

# CAMBRIA COUNTY



# 2016-2017 Human Services Block Grant County Plan

**Patrick DeRubis**, Human Services Administrator  
**Tracy Selak**, BH/ID/EI Administrator  
**James Bracken**, D&A Administrator

**Vision Statement**

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

**Mission Statement**

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

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**Budget --- Appendix C-1**

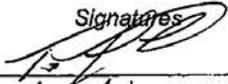
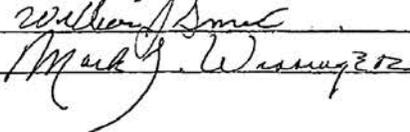
Appendix A  
Fiscal Year 2016-2017

COUNTY HUMAN SERVICES PLAN  
ASSURANCE OF COMPLIANCE

COUNTY OF: CAMBRIA

- 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**

<i>Signatures</i>	<i>Please Print</i>
	Date: 6/23/16
William J. Smith	Date: 6-23-16
	Date: 6/23/16
Mark G. Wansing	Date: 6/23/16

## **Part 1 : County Planning Process**

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

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

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

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

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

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

The various Human Services Administrators in Cambria County continue to meet bi-weekly with the county commissioners to present updates, discuss issues, concerns, and potential challenges that may arise. In doing so, we continue to maintain a natural environment for conversations, suggestions, and collaboration, at least in words. The human service agency administrators continue to "treatment team" particular cases that present as utilizing more intensive levels of services at higher than average rates and across two or more systems. During these discussions, we have found the Human Services Block Grant

beneficial offering our agencies the ability to be creative in meeting the needs of these individuals and the higher costs associated with them that have historically not been able to be met under the previous categorical funding structure.

Please note that there are not any substantial programmatic and/or funding changes different from FY 15/16 Plan. The cross system funding is minimal and are as follows:

- Two individuals dually diagnosed BH and ID – on waiting list for available waiver slots
- The Development and Support of a Child Advocacy Center.

It should be noted that these efforts should not be viewed as arbitrarily taking behavioral health categorical dollars and “giving” them to other programs. These decisions continue to be arrived at after group discussions among the human services administrators to provide essential services to individuals who otherwise fall within one or more of the human service fields in terms of their needs of services. Regarding the Child Advocacy Center, all are strongly in favor of supporting this valuable community resource in an effort to alleviate any further traumatization or re-traumatization of a child who has already been victimized, which at times may be the unintended consequence of more traditional interview/investigative practices.

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

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

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

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

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

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

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

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

All too often, the label of being a small, rural, County has carried with it a belief that we always stand to lose more, but in terms of the Human Services Plan, it has offered an opportunity for Cambria County to shine and excel, as with small communities, we are not hindered by the barriers of larger more complex regions but rather draw upon our close knit, community roots and existing community connections to bring interested parties together to the table with ease.

So, we welcome the challenge and move forward with excitement and enthusiasm with our vision of a comprehensive Human Services Plan for the 2016-2017 Fiscal Year.

**Part II : Public Hearing Notice**

Two Public Hearings were held:

**Thursday, June 23, 2016 at 10:00 AM**  
*Cambria County Courthouse  
Ebensburg, PA*

**Thursday, June 23, 2016 at 4:00 PM**  
*Central Park Complex  
110 Franklin St, Johnstown, PA  
2<sup>nd</sup> Floor Auditorium*

*(See Attachments 1, 2)*

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

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

Feedback from the Public Hearings regarding the Cambria County 2016-2017 Human Services Block Grant Plan are reflected in *Attachment 6*.

**Part III : Minimum Expenditure Level**

For FY 16/17, Cambria County’s Human Services Programs will not eliminate any categorical area completely and will in fact once again utilizing less than 25% of available funds in areas other than their traditional funded areas.

## **Part IV : Human Services Narrative**

### **Mental Health Services**

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

Cambria County has looked to a variety of sources in determining the strengths and needs of the current service system, calling upon stakeholders, community providers, The United Way of the Laurel Highlands/Duke LifePoint Community Needs Assessment and the managed care organization just to name a few.

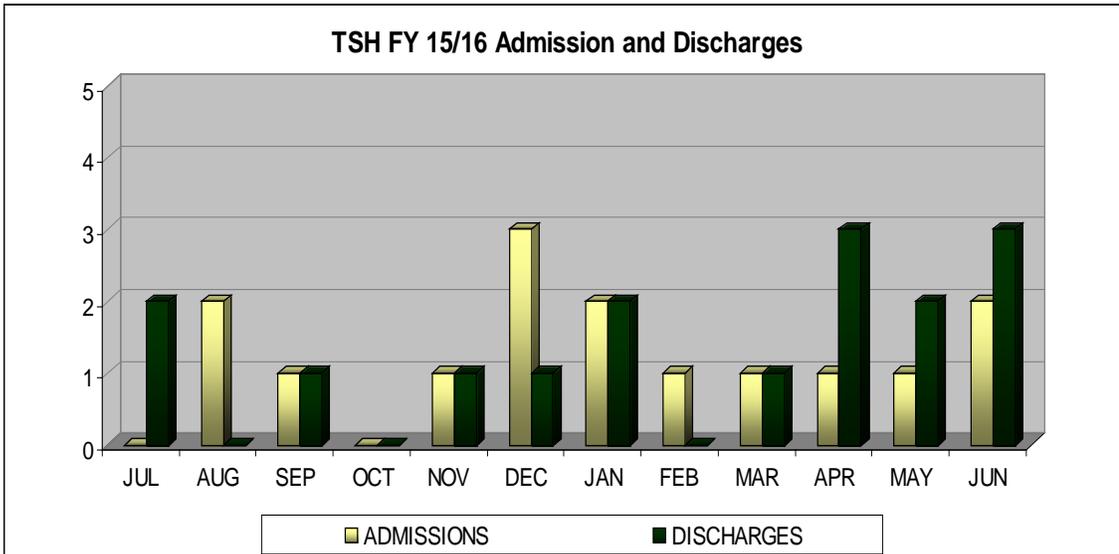
Hospitalization and re-hospitalization rates, including those to State Hospitals, continue to be an area of focus, noting *15 State Hospitalizations*, over the past year which was an increase from the previous FY 14/15 which was 9. Also of note, there were 16 State Hospital discharges during FY 15/16. It should also be noted that the number of actual requests for possible admission to a State Hospital level of care was 27 with 13 of those cases being diverted prior to interview, 6 post interview, and 3 individuals who stabilized prior to transfer to Torrance, and were subsequently diverted to community levels of care and support. Although, progress has occurred over the past year in finding appropriate step down options for individuals from the State Hospital (*Long Term Structured Residence and Community Residential Rehabilitation as well as increased utilization of Peer Support, and Targeted Case Management*) Cambria County Behavioral Health continues to identify the need for improvement.

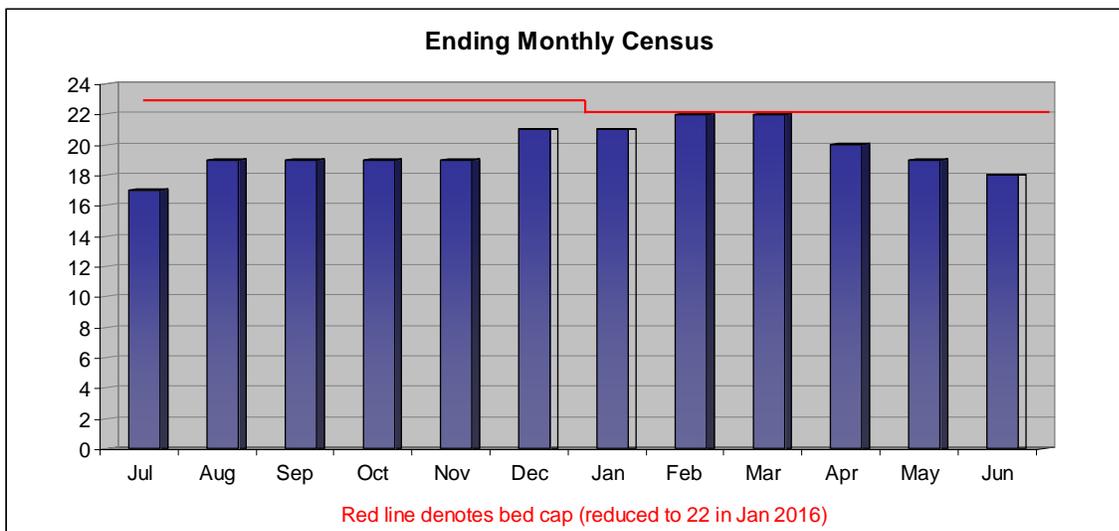
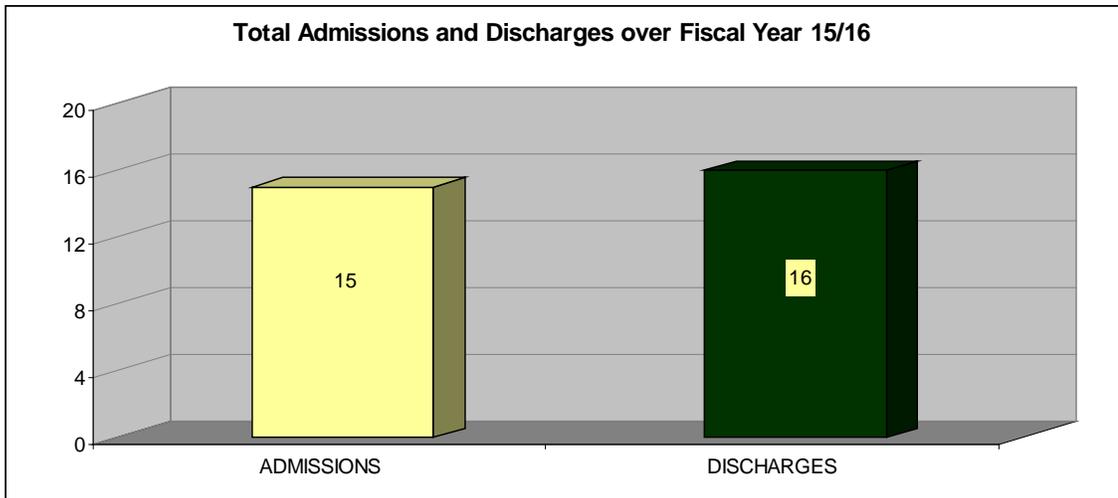
Additionally, Cambria County was able to initiate a CHIPP project over the past year, by expanding available CRR beds by 1(one) in FY15/16 via one of our existing residential providers, and we will continue to explore other opportunities in FY16/17 to initiate another CHIPP project if feasible.

Also, in an ongoing effort to improve communications between inpatient and residential facilities, Cambria County Behavioral Health in partnership with BHoCC and VBH continues to facilitate regular Community Partners Provider meetings to create a venue for communication, problem solving, and brainstorming to develop creative solutions for those high utilization individuals. As a result of the ongoing Provider Meetings, providers, VBH, BHoCC, and the County are working diligently to formalize a creative crisis diversion program that will redirect individuals who traditionally have sought out inpatient treatment when perhaps a more community based intervention would have been more appropriate and effective in promoting their utilization of natural supports. This area will continue to be a focal point of attention during the FY 16/17 through a potential HealthChoices reinvestment project.

**Torrance State Hospital Data  
FY 2015/2016**

<b>County: CAMBRIA</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Total</b>
Bed Capacity	23	23	23	23	23	23	22	22	22	22	22	22	
Census – start of month	19	17	19	19	19	19	21	21	22	22	20	19	
Admissions	0	2	1	0	1	3	2	1	1	1	1	2	15
Discharges	2	0	1	0	1	1	2	0	1	3	2	3*	13
Census – end of month	17	19	19	19	19	21	21	22	22	20	19	18	
<b>Divisions – Pre-referral</b>													
Divisions – Pre-referral	0	0	0	0	0	0	0	3	4	4	2	0	13
Requests for Admission	2	2	1	1	1	3	2	4	5	5	1	0	27
<b>Divisions – Post-referral</b>													
Divisions – Post-referral	1	0	0	1	0	0	1	1	1	0	1	0	6
Waiting for admission – Post-referral	1	0	0	0	0	0	1	0	0	1	0	0	3
												*1	
												deceased	





**a.) Program Highlights:**

During FY 2015-2016, Cambria County continues to operate a Day Reporting Center in Cambria County via the criminal justice system. Through concentrated efforts by all parties involved increased collaboration between the criminal justice system and the other human services programs have resulted in ongoing positive outcomes for individuals living with mental illness and substance abuse issues who have historically experienced little success when encountering the criminal justice system. The full benefits of this program continue to be realized including an improved relationship between mental health and drug and alcohol programs and the criminal justice system as a result of a coming together on the Criminal Justice Advisory Board has proven invaluable.

