative:

- June 2016- Participated in meeting with mental health providers, children and youth, and juvenile probation to begin discussing needs
- July 2016- Research alternatives to traditional residential treatment
- August 2016- Present research findings to stakeholders
- September- October 2016- Research suggestions from stakeholders
- November 2016- Conduct visits to providers and families utilizing alternatives
- December 2016- Present findings to stakeholders
- January 2017- Meet with managed care organization to discuss funding, licensing, network issues with tentative program selected

- February 2017- develop a request for proposal for new program
 - March 2017- issue the RFP, set up selection committee
 - April 2017- Provider selected
 - May 2017- Meet with provider and other stakeholders to begin implementation of service
- HealthChoices funding will be the primary support for the program with the possibility of using reinvestment funds and/or Human Service Block Grant funds for “ramp-up”. Due to the large scope of this project an amount has not been allocated from either funding source.
 - Butler County Human Services and the stakeholder group will be responsible for tracking the implementation and altering the timeline as needed.

2. Co-occurring Competence Initiative- Several years ago, the mental health system in Butler attempted to spear head an initiative making providers “co-occurring competent”. The term was coined by the Office of Mental Health and Substance Abuse Services in a draft bulletin disseminated in 2006. In that bulletin, OMHSAS outlined the criteria for both individual clinicians and clinics to be deemed “co-occurring competent”. Meaning that the clinician or clinic possessed a basic level of knowledge, experience, and training in both mental health and drug/alcohol issues. Although the bulletin remains in draft form, Butler County would like to re-visit the initiative. Two providers in Butler have attempted to provide co-occurring programs and have not been able to sustain them fiscally. Part of this initiative will focus on the reasons behind the lack of sustainability, which will help to drive our plans for future programming. Below is a timeline for the initiative:

- July 2016- Hold a stakeholder meeting to review bulletin, progress, and barriers
- August 2016- Conduct an analysis of previous co-occurring programs
- September 2016- Meet with managed care organization to ascertain options for programs, hold a provider meeting to determine the training needs for new staff
- October 2016- Schedule trainings, meet with OMHSAS and DDAP to brainstorm around programming/funding
- November 2016- conduct a data analysis regarding prevalence of co-occurring issues in specific groups (i.e.justice-related individuals, state hospital residents, managed care participants)

- January-March 2017- Meet with managed care program to develop guidelines for credential
- April 2017- Develop and implement rate structure for providers
- May- June 2017- Track referrals, utilization, outcomes on people entering the system and using only “co-occurring” competent services.
- HealthChoices funding braided with Human Services Block Grant will be used to sustain the initiative. Costs of the initiative will be incurred from an eventual rate increase for “co-occurring competent providers”. After baseline data is collected and analyzed a dollar amount will be estimated for the initiative.
- The implementation of this initiative will be tracked by Butler County Human Services and the established stakeholder group.

3. Butler County Re-entry Coalition- Butler County Human Services is a member of the Re-Entry Coalition, which is a subcommittee of the Criminal Justice Advisory Board. The coalition has been working to develop a strategic plan to address the barriers many people face when returning to the community from incarceration. Access to mental health treatment was identified by the coalition as an area of focus. Below is a timeline set by the coalition in partnership with Butler County Human Services:

- July 2016- Re-entry coalition strategic plan is adopted by the Criminal Justice Advisory Board
- August 2016- Gather baseline data on mental health needs for individuals incarcerated in the Butler County Prison.
- September- December 2016- Complete the Level of Service Inventory-revised on individuals with mental health needs in the Prison
- January 2017- Analyze the data from the LSI-R and develop plan to address barriers identified
- February- June 2017- Implement plan developed thru data analysis
- Funding from both the mental health system and the criminal justice system will be utilized to sustain this initiative.
- The implementation of this initiative will be tracked by the Re-entry Coalition.

4. Partners in Building a Trauma-Informed Community (PBTIC)- Several years ago, Butler County made a commitment to deliver services in a more trauma-informed manner. As a result of this commitment a group was formed to develop and implement trauma-informed practice in several areas of human services. Members of the group are from probation, aging, children/youth, drug/alcohol, mental health, and corrections. The focus of previous years has

been to train all staff on the effects of trauma and to improve environments to be more trauma-informed. Below are the timeline and action steps for this fiscal year:

- August 2016- develop training schedule for more advanced clinical trainings
 - August 2016- train 10 clinicians on the Trauma Empowerment Recovery Model to be offered in the Prison and at outpatient sites throughout the County
 - September 2016- develop welcoming policy for administrative staff
 - October 2016- train 50 clinicians in a three phase, brief treatment model for adults with a trauma history
 - January-June 2017- Develop and implement policies, procedures, and screening tools which incorporate trauma-informed principles/best practices
- Funding from HealthChoices and the Human Services Block Grant will be utilized for this initiative.
 - The implementation of this initiative will be tracked by Butler County Human Services.

5. Joint Older Adult Team- In response to the increased need for collaboration and information sharing when assisting older adults, Butler County plans to develop and implement a formalized team approach in FY 2016-2017. This team will come together when an older adult is identified by way of crisis contact, protective services, and/or other community partners. Below is a timeline for this initiative:

- September 2016- Set up core group of participants and meeting schedule
 - October 2016- Develop review and referral process
 - November 2016- Disseminate information regarding the team to community partners
 - December 2016- Begin implementation of team response
 - January- April 2017- Conduct team meetings and fine tune responses to older adults in crisis
 - May-June 2017- gather data and implement changes as a result of case reviews
- Funding for this initiative will be provided through the Human Services Block Grant.

o The implementation of this initiative will be tracked by Butler County Human Services.

d) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured ?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	Y	30	TMACT	MCO, County, Agency	Yearly	Y	Y	
Supportive Housing	Y	6	None	County	Yearly	Y	Y	Switched providers in January 2016
Supported Employment	N							
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	30	TMACT	MCO, County, Agency	Yearly	Y	Y	Embedded in ACT
Illness Management/ Recovery	Y	120	None	County	Yearly	Y	Y	
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	N							
Multisystemic Therapy	Y	30	None	Agency, MCO	Yearly	Y	Y	
Functional Family Therapy	N							
Family Psycho-Education	N							

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

e) Recovery Oriented and Promising Practices Survey:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	Yes	350	
Family Satisfaction Team	Yes	150	
Compeer	Yes	60	
Fairweather Lodge	No		
MA Funded Certified Peer Specialist	Yes	60	
Other Funded Certified Peer Specialist	Yes	10	
Dialectical Behavioral Therapy	Yes	20	
Mobile Services/In Home Meds	Yes	50	
Wellness Recovery Action Plan (WRAP)	Yes	100	
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including	Yes	100	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	Yes	50	
Consumer Operated Services	Yes	1200	
Parent Child Interaction Therapy	Yes	20	
Sanctuary	Yes	60	
Trauma Focused Cognitive Behavioral Therapy	No		
Eye Movement Desensitization And Reprocessing	No		
Other (Specify)	N/A		

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

INTELLECTUAL DISABILITY SERVICES

The allocated block grant funds will be used to support annualized budgets for approximately 410 individuals in supportive services including, but not limited to supports coordination, life sharing placements, respite, supported employment, Family Support Services, transportation, home and community habilitation, companion, prevocational services, adult training facilities, behavior support, etc. The remaining unallocated base funds will be used for supporting individuals in emergent situations, protecting their health and welfare to maintain current living or employment situations in least restrictive environments.

We continue to use the Family Group Decision Making (FGDM) process for any families that may be interested. FGDM is a strengths-based empowerment model designed to join the wider family group including relatives, friends, community members, and others to collectively make decisions to resolve an identified concern. This plan, developed by the family, utilizes resources from identified potential natural and public supports. We have completed three this fiscal year and have one current referral.

During the 2015-2016 fiscal year, we utilized block grant funds to support the creation of a part-time Family Information Specialist position during the last half of the year. For fiscal year 16-17, this position will become full-time. The primary focus has been introducing the Life Course Tools from the Communities of Practice to numerous stakeholders and gathering information of natural resources and supports within the communities to share with SC's and families. It is our hope that this will provide SC's with additional resources outside of the "service delivery" system to assist families in building a larger network of community supports for themselves, develop self-empowering skills, and innovative opportunities for individuals. In doing so, this will assist the SC's to be better able to engage the individuals and families in exploring natural supports and resources.

Our Family Information Specialist has conducted trainings for all of our 130+ SSW's involved with our Agency with Choice provider, managing employers, ID providers that attended Butler County's Provider Meeting, Family Group Decision Making staff, supervisory staff at our OVR District Office, 2 local support groups, and all Butler County ID supports coordination and Early Intervention supports coordination staff. We also incorporated her training into the public hearing we held for the block grant in June and in August she will be conducting a training for our MH/ID advisory board. She has attended a number of initial ISP's with the respective supports coordinators using the Life Course Tools with the individual and/or families and she's utilized them at IEP meetings. We have also incorporated the Life Course Tools into a mentoring program that is being created within our Children and Youth Department. Once this mentoring program is fully developed and operational, we will assess if it can be replicated, either fully or in part, in the ID system.

As part of this endeavor, the Family Information Specialist, Intake Coordinator and the ID Director have met with the Special Services Directors and/or Transition Coordinators of six of our nine school districts that support Butler County students. We discussed with them our intake and eligibility procedures and introduced them to the Life Course Tools. We are hoping to meet

with the three remaining districts in the fall. Also, two of our larger districts have requested us to conduct trainings for their administration and teachers, which we are hoping to schedule in the fall.

We are looking at potentially developing a local mentoring program that families would be offered while in Early Intervention or when they receive an evaluation report from the school district. It would be at this “touch point” that, if the families are interested, we would introduce the Life Course Tools. At this juncture there would be a discussion to include; connecting and networking, discovery, navigation, and information. We have already started some of this work with new intakes. In further examining our local numbers, we know that approximately 40% of the individuals within the ID system were involved in Early Intervention (this is a very conservative number based on the variables). We feel these would be the best two places, in addition to new intakes, to afford families an opportunity to be connected with a mentor.

	<i>Estimated Individuals served in FY 15-16</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 16-17</i>	<i>Percent of total Individuals Served</i>
Supported Employment	11	1.4%	12	1.6%
Pre-Vocational	25	3.3%	25	3.3%
Adult Training Facility	14	1.8%	15	2%
Base Funded Supports Coordination	135	18.1%	137	18.3%
Residential (6400)/unlicensed	3	.4%	4	.5%
Life sharing (6500)/unlicensed	5	.6%	6	.8%
PDS/AWC	0	0	0	0
PDS/VF	0	0	0	0
Family Driven Family Support Services	290	38.8%	290	38.8%

Supported Employment:

In our Quality Management (QM) Plan, we are monitoring the number of individuals that are employed, using supported employment services and volunteering. Data being collected will include the employer and number of hours per week working or volunteering.

The United Way, in conjunction with our Human Services Department, employed an Employment Transformation Mobilizer this fiscal year. He has been successful at making the

following connections with area businesses that have led to enhanced employment and training opportunities for the people we serve:

- Marriott (Pittsburgh North, Cranberry)
 - LifeSteps has individuals there twice a week, equaling about 30-40 people each month. Placements are typically the restaurant and laundry departments.
 - Two individuals have been promoted to housekeeping. They actually go on the floors and work with the housekeepers “turning” rooms.
 - Individuals who work in the restaurant polish silverware, fold napkins, fill sugar containers, fill salt and pepper shakers, wipe down chairs, etc....
 - Individuals who work in laundry fold sheets and towels.
 - Individuals have assisted with setting up the banquet hall.
- St. John’s Lutheran Senior Life
 - The goal of utilizing St. John’s for this specific program is for local ID programs to enter St. John’s and offer some type of positive working experience.
 - A meeting with the Employment Mobilizer, Food Services Director of St. John’s, HR Director of St. John’s, and ID Director took place in April to discuss the potential of a volunteer position and possibly a paid position.
 - At this time, representatives from St. John’s are currently checking with their compliance officers as to the feasibility.

Through our relationship with the Chamber of Commerce, we received an inquiry from a large provider of physical and behavioral health services in our county. They wanted to know if we would be interested in assisting in collaborating with them to initiate a recycling program. Meetings to discuss the feasibility of this opportunity are projected to start in the fall of 2016.

We will be increasing our capacity for employment providers by adding two more transitional work providers and one more supported employment provider beginning at the end of this fiscal year and moving into the next.

One of our primary objects is to develop a better understanding of all the services that OVR offers, who they subcontract with, and what they are providing. Beginning in July, the ID Director will be a member of our District OVR Office’s Community Advisory Council.

Lifesharing Options:

Butler County is continuing to work towards developing an understanding of Lifesharing across Human Service Departments and agencies with which Butler County does business. With continuity of care in mind, we are currently working with a foster care provider that has been supporting an individual that will be aging out of the Children and Youth System next fiscal year. The goal is to have them become a Lifesharing provider under the Office of Developmental Programs. This will allow the individual transitioning from the CYS system to stay with his current provider where the only thing changing is the funding behind the scenes. Currently, we hold block grant contracts with two providers and we are funding 5 Lifesharing placements. One of the biggest barriers to increasing the number of individuals in Lifesharing is

that the majority of the time we have to be reactive to emergency situations. The existing capacity is not a “good match” for various reasons and we do not have the time to “cultivate” other Lifesharing options. We would be very receptive to having an initiative specifically for Lifesharing.

Cross Systems Communications and Training:

The County of Butler operates an integrated human services department, with a Director that oversees seven program areas: Mental Health, Intellectual Disabilities, Early Intervention, Drug and Alcohol, Children and Youth Services, Community Action, and Area Agency on Aging. Each of these programs is managed by a Program Director who, in addition to the Finance Director, Contract Administrator, Director of Information Technology, and the Integrated Services Director (this position oversees our Community Housing Coordinator), is part of the Human Services Administrative Team. The Administrative Team meets twice a month to focus on opportunities for collaboration in order to further our mission of integration. Also, in addition to this meeting, we meet as necessary on cases when additional resources are needed outside of our “typical “service delivery system.

Our efforts toward full integration are enhanced through our focus on cross-systems trainings and communications. Five years ago, we developed a training entitled “Introduction to Butler County’s Human Service System”. This training provides participants with an overview of our system as a whole, including the various components, and also focuses on educating them on the service expectations and important initiatives occurring within our system. This training is held once per year.

We have also established a committee with cross systems representation, including the courts, that meets monthly. It is named “Partners in Building a Trauma Informed Community”. The purpose is to establish policies, procedures, practices, and physical environments in all human services and criminal justice departments that are responsive to the impacts of trauma on people.

Butler County is also in a good position to become fully integrated due to the collaboration that occurs with other critical services and community sectors that are not directly led by county government. Butler County Human Services is actively involved with a number of collaborative groups in the community, such as the Community Support Program, Local Housing Options Team, Volunteer Organizations Active in Disaster, Criminal Justice Advisory Board, Early Care and Education Council, and Butler Collaborative for Families. We have a strong partnership with our local United Way and often collaborate, both financially and programmatically, on projects that support our common goal of helping Butler County residents reach their highest possible potential. We have also spent years forming positive relationships with our provider organizations and the local Chamber of Commerce. The ID Director sits as one of the core partners in the Aging and Disability Resource Center, ADRC, through the PA Link. Also, the ID Director has just joined OVR’s New Castle Office’s Community Advisory Council.