In previous years via reinvestment dollars, Cambria County developed and implemented a Supportive Housing Program, assisting individuals in securing and retaining safe, affordable, permanent housing. During the original project, the program had demonstrated a 64% success rate in terms of participants

maintaining their housing after assistance via the supported housing program. Additional dollars to continue the supported housing program have been secured through a Shelter Plus Care Grant secured by the Cambria County Redevelopment Authority, which has afforded 19 additional households the opportunity of safe secure permanent housing through a three year funding opportunity. To date, 33 individuals/households have been positively impacted by the Shelter Plus Care Program. As a continuation of supportive housing initiatives in Cambria County, during the FY 15/16 Cambria County received approval for the continuation of the existing Supportive Housing Program funded through HealthChoices dollars with the potential to assist potentially 200 more individuals in securing safe, secure, permanent, affordable housing. Due to the lengthy delay in the passing of a State budget during FY 15/16 and the subsequent strains placed on community providers, the initiation of the continuation of the Supported Housing Program was delayed, but programs back to fully operational status and it is anticipated that as a result of an approval of an extension on the supportive housing reinvestment plan, the program should be fully operational during FY 16/17.

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

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

Case management continues to be a primary focus and an integral resource to individuals living with mental illness in their ongoing journey of recovery and self-sufficiency. The focus of case management is to be a helping hand with the ultimate focus being upon linkage, promotion of natural supports, strengthening an individual's strengths and abilities. Through new and creative collaborations between various community providers, offering varied levels of care, over the FY15/16, Cambria County has demonstrated a significant reduction in readmission rates, boasting a percentage that is in fact lower than the Managed Care Organization, Value Behavioral Health's network average. Through ongoing community partnerships, Cambria County is dedicated to maintain lower admission/re-admission rates, promoting greater community tenure and individual stability and success.

During FY 15/16 Cambria County has explored and investigated the potential development of a crisis diversion program along the lines of a walk in crisis model with a living room model with Peers as an integral part of the program and no residential component. Data supports that in nearly 45% of all voluntary admissions to the inpatient unit, individuals sign a 72 hour notice when reaching the psychiatric floor, resulting in a stay of three days or less, suggesting that the circumstances that resulted in the admission were situational, and if given an alternative option or resource to de-escalate such as crisis diversion, it would result in a significant reduction in the need for inpatient treatment. Cambria

County will continue to explore the possible development of a crisis diversion program during the 16/17 fiscal year.

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

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

Strengths:

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

Needs:

Cambria County needs to continue to collaborate across systems in regards to the older adult population and to continue to look for alternative, less restrictive community based options to meet the medical necessity criteria of the older adult population. As a result of the recently updated Olmstead Plan and the current administration's commitment to increased support of maintaining individuals in their communities, Cambria County is committed to continuing to develop and expand services and supports to the extent that available funding allows.

**Adults (age 18 and above)**

Cambria County BH administration routinely monitors community services to ensure that an array of Behavioral Health services and interventions are available to the residents of Cambria County. The Cambria County Behavioral Health Service System currently has in place the following services for the Adult population:

Strengths:

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

- Blended Case Management offered by three providers
- Mental Health Court

Needs:

- Mobile Medication-despite an approved service plan for such a program, ongoing efforts to develop adequate funding via HealthChoices funding remains a barrier.
- Expansion of outpatient psychiatric Services with clinic located within the smaller more rural communities of Cambria County. Geographic access continues to be an identified barrier for participants and funding to support these smaller clinics and to support their ongoing viability remains a challenge.
- A Treatment Court- Cambria County currently possesses a Mental Health Court but a court that supports co-occurring mental health and substance abuse challenges would serve a great benefit to individuals in Cambria County. Funding and Community resistance remain barriers.

All of these ancillary services would provide additional community supports to the adult population, enhancing their quality of life and journey of recovery.

Cambria County provided the above listed supports:

*Administrative Case Management: 9674*

*Residential: 95*

*Blended Case Management: 256*

### **Transition Age Youth (ages 18 through 26)**

Strengths:

Cambria County continues to explore opportunities to better serve the emerging adults in our Community. This age group continues to be served but under the current Psych Rehabilitation Program through Goodwill Industries. An identified variable that may be impacting this age group from engaging in possible support programs and services may be that many of the youth that are identified have been involved in several human service systems prior to age 18 and upon turning 18 they view this as an opportunity to live independent of the often times mandated supervision and structure of their youth. (ie.Children and Youth, Juvenile Probation, RTF, BHRS, etc.)

Needs:

Ongoing efforts need to occur to engage this population and promote these next levels of service as positive and beneficial to them and to encourage them not to view involvement as punitive. Additionally, Certified Peer Specialist Services for Transition Age Youth continues to be a topic of discussion and exploration amongst community providers as an identified area of potential need. Barriers include liability concerns and securing a pool of candidates to serve in such a capacity.

**Children (under 18)**

*Total CASSPCaseload for FY 15/16: 566*

**FY 15/16 RTF  
Placements**

	Discharges	Total Census	Admissions Unduplicated Persons
JUL	1	2	13
AUG	1	2	12
SEP	2	0	12
OCT	1	1	13
NOV	0	1	13
DEC	1	0	14
JAN	0	1	13
FEB	1	1	13
MAR	1	2	13
APR	3	1	11
MAY	0	2	11
JUN	2	1	10

**FY 15/16 CRR  
Placements**

Admissions	Discharges	Total Census	Unduplicated Persons
JUL	0	0	2
AUG	0	0	2
SEP	0	1	1
OCT	0	0	1
NOV	0	0	1
DEC	0	0	1
JAN	0	0	1
FEB	0	0	1
MAR	1	0	2
APR	0	0	2
MAY	0	0	2
JUN	0	0	2

# SAP Stats FY 2015-2016

## SAP -Statistical Report

## CAMBRIA COUNTY MH/MR PROGRAM

2015-16(Q1)(Q2)(Q3)(Q4)

### Background Information

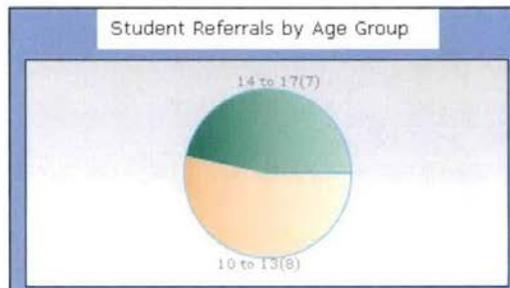
The total number of screenings that were performed. 0

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

Race/Ethnicity	9 or Younger		10 to 13		14 to 17		18 or Older		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
White (Non-Hispanic)	0	0	3	5	6	1	0	0	9	6
Black (Non-Hispanic)	0	0	0	0	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0
American Indian	0	0	0	0	0	0	0	0	0	0
Other Race	0	0	0	0	0	0	0	0	0	0
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>5</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>6</b>

Total number of student referred which have received an assessment: 15  
 Total number of student referred which have not received an assessment: 0  
 Number of students referred that received a Drug and Alcohol assessment during this reporting quarter: 0  
 Number of students referred that received a Mental Health assessment during this reporting quarter: 15  
 Number of students referred that received a Co-Occurring assessment during this reporting quarter: 0

Race/Ethnicity	Percent Of Students
White (Non-Hispanic)	100.00%
Black (Non-Hispanic)	0.00%
Hispanic	0.00%
Asian	0.00%
American Indian	0.00%
Other Race	0.00%



Age Group	Percent Of Students
9 or Younger	0.00%
10 to 13	53.33%
14 to 17	46.67%
18 or Older	0.00%

Gender	Percent Of Students
Male	60.00%
Female	40.00%

### ASSESSMENT RESULTS:

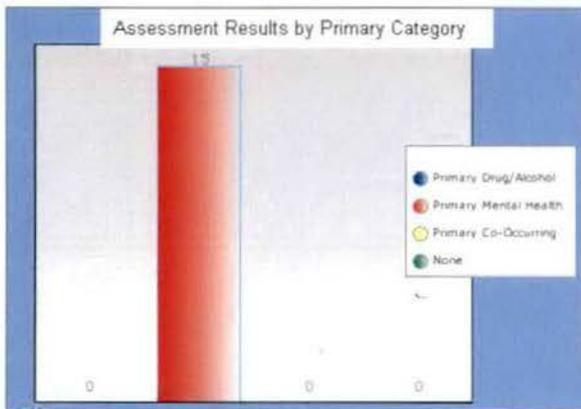
Students whose assessment resulted in the following primary problem categories.

Age Group	Primary Drug/Alcohol	Primary Mental Health	Primary Co-Occurring	None
9 or Younger	0	0	0	0
10 to 13	0	8	0	0
14 to 17	0	7	0	0
18 or Older	0	0	0	0
<b>Totals</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>0</b>

**ASSESSMENT RESULTS:**

Students whose assessment resulted in the following **SECONDARY** problem categories. (A student may have been entered more than once)

Age Group	Co-dependency	Suicide Ideation	Suicide Attempt	Child Abuse	Bullying	Grief / Loss	Tobacco	Gender Identity Issues	Other Trauma/ Other
9 or Younger	0	0	0	0	0	0	0	0	0
10 to 13	0	1	0	0	2	6	0	0	5
14 to 17	0	4	0	0	0	6	0	0	4
18 or Older	0	0	0	0	0	0	0	0	0
	0	5	0	0	2	12	0	0	9



**Secondary Problem Categories by Age**

Age Group	Totals	Percentage
9 or Younger	0	0.00%
10 to 13	14	50.00%
14 to 17	14	50.00%
18 or Older	0	0.00%

**Treatment referral by category of the students who received a Primary Drug and Alcohol assessment**

Age Group	Intervention Group			Treatment						
	School Based	Community Based	Other Support Services	D&A Outpatient	D&A Intensive Outpatient	D&A Partial Hospitalization	D&A non-Hospital rehab	D&A Inpatient	Other	None
9 or Younger	0	0	0	0	0	0	0	0	0	0
10 to 13	0	0	0	0	0	0	0	0	0	0
14 to 17	0	0	0	0	0	0	0	0	0	0
18 or Older	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0

**ASSESSMENT RESULTS:**

Treatment referral by category of the students who received a Primary Mental Health assessment

Age Group	Intervention Group			Treatment						
	School Based	Community Based	Other Support Services	Psychiatric Outpatient	Psychiatric Partial Hospitalization	FBMHS or BHRS	Psychiatric Residential	Psychiatric Inpatient	Other	None
9 or Younger	0	0	0	0	0	0	0	0	0	0
10 to 13	0	0	0	8	0	0	0	0	0	0
14 to 17	0	0	0	7	0	0	0	0	0	0
18 or Older	0	0	0	0	0	0	0	0	0	0
	0	0	0	15	0	0	0	0	0	0

Treatment referral by category of the students who received a Primary Co-Occurring assessment

Age Group	Intervention Group			Treatment						
	School Based	Community Based	Other Support Services	D&A Outpatient	D&A Intensive Outpatient	D&A Partial Hospitalization	D&A non-Hospital rehab	D&A Inpatient	Other	None
9 or Younger	0	0	0	0	0	0	0	0	0	0
10 to 13	0	0	0	0	0	0	0	0	0	0
14 to 17	0	0	0	0	0	0	0	0	0	0
18 or Older	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0

Age Group	Intervention Group			Treatment						
	School Based	Community Based	Other Support Services	Psychiatric Outpatient	Psychiatric Partial Hospitalization	FBMHS or BHRS	Psychiatric Residential	Psychiatric Inpatient	Other	None
9 or Younger	0	0	0	0	0	0	0	0	0	0
10 to 13	0	0	0	0	0	0	0	0	0	0
14 to 17	0	0	0	0	0	0	0	0	0	0
18 or Older	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0

SAP -Statistical Report

CAMBRIA COUNTY MH/MR PROGRAM

2015-16(Q1)(Q2)(Q3)(Q4)

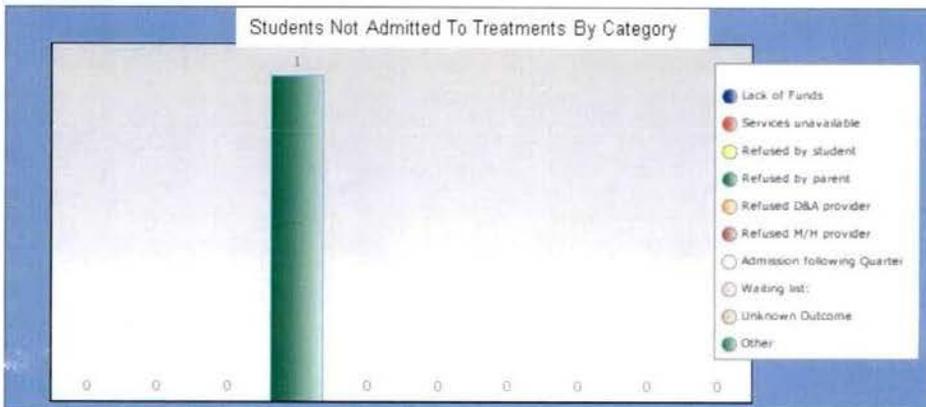
REFERRAL OUTCOMES:

Total number of students who were admitted to at least one of the Intervention or Treatment options: 14

Total number of students who were not admitted to at least one of the Intervention or Treatment options: 1

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

Lack of Funds:	0
Services unavailable:	0
Referral refused by student:	0
Referral refused by parent:	1
Referral refused by D&A provider:	0
Referral refused by M/H provider:	0
Admission scheduled for the following Quarter:	0
Client waiting list:	0
Unknown Outcome:	0
Other:	0



Total number of core team consultations that the liaisons participated in this reporting quarter: 393

Total number of parent teacher consultations that the liaisons participated in this reporting quarter: 100

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

## Strengths:

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

:

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

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

Also of note, an increase in the number of providers qualified to provide PCIT was achieved via a grant opportunity that was available through WPIC. Cambria County BH hosted a meeting with Cambria County providers interested in providing PCIT. Monies were provided through this grant to purchase the appropriate equipment and/or to make necessary renovations in order to perform PCIT. This all occurred during the 2014-2015 fiscal year and progress on this initiative continues to be tracked via the County's Deputy BH Administrator

SAP Liaison continues to maintain positive, intensive interactions/participation within the County's various school districts. Over the past year, Cambria County has seen an increase in the occurrence of Substance Abuse issues within the school age population. The SAP liaison also completes the drug and alcohol assessments and makes direct connection for these individuals with the County Drug and Alcohol Program.