These connections are critical in realizing our goal of full integration because in order to effectively meet the multiple and complex needs of the people we serve, we must take into

consideration all aspects of a person or family's life and this is only possible by reaching beyond the human service system to the other sectors of the community. It is because of our integrated human service model and community collaborations that we are able to address needs of individuals and families at the time of an early onset. This also increases the capacity of our community providers to more fully support individuals with multiple needs because of the additional resources in other systems and/or being able to fund specific supports, services and technical assistance. Therefore we are mitigating the need for more increased and intense levels of supports and services including State Center and/or State Hospital admissions.

Emergency Supports:

Block grant funds will be utilized to meet emergent needs supporting individuals in emergent situations, protecting their health and welfare to maintain current living or employment situations in least restrictive environments, while assessing potential natural supports and other resources. At this time, all individuals that are registered with Butler County utilize Center for Community Resources (CCR) as their supports coordination organization. CCR also runs the county crisis program. Our crisis program went mobile 24/7 starting FY 15/16. Below is the process for handling emergent needs outside normal business hours:

- SC Managers will participate in the Crisis Program Administrative On-Call rotation process and document all off hours contact with the crisis team, in support of individuals with Intellectual Disabilities.
- In the event Crisis Services are contacted outside of normal agency business hours, Crisis Program staff will assist the individual to ensure his/her health and safety. If Crisis Program staff determines that to ensure health and safety, they need additional resources, the Crisis Program staff will contact the assigned Administrative On-Call Manager to review the case and individual's needs.
- The Administrative On-Call staff will advise the Crisis Program staff of next steps. This can include contacting the On-Call SC Manager to assist in accessing supports and services specific to Intellectual Disabilities services and supports.
- If the SC Manager needs funding authorized so that a client's health and safety can be maintained during off hours, each SC Manager has the AE County Designee's cell phone number and can contact for funding approval.
- All off hour contacts will be documented in HCSIS by the on call SC Manager.

*Please see the attached Continuity of Operation Plan (Attachment H), Butler County Mental Health Plan for Disaster/Emergency Response (Attachment I), and SCO Response Procedures document(Attachment J) for more information about our plan to provide emergency supports.

Administrative Funding:

We have been currently soliciting families of Butler County and sharing the job announcement for a mentor position through the PA Family Network. It is our hopes that we can build local capacity (Western Region) for mentors. We have a number of small "grass root" support groups to which we would reach out to provide support and training. Also, we have decided that we will be doing a quarterly newsletter to all families/individuals that are registered with Butler County

for the purpose of information sharing. We will be holding two recreational events per year for all families. This will help in developing relationships with families and natural supports. Also, we are in the planning stages for several trainings that will be conducted in the fall: Nancy Richey, Family Policy Specialist, has agreed to present about Communities of Practice in November (date to be determined); we will be reaching out to Lisa Tesler, Project Manager of the PA Family Network to see if she and/or a local mentor would be available to provide a training; and we are working through the ADRC to bring in Cathy Ficker Terrill from the Council on Quality and Leadership to conduct a one day training for all stakeholders on Bridges to the Community: Building Social Capital.

HCQU:

We utilize the HCQU in a multitude of ways; information, referral, education, technical assistance, and capacity building. Currently, we are collaborating on a project with our AWC provider and Butler County Community College's 1st year nursing students' class. The AWC is soliciting them to be potential SSWs and the HCQU will be talking to them about working with folks that have an intellectual disability and career opportunities within the ID system.

In Butler County alone, this current fiscal year, the HCQU has:

- 21 completed Individual Technical Assists (ITA's)
- 141 Staff Trainings
- 1157 Staff Trained
- 41 IDD Trainings
- 290 People IDD Trained

In total this equals 182 trainings that trained 1,447 people!

IM4Q:

In the fall of 2016, Butler County will meet with the local IM4Q Program to discuss if they would be willing to do training or an outreach program geared towards an identified gap found during interviews. This training or outreach program would be made available to individuals and their families in order to improve satisfaction in an area of their life.

Data collected from the IM4Q surveys is used in a variety of different ways in the Quality Management plan. Most information related to the data is from the survey reviewing the percentage of client satisfaction that is reported. In our county, our goal is to increase satisfaction with the following: choice of living arrangements; choice of roommates; and viewing multiple home sites/residential agencies before moving. The data is also utilized to help drive the employment focus area, communication focus area, and the Lifesharing focus area.

Lastly, ODP could partner with our county and other counties regarding the ability to enhance the survey data. At this time, a variety of individuals are interviewed with varying supports and services. It would be beneficial to know if there are high points and low points with certain agencies, genders, age population, individuals in the community, etc. Knowing more specific

answers from the individuals in the survey could assist in creating better focus areas around satisfaction.

Risk Management:

In November we hired a full-time staff to focus on our local QM/RM efforts, instead of outsourcing that position. Already to date, it's made a noted difference. Currently, through the quality management plan, incidents of restraints and individual to individual abuse are being tracked. Overall, these are a focus for a need of reduction or accurate reporting in our county. Entire teams are coming together when individuals are reported as having 3 or more restraints; 3 or more incidents of I to I abuse (victim); or 3 or more as a repeat target with I to I abuse during a 3 month consecutive time period. These incidents are reviewed monthly and reported to the supports coordinators to conduct team meetings to discuss health, safety and welfare of the individuals. With this system in place, there has been a decrease in these incidents. Also we will be highlighting a "Health Tip" in our new newsletter that will go out to all individuals and families on a quarterly basis. ODP could assist further by discussing additional strategies and methods that other agencies and/or counties are using to address risk management.

As the lead AE, Butler County, will review the agency's Emergency Preparedness Plan during provider monitoring.

Participant Directed Services (PDS):

Currently, in Butler County, we have 128 individuals who have chosen to use PDS and 130+ SSW. We only have three individuals who have chosen the VF/EMAs part of our Communities of Practice initiative. We have a collaborative effort between our AWC/FSS provider, SCO, and the County. We will be initiating a quarterly newsletter, titled "The Vision", that will go to all individuals and families that are registered with Butler County. The first edition should be coming out in July. In each edition, we hope to capture health and risk mitigation tips from the HCQU and county, spotlight a participant from one of our programs, showcase a support group or program in our community, and provide information on any upcoming trainings or community outings. In the second issue we would like to highlight Participant Directed Services.

One of the barriers we have had is assisting the families in finding a good SSW. In August, the Agency with Choice Program, along with HCQU representation, will be talking to the nursing department at Butler County Community College to try to solicit first year nursing students to consider working as an SSW while in school, and then the HCQU staff will be talking to them about supporting individuals with ID and professional opportunities in this field.

Community for All:

If we have individuals and/or families that are interested in lesser restrictive environments, we will assist them in securing potential funding, while assessing potential natural supports and other resources.

HOMELESS ASSISTANCE SERVICES

Butler County has a strong continuum of services for individuals and families within the County who are homeless or facing eviction. This continuum includes outreach and engagement, central intake/coordinated entry, homeless prevention services, emergency shelter, transitional housing, bridge housing, rapid rehousing, permanent supportive housing, and supported housing. The Butler County Local Housing Options Team (LHOT), which is led by Butler County Human Services, is a collaborative committee of housing and homeless providers, treatment providers, support service providers, and partners from the private sector that is charged with general oversight of the homeless continuum of care to ensure that needs are being met, services are being delivered in a coordinated and collaborative manner, and gaps in services are addressed. Representatives from Butler County Human Services also hold leadership roles in the Pennsylvania Western Region Continuum of Care and the Southwest Regional Homeless Advisory Board.

Butler County Human Services utilizes the Pennsylvania Department of Human Services Homeless Assistance Program (HAP), as well as additional funds redirected from other categories within the Block Grant, to provide the following programs to assist the homeless and near homeless: Emergency Shelter, Rental Assistance, Bridge Housing, Case Management, Supportive Housing Services, and Central Intake/Coordinated Assessment. All programs are subcontracted to local providers of services. Butler County Human Services subcontracts with Victim Outreach Intervention Center (VOICe) to provide emergency shelter, bridge housing, and case management for victims of domestic violence; The Lighthouse to provide emergency shelter to homeless youth, ages 18-29, and to support an emergency shelter program for individuals and families; and with Catholic Charities to provide rental assistance that includes case management for homeless and near homeless, emergency shelter for homeless utilizing the Safe Harbor facility and local motels, and Central Intake/Coordinated Assessment for Butler County residents in need of homeless services. All HSDF funds previously used for housing initiatives are now integrated under Homeless Assistance Program. This has helped to better coordinate our housing efforts.

Through the emergency shelter, rental assistance, bridge housing, and case management programs, every effort is made to address the housing needs of the at-risk populations...100% are low income or unemployed. Persons in need of housing assistance frequently have problems that include drug and alcohol abuse, serious mental illness, and domestic violence. The unskilled and underemployed populations comprise the majority of the persons served through the HAP funded programs. Rental Assistance funded through HAP is used to prevent homelessness of individuals and families while providing safe, decent and affordable housing in the community and supporting families to remain intact and to become self-reliant and independent. Butler County Human Services and the United Way of Butler County share in the funding of housing programs operated by Catholic Charities, VOICe, and The Lighthouse and meet regularly to coordinate funding for the housing providers in order to make the most effective use of all funding.

Through Block Grant public hearings and work session planning meetings, housing has been identified as a significant priority in the community. In addition, housing is a major focus area within the other categorical programs of Human Services. Safe, stable, affordable housing is a crucial component in assisting families and individuals not only in obtaining employment and gaining self-sufficiency, but in being successful in treatment and recovery.

As a result of the identification of housing as a priority through various planning efforts, much attention has been given to this area of need over the past few years, with many achievements and improvements made during that time. For example, Butler County Human Services was able to create and hire for the position of Community Housing Development Coordinator, which has in turn provided us with the necessary capacity to seek and obtain additional resources for housing and homeless services. This position is funded through the Block Grant and is responsible for leading the process of fully assessing the housing needs of the various populations served by Human Services on a system-wide level, identifying gaps and barriers relating to housing for our target populations, and forging private/public partnerships to address these needs, including building relationships with private landlords and developers. The overall goal of this position is to increase availability and opportunities for safe, affordable, accessible housing for our target populations in order to support them in reaching the greatest level of self-sufficiency possible.

This position is a critical addition and achievement because of the requirements that are placed on state and local governments to ensure that people with disabilities have access to appropriate housing and services that support them within their own communities. Adherence to the Olmstead Act has become a major focus and as such, enforcement has been increased. The Community Housing Development Coordinator is currently working on our housing strategic plan in conjunction with our Local Housing Options Team (LHOT). This planning process started in November 2015 with the LHOT hosting a housing summit. Representatives from the LHOT as well as other housing providers and community members participated in a one day program to identify strengths and needs/gaps in our housing continuum of care and to prioritize the needs.

The following four goals and corresponding action steps were developed through these planning efforts:

1. Improve access to the homeless service system.
 - a. Align our system with the HEARTH requirements
 - b. Develop a year round emergency shelter
 - c. Fully implement coordinated entry
 - d. Ensure all programs enter universal data into HMIS
2. Improve outcomes for the homeless service system.
 - a. Ensure the most appropriate and effective housing and service models are in place for each subpopulation
 - b. End veterans homeless
 - c. End chronic homelessness

- d. Improve access to D&A treatment services
 - e. Increase housing retention
3. Increase availability and access to safe, decent, affordable housing.
 - a. Maintain existing housing stock
 - b. Improve affordability
 - c. Continue to focus efforts on building partnerships with private landlords
 - d. Conduct a comprehensive housing study
 - e. Secure resources to develop more affordable housing units
 4. Increase awareness among community stakeholders about homelessness and the benefits of providing necessary services.
 - a. Complete system tracking project
 - b. Increase community involvement in Homeless

Another major improvement in our system is our shift to focus more on Rapid Rehousing services, especially for families, recognizing that the sooner we can get people stably and permanently housed, the sooner they are able to leave the crisis situation they have been in and begin to focus on accessing the services and supports that can help them reach the greatest level of self-sufficiency possible. This change in our system has been strongly supported by the award of Emergency Solutions Grant funds, which we use to pay for this service within our continuum of care. Beginning in fiscal year 15-16 and continuing into 16-17, we have been focusing on building a stronger connection between the homeless service system and the child welfare system, recognizing that many families involved with Children and Youth Services are struggling to find safe, affordable housing. These families have been, and will continue to be, prioritized for services and supports from the homeless continuum.

In 2015, Butler County Human Services worked on a new initiative with a private nonprofit agency to purchase and rehabilitate housing units in the Butler County community. Funding for this project is from the PHARE funds and Act 137 Register and Records Fees for Butler County. The goal is to convert housing units that were previously uninhabitable or in substandard condition to safe, affordable, and accessible housing for low and moderate income individuals and families. Through this partnership, twelve (12) individual units, two (2) single family homes, and two (2) duplexes were purchased and are either rehabilitated or in the process of rehabilitation. Approximately 70% of the units are full, with four in the process of renovations. Units not renovated yet will be completed as they become vacant.

We have prioritized individuals and families with incomes below 50% area median income from the following populations who, without resources from this project, might otherwise be unable to access and/or maintain safe, affordable housing: individuals who are being released from the Butler County Prison, individuals who have successfully completed a substance abuse treatment program, and families involved with the Child Welfare System. We feel that prioritizing these populations further maximizes local, state, and federal funding by improving the stability of the individuals and/or families served and, thus, decreasing the likelihood that they will have to

utilize more costly services in the future, such as additional jail time, more intensive drug treatment, or foster care placement.

This project will help to address the major gaps that we are experiencing in terms of housing and homeless services in our community. Butler County has experienced a steady increase in the homeless population within our community over the past decade. In addition, we are seeing more homeless individuals and families who are served in supportive housing having to remain in the programs longer. In examining this problem further, we have learned that the lack of affordable housing is a major contributor to homelessness in Butler County. Also, as we explored the problem more, we began to see that the housing units that are affordable to the people we serve often do not meet minimum habitability standards or are located in environments that are unsafe and not supportive of people's recovery journey due to high amounts of drug use and activity in the buildings. We have heard multiple cases of people who were doing well in their recovery, had a very strong desire to stay clean and make other important changes in their lives, but lacked safe, affordable housing options and ultimately returned to the living situation they were in when they were using and as a result, began using again. This cycle is costly to the health and well-being of these individuals and their families, the safety of the community, and taxpayers who then pay for additional treatment services for the person who has relapsed.

Services Provided

Bridge Housing Program:

The Bridge Housing Program, funded through HAP, is subcontracted to Victim Outreach Intervention Center (VOICe) as the provider of services in Butler County for victims of domestic violence. All participants in Bridge Housing are victims of domestic violence and most are referred from the VOICe domestic violence shelter to Bridge Housing for services. This provides for a "continuum of care" for families, allowing them to move from a shelter living environment to permanent and stable housing.

Bridge Housing enables more direct and effective interventions in empowering family lifestyle changes and access to resources, and ensures that clients' basic survival needs are met. This enables families to focus on more long term goals and objectives such as education, vocational training and job careers. Finally, the Bridge Housing Program assists clients in making a more successful transition to permanent housing and family stability.

Housing is provided at scattered sites in local neighborhoods by local landlords. The landlords agree to maintain their units at HUD-approved standards in exchange for a fair market rent to Bridge Housing Clients. Rental payments are shared between HAP funding and Bridge Housing tenants.