The County also actively participates with the United Way of the Laurel Highlands and their Community Needs Assessment to determine the ongoing needs in the community. The implementation of the Botvin Life Skills curriculum has been a focus of this group and has been successful in implementing the program in all school districts in the County.

## Needs:

Ongoing collaboration/coordination between Behavioral Health and Drug and Alcohol Services.  
Ongoing active participation in the Yellow Ribbon Campaign. Additionally, ongoing exploration and conversations regarding the potential implementation of Certified Peer Specialists for the Emerging Adult population.

## Special/Underserved Populations

- Individuals transitioning out of state hospitals

### Strengths:

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

*In late FY15/16 Cambria County began 1(one) CHIPP project to expand CRR bed availability by one in Cambria County. This additional bed was available in late 2015.*

### Needs:

*Available and appropriate living situations when transitioning back into the community continues to be a need for individuals transitioning from the state hospitals. Whenever possible independent living with supports is the option of choice and Cambria County was able to utilize the Supported Housing Reinvestment Program to assist individuals transitioning back to the community (the initial reinvestment program dollars have been expended and Cambria is pursuing a continuation of that original plan with a anticipated reinvigoration of the program in 2016/2017). In many instances, individuals being discharged from State hospital settings are not ready for independent living and often require LTSR and/or CRR level of care. With the ongoing census in the State hospital, Cambria County remains strong in the belief that more LTSR and/or CRR beds would be beneficial in the community and a better alternative to State Hospital level of care. During FY 16/17 Cambria County will explore the possibility of a reinvestment plan in collaboration with a CHIPPS project to develop a possible LTSR site that could serve more difficult cases ie. fire-setters with the development of a structure that safeguards against these potential risks.*

*During FY 15/16 Cambria County has explored and investigated the potential development of a crisis diversion program along the lines of a walk in crisis model with a living room model with Peers as a integral part of the program and no residential component. Data supports that in nearly 45% of all voluntary admissions to the inpatient unit, individuals sign a 72 hour notice when reaching the psychiatric floor, resulting in a stay of three days or less, suggesting that the circumstances that resulted in the admission were situational, and if given an alternative option or resource to de-escalate such as crisis diversion, it would result in a significant reduction in the need for inpatient treatment. Cambria County will continue to explore the possible development of a crisis diversion program during the 16/17 fiscal year.*

- Co-occurring

Strengths:

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

*As a result discussions during Community Provider meetings, Cambria County is also working with OMHSAS and VBH to develop and implement a D&A Recovery Specialist Program to be included in the County's comprehensive array of available supports and services. Twin Lakes, a community substance abuse provider has received approval for the service description and continues to work with VBH to develop an acceptable rate of reimbursement rate.*

Needs:

*Due to the growing heroin epidemic that seems to exist in Cambria County, the BH/ID/EI Administrator, the D&A Administrator, and key personnel from VBH has developed a methadone workgroup, incorporating recipients of the services in the process to develop best practice standards in regards to methadone treatment in Cambria County. A final best practices document was developed during FY14/15 and received Department of Human Services approval during FY15/16. Implementation of the Best Practice will commence during FY 16/17.*

- Justice involved individuals

Strengths:

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

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

Needs:

*Creation of a “Treatment Court” rather than limiting to a Mental Health Court. Although the Mental Health Court continues to be very successful, frequently we are finding many individuals are dealing with co-occurring disorders and with a more generalized treatment court it would provide additional options for individuals whose substance abuse issues influence criminal justice involvement.*

- Veterans

Strengths:

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

Needs:

*Promote ongoing collaboration with the Veteran’s Administration to ensure that a holistic approach is applied to the support and treatment of veterans mental health needs.*

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

Strengths:

*Cambria County currently has a community provider, Alternative Community Resource Program, which has implemented support groups for the LGBTQI populations. As this is a new initiative, it is too soon to measure participate and success. Note this priority group remains one of interest to the county and one that we hope to continue to make ongoing inroads with in the future.*

Needs:

*Monitor the success of the current support groups and utilize participants of those groups to provide suggests, feedback about what other things they would like to see in our community to support them and explore options to realizing those suggestions.*

- **Racial/Ethnic/Linguistic minorities**

Strengths:

*Cambria County continues to develop a diverse racial and ethnic culture, specifically relating to the Asian and Hispanic communities. Despite stereotyped beliefs that Cambria County is rural and as a result rigid in it’s acceptance of others that are different, nothing could be further from the truth. With several major academic universities and a state of the art medical facility, Cambria County has made strides in attracted individuals of varied backgrounds and ethnicities.*

Needs:

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

*From a linguistics perspective, with a growing number of individuals whose primary language is not English, effort to explore and engage individuals in the community who can be of assistance for translation support when necessary.*

- Other, if any (please specify)

*None at this time.*

**Recovery-Oriented Systems Transformation**

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

Over the next year, Cambria County will focus on **Five Recovery Focused Transformation Priorities:**

- Housing Initiatives
- Less system reliance- increased self reliance and personal accountability
- Maintaining a Mental Health Court and exploration of a Treatment Court
- Supported Employment as opposed to Sheltered Employment
- Development of a Crisis Diversion Program/Resource

**1. Housing Initiatives**

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

**Timeline:** *Ongoing Initiation of the Supportive Housing Continuation to commence September 2016.*

*Funding:* Utilization of Human Services Block Grant Funds as deemed appropriate and necessary .with the creation of a new Homeless Shelter in Cambria County which has been provided \$50,000 via mental health dollars and their willingness to work with special needs populations, future collaborative relationships are anticipated. Additionally, Cambria County is has successfully secured approval for the continuation of our 09/10 Supported Housing Reinvestment Plan.

Ongoing participation of all levels of human services in Housing initiatives to ensure that special needs populations are not facing the challenges that accompany homelessness.

*Tracking:* will be tracked through data received from the Greater Johnstown Landlords Association and the numbers of individuals served, through the data developed via the newly formed Homeless Shelter, Stakeholder self report, and through the approval for the continuation of our supported housing reinvestment plan, data generated from those activities.

## 2. Self Reliance and Personal Accountability

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

*Timeline:* Ongoing

*Funding:* Through the development of a more formalized Reinvestment Dollars Committee to explore new and innovative recovery oriented programs and services to further support and sustain individuals independence, self reliance and resiliency. Consideration would also be given to the use of Block Grant Funds as a means of ongoing sustainability for plans developed through reinvestment.

*Tracking:* will be monitored by all levels of case management, through stakeholder input, and supported and reflected through data that reflects individual successful progression through services, reduction in inpatient hospitalizations, and successful stability within the community with reduced and/or limited formal supports and increased reliance on natural supports.

## 3. Mental Health Court

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

Additionally, ongoing efforts to explore the feasibility and sustainability of a general Treatment Court.

*Timeline:* Ongoing, Discussions to occur during FY 16/17 with President Judge

*Funding:* Currently, there is no monetary commitment to the Mental Health Court but rather an in kind offering of case management support as well as covering costs of initial evaluations/services until Medical Assistance Coverage can be secured. The County Grant writer is also routinely exploring additional funding opportunities to implement and sustain treatment courts as an alternative to incarceration.

*Resources:* As the implementation of a Mental Health Court continues, we will continue to monitor the possible increased need for full time dedicated staff to a mental health court role and will explore the utilization of Block Grant dollars to possibly fund such a position.

*Tracking:* data will be tracked by the forensic liaison under the supervision and direction of the base service unit supervisor. Positive outcomes will be noted by tangible evidence/proof of reduced recidivism and involvement in the criminal justice system as well evidence of active and successful engagement in outpatient support services/treatment.

#### 4. Supported Employment vs Sheltered Employment

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

Timeline: Ongoing In the summer of 2016 Goodwill made the decision to eliminate their sheltered workshop with a commitment to more gainful employment opportunities. County Case Management will continue to work with effected individuals to explore employment opportunities.

Funding: Block Grant funding will be a consideration for programs and resources that promote supported employment as opposed to traditional sheltered workshop models. Goodwill Industries of the Conemaugh Valley continues to explore and develop more recovery focused supported employment options and Cambria County will continue to engage in programs and services that support that goal.

Tracking: positive outcomes will be based upon demonstrated increase in the number of individuals actively engaged in and successfully transitioned through Supported Employment programs/supports and a transition or shift of individuals traditionally served via Sheltered Employment into more recovery focused Supported Employment services.

#### 5. Development of a Crisis Diversion Program/Resource

Cambria County in partnership with our Crisis provider, MCO, and HealthChoices oversight entity have spent the last year exploring alternative options to offer support to individuals in crisis rather than to seek inpatient hospitalization. Development of a livingroom model style crisis diversion, like a walk in crisis site, where an individual can meet with MH professionals along with a strong peer component, and remain there for up to 23hours. The goal is to reduce admissions to higher levels of care.

Timeline: Finalize site visits to other Crisis Diversion programs to be finalized by early fall 2016. Have a tentative reinvestment Plan submitted to the State by late 2016.

Funding: Start up dollars will come from Reinvestment, with the ultimate goal of the program being healthchoices and county base dollars funded.

Tracking:

Current data supports that approximately 45% of individuals who present voluntarily to the Emergency Room for psychiatric admission will sign a 72 hour notice within hour(s) of being admitted to the psychiatric unit. The information supports that many of these individuals are experiencing a situational stressor, that if given another alternative, a place to go to de-escalate, the likelihood of requiring inpatient treatment declines significantly. Once a program was developed, comparative data will be collected to determine the efficacy of the Crisis Diversion Program.

All Recovery Oriented Systems Priorities will continue to be monitored by the Deputy Behavioral Health Administrator and respective program supervisors and directors.

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

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

## Evidence Based Practice 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	No	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Supportive Housing	Yes	0	HUD Guidelines	County	monthly	no	no	n/a
Supported Employment	Yes	20	none	County	Monthly	no	no	n/a
Integrated Treatment for Co-occurring Disorders (MH/SA)	No	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Illness Management/ Recovery	No	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Medication Management (MedTEAM)	No	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Therapeutic Foster Care	Yes	unknwn	unknwn	CYS		n/a	n/a	n/a
Multisystemic Therapy	Yes	6	unknwn	MCO		n/a	n/a	n/a
Functional Family Therapy	Yes	12	unknwn	MCO		n/a	n/a	n/a
Family Psycho-Education	No	n/a	n/a	n/a	n/a	n/a	n/a	n/a

## Recovery Oriented and Promising Practice Survey:

	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	yes	450	Peer Empowerment Network
Family Satisfaction Team	yes	450	Peer Empowerment Network
Compeer	no	0	None at this time
Fairweather Lodge	no	0	DIC instead
MA Funded Certified Peer Specialist	yes	15	Three Providers
Other Funded Certified Peer Specialist	no	0	Not at this time
Dialectical Behavioral Therapy	yes	?	Array of Providers
Mobile Services/In Home Meds	no	0	CBIT
Wellness Recovery Action Plan (WRAP)	yes	?	All levels of Care
Shared Decision Making	yes	all	All levels of care
Psychiatric Rehabilitation Services (including clubhouse)	yes	20	Site based and mobile
Self-Directed Care	yes	all	All levels of care
Supported Education	yes		Through education
Treatment of Depression in Older Adults	yes	all	Array of providers
Consumer Operated Services	yes	?	Drop in center and coffee shop
Parent Child Interaction Therapy	yes	12	Two providers
Sanctuary	no	0	Not at this time
Trauma Focused Cognitive Behavioral Therapy	no	0	Exploring now
Eye Movement Desensitization And Reprocessing (EMDR)	no	0	privately
Other (Specify)	no	n/a	None at this time

**Intellectual Disabilities Services:**

	<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	3	16%	3	16%
Pre-Vocational	21	11%	20	11%
Adult Training Facility	7	6%	6	
Base Funded Supports Coordination	109	22%	160	29%
Residential (6400)/unlicensed	8	5%	8	5%
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	0	0	0	0
PDS/VF	0	0	0	0
Family Driven Family Support Services	19	100%	22	100%

**Supported Employment**

Supported Employment Services are direct and indirect services that are provided in a variety of community employment work sites with co-workers who do not have disabilities for the purposes of finding and supporting individuals in competitive jobs of their choice. This service provides support, supervision and training at the actual work setting while being paid at least minimum wage. It consists of job finding and job support. Development of resumes, assistance with preparation for interviews, employer outreach, and job search are all part of job finding. Training on specific job assignments, on-going individual support and follow-up with employers are all part of job support.