The Bridge Housing intake is set up to ensure clients meet the general criteria of homelessness or near homelessness due to domestic abuse. Client eligibility is determined and based on the United States Department of Health and Human Services current Poverty Guidelines.

Bridge Housing staff provide case management and on-going support and counseling services to encourage families to work towards achieving their service plan goals, while feeling safe and secure in their current housing environment. A significant amount of life skills instruction is also provided, in the areas of budgeting and money management, decision making, knowledge/experience in setting up a support system in the local community, as well as with family and friends. Program staff provides referral information to families in the areas of tangible needs (i.e., public assistance, WIC, unemployment, energy assistance) and intangible needs (i.e., counseling, parenting skills, career assessment and development, training, etc.). Once families are near completion of the program and their service plan goals and objectives, a transition plan is developed to ensure that the transition to permanency is successful and that the re-establishment support system, both formal and informal, is secure.

While participating in the Bridge Housing Program, the family's progress is charted through the service plan, which is based on the needs of the family. The service plan defines the client goals and is broken down into short-term, long-term and ongoing goals. Standard goals are in the areas of education, employment, career exploration, and personal achievement. The service plan is re-evaluated every three months until the client completes the goals and objectives or services are ended. The key to consistent progress in the Bridge Housing Program is the use of attainable goals, thus promoting empowerment and self-esteem.

We continue to face a lack of affordable, accessible, and SAFE housing and thus our number of Bridge Housing clients has decreased. We are optimistic that with the new purchase and rehab initiative previously mentioned, we will be able to provide additional housing options for these clients.

Case Management/Rental Assistance:

Rental Assistance services are provided through a subcontract with Catholic Charities of the Diocese of Pittsburgh, Butler Office, and is a component of their overall housing program that includes emergency shelter and case management. To be eligible for the Rental Assistance Program, clients must be a resident of Butler County for 30 days, homeless or near homeless, have a landlord willing to rent to them, have sufficient income to continue future rent payments, meet income guidelines (125 percent of poverty) and have applied for title IV-A Emergency Shelter allowance when applicable. Clients are responsible for contributing towards rental costs and the dollar amount is based on the client's ability to contribute. Rental Assistance staff work with landlords requiring verification of a rental agreement and the landlord's willingness to rent to the client.

HAP guidelines permit payments of up to \$1000 for rental assistance for adult households or \$1500 for families with children. In Butler County, clients may receive financial assistance once in a 12 month period but not to exceed the maximum dollar amount in the 24 month clock of eligibility. The Rental Assistance Program provides for housing costs consisting of overdue rent payments, including trailer or lot rent, mortgage assistance, and utility assistance. Exceptions can be made, e.g., eviction will result in children being placed in foster care. When applicable,

rental assistance staff collaborate with the County Assistance Office and the local Housing Authority office to address client housing needs.

The Rental Assistance intake process is designed to ensure clients meet the general criteria for rental assistance and to develop a comprehensive service plan that addresses the issues that have led to the person/family's housing crisis. The plan, monitored by Rental Assistance staff, lists client goals that can move the individual/family towards achieving a higher level of independence and self-sufficiency. Participants are then assisted through case management to connect with various resources and services in the community that will aid them in reaching their identified goals, as well as allow them to assume and/or resume their responsibility of providing for housing costs. By providing case management, clients are assisted in maintaining affordable, safe and decent housing while developing adequate household budgeting techniques. The Rental Assistance Program outcomes are assessed through follow-up services provided by the case worker. These services monitor the housing stability of clients within 30 days after receiving rental assistance, and determine if there are any other services that the clients could be referred to for additional support and assistance.

Rental Assistance in general is funded by multiple funding streams, HAP being one of them. We are in the process of restructuring our entire program and formatting it more like a rapid-rehousing program. This would include more intensive case management services to help achieve improved outcomes, reduce recidivism, and better assist clients in achieving self-sufficiency. As such, we have included additional funds in this category for the 16-17 fiscal year in order to pay for increased homeless case management services at Catholic Charities.

Case Management – VOICe:

The innovative supportive housing program was developed by Victim Outreach Intervention Center (VOICe) to address the needs of chronic and consistent homeless individuals who are victims of domestic violence. Many of these individuals have substance abuse and/or mental illness

The homeless domestic violence victims who display serious mental illness, substance abuse and or co-occurring disorders are often the most difficult population to engage in supportive services. Basic shelter services, beyond providing immediate access to safety, can be ineffective in providing the intensive services needed by this population of victims.

The supportive housing program through VOICe is a combination of HUD Continuum of Care funding for the scattered site apartments and HAP funding for the case management supportive services. VOICe offers outreach and in-home supportive services that include assisting survivors in establishing external support systems, connecting with and participating in mental health and substance abuse services, building connections with other support services including peer support, and increasing life-skills. Short and long term advocacy/goal plans and safety planning are a part of the services as well. Program participants will also be assisted with transportation costs as they work towards achieving goals.

Emergency Shelter Program:

The Emergency Shelter Program is designed to provide shelter to persons/families that are in a housing crisis situation and in immediate danger of becoming homeless or have no permanent legal residence of their own. HAP funding, along with funds redirected from HSDF, is coordinated with other sources such as CSBG, The Emergency Food and Shelter Program, and The United Way to provide emergency shelter and case management services in Butler County.

Emergency Shelter services will be provided through subcontracts with four non-profit providers:

Catholic Charities - Homeless and near homeless persons and families in crisis situations will be provided short-term emergency lodging in Safe Harbor, our homeless shelter facility, for a period of 30 days. Vouchers for local hotels/motels are also issued for one to three days, or longer if necessary, when Safe Harbor is over capacity. Catholic Charities coordinates the HAP funds with The Emergency Food and Shelter Program, Community Service Block Grant for homeless case management and supportive services, and with the local United Way to provide emergency shelter assistance. In addition, funds that have been redirected from HSDF are used to support the Resident Manager position of Safe Harbor, which is essential in ensuring that program participants are supported during hours that case management and treatment services are not available.

Victim Outreach Intervention Center – VOICe provides emergency services to victims of domestic violence at a mass shelter facility at a per diem rate of \$10 funded through HAP. CSBG funds are used for counseling/advocacy and case management services for shelter residents. VOICe also receives an annual allocation from the Local Board of The Emergency Food and Shelter Program to apply towards per diem costs.

The Lighthouse Foundation – The Lighthouse Foundation provides safe, supportive, affordable living space in an apartment type setting for homeless youth age 18-29. The Lighthouse assists the youth in achieving financial and personal independence while working on educational and vocational goals, pursuing employment and developing independent living skills. Youth will be provided shelter at \$10/day not to exceed 60 days with funding provided through HAP. CSBG funds are utilized to provide the night time staffing. The Lighthouse also receives an annual allocation from the Local Board of The Emergency Food and Shelter Program to apply towards per diem costs.

Full-Year Shelter, Provider To Be Determined- One of the needs identified during the previously mentioned Housing Summit held in November 2015 is better addressing the emergency situation of homelessness while improving access to the homeless service system through the development of a year-round emergency shelter that is directly tied to our central intake department and ongoing case management services. Butler County Human Services released a Request for Proposal (RFP) in May 2016. A small committee of providers and community members was created to review the proposals and make a recommendation. The committee is now in the process of interviewing candidates and anticipates making the recommendation in late

July 2016. This program will be a collaborative program of many community partners that include local churches, non-profit organizations, social and human service agencies, and businesses. Catholic Charities is the housing coordinated entry point of contact for our county and will be providing case management to help participants identify permanent housing within thirty days. Catholic Charities also coordinates the HAP funds with The Emergency Food and Shelter Program, Community Service Block Grant for homeless case management and supportive services, and with the local donations to provide emergency shelter assistance.

Emergency Shelter Program goals are achieved by:

1. Providing resolution of crisis homeless situations by arranging for shelter in Safe Harbor, motels/hotels in the local community (Catholic Charities)
2. Providing resolution of crisis homeless situations by providing safe supportive housing for women and children victims of domestic violence in a mass shelter. (VOICe)
3. Providing resolution of crisis situation for homeless youth between the ages of 18 and 29 by providing safe, supportive, affordable living space in an apartment style arrangement. (The Lighthouse)
4. Providing service plans and establishing goals with clients by which the client plans a housing and job strategy. (all providers)
5. Providing information and referral services to network with other agencies to address client needs. (all providers)
6. Connecting clients to mainstream resources in the community. (all providers)

Other Housing Supports-Central Intake/Coordinated Entry:

In October 2014, Butler County, working with the various members of the Local Housing Options Team, developed and implemented a Central Intake Program and a Coordinated Entry process. Catholic Charities was selected as our Central Intake provider because of their status as the primary contact for people seeking homeless services. By accepting the role of Central Intake, all people in Butler County who are in need of homeless services are directed to contact Catholic Charities, either by phone or in person.

The Central Intake unit completes the coordinated assessment with the person or family. This assessment was developed by combining the common elements of the various assessments that were being done by the multiple providers of homeless services in our community. The purpose of the assessment is to determine which level of care is most appropriate for the person/family. The completed assessment is then shared with the agency(s) that operates the appropriate level of service. The overall goal of this process is to eliminate confusion for people seeking homeless services by directing them to one agency that will help them through the process and also to streamline the process by asking the person in need to complete only one assessment, versus multiples at different agencies which is what was occurring in the past. As a member of the Pennsylvania Western Region Continuum of Care, Butler County is one of five pilot counties working towards full implementation of Central Intake and Coordinated Entry for our Western CoC.

The Central Intake Unit is responsible for:

- Meeting with individuals and families who are homeless or at-risk of homeless, by walk-in and appointments;
- Completing a general screening for the at-risk population to identify alternative housing or resources;
- Completing the comprehensive assessment tool (developed and approved by the Butler County Local Housing Options Team) for the literally homeless population and also for the at-risk population for whom no other options were identified through the general screening;
- Determining eligibility for various homeless/housing programs;
- Referring to appropriate homeless/housing programs, as well as other supportive services and resources;
- Providing support in accessing basic needs, such as food, transportation, etc., as available; and,
- Providing ongoing Case Management services until the person/family is connected with another program.

Evaluation of Outcomes

All services provided with HAP funding are subcontracted to non-profit social service agencies in the community. The subcontract agreements all contain work statements with projected outcomes to be met. Although The PA Department of Human Services now only requires submission of an annual client report, Butler County Human Services continues to collect quarterly cumulative client data reports from providers using the DHS-HAP client reporting form. These reports are reviewed quarterly to measure progress towards projected outcomes and assists with monitoring of the program.

In addition, Butler County Human Services meets regularly with providers throughout the year to discuss projected numbers served, spending trends, and needs of clients. The creation of the Community Housing Development Coordinator position has also served to evaluate and improve housing services provided throughout the Butler County continuum of care which includes HAP services.

Status of HMIS

Currently, all programs that receive HEARTH, ESG, and PATH funds, except for those targeting victims of domestic violence, are entering data into HMIS. This includes 8 different programs in Butler County. We are currently working towards full implementation of HAP funded agencies entering into the HMIS system. In 2016-2017, our Central Intake unit will begin entering all clients into HMIS which will help us to better align with the system performance measures provided by HUD.

CHILDREN AND YOUTH SERVICES

In the past fiscal year, Butler County Children and Youth Agency (BCCYA) has continued to be successful in keeping children in their family settings safely. This has permitted expansion and efforts toward preventing harm to children and providing more effective services in the community. In the past year, there has been much work done to implement the Butler County Alliance for Children, a local child advocacy center (CAC). Additionally, there has been a cross human services approach with this project to integrate trauma informed care into the CAC as well as the Multidisciplinary Investigation Team for the county. We anticipate that this program and related activities will continue to improve in its service to children and families.

Family team facilitation was also improved in the past fiscal year. This function was expanded to provide services to all CYS involved families, not just at the beginning of the case as in years past. This improvement will ensure that all families have productive planning meetings and understandable, family-driven service plans and placement plans.

In FY 15-16, BCCYA began to realize the impact of the amendments to the Child Protective Services Law. Three specific areas that were impacted were intake investigations, intake screening and worker capacity issues surrounding the Child Welfare Information Solution (CWIS). Most notably, intake assessments increased from 661 in calendar year 2014 to 897 in 2015 reflecting a 36% rise. The CPS case increase was even sharper at 73%. This trend has continued in 2016. As of May 2016 the increase in intake assessments over the 2014 totals were 27% and CPS cases have risen by 77% when compared to the same timeframe. BCCYA has made many adjustments to staffing assignments and has internally adjusted to meet the new workload. Staff positions will be added at the beginning of FY 16-17 to further address this issue.

The increase in intake assessment has raised need for the use of our Dependent PA Promising Practice Crisis In-Home Stabilization. This program has also been utilized to address the growing need of placement preventions for disrupted adoptions and other at risk youth issues.

In FY 15-16 there was also an identified increased need to serve the at-risk truancy population. This was indicated by the county's district courts as well as the court of common pleas. The HSBG programs will greatly assist in preventing the out of home placement of these children. Specifically, the Truancy Intervention Program and Family Group Decision Making have proven effective with this population. Efforts will be made to expand this programming to meet these needs in FY 16-17.

Funds from the block grant as well as Act 148 funds will be combined to provide a continuum of necessary services to keep children safe, healthy, and in permanent homes. The block grant funding also assists our agency in better collaboration with other human services functions, such

as housing and coordination of cross-system families. These combined efforts assist our agency in fulfilling our goal to keep children safe, preserve families, and provide timely permanence.

	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 protected from abuse and neglect.	OCYF Licensing Summary-annual State Report on Child Abuse-annual Quality Service Review-In 2016 and tri-annually	All
Children have permanency and stability in their living arrangement.	HZA Data Package-Annual Quality Service Review-2016 and tri-annually OCYF Licensing Summary-annual AOPC Congregate Care Project-2016	All

Families have an enhanced capacity to provide for their children's needs.	Quality Service Review- 2016 and tri-annually OCYF Licensing Summary-annual	All
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Funded Programs

Program Name:	Family Group Decision Making (FGDM)
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Status	Enter X		
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	N		
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y	New	Continuing
			Expanding
			X

- FGDM is a strengths-based, voluntary process which recognizes that a family itself knows best how to meet its member's needs. It empowers families by providing an opportunity to join together with other people who are important in their lives to develop a plan for solving a problem or to address important family concerns. The Administrative Office of Pennsylvania Courts researched best practice models for their permanency initiative and included FGDM as their preferred model. As part of the initiative, BCCYA was required to provide FGDM. While this program was started as part of the AOPC permanency practice initiative, it was expanded to serve additional populations within human services such as MH and individuals in prison re-entry programs (funded through other categories of the block grant). At this point in time we are requesting additional funding for this program to meet the needs of families with at-risk and truant children. We estimate that 20 additional families will be served by this new level of Family Group. A lesser rate will be charged for this event because it will be briefer than the full family group model.

The established cost for the year was based on past utilizations and also projections for the current year. We anticipate that 37 conferences will be coordinated and completed with an established rate of \$3000 per completed conference. We anticipate that one referral will result in coordination efforts but no conference with a set rate of \$1000 and, and 8 referrals will be assessed but no additional follow-up occurring due to the family's willingness to continue the process. This level of service has an established rate of \$250 per referral. In FY 16-17 a rate will continue to be offered at \$2000 to provide follow up conferences for families that have completed the process, or for families experiencing situations of truancy. This is a new request for this year. This effort is aimed at preventing further involvement in the dependency system and preventing placement. We anticipate that 12 such conferences will occur during 16-17.

	FY 15-16	FY 16-17
Description of Target Population	Human Service System Families	Human Service System Families
# of Referrals	48	58
# Successfully completing program	40	50
Cost per year	\$118,000	\$138,000
Per Diem Cost/Program funded amount	\$3,000/\$2,000/\$1,000/\$250	\$3,000/\$2,000/\$1,000/\$250
Name of provider	CCR	CCR

There were no instances of under spending or under-utilization.

Program Name:	Promising Practice Dependent: Crisis In-Home Stabilization
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Status	Enter X		
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	N		
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y	New	Continuing
			Expanding
			X

- This is a crisis program provided to families at risk of placement. Services are intensive and focus on community and healthy family supports. This program was initiated due to the increased rate of at risk of placement children and families. This program is increasingly necessary as the county has continued to realize the impact of the amendments to the CPSL specifically regarding increased investigations as noted in the summary above. This program continues to assist in reducing and preventing the removal and placement of children. Beginning in FY 15-16 BCCYA began to realize a trend in the need for service for adopted children who are at risk of disruption. These children commonly have been diagnosed with Reactive Attachment Disorder or other mental health needs. In the spring of 2016 BCCYA requested to be able to use two providers for this service based on the new need for this population. Totin Family Services primarily works well with families with young children at risk of placement, and Specialty Outreach Services primarily works well with the at-risk of disruption or older children population. Both of these agencies provide the same service.

	FY 15-16	FY 16-17
Description of Target Population	Families with children at-risk of placement. Also families with at-risk older children or possible adoption disruption	Families with children at-risk of placement. Also families with at-risk older children or possible adoption disruption

# of Referrals	66	70
# Successfully completing program	58	64
Cost per year	\$179,000	\$183,760
Per Diem Cost/Program funded amount	Various Rates	Various Rates
Name of provider	Totin Family Services and Specialty Outreach Services	Totin Family Services and Specialty Outreach Services

There were no instances of under spending or underutilization.

Program Name:	Promising Practice Delinquent: Electronic Monitoring
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Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	N			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y	New	Continuing	Expanding
		X		

- This program uses GPS equipment to monitor a delinquent child who would otherwise be in out of home placement. The program was initiated due to increased placements. In addition, this program assists to keep younger delinquent children out of congregate care placements with older children who may negatively influence or harm them. This program also can be utilized for shared case responsibility youth.

	FY 15-16	FY 16-17
Description of Target Population	Delinquent and shared case responsibility youth	Delinquent and shared case responsibility youth
# of Referrals	65	65
# Successfully completing program	61	62
Cost per year	\$116,618	\$116,618
Per Diem Cost/Program funded amount	Various Rates	Various Rates
Name of provider	MHY Family Services	MHY Family Services

There were no instances of under spending or underutilization.

Program Name:	Multi-Systemic Therapy (MST)
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Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	N			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y	New	Continuing	Expanding
			X	

- The MST program prevents out of home placements, preserves and strengthens the family, reduces the length of stay in placement, prevents youth from entering more restrictive programs, prevents youth from committing juvenile offenses and decreases association with deviant peers. MST works to strengthen positive behaviors of at-risk children. MST was started as a result of changes in best practice regarding at-risk behavior children. With a reduction in out of home placement for behavioral issues an evidence based program was needed to serve this population, and MST was selected. Using this program as a preventative to placement has benefitted our community by working with the children's behaviors while in their homes.

	FY 15-16	FY 16-17
Description of Target Population	At risk youth	At risk youth
# of Referrals	33	33
# Successfully completing program	28	30
Cost per year	\$86,600	\$86,600
Per Diem Cost/Program funded amount	\$86,000	\$86,000
Name of provider	MHY Family Services	MHY Family Services

In FY 15-16 there was underspending of funds for this program.

In FY 15-16, children involved in this program were changed from special grants funding to MA funding at a much more efficient rate causing this area to be underspent. In FY 16-17 we are hoping that this will continue, but cannot assure that it will. Given that we are anticipating more participants in this program we are keeping the request the same.

Program Name:	Truancy Intervention Program
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Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	N			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y	New	Continuing	Expanding
			X	

- The Truancy Intervention Program was started in 2011 as a method to prevent further absences from school for youth that have been identified as truant by the District Judge.

The target population for this program is all school age children who are subject to compulsory school attendance who have been deemed truant, and referred to the program by district court. It is a monthly class for children and at least one parent to prevent further truancy, dependency, or out of home placement. During FY 15-16 referrals to the program increased significantly enough that classes needed to be added to satisfy the demand. The increase in funding for this FY is for an additional class per month to be held regionally to meet the families closer to their community making it more possible to raise attendance at the class.

	FY 15-16	FY 16-17
Description of Target Population	Truant children	Truant children
# of Referrals	103	175
# Successfully completing program	97	125
Cost per year	\$3,562	\$7,123
Per Diem Cost/Program funded amount	\$37.10/hour	\$37.10/hour
Name of provider	Alliance for Non-profit Resources	Alliance for Non-profit Resources

There were no instances of under or over spending in this program.

Program Name:	Housing
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Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	N			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	Y	New	Continuing	Expanding
		X		

- This program serves families who are in need of tangible goods such as food, housing, or clothing in which the children are at risk for out of home placement due to the family not having the resources to obtain the items. These funds are used on an emergency basis. The families are then guided on how to prevent the needs for emergency funds in the future through other family preservation services such as crisis in-home stabilization. This program prevents out of home placement of children by eliminating emergency oriented barriers that may cause further agency intervention or dependency.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Families with children who are at-risk of out of	Families with children who are at-risk of out of home

	home placement	placement
# of Referrals	71	75
# Successfully completing program	68	72
Cost per year	\$30,000	\$30,000
Per Diem Cost/Program funded amount	\$30,000	\$30,000
Name of provider	Totin Family Services	Totin Family Services and Specialty Outreach Services

There were no instances of under spending.

DRUG AND ALCOHOL SERVICES

The Butler County Drug and Alcohol Program, designated as the Single County Authority (SCA), is responsible to ensure the provision of alcohol, tobacco and other drug abuse prevention, intervention, treatment, recovery support and case management services to Butler County residents. The services provided incorporate all funding sources available to the SCA including; state and federal base allocations, county funds, Health Choices and reinvestment funding, and any state and/or federal grant funds made available.

The SCA works closely with many community agencies and providers to offer numerous and varied prevention programs for all ages, populations and across multiple arenas. These prevention programs have performance based standards which are focused on reducing identified community risk factors associated with substance abuse. Risk factors are reduced through increasing the community's awareness, knowledge, and skills, as well as through instilling the positive attitudes and behaviors necessary to develop healthy lifestyles and communities. Student Assistance Program (SAP) services, including pre-screenings, core team meeting participation, consultations, and parent meetings are also provided to elementary as well as secondary schools within the county.

Community intervention programs supported through the SCA work directly with individuals and groups already impacted, either directly or indirectly, by substance abuse and addiction. These programs vary from family intervention programs to the ongoing drug and alcohol awareness/education programs provided in the county jail.

The SCA is responsible to ensure a comprehensive, balanced, and accessible continuum of drug and alcohol treatment services is available to our residents. The SCA provides screenings, level of care assessments, and referrals to the most appropriate treatment services, if applicable. Referrals can range from outpatient services to residential rehabilitation treatment. This office subcontracts with over forty (40) different treatment facilities to ensure that a comprehensive continuum of drug and alcohol treatment services is available to meet the diverse needs of county residents. Treatment services are available to all individuals in need, including

adolescents, transition age youth, adults, individuals with co-occurring psychiatric and substance use disorders, veterans, individuals involved with the criminal justice system, and women with children.

The SCA does not have any waiting list issues with respect to levels of care including outpatient, intensive outpatient, and partial hospitalization treatment. At various times, we have encountered capacity issues when referring individuals to non-hospital detoxification, non-hospital residential, and halfway house treatment services. At times, individuals have had to wait anywhere from one day up to one week to access the higher, more intensive treatment services. The capacity and wait times for these levels of care often fluctuate from one day to the next. As a result, identifying specific wait times and/or wait lists is not feasible.

There continues to be numerous barriers which impede access to assessment and treatment for those individuals seeking services in Butler County. A few of the largest barriers include:

- A lack of transportation to treatment services within the County for many living in rural areas. Because of Butler County's rural setting with two primary population centers, public transportation is limited to these areas. Individuals residing in rural areas constantly struggle to arrange for and maintain transportation to outpatient and support services.
- The availability of safe and affordable housing for individuals continues to be a high need. Many individuals returning to the community from treatment or incarceration are faced with no other option but to return to their prior living environment. These environments are often unsafe and threaten the stability of those in early recovery.
- Limited financial resources available to develop and/or maintain ongoing support for community, recovery-based services and supports.

The continued increase in heroin use has caused capacity issues with non-hospital detoxification and inpatient treatment programs across the commonwealth. As a result, individuals have had to wait anywhere from one day up to several weeks to access critical non-hospital treatment services. In an effort to address these issues, Butler SCA has increased the number of contracts held with non-hospital residential providers across the commonwealth as well as the case management services available to individuals. We also plan to increase the availability of recovery support services within Butler County.

Also, as a result of the capacity issues across the commonwealth, multiple facilities have expanded program capacity in order to add more beds and others are looking to open additional facilities within Butler County as well as in other regions.

The need for drug and alcohol treatment services has continued to increase over the years. In order to continue to meet the demand for services despite level funding and/or budget cuts, the Butler SCA implemented limitations on treatment services several years ago. Fiscal year and

lifetime limitations are in place for Non-Hospital treatment, Halfway House, Partial Hospitalization treatment, and Methadone Maintenance treatment. Fiscal year only limitations are in place for Intensive Outpatient as well as Outpatient treatment services. Although we identify limitations for Non-Hospital Detoxification treatment, Butler SCA has never denied this service. Due in large part to Health Choices and the expedited plus plus process, we have rarely had to hold firm on the existing limitations. Additional funding made available through the Human Services Block Grant has also helped tremendously.

Butler SCA has continued to see an increase in the number of individuals reporting heroin as their drug of choice when seeking services through this office. Heroin use had reached epidemic proportions early in the 1990's within Butler County. Although the numbers remained high, this office did begin to see a decline in usage until the 2006-2007 fiscal year. Since then, heroin use has continued to increase at a steady rate. To date, heroin use has increased by 19% since FY 2008-2009. This trend is confirmed not only by SCA statistics, but also through drug possession arrests, probation/parole referral data, arrest statistics from Detectives within the District Attorney's Office, and data from the Butler County Prison. Along with the continued increase in heroin use within our community, we are also experiencing a steady increase in the number of individuals using marijuana. According to statistics from the Pennsylvania State Police, there was a 25% increase in the number of drug possession arrests specific for marijuana between 2013- 2015. SCA statistics indicate an increase of 9% in the number of adolescents reporting marijuana as their drug of choice in FY 2013-2014, compared to FY 2012-2013.

Over the past several years, the number of chronic alcoholics entering the treatment system averaged out at 30%. The changes made to the DUI laws in 2004, including the decrease in the BAC limit and court mandates for eligible offenders to receive a D&A assessment, continues to directly impact the numbers of this population referred for SCA treatment services. Although statewide data from the Pennsylvania Uniform Crime Reporting System documents a decrease in DUI arrests since 2010, the numbers appear to have remained relatively steady over the past several years. For FY 2014-2015, alcohol was the primary drug of choice for 28% of the adults seeking services through our office.

The number of adolescents reporting alcohol as their primary drug of choice increased by 9% in FY 2014-15, compared to FY 2013-2014. According to statewide data from the PA Uniform Crime Reporting System, the number of liquor law offenses for adolescents increased by 16.67% from 2013 to 2014. These offenses do not include public intoxication or driving under the influence.

Individuals with a chronic history of alcohol use as well as individuals using heroin on a daily basis are in need of long term structured treatment programs in order to ensure higher rates of success and lower rates of recidivism. Although longer-term inpatient residential, as well as

detoxification services, can place a financial strain on SCA funds, these services are essential tools in treating these populations.

Target Populations

The Butler SCA is responsible to ensure the provision of a comprehensive, balanced and accessible continuum of drug and alcohol treatment as well as case management services made available to all Butler County residents in need.

At this time, there are no identified service gaps and/or unmet needs for the following populations:

- Adults
- Transition Age Youth (ages 18 to 26)
- Adolescents (under 18)
- Individuals with Co-Occurring Psychiatric and Substance Use Disorders
- Criminal Justice Involved Individuals
- Women with Children.

All individuals, including these populations, are afforded the opportunity to access the supports and services available within Butler County. This includes level of care assessments, access to all levels of treatment, case management services, and recovery support services. Butler SCA ensures that the contracts secured for treatment services also include those facilities in which specialized programming/tracks exist. Examples of this would be the multiple contracted treatment programs that are licensed as co-occurring as well as contracted treatment programs that specialize in providing services to women with children.

Recovery–Oriented Services

The Recovery -Oriented Services currently available within Butler County are designed to support individuals through their unique journeys to sustained, long-term recovery over their lifespan. These services are a critical component to a comprehensive and supportive system of care that assists in removing barriers while offering resources to individuals contemplating, initiating, and maintaining recovery from substance abuse problems. Some of the recovery support services available within our county include: the Recovery Project, a drug-free recreational and social environment for individuals in recovery; Oxford Houses, seven (7) recovery based houses available for men and women; a permanent supportive housing program providing housing, treatment and case management supports to 18-24 year old homeless Butler County residents struggling with substance abuse and mental health issues; Certified Recovery Specialists (CRS) to offer peer-based recovery services to individuals in need, and; numerous community and faith-based groups reaching out to individuals as well as families using natural supports.

The need for stable, safe and affordable housing for individuals in recovery continues to exist within the county. As such, we continue to collaborate with other departments within Butler

County Human Services in an effort to identify and/or develop suitable housing options for individuals. A significant result of this collaboration is the fact that many of the new housing programs and supports developed identify individuals in recovery as a priority population.

In an effort to increase the number of recovery houses available throughout the region, provide assistance to individuals who are attempting to secure housing, and provide assistance with furnishings and/or other basic needs, a HealthChoices regional reinvestment plan was submitted to the Office of Mental Health and Substance Abuse Services (OMHSAS) and approved in September 2015. Butler SCA continues to utilize the reinvestment funding to assist individuals early in recovery with securing safe housing, furnishings and/or other basic needs.

HUMAN SERVICES AND SUPPORTS/HUMAN SERVICES DEVELOPMENT FUND

Butler County aims to utilize funds in this category to support services that help people meet their basic needs, including those supports that help keep people stably housed. This category is also used to support programs and initiatives that address cross-systems needs, including those identified through public hearings held in preparation for the Block Grant plan.