Cambria County currently has three (3) individuals who are receiving supported employment with base dollars. All three (3) continue to increase their job skills. Two (2) of the individuals are hired by the respective companies and receive supported employment to monitor their performance and provide assistance if any problems arise. Additional base dollars would enable the county to provide employment services to more individuals with a diagnosis of intellectual disabilities. For fiscal year 16/17, it is our plan to maintain and/or increase by two (2) the number of base consumers who receive supported employment services.

Cambria County promotes employment as an option for all the ID individuals through the Supports Coordinators. If an SC is working with a individual who requests competitive employment, a referral is made to the Office of Vocational Rehabilitation.

If the individual does not meet OVR criteria, they will be given a choice of supported employment providers. If funding is available, the service will be approved and authorized by the AE. If funding is

not available, a PUNS (Prioritization of Urgency of Need for Services) will be completed. Tracking of individuals requesting competitive employment or supportive employment services is completed by the employment point person via a PUNS report and is recorded quarterly on the AE's Quality Management. The QM plan is presented to Cambria County's Advisory Board. IM4Q considerations for employment are also tracked on the County's QM plan.

Cambria County SCs are participating in Employment webinars offered through ODP. An individual's interest in obtaining community employment is discussed at the annual review meeting for the ISP or anytime the individual expresses an interest in working in the community. Assistance is needed to find ways to explore work opportunities for individuals with moderate and/or severe/profound diagnosis of ID. These individuals usually have a physical health issues which require additional support. Families are also hesitant to place their loved ones in community employment where they will not have the support/structure of a prevocational setting or day program.

Goodwill Industries of the Conemaugh Valley has developed a program that is available 2 days a week; free of charge for any one interested in exploring careers and apply for jobs, create/update resumes. Goodwill Industries and Skills of Central PA provide supported employment to Cambria County consumers.

### **Base Funded Supports Coordination**

It is the responsibility of the Supports Coordinator to coordinate, link and monitor services that are requested and received by the ID individuals. The Supports Coordinators meet with the base funded individuals at a minimum of twice a year. During those visits, service needs are discussed. It is the responsibility of the SC to coordinate services for the individuals and all service options – natural supports and non-paid - are to be explored. The SCs always promote family/friend involvement and utilize local agencies; such as the Lions Club, for monetary assistance to purchase specific items that are needed by Cambria County individuals.

For fiscal year, 15/16, 109 consumers received base funded supports coordination. For fiscal year, 16/17 it is projected, 160 consumers will be in need of base funded supports coordination. Approximately, four (4) new consumers register for ID services on a monthly basis. At this time, we have identified seven (7) 2016 graduates. If waiver funding is allocated for these graduates, supports coordination will be provided through waiver funds. As the SCO/Base consumers are enrolled in the waiver programs, new consumers are open to Cambria County BH/ID Programs.

The number of waiver slots allocated to Cambria County per fiscal year never meets the demand for services. Therefore the number of consumers utilizing base funded supports coordination continues to grow. Currently, Cambria County has nine (9) Supports Coordinators with an average caseload of 55 consumers.

### **Lifesharing**

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

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

For fiscal year 16/17, it is our plan to maintain and/or increase the number of individuals residing in a lifesharing placement by one (1) individual. It is noted that the families of Cambria County continue to be hesitant to place their family member in a lifesharing home. They prefer to keep their family member home or seek residential placement in a group home with trained staff. Family members voice a concern regarding the stability of the life sharing provider. If something would happen to the family living provider; what would happen to their loved one. The families of Cambria County feel placement in a group home is more stable; therefore a better option. Cambria County continues to try to increase interest in lifesharing opportunities; however, as stated before, the families are very reluctant to pursue this option. **It is doubtful that any assistance from ODP would increase interest in lifesharing in Cambria County.**

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

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

Cambria County continues to utilize block grant dollars across funding streams to support and fund individuals who are currently not enrolled in waiver or PFDS. As a need arises, the provider is asked to provide a budget necessary to provide the necessary services and supports and them County base dollars as well as block grant dollars to determine the availability of necessary funding.

County remains in an ideal position to promote ongoing cross system communication and training opportunities in regards to the dual diagnosis population as we remain direct providers of supports coordination services as well as base service unit case management to the residents of Cambria County. Historically and moving forward,, ODP training opportunities provided both at County offices as well as the Ebensburg Center are made available and attendance encouraged to both ID and BH staff thus creating a natural environment for cross system education and competency. Cambria County is committed to alternative community diversions whenever possible to avert admissions to State Centers and Hospitals and will utilized treatment team meetings, PPRT’s, etc. to ensure every avenue and alternative is explored.

Cambria County works closely with the transition coordinators from the local schools. BH/ID staff attends IEP meetings at the request of the school to determine the support that will be needed upon graduation. Transition activities usually begin at the age of 14. Plans are developed for post-graduation. However, if funding is not available the process can be very frustrating for the individual and families.

Cambria County ID works closely with the Behavioral Health unit, Children and Youth and Area Agency on Aging agencies. When an individual is dually diagnosed or involved with the other agencies,

meetings are held to determine the best support necessary for the individual. Administrative and ID staff work with C&Y and AAA to discuss available and viable options.

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

## **Emergency Supports**

When a Cambria County individual with Intellectual Disabilities is in need of emergency supports, the BH/ID/EI Administrator and the Human Service Director are informed of the specifics regarding the supports needed. The Administrator and the Human Service Director determine if funding is available to provide the support requested. Cambria County has the ability to utilize block grant funds to provide emergency support on a temporary basis until a waiver slot is available. If residential placement is needed, and block grant funding is not available, a request is submitted to the ODP for an “unanticipated emergency consolidated waiver slot”. In order for this request to be approved, the following criteria need to be met:

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

If the request is approved, the individual is enrolled in waiver and appropriate services are authorized. If the “unanticipated waiver request is denied, the use of natural and non-paid supports will be explored until a waiver slot is available.

In the event of an unanticipated emergency occurs, and the use of natural and non-paid supports has been explored, it should be noted that Cambria County does not “reserve” any base dollars to meet emergency needs. If a need arises, a meeting will be held with Cambria County’s CFO and BH/ID/EI Administrator to determine if base funds are available to support the individual’s needs until a waiver slot becomes available. As a Block Grant County, if base ID funds are unavailable, the County will explore available funds via one of the other funding streams included in the Block Grant structure.

Cambria County contracts with a crisis unit which operates 24/7. The Crisis unit has contact information for the BH/ID/EI Administrator and the Deputy ID Administrator. When an emergency occurs outside the normal work hours, the crisis worker can contact the Administrator and/or the Deputy ID Administrator to inform them of the emergency situation. Cambria County providers of ID services have staff on call if support is needed. .

## **Administrative Funding**

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

Cambria County will reach out to the PA Family Network to schedule training sessions on Person Centered Thinking for our individuals, families and providers and staff. This training will provide an opportunity for all involved parties to develop appropriate and realistic goals that will allow individuals to live an "everyday life".

Cambria County will utilize provider monitoring, stakeholder meetings, interactions with members and their families to gather input, feedback, and suggestions from interested parties as to what they identify as needs and to continue to develop and expand the available resources in Cambria County to the individuals and their families. Block grant dollars will be the primary source of funding, while Cambria County reserves the right to present assistance and support from ODP if needed to accomplish any goal.

Cambria County utilizes the HCQU in numerous ways. When an ID individual is experiencing persistent physical health or behavioral health issues, a referral is made to the HCQU for a Complex Technical Assist. A CTA involves all parties that provide support to that individual. The HCQU completes a review of all medical information including a review of all prescribed medications to help determine a probable cause of the behaviors. The HCQU also offers suggestions to resolve the issue. They provide training on specific health topics to families, BH/ID staff and provider staff as requested.

Information gathered from the HCQU specific to Cambria County will be used to develop a focus area on the QM plan if trends are identified.

Cambria County AE meets with the IM4Q Program Director at a minimum on a yearly basis to discuss any process changes that need to occur. The IM4Q Program Director also meets with the ID staff on a yearly basis to review the previous year's considerations and to discuss proposed changes to the IM4Q interviewing tool. This information is provided to the AE for trends to be identified and developed into focus areas on the QM plan. Currently, all considerations for employment are tracked on the QM plan. Considerations are reviewed to determine if the individual expressed an interest in community employment and appropriate steps were taken to assist with that specific consideration. Cambria County has a very good working relationship with our local IM4Q Program Director. She provides current reports and data to the County as requested.

Cambria County can support local providers to increase their competency and capacity to support individuals who present higher levels of need related to: aging, physical health, behavioral health and communication by recommending the utilization of the following resources -

- HCQU for clinical reviews, trainings and information
- ODP's Clinical Director for possible suggestions/solutions
- ODP's high level review for direction for the most challenging cases

Cambria County's Risk Management Team consists of AE staff, SCO staff and provider staff. Discussion pertains to individuals who are experiencing physical health and/or behavioral health issues. Individuals who have had numerous restraints or incidents of individual to individual abuse are also reviewed. Incidents are reviewed to determine a possible trend or common thread. The RMT is a venue where the participants can share experiences and resources that have been utilized.

Cambria County via their HealthChoices oversight entity contracts with the Greater Johnstown Landlord Association to serve in the capacity of a Housing Clearinghouse. They maintain a comprehensive, routinely updated list of available housing options in the county that can be referred to in order to assist individuals in need of locating safe, secure, affordable, permanent housing. Cambria County administration maintains an ongoing working relationship with the GJLA including collaboration through the Shelter Plus Care Program as well as the HealthChoices reinvestment continuation plan involving Supportive Housing.

In regards to methods Cambria County intends to utilize to engage providers in the development of an Emergency Preparedness Plan, the County already has numerous workgroups and committees dedicated to emergency utility needs, emergency shelter, food banks, etc. with routine efforts to streamline processes and attempts not to delay an individual's efforts to establish and maintain independent functioning and self-reliance whenever possible. Via the County's Emergency Services Department and the United Way of the Laurel Highlands, the primary agency in the county who routinely orchestrates and facilitates numerous human services needs in the county and would play an integral in such an effort, the County would bring providers together with these resources to work collaboratively to develop a comprehensive emergency preparedness plan.

### **Participant Directed Services**

Cambria County AE and SCO staff all participated in a training regarding PDS. When a individual/family expresses an interest in PDS, the SC reaches out to the AWC provider or the PPL contact to schedule a meeting. The individual/family has the opportunity to learn what is involved with PDS. If the family remains interested in receiving PDS, discussions among the AE, SCO and the individual/family will be held to determine what services are needed and what funding source will be utilized.

The challenges of increasing the use of PDS are the amount of training, documentation and responsibility that the individual/family incurs. The families currently feel they have the ability to direct their services with the assistance of the supports coordinator and open communication with the providers. Instead of being directly responsible for finding, hiring, and firing staff, the families are satisfied the agencies handling those aspects of service delivery.

Trainings have been offered to the families of Cambria County and they have been poorly attended.

### **Homeless Assistance Program**

Cambria County's continuum of services includes preventive services to help individuals and families representing all demographics from becoming homeless, and financial and support

services to assist persons who have become homeless to attain and maintain permanent housing. Programs are designed to strongly encourage those receiving assistance to take a proactive role in development and implementation of an effective service plan. Clients sometimes receive assistance from more than one HAP component as well as several agencies.