Adult Services:

Program Name and Description	Service Category	Planned Expenditures
Adult Services Program, Community Care Connections: Provides practical education and training in skills needed to perform safely the activities of daily living.	Life Skills Education	\$6,300
Case Management, Victim Outreach Intervention Center: Case Management services are provided to victims of domestic violence for the purpose of helping the program participants determine what services and supports they need and to coordinate their timely provision.	Case Management	\$13,000
TOTAL		\$19,300

Generic Services:

Program Name and Description, including client populations to be served	Service Category	Planned Expenditures
<p>Homemaker Chore Program, Community Care Connections:</p> <p>This program assists adults with disabilities with basic home making tasks so they may remain in their homes and avoid institutional placement. Services include instructional care if the person is functionally capable but lacks the knowledge and home help and non-medical personal care if the individual is functionally unable to perform life-essential tasks of daily living. This program is categorized as a Generic Services because, though the services are primarily delivered to the adult population (target population of adult services), the program can also serve people from the aging sector in order to allow them to continue to serve a program participant past their 60th birthday to ensure continuity of care and a smooth transition to services within the aging system.</p> <p>Specifically, services provided may include, but are not limited to:</p> <ul style="list-style-type: none"> • Helping program participants identify which homemaking tasks (such as cleaning, cooking, grocery shopping, laundry, organization and storage of items, etc) should be performed daily, weekly, and monthly in order to maintain a clean, functional and safe home; • Helping program participants identify which of those essential homemaking tasks they can safely and which tasks will need to be performed by others, including the Homemaker Service Provider. 	Homemaker	\$41,700
TOTAL		\$41,700

Specialized Services:

Butler County will utilize this category of funding to support programs that address cross-systems issues, including those that focus on our system priorities. A small portion of the

funding will be used to provide Representative Payee services for people who do not fall in to the Mental Health or Intellectual Disabilities systems but are still required by the Social Security Administration to have a Representative Payee and have no other means of securing one. Funding will continue to be allocated to support Family Group Decision Making (FGDM) through the entire spectrum of ages and disabilities. FGDM began in Butler County a few years ago but was only available to families being served by Children and Youth Services. We have seen such incredible successes with this process that we are committed to providing funding that will allow families in other systems to benefit from its effectiveness, including families with no children involved (for families participating in FGDM who are also involved with the Child Welfare system, the service will continue to be paid for through Children and Youth Services as described in that section above). We have adopted this process as the standard for successful service planning and hope one day to be able to make it available to any family who wants to take part.

Program Name and Description	Planned Expenditures
<p>Representative Payee, Mental Health Association:</p> <p>Assistance provided in bill paying and financial accountability to people who need help with organizing and disbursing their personal finances. The program is offered to people who are unable to manage a financial system, yet wish to remain independent in the community. These funds are specifically for people who not meet the criteria for this service under the Mental Health or Intellectual Disabilities systems but are in need of the support.</p>	\$2,000
<p>Family Group Decision Making, Center for Community Resources:</p> <p>FGDM is a voluntary process which recognizes that the family itself is the best judge of how to meet its members' needs. FGDM offers families the opportunity to join together with individuals who they identify as being important in their lives, with the goal of developing a plan to resolve identified concerns. All families who choose to enter into FGDM are guided by a Coordinator who will ensure that everyone involved is prepared and understands the guidelines for success throughout the process.</p>	\$20,000
<p>Prevention:</p> <p>Funds will be used to support the enhancement of Speak-Up. Speak Up is a partnership between Slippery Rock University, Butler Collaborative for Families and Butler County Human Services. The purpose of this program is to reach out to adolescents throughout Butler County in order to gain their input on</p>	\$5,000

<p>their direct observations of the needs of youth in our community and to work with them to identify and implement solutions. Groups are facilitated by SRU students.</p> <p>Funds will be provided to Victim Outreach Intervention Center, VOICE, to enhance their efforts toward prevention of domestic violence and child abuse. VOICE will be partnering with Children and Youth Services, as well as the Butler County Prevention Council, to develop strategies to implement in our community that aim to prevent child abuse. We have decided to focus additional resources toward this purpose because of the very large percentage of people incarcerated that report that they were victims of abuse as a child. This data is a clear indicator of the impact that such trauma can have, not only on the child as they age, but also on the human service system and the community as a whole.</p>	<p>\$20,000</p>
<p>Mentoring:</p> <p>Funds will be used to support the ongoing implementation and expansion of Open Table in Butler County. Open Table is a model of service implemented by churches to create community and transformation with the homeless, working poor, young adults transitioning out of foster care, veterans, people involved in the criminal justice system, and victims of human trafficking. In this model, congregations recruit approximately 10 members of the church that commit to work with one individual/family for a period of a year. These volunteers act as a team of life specialists, encouragers, and advocates for the person or family being served by the Table. The Table members, together with the individual or family being helped, establish goals, accountability, develop an overall plan and work together to implement the plan for the purpose of helping the individual or family reach a greater level of stability, self-sufficiency, and satisfaction with life. Table members network in their congregations and the community to generate resources to help support the plan.</p> <p>We are providing funding to one of our local provider organizations to be the mobilizer of this project by marketing to and recruiting partner churches, and providing education and support to coordinate and implement the effort within the churches.</p>	<p>\$20,000</p>
<p>TOTAL</p>	<p>\$67,000</p>

Interagency Coordination:

Funding from this category of the block grant, in addition to funds redirected from other program areas, will be used to continue to support interagency coordination occurring within our community. The focus of support in this category is on enhancing collaborative partnerships both within the human service system, as well as between the private sector and public organizations, in order to design overall solutions to community problems and to improve the effectiveness of the service delivery system. Butler County strongly believes in the power of collaboration and recognizes that in order to be successful over the long-term in helping individuals and families overcome the barriers they face to happy, productive lives within the community, organizations within the system must function as partners and must also reach out to the other sectors of the community for support.

Program Name and Description	Planned Expenditures
<p>General Interagency Coordination:</p> <p>These funds will be used to support the time spent (salary and benefits) by the Director of Service Integration and Quality Management (see Attachment K for job description) on efforts toward improving coordination among agencies, including contracted providers, internal programs and other partners in the community. Efforts include cross-systems trainings, coordination of Planning Team meetings, coordination of internal cross-systems team meetings, program development and enhancement and participation/leadership in various community collaboratives and other efforts relating to interagency coordination.</p>	\$81,307
<p>Butler Collaborative for Families:</p> <p>The BCF is a committee comprised of representatives from various sectors of the community, including families, social services, education, faith-based and business. The mission of the collaborative is to build a unified and integrated network of services by using a multiple-agency approach to break down barriers and strengthen the system of care for children and families in Butler County.</p> <p>Funds will be used to support the overall operations of the BCF, including payment for the services a coordinator for the Collaborative and fiduciary services to maintain the group’s financial resources, much of which is obtained through membership dues and training fees.</p>	\$6,200
<p>Early Care and Education Council:</p>	\$20,000

<p>The Butler Early Care and Education Council brings together early childhood programs, families, public and private schools, higher education, businesses and other child-serving organizations to assess the quality early learning opportunities that exist in the community and to develop annual goals that encourage quality early learning. The Council also builds partnerships between schools and community-based early learning programs to help families make a smooth transition into kindergarten.</p> <p>Funds will be used to support the overall operations of the Early Care and Education Council, including salary and benefits of the group’s coordinator, who is an employee of a partner agency.</p>	
<p>Integrated Planning and Program Development:</p> <p>A contract with the Alliance for Non-Profit Resources will be created to assist the Human Services staff, as well as other human service agencies with special projects relating to interagency coordination and collaboration as needed, which may include quality assurance efforts, HIPAA compliance consultation, and integrated planning and program development.</p>	\$43,800
<p>TOTAL</p>	\$151,307

PART V: BUDGET

The complete proposed block grant budget, with the estimated number of people to be served in each program, is included as an attachment to this plan (see Attachment L – Proposed Budget and Service Recipients).

Appendix A
Fiscal Year 2016-2017

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Butler

- A.** The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B.** The County assures, in compliance with Act 80, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C.** The County and/or its providers assures that it will maintain the 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

Signatures	Please Print	
<u><i>Jessie A. Osche</i></u>	<u>Jessie A. Osche</u>	Date: <u>7/5/16</u>
<u><i>Kimberly D. Geyer</i></u>	<u>Kimberly D. Geyer</u>	Date: <u>7/5/16</u>
<u><i>Kevin E. Brazel, M.S.</i></u>	<u>Kevin E. Brazel, M.S.</u>	Date: <u>7/5/16</u>

PUBLIC HEARING



Butler County Human Services

A public hearing will be held to prepare for the
submission of the Fiscal Year 2016-2017

Human Services Block Grant Plan

Date: April 13, 2016

Time: 2:30pm

Location: Butler County Government Center
Human Services Conference Room
124 W. Diamond St. Butler, 16001

The purpose of the public hearing is to discuss and gather input on needs and priorities within the human service system and to provide an opportunity for testimony from stakeholders, especially individuals and families utilizing services.

Comments can also be submitted by mail or email at:
Butler County Human Services
PO Box 1208
Butler, PA 16003
bcmhmr@co.butler.pa.us

If you are in need of accommodations in order to participate in the public hearings, please do not hesitate to contact Butler County Human Services at (724) 284-5114.

PUBLIC HEARING



Butler County Human Services

A public hearing will be held to prepare for the submission of the Fiscal Year 2016-2017

Human Services Block Grant Plan

Date: June 28, 2016

Time: 3:00pm

Location: Butler County Government Center
Public Meeting Room
124 W. Diamond St. Butler, 16001

The purpose of the public hearing is to provide an overview of Butler County's draft 2016-2017 Human Services Block Grant Plan and to provide an opportunity for stakeholders to give feedback, including input on needs and priorities within the human service system. In addition, Butler County Area Agency on Aging will be presenting their 4-Year Plan.

Comments can also be submitted throughout the year by mail or email at:
Butler County Human Services
PO Box 1208
Butler, PA 16003
bcmhmr@co.butler.pa.us

If you are in need of accommodations in order to participate in the public hearings, please do not hesitate to contact Butler County Human Services at (724) 284-5114.

Attachment D

BUTLER EAGLE

April 4, 2016

LEGAL NOTICES
LEGAL NOTICE
PUBLIC HEARING
Butler County
2016 - 2017
HUMAN SERVICES
BLOCK GRANT PLAN
Public Hearing will be held on April 13, 2016 at 2:30 P.M. at the Butler County Government Center, Human Services Conference Room, 124 W. Diamond Street, Butler. The purpose is to discuss and gather input on needs and priorities within the human service system and to provide opportunity for testimony from stakeholders, especially individuals and families utilizing services. For further info or to arrange accommodations contact Butler Co. Human Services at 724-284-5114.

BUTLER EAGLE

June 6, 2016

LEGAL NOTICES
PUBLIC HEARING
Butler County
2016 - 2017
HUMAN SERVICES
BLOCK GRANT PLAN
And
AREA AGENCY ON
AGING FOUR-YEAR
PLAN
Public Hearing will be held on June 28, 2016 at 3:00 P.M. in the Butler County Public Meeting Room, 124 W. Diamond Street, Butler. The purpose is to provide an overview of Butler County's draft 2016-2017 Human Services Block Grant Plan and to provide an opportunity for stakeholders to give feedback, including input on needs and priorities within the human service system. In addition, Butler County Area Agency on Aging will be presenting their four-year plan. For further info or to arrange accommodations contact Butler Co. Human Services at 724-284-5114.

Attachment F

**Butler County Human Services 2016-2017 Block Grant Plan
Public Hearing**

Date: April 13, 2016

Time: 2:30 p.m.

**Location: Butler County Government Center, Human Services Conference Room, 124 W.
Diamond Street, Butler, PA 16001**

A public hearing was held for the Butler County Human Services Block Grant Plan on April 13, 2016 at 2:30 p.m. in the Human Services Conference Room of the Butler County Government Center, 124 W. Diamond Street, Butler, PA. Twenty-eight (28) people attended.

Presenters:

Ms. Joyce Ainsworth, Human Services Director

Ms. Brittany Buzzelli, Clinical Supervisor, Butler County Area Agency on Aging

Ms. Amanda Feltenberger, Director of Integrated Services

Ms. Amy Peters, Mental Health Services Director

Ms. Ainsworth welcomed everyone and thanked them for attending. Introductions were made.

Ms. Ainsworth announced that another public hearing will be held prior to the submission of the Block Grant for the purpose of presenting the draft plan and continuing to gather public comment and input relating to issues and priorities.

[Once the date is finalized, notification of this meeting will be made through the Butler Eagle, emailed to various list serves, and posted in the offices of partner agencies.]

Ms. Ainsworth presented an overview of the Human Services Block Grant which accounts for 30% of Butler County Human Services' base budget. She explained the seven funding categories included: Mental Health Community Program, Intellectual Disabilities Community Base, County Child Welfare Special Grants, Homeless Assistance Program, Act 152, Behavioral Health Services Initiative, and Human Services Development Fund

Ms. Ainsworth reviewed a chart showing the current funding of categorical programs and their share of funds which collectively comprise the block grant.

Ms. Ainsworth talked about the integrated planning process and introduced Brittany Buzzelli of Butler County Area Agency on Aging.

Ms. Buzzelli talked about the Aging Needs Assessment survey and provided a handout. Those in attendance were encouraged to complete the survey, either the paper version or online, and also pass it along to others to complete.

Ms. Ainsworth said we are in our 4th year of the Block Grant and reviewed the benefits.

Ms. Ainsworth reviewed the chart showing comparison of allocation, minimum required expenditures and actual expenditures for Fiscal Year 14-15 and discussed the flexibility of funding.

Ms. Ainsworth said that we look at this plan as a long range strategic tool. She listed the priorities identified through previous public hearings: Employment, Housing, Transportation and Prevention/Mentoring. Public/Private partnerships are key to addressing these priorities.

Ms. Ainsworth stated that other accomplishments are: In-school MH treatment, expanded D&A treatment, Family Liaison position, re-established services for adults with serious mental illness, increased aging support, and integrated CYS-Housing System.

Ms. Ainsworth talked about our Public/Private partnerships and a successful coordination of a ceremony to renew wedding vows for a disabled veteran.

Employment:

Ms. Feltenberger talked about identified priorities and the pilot project with the United Way for the Employment Mobilizer.

This pilot project, in collaboration with the United Way, began in September 2015. The mobilizer acts as a liaison between the social service system and businesses looking for employees. The primary focus for jobs is the southern tier of Butler County (Cranberry, Twp). There is a strong partnership with both the SSVF (Supportive Services for Veterans Families) and Lifesteps' Next Step and Transition Programs. Free drop-in child care is available through the Butler County Children's Center which was made possible through carryover funds. This program is not limited to employment purposes; it is also available if a caregiver is in need of childcare in order to access behavioral health services. A handout about the child care was provided.

Housing:

Ms. Feltenberger explained the Homeless Service System 3-Year Strategic Plan, the PHARE Project and workforce housing unit in Cranberry Twp, Rapid Rehousing through ESG grant, and D&A Reinvestment Housing Assistance.

Transportation:

Ms. Feltenberger explained our primary focus has been on implementing plans to control increasing costs, a local transportation advisory board working with local civic group to offer volunteer transportation, participation in ATWIC (Alliance for Transportation Working in Communities) planning process, expansion of transportation services through Alliance for Nonprofit Resources, and employment transportation to Cranberry Twp. pilot program.

Prevention and Mentoring.

Ms. Peters discussed the following Prevention/Mentoring activities: training for trauma-informed care learning community, the suicide awareness task force, behavioral health court, and the reentry coalition. We are also still doing mental health first aid.

Ms. Feltenberger explained the Speak-Up partnership with Human Services and Slippery Rock University which partners SRU students with youth in the community to teach them leadership skills. This year they are working with kids who are involved with Big Brothers/Big Sisters. She also spoke about the Communities that Care grant with Karns City School District.

Ms. Feltenberger announced there will be a Poverty Summit, September 9th of this year. The focus will be on educating and engaging community members in regard to projects that can have a measurable impact on the lives of people living in poverty.

Ms. Feltenberger asked for public testimony, comments, and questions:

The public comments were:

- Prevention is the most important for long term results for housing and all aspects of community needs.
- Need for supports and opportunities such as housing, training, employment, and transportation, for transition age youth who have autism or ID diagnosis and are on the Waiver wait list.
- Also needed are supports/programs for young adults severely affected with autism who have waiver money and have been put out (rejected) from transition programs. Program staff should be trained to deal with more severe autism issues.
- Expand Early Care and Education to help children transitioning into public schools.
- Need Housing support and certified recovery specialists for those recovering from drug and alcohol addiction. Also needed are family specialists for families of addicts.
- Need services for adult victims of child abuse. Educate the public on child and adult human trafficking. Support for families.
- Employment and rehabilitation for those recovering from addiction. Renewal is an agency in Pittsburgh that has had great success in rehabilitation through employment.

Ms. Feltenberger thanked everyone for attending and for their input.

She announced that additional comments can be mailed to:

Butler County Human Services
PO Box 1208
Butler, PA 16003

Or emailed to: bcmhmr@co.butler.pa.us

The hearing was adjourned at 3:52 p.m.

Attachment G

**Butler County Human Services
2016-2017 Block Grant Plan Public Hearing**

Date: June 28, 2016

Time: 3:00 p.m.

**Location: Butler County Government Center, Public Meeting Room
124 W. Diamond Street, Butler, PA 16001**

A public hearing was held for the Butler County Human Services Block Grant Plan on June 28, 2016 at 3:00 p.m. in the Public Meeting Room of the Butler County Government Center, 124 W. Diamond Street, Butler, PA. Thirty-one (31) people attended.

Presenters:

Ms. Joyce Ainsworth, Human Services Director
Ms. Amy Peters, Mental Health Services Director
Ms. Tammy Rose, Family Liaison Specialist, Center for Community Resources
Ms. Allyson Rose, Community Housing Coordinator
Mr. Charles Johns, Children & Youth Director
Ms. Donna Jenereski, Drug & Alcohol Services Director
Ms. Beth Ehrenfried-Neveux, Drug & Alcohol Program Supervisor
Ms. Beth Herold, Administrator, Area Agency on Aging
Ms. Billie Jo Edwards, Fiscal Operations Officer, Area Agency on Aging

Ms. Ainsworth welcomed everyone and thanked them for attending.

Ms. Ainsworth gave an overview of the Human Services Block Grant, expansion of the Block Grant in 2013-2014 and listed the seven funding categories. She reviewed a chart showing the current funding of categorical programs and their share of funds which collectively comprise the block grant, and described the benefits of the block grant. Ms. Ainsworth explained the comparison of allocation, the minimum required expenditures and actual expenditures for FY 2014-2015.

OVERVIEW AND HIGHLIGHTS OF THE 2016-2017 BLOCK GRANT PLAN

Mental Health Services

Ms. Peters reported we will maintain core mental health services and further implement trauma informed services. She talked about the Suicide Awareness Taskforce, re-entry coalition, LSI-R, transition due to closure of major provider, co-occurring treatment incentives for providers, the housing continuum and the Joint Aging Crisis Team.

Intellectual Disability Services

Ms. Ainsworth reported that allocated funds will be used to support approximately 410 individuals with supportive services including; supports coordination, life sharing placements, respite, supported employment, transportation, home and community habilitation, companion, prevocational services, adult training facilities, behavior support, family support services. Unallocated base funds will be used to support individuals in emergent situations, protecting their health and welfare to maintain current living or employment situations in least restrictive environments.

Ms. Ainsworth explained the role of the Family Liaison Specialist whose focus has been introducing the Life Course Tools from the Communities of Practice.

Ms. Tammy Rose gave a presentation on Communities of Practice: Supporting Families Throughout Lifespan.

Homeless Assistance Services

Ms. Allyson Rose gave a presentation on Homeless Assistance Services. She explained that funds are used for Bridge Housing, Case Management, Rental Assistance, and Emergency Shelter. Funds are also used to support central intake to the homeless services continuum of care.

Children and Youth Services

Mr. Johns reported that CYS has continued to be successful in safely reducing placements, allowing for expansion of services, such as the Child Advocacy Center which serves children who are abused, in a safe environment. Services supported through the Block Grant include Multi-Systemic Therapy, Family Group Decision Making, Crisis In-Home Stabilization, Electronic Monitoring, and the Truancy Elimination Program.

In 2016-2017 Block Grant Services will be expanded to meet the needs of children with truancy issues in the community by expansion of the Truancy Intervention Program and use of Family Group Decision Making.

Drug and Alcohol Services

Ms. Jenereski explained the allocated funds will be used to support: Case/Care Management Services, Treatment Services, Medication Assisted Treatment, Prevention Services, and Recovery Support Services. There will be increased focus on: Education on prescription drug use, training and increased access of naloxone, expand prevention to reach additional youth, increase support services including Intensive Case Management, Case Coordination, and Certified Recovery Support Services.

Human Services and Supports:

Ms. Ainsworth explained this category is used to support cross-systems services including Homemaker Chore, Life Skills Education, Representative Payee, Family Group Decision Making, Community Housing Development Coordinator, and Community Collaboratives. Also we are planning for a Volunteer Mobilizer who would match participating agencies with volunteers

CROSS SYSTEMS PRIORITIES

Employment

Ms. Ainsworth explained the Employment Mobilizer acts as liaison between the social service system and businesses looking for employees. This is a pilot project in collaboration with the United Way that began in September of 2015. The primary focus is in the southern tier of Butler County. The mobilizer partners with the SSVF Program and Lifesteps' Next Step and Transition programs. The Focus in 2016-2017 will be to continue to enhance this pilot and assess outcomes to determine overall impact and ongoing needs.

Housing

Ms. Ainsworth said we are working on the Butler County Strategic Housing Plan in conjunction with the Local Housing Options Team. We partnered with Nonprofit Development Corporation

to purchase and renovate housing units for those successfully exiting the jail re-entry program, substance abuse treatment programs, and families involved with CYS. Butler County is a member of the Western Continuum of Care and is one of five pilot counties working towards full implementation of Central Intake and coordinated Assessment for our Continuum. And, also devote time planning for special needs housing options including adults with autism and serious mental illness.

Transportation

Ms. Ainsworth reported that we will continue with the Local Transportation Advisory Board, participate in the ATWIC planning process, the expansion of transportation services through Alliance for Nonprofit Resources, planning for technology upgrade that could increase availability through dynamic scheduling, and stay apprised with changes to managed care and the impact on transportation.

Prevention/Mentoring

Ms. Ainsworth reported that our prevention and mentoring efforts include: the Trauma-Informed Care Learning Community, the Suicide Awareness Task Force, Behavioral Health Court, the Re-entry Coalition, Speak Up, a partnership with Slippery Rock University and the Communities that Care Grant. She also announced the Poverty Summit will be on September 9th. This event is held to educate and engage the community on projects that have a measurable impact on the lives of people living in poverty.

Focus on Building a Continuum of D&A Prevention Efforts

Ms. Ehrenfried-Neveux gave an overview of: the Butler County Prevention Council and DDAP's Strategic Prevention Framework (SPF). She also talked about selling prevention as a necessity, leveraging resources, the Comprehensive Prevention Plan and working smarter, not harder.

Aging 4-Year Plan

Ms. Herold presented the Four-Year Plan for the Area Agency on Aging.
Ms. Billie Jo Edwards gave a budget overview for Aging including Block Grant funding.

Public Comment

More money is needed for drug and alcohol treatment.

Ms. Ainsworth thanked everyone for attending and for their input. She announced that additional comments can be mailed to:

Butler County Human Services
PO Box 1208
Butler, PA 16003

Or emailed to: bcmhmr@co.butler.pa.us

Ms. Ainsworth announced the final plan will be posted on the County of Butler Website at www.co.butler.pa.us by July 11, 2016

The hearing was adjourned at 4:30 p.m.

BUTLER COUNTY HUMAN SERVICES

MH/MR/D&A
AND
CHILDREN AND YOUTH



CONTINUITY OF OPERATION PLAN (COOP) January 2010

REVIEWED/REVISED JAN 2011
REVIEWED/REVISED MAY 2015

REVIEWED/REVISED OCT 2012
REVIEWED/REVISED June 2016

REVIEWED/REVISED JAN 2014

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Purpose

Applicability and Scope

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1. Mission Essential Functions
2. Orders of Succession and Delegations of Authority
3. Interoperable Communications
4. Vital Records and Databases
5. Personnel Issues and Coordination
6. Funding Continuity of Programs
7. Facility Preparation
8. Alternate Facilities
9. Training & Testing
10. Plan Maintenance
11. Appendix A – MH/MR/D&A contact list
12. Appendix B – Children and Youth contact list
13. Appendix C – MOU CCR
14. Appendix D – MOU SBHM
15. Appendix E – MOU TCC
16. Appendix F - Pandemic planning

Purpose

Emergencies are unplanned events that can cause significant injury, or even death, to employees, customers, or the public, disrupt or close down operations, cause physical or environmental damage, or harm the organization's public image. The Butler County Human Services, (MH/MR/D&A, C & Y) programs have a special responsibility to prepare and serve the community to the best of their ability, after disaster. Part of that responsibility is to develop a continuity of operations (COOP) plan that will allow the agencies to prepare and resume service after a natural or manmade disaster.

This COOP plan will attempt to address emergencies from an all hazards approach. It will establish policy and guidance to ensure the execution of mission essential functions and to direct the relocation of personnel and resources to an alternate facility capable of supporting operations with authority and knowledge of functions.

The purpose of this Basic Plan is to provide the framework for the MH/MR/D&A and C&Y programs to restore essential functions to employees and citizens in the event of an emergency that affects operations.

This document establishes program procedures for addressing the following disruptions:

- Loss of access to a facility (as in damage to the building, either manmade or natural);
- Loss of services due to a reduced workforce (as in a pandemic); and
- Loss of services due to equipment or systems failure (as in information technology (IT) systems failure).

It also provides policy and guidance to ensure the capability to implement actions to continue essential functions for up to 30 days.

The Butler County MH/MR/D&A and C&Y Programs are committed to the safety and protection of its personnel, citizens, operations and facilities. We maintain linkages with the Butler County Anti-Terrorism Task Force, the Voluntary Organizations Assisting in Disaster (VOAD), the Pandemic Planning Committee, the Region 13 Mental Health Subcommittee, SERVPA, and with the Butler County Disaster Crisis Outreach and Referral Team

This COOP plan provides personnel with a framework that is designed to minimize potential impact during an event. Further, the plan establishes procedures that leadership can use to strategically minimize risk to all involved.

Applicability and Scope

The COOP plan will be distributed to all agency personnel. It will also be shared with other local emergency response and management agencies, emergency management directors, and other interested parties, as applicable.

The plan describes the actions that will be taken to implement a viable COOP capability within 12 hours of an event and to sustain that capability for up to 30 days. It can be implemented during duty and non-duty hours, both with and without warning and covers all facilities, systems, and vehicles operated or maintained by the program. It also supports the performance of essential functions from alternate facility locations (due to the primary facility becoming unusable, for long or short periods of time) and also provides for continuity of management and decision-making in the event that senior leadership or technical personnel are unavailable.

Plan Activation

Should there be an "event" that impacts our operations so that regular office hours are altered or, at the very worst, renders our office building unusable, we will utilize the following procedures for communicating with employees. It is noted that this information should be kept by all personnel at home, at readily available locations in the office and while on travel status.

The decision to be made on closing the offices or some other emergency-related action will be made by the Human Services Director. If that person is out of reach for some reason, this authority will be delegated to the Director of Finance and Administration.

If staff members need to be contacted about this type of situation during non-business hours, calls will be made to all staff members' homes/cell phone numbers. These calls will be initiated by the Human Services Director and/or the Director of Finance and Administration or their designees utilizing the appropriate phone tree calling procedure.

1. MISSION ESSENTIAL/ MANDATED FUNCTIONS

Mental Retardation

Essential functions

HCSIS Management

Mandated functions

Targeted assessments (from Aging)
Emergency cases and funding authorizations
Hearings and appeals
Office of Developmental Programs requests

Drug and Alcohol

Essential functions

Phone intakes
Assessments

Mandated functions

Reviews
Authorizations for services

Mental Health

Essential functions

HCSIS management

Mandated functions

Commitment hearings
Grievances
Residential Treatment Facility meetings

Fiscal

Essential functions

Tracking and authorization of agency monies

Mandated functions

Process and pay bills
State required reports

MH/MR/D&A administrative office

Essential functions

Answer phones
Perform clerical functions as needed
Visitor reception and general information and referral

Children and Youth Services

Essential functions

Investigate abuse and neglect, take child into custody as needed
Information and referral
Assess foster care status

Mandated functions

Court hearings
Monthly case updates
Regional and State reports

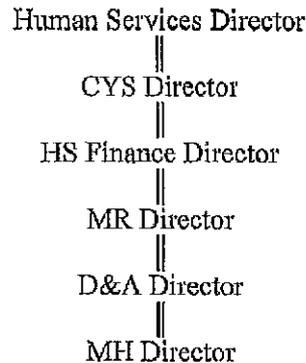
Children and Youth Services administrative office

Essential functions

Answer phones
Perform clerical functions as needed
Visitor reception and general information and referral

2. Order of Succession and Delegations of Authority

Order of Succession



Delegations of Authority

CYS Director or HS Finance Director acts as the Human Services Director

CYS Assistant Director acts as the CYS Director

Internal Auditor 3 acts as the HS Finance Director

E.I. Coordinator acts as the MR Director

Case Manager Supervisor acts as the D&A Director

M.H. Emergency Coordinator acts as the MH Director

Co. I.T. Department acts as the Sr. Programming Analyst

Executive Secretary acts as the Administrative Assistant

Quality Management Specialist acts as the Program Development Manager

During an emergency, if the Human Services Director is unavailable or incapacitated the CYS Director and/or the Human Services Finance Director will assume the responsibilities of the Human Services Director. This delegation of authority shall be of both an emergency (ability to make decisions relating to the emergency) and an administrative (ability to make decisions that have effects beyond the emergency) nature. These authorities shall begin at the start of the

emergency or upon notification or realization of the Human Services Directors unavailability or incapacitation.

All other delegations of authority shall be of an emergency nature and will begin with the start of the emergency and cease when the emergency is over. Any decisions that will have effects beyond the emergency need to be cleared thru the HS Director or designees

3. Interoperable Communications

Alternate communications provide the capability to perform essential functions, in conjunction with other agencies, until normal operations can be resumed.

Cell phones will be used initially if service is available. Alternate locations will have land line communications available. Two way radios will allow communication with the County EOC and FRS radios will be used for on site communications until phone service can be restored. Once our data systems are up and running we will also have the ability to communicate with others via the internet.

In addition to the above procedures, each agency will utilize email to communicate with others.

4. Vital Records and Databases Information Technology continuity

Immediate aftermath of event:

Everyone with a laptop operates independently using the supplied resource CD

We will determine the timetable and approach of the County IT department and make a determination as to whether or not to proceed with their plan or to begin computer operations independently.

If the decision is to proceed with the county:

Wait and follow instructions of the County IT department.

If the decision is to proceed independently:

Obtain critical files from the county backup
Determine whether existing equipment is accessible and can be used.