The opening of Cambria County’s new emergency shelter facility, The Martha & Mary House, in March of 2015 filled the shelter gap that occurred when the long-standing Salvation Army shelter closed the previous year. The Martha & Mary House provides comprehensive case management to clients and is often filled to capacity. With the enhanced shelter case management services it has become apparent that Cambria County needs to develop a better “next step” housing opportunity for clients leaving shelter. The previously formed Shelter Committee discussed possible service options and funding sources to provide more permanent housing solutions for not only shelter clients, but for homeless persons in general in our county. To that end, we are revising our Bridge Housing Program as narrated below.

	Estimated/Actual Individuals served in FY 15-16	Projected Individuals to be served in FY 16-17
Bridge Housing	2	4
Case Management	190	200
Rental Assistance	285	250
Emergency Shelter	245	245
Other Housing Supports	0	0

HAP Program Descriptions

**Bridge Housing Program (BHP)** – For many years BHP clients have been housed in the Johnstown Housing Authority (JHA) public housing communities. At one time the occupancy rate for the JHA was as low as 75%. However, that has increased over the years and is currently 98-100%. There is no longer an open availability of units for Bridge clients. Also, the JHA public housing communities are located in and around the City of Johnstown, which basically excludes individuals and families in the central and northern parts of Cambria County from participation in the BHP unless they wish to move to Johnstown.

We will renew the service contract with JHA to allow the current BHP client to complete the program uninterrupted. In addition, we are planning to partner with the Greater Johnstown Landlord Association for bridge housing services via the private landlord, scattered site option. This change will cost more per client, but we believe the end results will be well worth the investment. The Greater Johnstown Landlord Association works with landlords and property owners throughout the county, beyond the greater Johnstown area, thereby enabling us to also assist folks in the central and northern parts of Cambria County.

All clients will continue to receive a mental health assessment by Cambria County Behavioral Health (CCBH) before official entry into the program and must follow through with counseling if it is advised by CCBH. The BHP will pay the client’s rent for up to 12 months. Client contribution will remain the established sliding fee scale based on clients’ income but not greater than 30% of that income. Client contributions will be used for related housing costs while in the

program, such as utilities. Any savings that may occur will be used on the client's behalf upon exit from the BHP, less any costs that may be owed to the landlord (damage repair costs, etc.).

Efficacy will be measured by the number of clients who enter and successfully complete the BHP and maintain their housing upon completion.

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

Efficacy for our Case Management component is assessed by the number of participants, which has steadily increased over recent years. We believe the budget counseling received by clients during case management has also helped to decrease the overall demand for rental assistance dollars.

**Rental Assistance** - Provides rent/mortgage or security deposit on the client's behalf for those who qualify according to the HAP Instructions and Requirements. Eviction/foreclosure notice is required, and a signed statement from the landlord that they will continue/begin to rent to the person if the agreed upon amount is paid to the landlord on the client's behalf, or a signed statement from the mortgage holder that foreclosure activities will cease upon receipt of payment on the client's behalf. All persons requesting rental assistance are referred to the County Assistance Office (CAO) to apply for the emergency shelter payment and must present the signed CAO approval/denial paperwork prior to receiving rental assistance from the HAP. Not more than 75% of total household income can be required for essential housing expenses in order for a household to receive rental assistance.

Fewer rental assistance clients are returning for additional help beyond the first assistance. We believe the changes introduced for fiscal year 2014-2015 have been effective, in addition to the increased client participation in the case management component.

**Emergency Shelter** – Provides refuge and care to persons who are in immediate need and are homeless. Emergency Shelter includes \$11,195.00 of Cambria County's HSDf allocation.

Emergency Shelter providers are:

1. The Women's Help Center - The Women's Help Center serves victims of domestic violence and can house a maximum of 35 people. Clients are required to participate in case management while at the facility and may continue with case management services voluntarily after leaving shelter.
2. Catholic Charities, Diocese of Altoona-Johnstown – Opened (2015) and operates The Martha & Mary House, which serves any persons who are homeless in Cambria County. Maximum capacity is 16. Clients must actively participate in case

management while in shelter and may continue case management services voluntarily after leaving shelter.

Currently, both of the homeless shelters in Cambria County provide very comprehensive case management on the premises, often arranging for staff from other support agencies to come to the shelter to assist the clients if there are prohibitive reasons, such as impaired mobility or child care issues, which make it difficult for the person in shelter to get to the other agency.

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

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

One HAP provider, Catholic Charities, is utilizing Pa-HMIS to track HAP client data. The remaining agencies track HAP data via other software. All providers track clients from intake until discharge. There is not follow-up contact after discharge for clients unless the former client contacts the agency or returns for additional services.

**Administration** – Planned Expenditures: \$17,645

Homeless Assistance Program funds will be utilized for administrative activities relating to the HAP-specific portion of the block grant. Administration costs will not exceed the allowable 10% of the HAP allocation. A primary role of the Community Services Coordinator is the daily oversight of the HAP including provider contract administration and monitoring, fiscal operations and plan/report preparation. Additionally, operating costs including audit costs and county indirect costs for the HAP portion of the block grant are charged under administration.



The number of children currently in placement is at the high level that we were at in FY 2017-2008. It is taking longer for children to return home to their parents. There are not enough kin to take on their relative's children. Drug and alcohol addiction is a common variable in these cases. Parents are spending time and energy on feeding their addictions while failing to recognize the neglect of their children.

<b>Parental Substance Abuse Allegations</b>		
<b>Year</b>	<b>Persons</b>	<b>Families</b>
2014	829	393
2015	948	438
2016 *	1383	630

\* January 1 - June 30, 2016  
 Data from Cambria CYS CAPS Case Management system.

Cambria County opened a Child Advocacy Center in October 2015. What we were expecting to find was the majority of the referrals would come from CYS, as child sexual abuse investigations. What we found instead was that many of the cases were coming from the police and District Attorney's office, as children were being victimized by those not considered to be perpetrators of abuse by the Child Protective Services Law. These victim children and often perpetrator children are in need of as much services from the behavioral health and physical health system as any child who enters via CYS. This is an area where the county agencies, law enforcement and service providers are working well together to meet the needs of the children regardless of their entry point into the system.

Continued use of Evidence Based practices and Housing Initiative grants are essential to the array of services available to families.

Cambria County has been using Evidence Based practices like Family Group Decision Making and Promising Practice of Family Engagement and Support in an effort to address the serious concerns around the difficulties of parenting children and adolescents and to decrease the isolation of families in need. One of the benefits of these services is direct linkages to supports in the community to assist families when the service or family conference ends. These practices examine the root causes of the barriers to effective parenting and make efforts to address those root causes. These practices augment the agency case management services, the behavioral health services and the other community based services that may be involved with the family.

Within community behavioral health services, families can access Multi Systemic Therapy, Parent and Child Interactional Therapy, which is paid by the MCO. All of the behavioral health providers have therapists who have either training or certification in trauma informed interventions. Victim Services received a grant which will lead to 10 local therapists becoming certified in EMDR.

The flexibility of funding within the Block Grant means that working with Cambria County BH/ID/EI and D & A will allow the human service agencies to address these concerns that impact families in their ability to successfully raise children in our community.

The Housing Initiative is one that we see an ongoing need for funding to prevent placement of children in out of home care. We'd like to think it is just a result of poverty, but in fact, it is a result of poor or no budgeting skills on the part of parents, sometimes coupled with addiction. Using Block Grant funding, we have assisted 9 families and 13 children in meeting basic needs: food, rent, utilities, and pest control. One of the conditions that is utilized is to require the families to seek funding from community resources before accessing Housing Initiative funds. In most cases, we are providing homemaker services to teach the families budgeting and home management skills to prevent future problems.

*Identify a minimum of three specific service outcomes from the list below that the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to yield no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.*

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

		<b>Contributing to Outcome</b>
<p>Children are safely maintained in their own home whenever possible and appropriate.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Parents/caregivers have actual family and kin who support them in their efforts to care for their children while addressing the concerns in their lives.</p> </div>	<p>Children safely remain in their home during intervention and for a minimum of six months after intervention. Number of children in intervention against the number placed into out of home care and the number who remain in their own homes. Number of children placed with kin or relatives instead of 'regular' foster care.</p>	<p>Family Group Decision Making</p> <p>Promising Practice: Family Engagement and Support</p>
<p>Continuity of family relationships and connections are preserved for children</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Parents/caregivers identify and use family and kin supports to assist in meeting the needs of their children</p> </div>	<p>Children remain in their home during and after intervention. If a child is removed from a parent, the child is placed with a relative or kin. Monitored for a minimum of six months by the number of children in intervention against the number placed with relatives or kin compared to number placed in out of home care and those that remain in home.</p>	<p>Family Group Decision Making</p> <p>Promising Practice: Family Engagement and Support</p> <p>Housing Initiative</p>
<p>Families have enhanced capacity to provide for their children's needs.</p> <p>Families learn basic budgeting and bill paying in order to maintain safe, affordable</p>	<p>This is monitored by the number of children provided with intervention who remain in their homes against the number removed to out of home placement or</p>	<p>Housing Initiative: Gap funding for rent, utilities, etc. and Home Management (one on one training)</p> <p>In FY 2015-16, the use of the Housing grant assisted 19</p>

housing for their children.	placement with relatives or kin. This intervention addresses the basic need of housing/utilities/beds for children – items that prevent the need for the children to move from their current residence.	families and 19 children.  This is a cost effective use of funds, especially when combined with a Home Management Service that teaches budgeting and other home mgt. skills.
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*For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.*

<i>Program Name:</i>	Family Group Decision Making
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*Please indicate the status of this program:*

<b>Status</b>	<b>Enter X</b>		
<i>Funded and delivered services in 2015-2016 but not renewing in 2016-2017</i>			
<i>Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)</i>	<b>X</b>	<b>New</b>	<b>Continuing</b>
		<b>X</b>	<b>Expanding</b>

*Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.*

Family Group Decision Making is a process by which the agency and Professional Family Care Facilitator/coordinators work with a family to identify supports bring all these people together, and identify strengths and concerns of the family. The family develops a plan that uses family members as part of the solution. The drawback to this practice is that in engaging the parents, they invite only those family members they choose – which is usually a limited number of kin.

We have been using Family Group Decision Making for years now, as it is a recognized practice that improves outcomes for children. It has been recommended by OCYF for years. We are using no specific data to indicate the need for this practice. Engaging families in the child

welfare system is a requirement of CFSR and best practice. We are utilizing the tools available to the agency. FGDM is not used even more, because many of the families decline to participate – which is their prerogative, and part of the model. Agency staff continues to encourage the use of FGDM to help families to build natural supports, rather than agency and governmental support. Further, we mandate that all youth transitioning out of agency care and custody have a FGDM Transitional Conference, which identifies several plans with different levels of support. The effectiveness of this is monitored through outcomes via the Independent Living Aftercare Program and contacts made with youth via the National Youth in Transition Database surveys.

We are going to try an additional approach using FDDM as a tool toward compliance with the federal law, Preventing Sex Trafficking and Strengthening Families Act. There is a requirement effective 9-29-15 for the development of case plan for youth age 14 and older when a youth can select up to two people to be part of the case planning team. It will be suggested, (but cannot be enforced), that the youth use the FGDM process as part of their case planning for the initial case plan review. Subsequent case plan reviews will include the two selected persons, and the team can work from the plan that is developed via the FGDM conference as a review starting point.

*If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.*  
 No additional funds streams are utilized for this practice.

**Complete the following chart for each applicable year.**

	<b>FY 15-16</b>	<b>FY 16-17</b>
<i>Description of Target Population</i>	Families in Cambria Co. & Youth transitioning out of foster care & youth age 14 & older who are permitted two people to participate in their case plan.	Families in Cambria Co. & Youth transitioning out of foster care & youth age 14 & older who are permitted two people to participate in their case plan.
<i># of Referrals</i>	13	15
<i># Successfully completing program</i>	13	15
<i>Cost per year</i>	\$21,300	\$28,651
<i>Per Diem Cost/Program funded amount</i>	\$2,400 for full completed conference	\$2,400 for full completed conference
<i>Name of provider</i>	Professional Family Care Service	Professional Family Care Service

***\*The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.***

*Were there instances of under spending or under-utilization of prior years' funds?*  
 Yes

*If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.*

This has been a problem with FGDM since it's inception in this county. The families have to want to engage in this practice. It cannot be Court ordered or otherwise required. It can only be recommended.

Many families are invited to participate in the Family Group Decision Making process, but many decline the opportunity. Some do not want their family members involved in their business. Others don't believe they have interested family members. Still others have burned their bridges with family – so the family would be interested in helping the children, but not the parents.

Our intention is to provide this engagement practice as an option for youth age 14 or older in development of their child permanency plans, as they can invite up to two people to the planning process.

<i>Program Name:</i>	Family Engagement and Support <b>Promising Practice</b>
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*Please indicate the status of this program:*

<b>Status</b>	<b>Enter X</b>		
<i>Funded and delivered services in 2015-2016 but not renewing in 2016-2017</i>			
<i>Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)</i>	<b>X</b>	<b>New</b>	<b>Continuing</b>
		<b>X</b>	<b>Expanding</b>

*Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.*

Pennsylvania's Child Welfare Practice Model describes the skills needed for effective child welfare practice. Two of the skills described are engaging (effectively establishing and maintaining a relationship with children, youth, families and all other team members by encouraging their active role and voice and successfully accomplishing sustainable shared goals) and teaming (engaging and assembling the members of the team, including the family, throughout all phases of the change process and based on current needs and goals). Pennsylvania's Child Welfare Practice Model states that children, youth and families are best served through a team approach with shared responsibilities, where all team members have a role and voice. The model further states that involving the child, youth, family and extended support networks as active members of the team empowers the family.

The NHS Human Services Family Engagement and Support (FES) program philosophy is based on the 3-5-7 Model relational practice framework. This practice framework supports an environment of responsiveness to the expressions of grief and loss and relationship building. Building on the foundation of the 3-5-7 Model approach, the values of Family Group Decision Making practice as well as techniques of Family Finding practice will be utilized. The Family Engagement and Support Program worker will also use strategies from the Family Development Credentialing program, which is a strengths-based, empowerment model to support families in creating and reaching their goals. Bridging the Gap practices and principles will also be incorporated so that building and maintaining relationships and communication between birth and resource families can occur to support the goal of reunification or another permanency plan.

County agency caseworkers often have a variety of competing priorities/case responsibilities that are a barrier to taking the time to nurture relationships with families. The teaming approach in the NHS Human Services Family Engagement and Support Program will provide time for a relationship to develop that engages the family and allows for the gathering of information from families needed to ensure the child's safety, permanency and well-being. The Family Search and Engagement activities used in the program seek to develop ongoing support and strengthen existing relationships within the family to prevent placement as well as to promote successful reunification. The NHS Human Services Family Engagement and Support Program's teaming approach will help to challenge the sometimes negative attitudes towards family members that become a barrier to identifying strengths in the family system. Having two workers (NHS FES worker and county caseworker) assigned to the case allows for multiple perspectives to emerge related to the strengths and needs of the family.

The NHS Human Services Family Engagement and Support program is designed to support all aspects of family search and engagement and full disclosure practices which are further defined in Pennsylvania's Office of Children Youth and Families bulletin on concurrent planning policy.

**See Attachment A** for the outcomes report of the project, which identifies the population, the data collected and cost savings. PLEASE NOTE: Attachment A will be submitted at a later date when the data for FY 2015-2016 is complete.

*If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.*

The costs associated with the Northwestern Human Services Family Engagement and Support is included in the Needs Based Budget in the event this project is not permitted to be supported in the Human Services Block Grant. Given that we have reduced a significant amount in the evidence based practices because they are funded through Behavioral Health dollars, we strongly support the project as part of the Block Grant. However, if it is approved through the Block Grant, in order to not exceed the FY 14/15 Block Grant allocation, we will only seek limited funding for this project.

*If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.*

Any costs not covered by the Block Grant will be covered in the Needs Based Budget. We find this program to be both effective and cost efficient. It meets the need to find available family and kin to support the children we are involved with in the agency. We need more family involvement, as the needs of the children are only expanding.

**Complete the following chart for each applicable year.**

	<b>FY 15-16</b>	<b>FY 16-17</b>
<i>Description of Target Population</i>	Families in Cambria Co. & Youth	Families in Cambria Co. & Youth
<i># of Referrals</i>	62 families 123 children	62 families 123 children
<i># Successfully completing program</i>	62 families 123 children	62 families 123 children
<i>Cost per year</i>	\$77,445	\$80,000
<i>Per Diem Cost/Program funded amount</i>	\$77,445	\$80,000
<i>Name of provider</i>	Northwestern Human Services	Northwestern Human Services

**\*The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

*Were there instances of under spending or under-utilization of prior years' funds?*

No

*If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.*

<i>Program Name:</i>	Housing Initiative
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*Please indicate the status of this program:*

<b>Status</b>	<b>Enter X</b>		
<i>Funded and delivered services in 2015-2016 but not renewing in 2016-2017</i>			
<i>Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)</i>	<b>X</b>	<b>New</b>	<b>Continuing</b>
		<b>X</b>	<b>Expanding</b>

*Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.*

The Housing Initiative in Cambria County was used in FY 2015-2016 as gap funding to assist families in meeting the basic needs of children – food, clothing, shelter. To that end, requests are made to cover overdue electric bills, first/last month rent, security deposits, food, heating oil, water/sewage/garbage bills, and pest control. Apparently there is a serious bed bug and roach problem in some local housing.

As has been made public information in an article in the Johnstown Tribune Democrat on June 15, 2015, Johnstown was named the “poorest city in Pennsylvania”, according to 24/7 Wall Street, an New York based on line publication. Poverty and a serious drug problem in the county is creating requests for assistance in meeting basic needs.

We continue with Needs Based Budget funding to support the Home Management services provided via contract with Independent Family Services, as a way to assure that we are not just meeting a symptom, rather that we are addressing the underlying issues. We have an unrealistic expectation of the education system and parents that youth leave home and school knowing how to create and live within a budget. These same people need to be taught how to access community based services, food pantries, and medical care, how to conduct a job search and prepare for a job interview. The staff of the Home Management services conducts this work each day.

**Complete the following chart for each applicable year.**

	<b>FY 15-16</b>	<b>FY 16-17</b>
<i>Description of Target Population</i>	CYS Families	CYS Families
<i># of Referrals</i>	9 families, 19 children	15 families, 30 children
<i># Successfully completing program</i>	all	all
<i>Cost per year</i>	\$4,715	\$7,000
<i>Per Diem Cost/Program funded amount</i>	N/A	N/A
<i>Name of provider</i>	N/A	N/A

*If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.*

***\*The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.***

*Were there instances of under spending or under-utilization of prior years' funds?*

Yes

*If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.*

FY 2014-2015, we have exceeded the allocation, in this category. This fiscal year we are under spent. In a number of cases, funding was requested, but circumstances led to the funding not being used for one reason or another. It is really difficult to predict what will occur with each year. All I know for certain is that the use of the Housing Grant WILL keeps children out of agency care and custody especially for problems that are related to poverty and poor money management.

In an effort to help families to help themselves, we require the family to make efforts to seek community resources first before the agency pays. In part, this is to help them to seek assistance, to learn what resources are available to them. The intent is that families will become self sufficient and by meeting their children's needs, will not require agency intervention in the future. With the continued infestation of roaches and bedbugs in the rental housing, we can expect to use pest control more often, which has become costly. We exceeded the Housing Initiative allocation of \$ 7,200 by \$6,332 for FY 2014-2015. We are requesting \$25,000 for the gap funding. Through the Needs Based Budget, we will continue to provide the Home Management Services to the families who receive Housing Initiative funds to support a housing need.

## Drug and Alcohol Services

### OVERVIEW

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

The Cambria County SCA is a public entity of local government, administered under the planning council. Treatment and prevention services are provided by independent facilities under contract with the SCA. Funding for these services is awarded to the SCA by the Pennsylvania Department of Drug and Alcohol Programs (DDAP).

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

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

### Description of In-house SCA functions

#### **Administrative:**

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

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

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

**Intervention:** The SCA assigns one case manager to serve as liaison to the 25 Student Assistance program (SAP) teams in Cambria County. The liaison provides consultation and

technical assistance directly to school personnel to identify students experiencing barriers to learning. School-based drug and alcohol assessments are completed by the liaison with identified students. Referrals and necessary funding are then extended to the students for recommended early intervention or treatment programming. Parental involvement is encouraged throughout the process.

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

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

**Assessment** – This function consists of the activities of level of care assessment and placement determination. Information is compiled from the client in a face-to-face setting utilizing the PA Department of Drug and Alcohol Program's Adult Assessment Tool or the SCA's Adolescent Assessment Tool. This information is then applied to the Pennsylvania Client Placement Criteria, 3<sup>rd</sup> Edition (PCPC) or the American Society of Addiction Medicine Adolescent Admission Level of Care Index (ASAM-PPC-2R) to determine an appropriate level of care of drug and alcohol treatment.

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

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

Non-treatment needs shall be determined by the SCA case manager at the time of the client's level of care assessment. Through the completion of the Adult or Adolescent Assessment Tool, information is gathered that allows the case manager to ascertain both the treatment needs of the client and the need for supportive services in each of eleven non-treatment needs domains. These domains are:

- **Healthcare Coverage**
- **Basic Needs**
- **Physical Health**
- **Emotional/Mental Health**
- **Family**

- **Child Care**
- **Legal Status**
- **Education/Vocation**
- **Life Skills**
- **Social**
- **Employment**

The identification of need in any of the domains is subsequently documented on the Case Management Service Plan. All actions planned or undertaken by the case manager or client to address identified needs are documented on the service plan and in the progress notes section of the client file. Service plans are subsequently updated by the case manager through consultation with the client every 60 days.

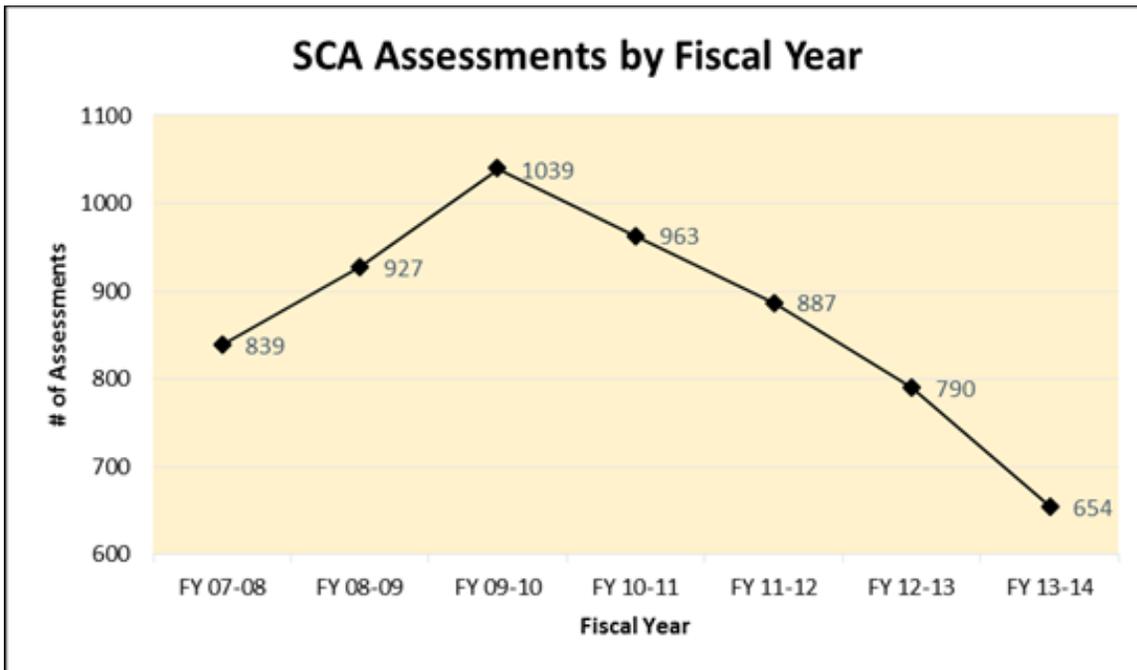
**Resource Coordination** - Resource Coordination (RC) is a fluid level of case management in which the extent and nature of case manager intervention varies from case to case based upon the specific needs of the client at a particular time. Priority is given to the most immediate client needs. The responsibilities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

## **ANALYSIS OF DATA AND SERVICE SYSTEM CHALLENGES**

### **1. Waiting list for each level of care**

The SCA has not experienced a problem in meeting the demand for client level of care assessments within seven days. Clients contacting the SCA are immediately screened by SCA staff and are provided with an appointment for an assessment with an SCA case manager at the time of the screening. The SCA maintains a staff of three case managers and via administrative policy ensures case manager coverage at the SCA office on all business days.

As more clients have become aware of the managed care benefits available for substance abuse treatment under HealthChoices, the SCA has also experienced a steady decline in the number of level of care assessments required for clients to access public funding for treatment. This trend is expected to continue due to the expansion of eligibility criteria for Medical Assistance in Pennsylvania.



Similarly, situations in which SCA clients do not receive the recommended service are limited primarily to client choice or the client’s unavailability for treatment due to incarceration. From the 790 assessments completed by the SCA in FY 12-13, DDAP data indicates 1,524 SCA treatment admissions in FY 12-13, an average of 1.9 treatment admissions per assessment completed. Despite this volume of admissions, the SCA has been able to maintain the availability of referrals to costly inpatient treatment, with 283, or 18.6% of all admissions, to inpatient non-hospital detoxification and 276, or 18.1%, to inpatient non-hospital rehabilitation. The percentage of SCA referrals to these levels of care exceed the statewide percentages of 13.8% and 13.9%, respectively. While successfully supporting this level of inpatient admissions, the SCA has also been able to maintain outpatient admission totals at equivalent proportions to the state averages.