If equipment is accessible:

Remove X number of machines and reformat them to run as stand-alones.
Set up machines to talk with each other using a peer-to-peer network.
Remove any necessary files from the County network and host them on one of the peers.
Connect machines via a router to an internet connection.

If equipment is not accessible or destroyed:

Make a quick determination whether machines can be borrowed from other agencies or purchase the necessary equipment keeping in mind that essential operations can be temporarily maintained with laptops.

Once equipment is obtained - Go to "Equipment accessible " procedure.

Post aftermath of event:

Make the decision to build an independent network or return to the County network.
Restore files to the appropriate network.

5. PERSONNEL ISSUES AND COORDINATION

In the event of a disrupting event or disaster we will communicate with employees in the following way:

The MH/MR/D&A and Children and Youth programs will maintain phone contact lists of all current employees. These lists will be updated on an as needed basis but will be reviewed at least annually for correctness. These lists will contain both home and cellular numbers. Essential and non essential personnel will be given information about the event and told where/when to report.

Two individuals from each agency will be designated as "call in" contact persons. This means that an employee may call one of these individuals to get pertinent information regarding the event in the case they are not able to be contacted by other means.

In an emergency, each agency will contact as soon as possible, its consumers, other agencies they work with, and the community at large regarding any changes in location or hours of operation.

A resource guide for personal safety and responsibility for disaster preparedness will be distributed that addresses the health, safety, and emotional well-being of employees and their families.

Personnel will be encouraged to develop personal preparedness plans and kits for themselves and their families.

6. FUNDING CONTINUITY OF PROGRAM

Funding for programs in an emergency will be dependent upon procedures established by the County fiscal department. A list will be maintained of employees who have company credit cards that could be utilized for purchasing in an emergency.

7. FACILITY PREPARATION

In an effort to make our office environments safer, we will periodically inspect spaces with the following issues in mind.

- Prepare all furniture, appliances and other free standing objects so that they are adequately secured.
- Move heavy items to lower shelves in closets and cabinets.
- Check cabinet doors to be sure they can be closed securely
- Remove or isolate flammable materials.
- Place a facility evacuation plan in an area accessible to the public.

8. ALTERNATE FACILITIES

During the course of an event, it is recognized that normal operations may be disrupted and that there might be a need to perform essential functions at an alternate facility location. Alternate facility locations are listed below

Name of alternate facility: Center for Community Resources

Contact person & number: Michael Robb 724-431-3733Ofc 724-991-0732Cell

Alternate numbers:724-352-3332 H

Cooperative or mutual aid agreement signed along with pertinent contact information:

Yes

Name of alternate facility: Southwest Behavioral Health Management

Contact person & number: Dave McAdoo 724-657-3470X13 724-880-1389 Cell

Alternate numbers:412-776-5556

Cooperative or mutual aid agreement signed along with pertinent contact information:

Yes/No

9. TRAINING & TESTING

To maintain our COOP capability, a training, testing and exercise program will be established. Major components of this program will include training all personnel in their COOP responsibilities; conducting periodic exercises to test and improve COOP plans and procedures, systems and equipment; and instituting a multi-year process to ensure continual plan updates in response to changing conditions.

Tabletop exercises (facilitated "what if" discussions) will be held at least semi annually and will take into consideration any needed revisions to the COOP plan implementation. Each employee will be instructed in their COOP responsibilities. The following will be initiated as part of the training program for employees.

- Introduction to COOP planning (new employees);
- COOP plan activation and relocation (essential employees);
- Cross training for essential functions (supportive employees);
- National Incident Management System (employees and leadership); and
- Incident Command System (employees and leadership).

10. PLAN MAINTENANCE

The Emergency Mental Health Coordinator in conjunction with the Human Resources director serves as the manager for all COOP activities. The Coordinator has oversight responsibility for developing, updating, coordinating and managing all activities required to allow the agency to continue its essential functions during an emergency or other situation that might disrupt normal operations.

The COOP plan will be updated annually. This update will include reviewing the entire plan for accuracy and include lessons learned and changes in policy and procedures. Maintenance of the orders of succession and the delegations will be reviewed at least semi-annually. Contact information and phone listings of personnel will be reviewed and updated on a quarterly basis.

Butler County Mental Health Plan for Disaster/Emergency Response

Updated June 2016

I. PURPOSE

The purpose of the Butler County Mental Health Plan for Disaster/Emergency Response is to provide procedures to ensure the most effective response to the community after a disaster or emergency.

II. POLICY

The Human Services Program of Butler County shall take the lead for providing mental health support to the community in response to an emergency or disaster of any kind within the boundaries of the county. The County Program will also provide assistance to other counties as specified in mutual-aid agreements.

The Human Services Director has final approval for all actions taken, unless otherwise specified. The County Disaster Crisis Outreach and Referral Coordinator is the contact point for disaster/emergency issues of the county at all times. The Disaster Crisis Outreach and Referral Team is the focal point for disaster/emergency response immediately following the disaster/emergency.

The County Program will contact the Office of Mental Health when the requirements of the disaster extend beyond the capabilities of the County Program.

III. AUTHORITY/REFERENCES

The Butler County Mental Health Plan for Disaster/Emergency Response is a requirement of Pennsylvania's *Emergency Management Services Code*. The Code states that County Emergency Operations Plans must be consistent with the Commonwealth Emergency Operations Plan.

The plan is a requirement for the Crisis Counseling Program grant. Requirements state that grant applications must be Service Provider Area specific. The county mental health response plan facilitates development of CCP grant applications for federal disaster funds for mental health services.

The plan is a requirement of the Office of Mental Health. The plan is necessary to provide a state-wide system of mental health response and is a prerequisite for receiving disaster/emergency assistance from the Office of Mental Health.

IV. PRE-DISASTER ACTIVITIES

There are a series of items in place Pre-Disaster to help ensure effective response if a disaster or emergency should occur. These items are as follows:

Response Administration Office and alternate location:

1. The Response Administration Office is co-located with the Butler County Emergency Operations Center at 120 McCune Drive , Butler PA.
2. The alternate location is located at 124 W. Diamond St. on the 1st Floor of the County Government Annex Building in the Human Services Program offices.

Disaster/emergency phone number

A phone number has been designated to accept calls concerning the disaster/emergency if one should occur. The number is 911. In the event of a disaster, portable radios with the County Emergency Frequency will be issued to the DCORT, Human Services Administrative office, and the DCORT Coordinator.

Lines of succession for Mental Health Response:

Marlin Rose, MH Emergency Coordinator, DCORT Coordinator , County Designee
Amy Peters, MH Director, Alternate DCORT Coordinator
Joyce G. Ainsworth, Human Services Director, Administrator

County Mental Health Response Coordinator and Alternate:

1. The County Disaster Crisis Outreach and Referral Coordinator is Marlin Rose who holds the position of MH Emergency Coordinator with the County Program.
2. The Alternate Mental Health Response Coordinator is Amy Peters who holds the position of MH Director

Other County Program disaster/emergency positions:

Steve Bicehouse, Emergency Services Director
Robert McLafferty, 911 Coordinator
Amy Marree, Emergency Management Planner

Disaster Crisis Outreach and referral contacts:

Mental Health Disaster Deployment Contacts:

PRIMARY: Marlin W. Rose Title: MH Emergency Coordinator
Phone: 724-284-5114 Work 724-355-0166 Home

ALTERNATES: Amy Peters Title: MH Director
Phone: 724-284-5114 Work 724-332-0670 Home

Joyce G. Ainsworth Title: Human Services Director
Phone: 724-284-5114 Work 724-794-5305 Home -----

Upon notification of the need for DCORT, Mr. Rose or Ms. Peters will first confirm the decision to field DCORT with the Human Services Director, Mrs. Ainsworth. After this confirmation, Mr. Rose or Ms. Peters will initiate the Butler County Mental Health Plan for Disaster/Emergency Response. DCORT members will be contacted to respond and supportive personnel will be contacted on an as needed basis.

Mutual-aid agreements

- 1. Mutual-aid agreements exist with the following organizations:

The 16 counties that make up the MH/MR offices of the Department of Public Welfare, Western region.

Memorandums of understanding

- 1. Memorandums of understanding exist with the following organizations:
Center for Community Resources Southwest Behavioral Health Management
The Bette Peoples Transitional Care Center

Response Staff Information and Skills Form

- 1. Response Staff Information and Skills Form will be completed by all disaster/emergency response staff with the County Program.

Statement of Understanding of Service

- 1. Statements of Understanding of Service will be completed by all disaster/emergency response staff with the County Program.

Identification

1. Identification will be provided to response staff by the Human Services Program office as needed

Tracking hours served by response staff

1. A form has been developed to track hours served by disaster/emergency response staff.

Guidelines for response staff work

1. Protocols have been developed regarding disaster/emergency work to ensure workers take appropriate breaks and pay attention to their own needs.

Tracking disaster/emergency expenses

1. A form has been developed to track disaster/emergency related expenses.

Tracking contact with clients

1. A form has been developed to document contacts with clients

Outreach materials

1. A Butler County specific flyer has been developed for outreach purposes.
2. The flyer and other outreach materials to be distributed in a disaster/emergency are attached .

AA. Potential Crisis Counseling Program positions

Potential positions should a CCP be awarded are as follows:

CCP Coordinator: TBD from Center for Community Resources

Training Coordinator:

Volunteer/Mutual-aid Coordinator: * NOTE * All applicable positions
Public Relations/Media Coordinator: will be filled by determination
Outreach Coordinator: of need.
Persons to work with special populations:

BB. Disaster/emergency organization chart

An organizational chart of the Butler County MH/MR Programs disaster/emergency response structure is attached (Attachment 23)

V. IMMEDIATE RESPONSE

A. Activation of Plan

Conditions and procedures for activation of Butler County Mental Health Plan for Disaster/Emergency Response:

The Butler County Human Services Director will authorize activation of the MH Disaster/Emergency Response Plan. The County Emergency Management Agency and local EMA's will notify the Butler County Human Services Program by telephone or fax of any incident that has occurred and may, in their opinion, require mental health response. The Human Services Director may at his/her discretion, also direct activation to an incident which the EMA has not yet communicated a need for response. The Human Services Director will however inform the Butler County EMA that the county program is indeed responding by calling 724-287-7760.

B. Dedication of phone number

Procedures for dedicating a disaster/emergency phone number:

911 will function for the purposes of this plan as our dedicated disaster/emergency phone number. However the Human Services Program office will dedicate its main number, 724-284-5114 in addition to the number 911.

C. Documentation

All disaster/emergency response work, services, and expenses will be documented

D. Activation of Response Staff

1. Procedure for notification and deployment of response staff:

a. Disaster Crisis Outreach and Referral Coordinator (DCORT):

The Human Services Director or designee and the Emergency Services Director will notify the DCORT coordinator or alternate of the need for activation.

The following information will be provided:

1. The nature of the incident.
2. When and where to report.

b. Disaster Crisis Outreach and Referral Team (DCORT):

The DCORT Coordinator or Alternate will notify the DCORT team members of plan activation.

The following information will be provided:

1. The nature of the incident.
2. When and where to report.
3. Teams will be further briefed at the reporting area.

c. Volunteers:

The Human Services Director will determine the need to contact volunteers. The DCORT Coordinator or Alternate will notify the selected volunteers of the plan activation. The Coordinator will provide the following information.

1. The nature of the incident.
2. When and where to report.
3. Volunteers will be further briefed at the reporting area.

d. Other individuals or teams, as designated by the County Program:

2. Procedures for response staff upon arrival at identified location:

- a. Complete Response Staff identification and Skills Form and Statement of Understanding of Service.
- b. Sign-in.

- c. Obtain identification, if you do not already have identification.
- d. Get a briefing on the disaster situation.
- e. Receive assignment from the DCORT Coordinator or alternate.
- f. Perform assignment as provided by following the County Program's guidelines on disaster/emergency work
- g. Get end of day debriefing from assigned DCORT Coordinator or Designee.
- h. Sign-out at end of the day.

E. Outside Assistance

- 1. The following are procedures of the County Program for outside assistance:
 - a. Response staff on assignment will report back regularly to the RAO or other location, as determined by the Administrator.
 - b. The County Program will maintain communications with county and local EMAs
- 2. The following are procedures for requesting outside assistance.
 - a. For assistance from parties within the county/joinder, the Administrator will activate in county/joinder mutual-aid agreements.
 - b. For assistance from other County Programs, the Administrator will establish a response agreement with the Office of Mental Health.

Response agreement procedures are as follows:

- 1). Phase I:
 - The Human Services Director will contact the Pennsylvania Mental Health Response Coordinator and state the desire to establish a response agreement. He/she will provide the following information:
 - a) the nature of the disaster/emergency
 - b) the intent to activate mutual-aid agreements with specific County Program
 - c) status reports concerning what mutual-aid was actually received

2). Phase II: The Administrator will contact the Pennsylvania Mental Health Response Coordinator to indicate the desire for a state team:

- a) an update on the nature of the disaster/emergency
- b) why a state team is needed
- c) where the state team should report

3). Procedure for response to a request for mutual-aid assistance from another County Program:

The Butler County Human Services Director will evaluate all requests for mutual-aid on an incident by incident basis in accordance with the Mutual-Aid Agreement for Mental Health Disaster/Emergency Response between Counties in Western Region.

4. Guidelines for managing volunteers that report without being deployed:

Individuals or groups will be asked to fill out a Butler County Skills and Assessment sheet and statement of understanding of service. If there is a need for their services, they will receive assignments. If there is no need for their services at the time, they will be asked to leave the scene and informed that they will be contacted as needed.

F. Funding and grant considerations

1. Conditions requiring completion of the mental health needs assessment for a Federal Crisis Counseling Program

- a. A Presidentially Declared Disaster is proclaimed and the disaster area contains any portion of the county/joinder.
- b. A Presidentially Declared Disaster has not yet been proclaimed for county/joinder, but there is a good likelihood that one will be proclaimed.
- c. The county and local EMAs, FEMA, PEMA, or OMH recommend a needs assessment is completed.
- d. Response staff will contact local charities.

G. De-activation of response staff

Procedures for de-activation of response staff in the immediate response phase of disaster:

1. Staff will be debriefed at the end of their disaster assignments.
2. Staff will as a part of this debriefing, engage in a critique of the disaster operation or project in an effort to evaluate the effectiveness of their response.
3. Recognition will be provided for staff who participated in disaster operations as well as staff who "held down the fort" by covering regular work assignments.

H. Immediate Response Services Plan

Immediate services include:

- a. Screening
 - b. Diagnostic
 - c. Crisis Counseling techniques
 - d. Outreach services
-
1. Public information
 2. Community networking

The above services will be provided by DCORT, volunteers and other response personnel.

Local agencies that could be involved are:

Center for Community Resources
Southwest Pennsylvania Human Services
Butler Memorial Hospital
Mental Health Association

Any of the other agencies that contract with the Butler County Human Services Program.

In addition to the actual clinical services offered, handouts, public service announcements, and other forms of outreach services in the community will be developed and utilized.

Immediate services will be implemented with the idea that they may be reimbursable by an **Immediate Services Grant**.

The State Handbook: Crisis Counseling Assistance and Training will be used as a reference for developing an Immediate Services Grant Application.