**2. Barriers to accessing treatment services**

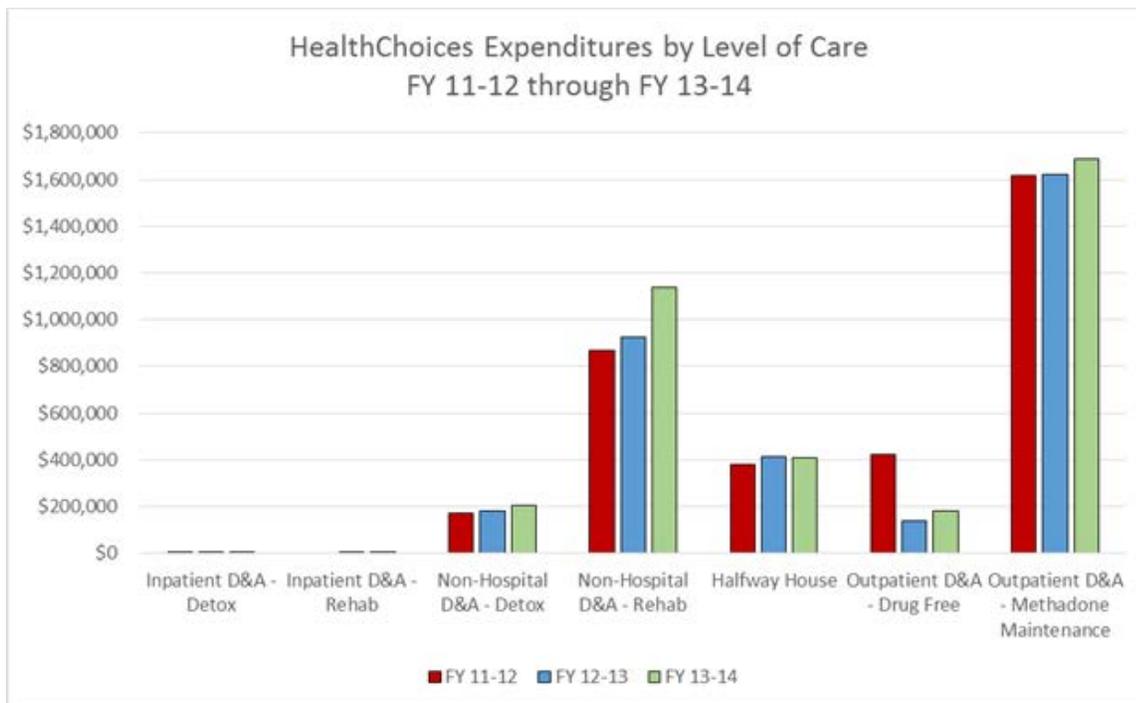
Once again, the ability of the SCA to facilitate these levels of admissions is attributed to the success in clients transitioning to HealthChoices funding following referral by the SCA to treatment. In addition to the funding assistance realized through expanded eligibility criteria, the SCA has emphasized completion of the Medical Assistance application by non-applied clients. This has occurred through the SCA’s use of the Compass system to directly facilitate applications, as well as collaboration with both county prison staff and/or key inpatient treatment providers to ensure that clients are beginning the application process at the first available opportunity. Moreover, the County Assistance Office has designated a liaison to the SCA to enhance communications regarding SCA-related applications. In circumstances where HealthChoices eligibility is established during the inpatient treatment stay, the SCA is utilizing the Expedited ++ process to ensure retroactive HealthChoices payment for eligible clients, thereby freeing previously encumbered SCA funds.

Delays in SCA clients in accessing recommended treatment within two weeks are primarily limited to those clients residing in central or northern Cambria County requiring outpatient

treatment. While the SCA maintains contracts with four outpatient treatment providers, three are located in the more populous Johnstown region in southern Cambria County. The clients in the central and northern regions often insist upon a referral to the northernmost outpatient provider, located in central Cambria County in the county seat of Ebensburg. Often, this client choice deliberately ignores the availability of open appointments at Johnstown area providers in favor of placement on a waiting list at the Ebensburg location.

### 3. Capacity issues

The expansion of HealthChoices-eligible clients has also permitted client-serving agencies to refer clients directly to private providers, and clients to access care directly through self-referral to a private provider. The table below reflects increases in HealthChoices expenditures in non-hospital detox, non-hospital rehabilitation, and methadone maintenance from FY 11-12 through FY 13-14. HealthChoices expenditures in methadone maintenance are clearly indicative of the trend of client self-referral to treatment. While DDAP-furnished data indicated only one SCA admission to outpatient maintenance in FY 12-13, HealthChoices expenditures for methadone maintenance exceed \$1.6 million dollars.



### 4. County limits on services

Due to the volume of clients requiring detox, the SCA, at times of peak demand across the state, experiences difficulty in securing a detox bed. To address this concern, the SCA maintains an array of contracts at facilities across the state to allow for a greater number of facility options. At times, clients are unwilling to accept referrals to facilities that are outside of the region or that the clients are unfamiliar with. It is also anticipated that DDAP’s recent policy change creating “flex beds” will create additional bed slots for detox clients within the current provider network.

While the SCA has been able to satisfy the demand for treatment within existing resources, little funding remains to realistically explore the creation of recovery support services driven by SCA

funding, such as emergency or recovery housing. In addition, the region offers limited job opportunities, an additional barrier for those who are progressing in treatment and looking to re-establish their lives in Cambria County. These clients may benefit from additional vocational or job training programs supported by SCA funding. Expansion of funding specific to recovery support services would permit the SCA to explore options available to clients and to enhance programs to meet the needs of the recovery population.

To accommodate the need for timely client admission appointments for non-residential services in the central and northern Cambria County geographic locations, the SCA has executed a contract with a newly-licensed outpatient provider in the Ebensburg area, Impact Counseling, in FY 15-16. In addition, in April, 2016, the borough council in Portage, PA, located in central Cambria County, gave approval for Skills, Inc. to open a drug-free outpatient drug and alcohol facility in the borough. Upon successful completion of the licensing process, the SCA will execute a contract to fund uninsured client for treatment at this facility as well.

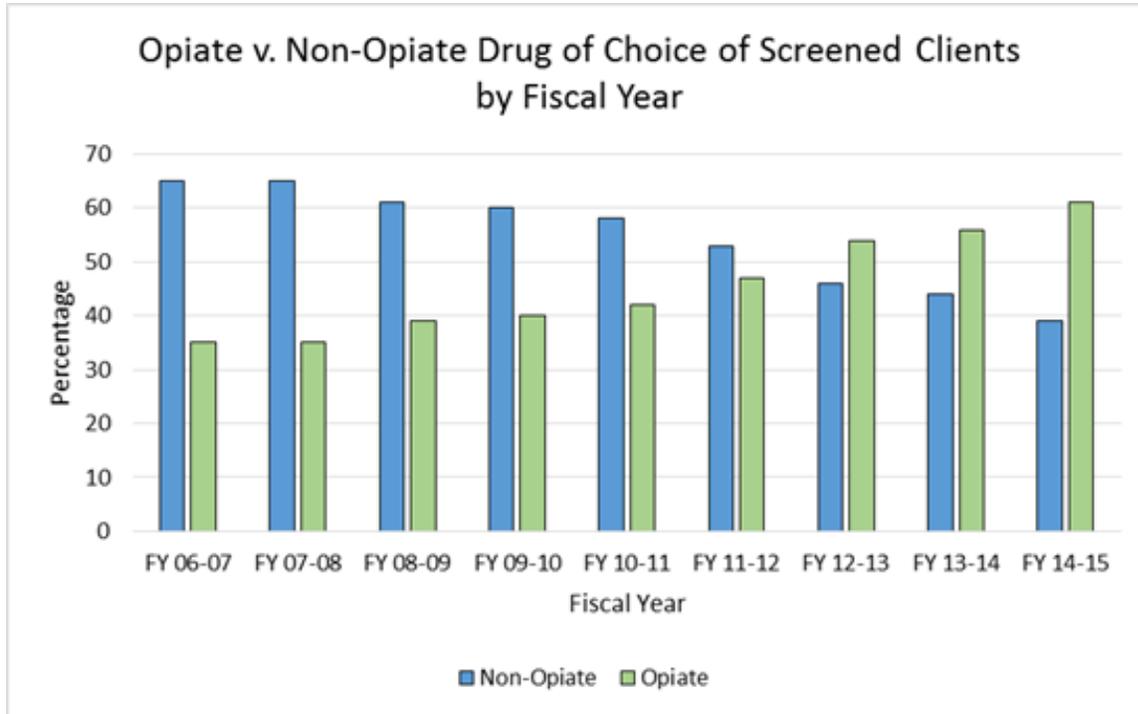
To expand bed availability options, particularly for those opioid-addicted clients in need of non-hospital detox and residential services, the SCA plans to execute a contract with SpiritLife in Penn Run, PA. The addition of this facility will open an additional 14 detox beds and 30 residential beds to potential SCA referrals.

To expand the availability of medication-assisted treatment modalities for the opioid dependent population, the SCA will explore the implementation of mobile Vivitrol injection services through contract discussions with Positive Recovery Solutions (PRS). To make this service a reality, the SCA will be required to work with PRS and the local community to identify sites where the PRS mobile unit will be stationed to deliver services.

Finally, during monthly Criminal Justice Advisory Board (CJAB) meetings, the SCA Administrator will continue to coordinate with judges, the adult probation director, local magistrates, and the warden of the Cambria County Prison for the referrals of each entity's respective clients to the SCA for services. These discussions will allow the SCA to direct its resources where needed for the expanding criminal justice population. The SCA will obtain feedback from its case management staff at biweekly staff meetings to discover any barriers to information flow or continuity of care and implement corrective actions as warranted. The SCA will subsequently review any quality assurance concerns with the CJAB for appropriate disposition with all involved parties.

## 5. Impact of opioid epidemic in the county system

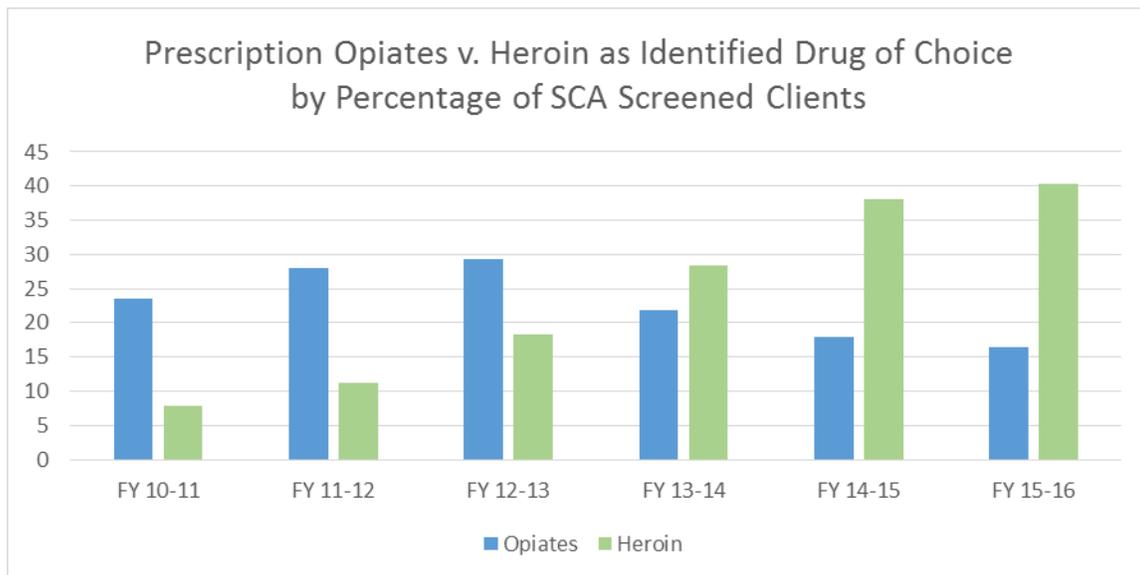
While most acute at present, the trend towards opioid use has occurred for the previous nine years or more. The below table reflects the increase in the proportion of SCA-screened clients identifying opioids as the drug of choice each year since FY 06-07:



The withdrawal syndrome associated with opioid use has resulted in greater proportions of SCA admissions to non-hospital detox and non-hospital rehabilitation than at the state level (18.6% to 13.8% and 18.1% to 13.9%, respectively). The wide availability of opioids and the prevalence of opioid use in the community create a challenging recovery environment for clients, who nearly always require a residential stay, beyond detox, at the outset of the treatment episode. The need for residential treatment is reinforced by the disposition of incarcerated clients referred by Cambria County Court. Of the 194 clients assessed at the prison in FY 15-16 as of the development of the SCA's 2016 Treatment Plan, 158, or 81.4%, were recommended for residential treatment. Because of the presence of these clients in a controlled environment subject to the order of the Court of Common Pleas, subsequent entry into recommended residential treatment is virtually assured.