VI. FOLLOW-UP SERVICES

A. Early Intervention Plan

B. Continued Care Plan

C. Extended Care Plan

VII. CRISIS COUNSELING PROGRAM GRANT

A. General responsibilities

1. Administrative staff will complete the needs assessment for both Immediate Services and the Regular Program CCP Grants
2. Administrative staff will regularly communicate with the Office of Mental Health for the completion of applications and program reports.
3. Administrative staff will notify the Office of Mental Health of any changes in implementation of the Crisis Counseling Program which run contrary to what is stated in needs assessments, applications, or program reports.

B. Detailed responsibilities

1. Initial Needs Assessment:

a. The DCORT Coordinator with the assistance of others in the community will complete the initial needs assessment.

b. Data collection:

1) The Average Number of Persons per Household per county (ANH) can be determined pre-disaster:

County:	BUTLER
ANH:	2.47 (2000 Census)
Minority ANH:	Less than 1
	Total Minority Population
	less than 5%

Information on dead, hospitalized, home damage, disaster unemployed, will be obtained from appropriate agencies.

The DCORT Coordinator or designee in conjunction with the Butler County Human Services Program Office will forward the initial needs assessment to OMHSAS within 10 days of a Presidentially Declared Disaster.

2. Application for Immediate Services

The Butler County Human Services Director/designee shall communicate with OMHSAS for the completion of the Immediate Services application.

3. Immediate Services mid program report

The Butler County Human Services Administrative staff shall communicate with OMHSAS as necessary for the completion of the Immediate Services mid-program report

4. Regular Program needs assessment

a. The DCORT Coordinator/designee in conjunction with the Human Services program will complete the needs assessment for the Regular Program.

b. Information for completion of the needs assessment is as follows:

1) The Needs Assessment will be updated to reflect the most recent situation.

c. The Human Services Program Administrative staff will forward the needs assessment to OMHSAS within 50 days of the PDD.

5. Application for Regular Program

The Butler County Human Services Director shall communicate with OMHSAS as necessary for the completion of the Regular Program application.

6. Final Report for Immediate Services

The Butler County Human Services Administrative staff shall communicate with OMHSAS as necessary for the completion of the Immediate Services mid-program report.

7. 1st Quarterly Report for the Regular Program

The Butler County Human Services Administrative staff shall communicate with OMHSAS as necessary for completion of the 1st Quarterly Report.
(Due 30 days after 1st Quarter ends)

8. 2nd Quarterly Report for the Regular Program

The Butler County Human Services Administrative staff shall communicate with OMHSAS as necessary for the completion of the 2nd Quarterly Report. (Due 30 days after the 2nd Quarter ends)

9. Final report/final accounting of funds for the Regular Program

The Butler County Human Services Director and Fiscal Technician shall communicate with OMHSAS as necessary for completion of the Final report/final accounting of funds. (Due 90 days following the end of the Regular Program)

CENTER FOR COMMUNITY RESOURCES, INC.			
<i>Developmental Programs Department Intellectual Disability Program</i>			
<u>POLICY SECTION</u>	<u>POLICY TITLE</u>		<u>POLICY NUMBER</u>
Quality Management	SCO Response Procedures		Function 6.0
			Section 6.6
EFFECTIVE DATE:		REVISED DATE:	10/1/2011-MR, 6/26/12 MG; 6/17/2016-KS
APPROVED BY:	Operations Director	Teresa Hewitt	DATE: 4/15/2008
APPROVED BY:	Program Director	Marni Rettig	DATE: 4/15/2008

Policy: Center for Community Resources, Inc., Developmental Programs Department, will adhere to the Bulletin 00-08-06 and partner with the Crisis Program to implement a 24-Hour Emergency Response procedure for all individuals enrolled in Intellectual Disabilities (ID) services and supports. The SCO will also adhere to Bulletin 00-10-06 for timelines for responsiveness.

Purpose: To ensure all staff is aware of and follow the outlined responsiveness to clients' procedures including the 24-Hour Emergency Response Procedure. Staff response will be timely and consistent in order to respond to emergency/non-emergency inquiries to promote the health and safety of individuals with Intellectual Disabilities, follow-up to inquiries in a timely manner and track corrective actions in support of client need.

Scope: This procedure applies to all Supports Coordinators, SC Managers, Crisis Staff and Management.

Procedure:

1. GENERAL REQUIREMENTS & GUIDELINES

- 1.1 All individuals enrolled in ID services and supports will have access to agency personnel (trained in ODP systems supports, ODP Policies and Procedures, and who have experience working with special populations).
- 1.1.1 SC's will respond to non-emergency inquiries within three (3) calendar days of receipt of a call or an email.
- 1.1.2 SC's will have a standardized message on their voicemails with directions on how to leave a message with their Supervisors contact information if the SC is off work for varying reasons. Each voicemail message will also have instructions on how a client can access Crisis services if needed.
- 1.1.3 Each SC is equipped with a cell phone that is to be carried during working hours. Each client is given a business card for their SC which contains the SC's desk phone, cell phone, and email address for contact purposes. Each business card also has the 24 hour crisis hotline number.

- 2.1 SC Managers will participate in the Crisis Program Administrative on-call rotation process and document all out-of hours contact with the Crisis team, in support of individuals with ID.
 - 2.1.1 In the event Crisis Services are contacted outside of normal agency business hours, Crisis Program staff will assist the individual to ensure his/her health and safety. If Crisis Program staff determines that to ensure health and safety, they need additional resources; the Crisis Program staff will contact the assigned Administrative on-call Manager to review the case and individual's needs.
 - 2.1.2 The Administrative on-call staff will advise the Crisis Program staff of next steps. This can include contacting the on-call SC Manager to assist in accessing supports and services specific to ID services and supports.
 - 2.1.3 If the SC Manager needs funding authorized so that an individual's health and safety can be maintained during off hours, each SC Manager has the AE County Designee's cell phone number and can contact her for funding approval.
 - 2.1.4 All off hour contacts will be documented in HCSIS by the on call SC Manager.
- 2.2 SC will assist the agency Crisis Program, if necessary, Monday through Friday during normal agency working hours to locate and coordinate possible services and supports for individuals accessing the agency Crisis hotline. In managing an individual's crisis, if the agency Crisis Program identifies the individual to be a consumer with ID, the agency Crisis Program staff will contact the SC and/or the SC Manager, as identified, in order to provide additional levels of individual support.
- 2.3 SCs or SC Managers will respond to emergency inquiries within 24 hours of receipt of a call or email from the Crisis Program staff.
- 2.4 In situations where the SC and/or the SC Manager identify a potential consumer who may need Crisis supports outside of normal business hours, the SC and/or the SC Manager will contact the Crisis Program and share relevant information, so that the individual's health and safety needs can be addressed, if needed by Crisis Program staff. The individual and/or family/guardian will also be given the contact information for the Crisis Program hotline and encouraged to call, if needed.
- 2.5 SC/SC Manager contact with the Crisis Program will be in person, by telephone, or by email.
- 2.6 The SC and/or the SC Manager will document any SCO activities involved with locating and/or coordinating the individual's personal emergency/non-emergency inquiry to the Crisis Program in a service note in HCSIS.
- 2.5 The SC and/or the SC Manager will participate in the agency Crisis Program follow-up process with the individual, in order to ensure the individual is linked with appropriate services in response to their personal emergency. This participation will be documented in a service note in HCSIS.

- 2.6 Within the general guidelines for monitoring activities, the SC will track appropriate corrective action relative to concerns identified by the individual through ISP monitoring, Incident Management, IM4Q, AE self-reviews, AE Oversight Monitoring and any other external monitoring, as they relate to the individual.

Reviewed July, 2013 - MG

MR10-1-11

Attachment K

County of Butler Job Description

JOB TITLE: DIRECTOR OF SERVICE INTEGRATION AND QUALITY MANAGEMENT

Exempt (Y/N):	JOB CODE: Full-time
SALARY LEVEL:	SHIFT: 8:30 a.m. – 4:30 p.m.
DIVISION: Human Services	LOCATION: Government Center
DEPARTMENT: MH/MR/D&A	
SUPERVISOR: Joyce Ainsworth	
PREPARED BY: Personnel	DATE:
APPROVED BY: Joyce Ainsworth	REVISED: August 16, 2016

SUMMARY:

The purpose of this position is to assist the Butler County Human Services Director to increase system responsiveness for individual consumers and families, enhance the service continuum to meet the needs of people involved in multiple systems, establish uniform measurable outcomes system-wide for service delivery, and achieve a more effective use of all available resources through systems integration and quality management. Work is performed independently with minimal supervision from Human Services Director

ESSENTIAL DUTIES AND RESPONSIBILITIES: include the following. Other duties may be assigned.

Develops, implements, and monitors a plan to increase communication and collaboration with stakeholders in Butler County, including consumers, families, advocates, other County departments, service providers, public officials, and the community at large.

Analyzes categorical systems of care to determine those programs which would provide better services through increased integration of operations (i.e. policies, practices, personnel, funding, information systems, service locations, etc).

Develops, implements and monitors plans to integrate various features of categorical human service programs including conducting benefit analyses and devising solutions for addressing barriers and obstacles.

Guides the development and utilization of integrated assessment and service plan tools for children and adults.

Guides the development and implementation of uniform service goals and deliverables.

Guides the development and implementation of a long-term strategic plan for the provision of human services in Butler County.

Guides the selection and utilization of an integrated data system.

Coordinates services and projects of the various units of the Human Services Department to increase effectiveness.

Develops, implements, and monitors a continuous quality improvement plan for the county human services including provisions for contracted community service providers.

Guides the creation of a human services training module based on uniform goals, deliverables, use of the universal assessment and service plan tools, and use of an integrated data system.

Acts as a liaison between Butler County Human Services and various community collaboratives to ensure ongoing communication and coordination of efforts.

Prepares and submits applications for funding.

Administers various funding streams that fall outside of the categorical programs.

Assists human services director in the development, implementation and monitoring of the Human Services Development Fund Program.

Maintains a leadership role in the development and implementation of the housing and homeless continuum of care.

Supervises Human Service Quality Assurance Coordinators.

QUALIFICATION REQUIREMENTS:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

OTHER SKILLS AND ABILITIES:

Knowledge of the principles and practices of quality management and program evaluation including; types of evaluation, design and implementation of logic models and processes to improve program performance.

Knowledge of regulations and practices of programs.

Ability to work directly with inter and intra agency staff in developing and implementing quality assurance and systems integration plans.

Knowledge of the principles and practices of public administration.

Knowledge of basic budgeting processes and techniques.

Ability to use statistical and quantitative data analysis techniques in order to conduct analysis and evaluation using the scientific method.

Ability to learn agency programs and projects.

Ability to apply the methods and techniques used in collecting, reviewing, analyzing, and interpreting data.

Ability to gather, assemble, and organize information related to programs and projects and to draw conclusions and make recommendations.

Ability to make clear and pertinent statements, orally and in writing.

SUPERVISORY RESPONSIBILITIES:

This position is responsible for the direct supervision of Quality Assurance Coordinator/s.

EDUCATION AND/OR EXPERIENCE:

Bachelor's Degree from a four-year college or university with a social welfare major or related social science degree such as psychology, gerontology, education or criminal justice and three years professional experience with a public or private social service provider agency.

LANGUAGE SKILLS:

Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

MATHEMATICAL SKILLS:

Ability to calculate figures and amounts such as discounts, interest, commissions, proportions, percentages, area, circumference, and volume. Ability to apply concepts of basic algebra and geometry.

REASONING ABILITY:

Ability to apply commonsense understanding to carry out instructions furnished in written, oral, or diagram form. Ability to deal with problems involving several concrete variables in standardized situations.

CERTIFICATES, LICENSES, REGISTRATIONS:

Employee must possess current, valid driver's license acceptable to Pennsylvania requirements. Employee must be prepared to utilize personal automobile in the performance of duties.

Local and overnight travel is required.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to use hands to finger, handle, or feel objects, tools, or controls; reach with hands and arms; talk or hear. The employee frequently is required to stand, walk and sit. The employee is required to stoop, and bend repeatedly and lift arms above head to reach files.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The noise level in the work environment is usually moderate.

I have read and received a copy of this job description;

Employee

Date

Attachment L

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

County:	1.	2.	3.	4.	5.	6.
Butler	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	6		90,626		2,773	
Administrative Management	1,500		647,052		19,036	
Administrator's Office			425,972		13,035	20,000
Adult Developmental Training	0					
Children's Evidence-Based Practices	0					
Children's Psychosocial Rehabilitation	20		8,582		263	
Community Employment	70		133,230		4,077	
Community Residential Services	55		949,165	64,810	29,044	
Community Services	70		26,140		800	
Consumer-Driven Services	1,500		301,353		9,221	
Emergency Services	450		148,046		4,530	
Facility Based Vocational Rehabilitation	0					
Facility Based Mental Health Services	12		24,258		742	
Family Support Services	135		62,227		1,904	
Housing Support Services	175		88,135	9,477	2,697	
Mental Health Crisis Intervention	2,850		475,457		14,549	
Other	0					
Outpatient	450		183,429		3,241	
Partial Hospitalization	10		4,852		148	
Peer Support Services	35		43,664		1,336	
Psychiatric Inpatient Hospitalization	0					
Psychiatric Rehabilitation	120		163,012		4,988	
Social Rehabilitation Services	1,000		410,642		12,566	
Target Case Management	130		128,857		3,943	
Transitional and Community Integration	150		376,323		11,516	80,000
TOTAL MENTAL HEALTH SERVICES	8738	4954583	4691022	74,287	140409	100000

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

County:	1.	2.	3.	4.	5.	6.
Butler	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<i>INTELLECTUAL DISABILITIES SERVICES</i>						
Administrator's Office			1,638,141		28,302	5,000
Case Management	137		332,525		8,680	
Community-Based Services	342		762,947		20,467	
Community Residential Services	10		126,466		3,870	
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	489	2811209	2860079	0	61319	5000
<i>HOMELESS ASSISTANCE SERVICES</i>						
Bridge Housing	2		4,075		125	
Case Management	900		124,538		3,811	
Rental Assistance	30		23,287		734	75,000
Emergency Shelter	425		104,114		3,283	
Other Housing Supports	90		9,703		306	
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	1,447	133931	265717		8259	75000
<i>CHILD WELFARE SPECIAL GRANTS SERVICES</i>						
Evidence-Based Services	91		217,931		6,669	
Promising Practice	135		291,459		8,919	
Alternatives to Truancy	175		6,912		211	
Housing	75		29,109		891	
TOTAL CWSG SERVICES	476	543800	545411		16690	0

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

County:	1.	2.	3.	4.	5.	6.
Butler	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
DRUG AND ALCOHOL SERVICES						
Case/Care Management	9		1,500		46	
Inpatient Hospital						
Inpatient Non-Hospital	85		85,500		2,616	
Medication Assisted Therapy	6		8,000		245	
Other Intervention	400		5,000		153	
Outpatient/Intensive Outpatient	43		29,000		887	
Partial Hospitalization	3		3,000		92	
Prevention	200		18,000		551	
Recovery Support Services						
TOTAL DRUG AND ALCOHOL SERVICES	746	367051	150000	0	4590	0
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	60		18,727		573	
Aging Services						
Children and Youth Services						
Generic Services	27		40,462		1,238	
Specialized Services	70		65,011		1,989	60,000
Interagency Coordination			146,814		4,493	
TOTAL HUMAN SERVICES DEVELOPMENT FUND	157	126726	271,014		8293	60000
7. COUNTY BLOCK GRANT ADMINISTRATION			154057		4714	
GRAND TOTAL	12053	8937300	8937300	74,287	244274	240000