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

Screening numbers from FACTS for FY 12/13 indicated the following: for the first time Opiates at 29.6% is the number one drug of choice. Heroin, listed as a separate category was at 18.1%. The two categories combined accounted for 47.7% or almost half the total. Alcohol at 25.3% was second and marijuana at 15.2% was fourth.



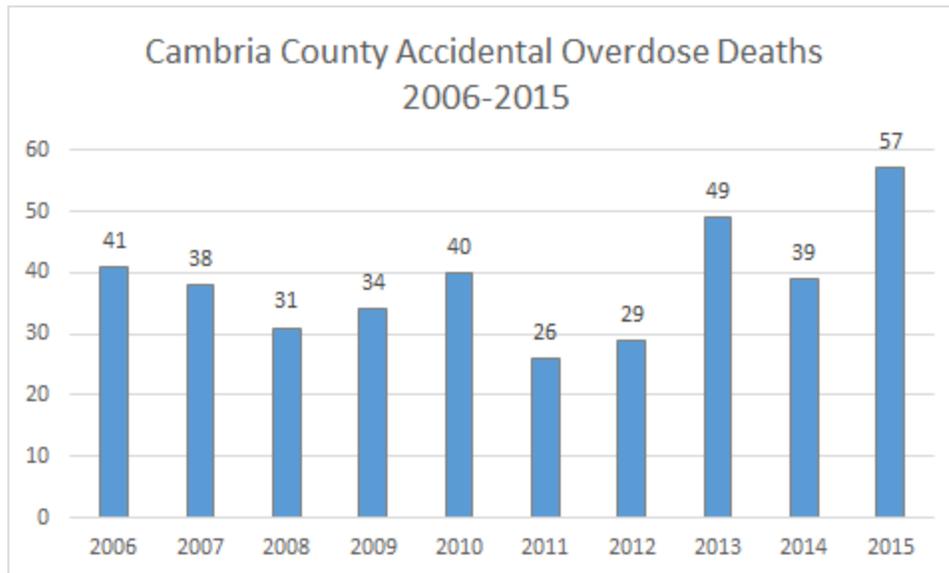
Over the past 6 fiscal years the above graph, comprised of data from FACTS, clearly shows the progression from prescription drug abuse to heroin abuse in Cambria. In FY 10/11 opiates were at 23.6% and heroin just 7.8%. Year to date figures for FY 15/16 show opiates at 16.4% and heroin at 40.3%.

The SCA has seen a dramatic increase in the amount of clients with a heroin or opiate addiction. In FY 06/07 65% of screenings were for alcohol or other drug use compared to 35% for heroin or opiate use. In FY 14/15 those numbers have changed to 39% for alcohol and other drug use and 61% for heroin and opiate use. During FY 14/15 the SCA performed 871 screenings. From those screenings 411 clients received treatment paid by the SCA. From the 411, a total of 292 clients received treatment for heroin and opiate addiction.

Another alarming trend in two separate DEA reports Cambria ranked 1<sup>st</sup> and 3<sup>rd</sup> respectively for overdose deaths per capita in the state. According to the Cambria County coroner's office there were 57 fatal overdoses in 2015 with 53 having heroin and opioids in their system.

Recently the Center for Disease and Control (CDC) conducted an analysis to identify U.S. counties where people who inject drugs (PWID) appear especially vulnerable to the rapid spread of HIV infection if introduced, as well as new or continued increases in hepatitis C virus (HCV) infection. CDC identified 220 vulnerable counties (the top 5%) in 26 states. Three (3) counties were identified in PA, Luzerne (rank-38), Cambria (rank-131) and Crawford (rank-188).

Data from the 2014 MDAIR report showed the counties impacted the most by cases reviewed for methadone related incidents and deaths. The greatest number of deaths reviewed by the team occurred in Allegheny (11), Philadelphia (11), Luzerne (8) and Cambria (5). Per capita, in Allegheny County, methadone related deaths occurred at a rate of .89 per 100,000 people. In Philadelphia, deaths occurred at a rate of 0.7 per 100,000. Luzerne reported 2.5 methadone-related deaths per 100,000. Further, Cambria County experienced 3.63 methadone-related deaths per 100,000 making it the highest adjusted rate in the state.



The SCA continues to battle the stigma associated with addiction in Cambria County. Recently some progress was made with the success of a naloxone informational forum held for all of Cambria County’s police departments. The event was a collaboration with DDAP, the Cambria County DA and David Steffen, Chief of Police for the Northern Lancaster County Regional Police Department. Most if not all police departments will begin to carry naloxone and an attitude shift by many officers became evident. The SCA will look to build on this momentum by reaching out further into the community to break the major barrier of stigma associated with substance abuse.

The expansion of treatment capacity has been and will be a major focus for future contracting periods. In FY 15/16 the SCA added Abstinent Living at the Turning Point at Washington, Inc., in Washington, PA. This facility is a halfway house facility serving women and women with children. Also added was Impact Counseling Services, an outpatient facility that for the first time offered school-based outpatient counseling. For FY 16/17 the SCA plans to contract with SpiritLife Center an inpatient comprehensive drug and alcohol treatment facility located 15 minutes east of Indiana, PA. This facility offers a 14 bed non-hospital detoxification unit and a 30 bed residential treatment facility. This facility will also reopen a 100 bed dormitory as a halfway house, traditional residential facility for men in early recovery.

The SCA will also look to expand on medication-assisted treatment (MAT). Talks are under way with Positive Recovery Solutions (PRS) to provide mobile unit Vivitrol management services in Cambria County.

In addition the SCA has worked collaboratively with VBH-PA to develop a best practice plan for methadone treatment and the collaborative effort is working on a Suboxone Best Practices program as well. Each year VBH-PA continues exceed the previous year’s spending for methadone services provided in Cambria.

## **TARGET POPULATIONS**

### **Adults**

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

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

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

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

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

### **Adolescents**

In FY 2015-16, the SCA has initiated a contract with Impact Counseling Services, LLC. In addition to providing office-based outpatient services to adolescent, Impact has also pursued licensing approval to provide treatment in the alternate settings of requesting school buildings. In this initial year, Impact has delivered services to students on-site at the Greater Johnstown High School. In FY 2016-17, these services will expand to the Richland School District.

The SCA utilizes the federal prevention strategy of Problem Identification and Referral through its Student Assistance Program (SAP) to provide school-based level of care assessment and referral to all public school districts in Cambria County, the Admiral Peary Vocational-Technical School, and those private schools affiliated with the Catholic Diocese of Altoona-Johnstown.

In addition to SAP, the SCA primarily utilizes the federal prevention strategy of Education to deliver evidence-based programming to multiple grade levels and school districts in both the middle school and elementary settings. At the middle school level, Botvin Life Skills Training has been implemented:

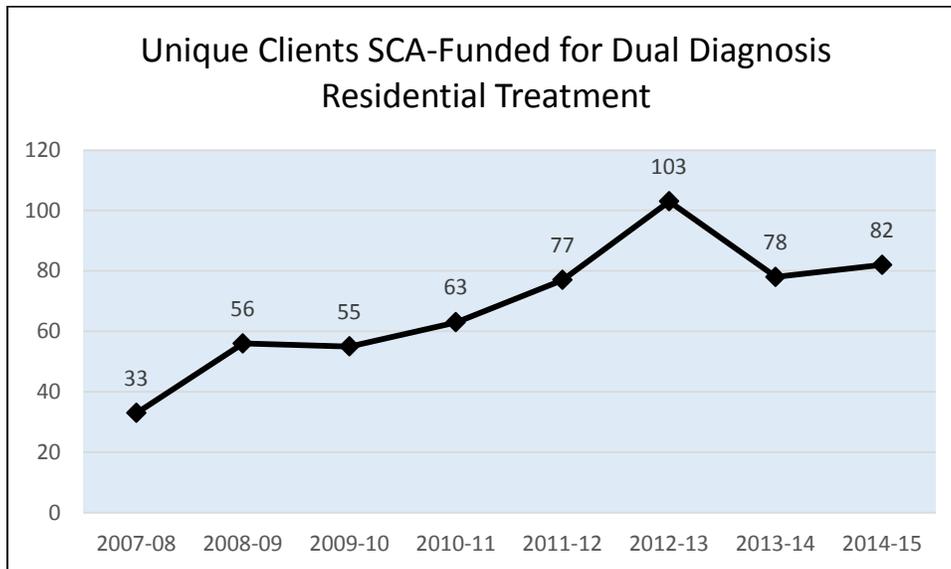
## Botvin Life Skills Training

School	Grades	Provider	Funder
Blacklick Valley	6,7,8	ACRP	Cambria SCA
Cambria Heights	6,7,8	ACRP	Cambria SCA
Ferndale Area	6,7,8	ACRP	Cambria SCA
Conemaugh Valley	7,8	The Learning Lamp	PCCD
Holy Name	6,7	The Learning Lamp	PCCD
Portage	6,7,8	The Learning Lamp	PCCD
Richland	6,7,8	The Learning Lamp	PCCD
Central Cambria	6,7,8	District teachers	Blueprints Project
Forest Hills	6,7,8	District teachers	Blueprints Project
Glendale	6,7,8	District teachers	Blueprints Project
Greater Johnstown	6,7,8	District teachers	Blueprints Project
Penn Cambria	6	District teachers	Cambria SCA
Westmont Hilltop	3,4,6,7	District teachers	Cambria SCA

When current groups are completed, ACRP and The Learning Lamp will have delivered **649** classroom sessions of Botvin Life Skills Training to **1,365** participants.

At the elementary level, Too Good For Drugs has been implemented. For the 2016-17 school year, participation commitments for grades 3-5 have been received from Greater Johnstown East and West Side Elementary Schools, Ferndale Elementary, Forest Hills Elementary, Richland Elementary, Blacklick Valley Elementary, Conemaugh Valley Elementary, Glendale Elementary, Divine Mercy Catholic Academy (East and West Campuses), Holy Name Elementary, and St. Michael of Loretto. Additionally, Penn Cambria School District has committed to Grade 3 participation. Based upon PA Department of Education enrollment reports, **2,643** students will participate in the program.

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



The SCA funded 82 episodes of dual diagnosis residential treatment during FY 2014-15, an increase of 4 episodes from the previous fiscal year. This increase demonstrates the SCA's ability to ensure timely access to treatment, supplemented by SCA funding, while the client navigates the Medical Assistance application process.

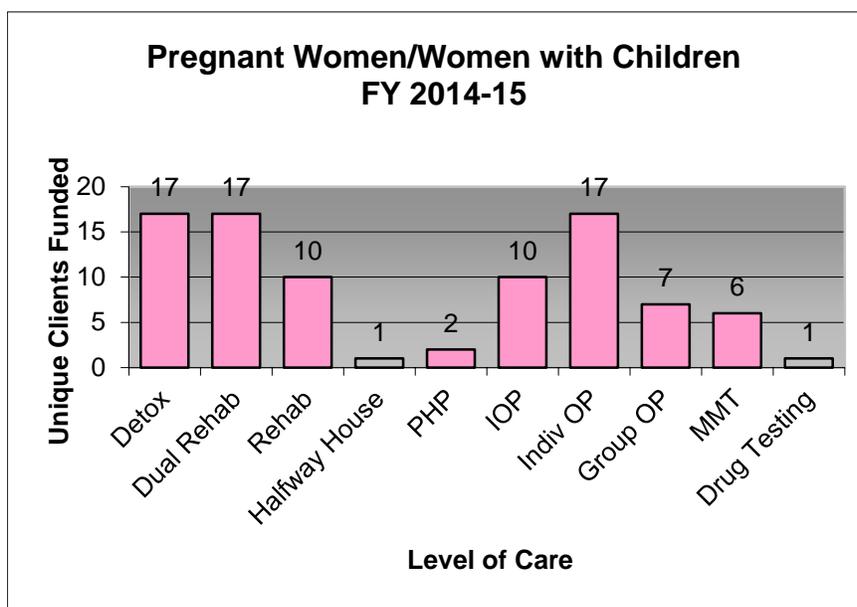
### Criminal Justice Involved Individuals

Data from the Pennsylvania Uniform Crime Reporting System indicates a major increase of 40% in Drug Possession arrests and a 1% decrease in Driving Under the Influence arrests. In addition, Cambria County prosecuted 3,472 cases in FY 2014, with drug related cases being the second most prosecuted type of case.

Data from the SCA's Fiscal and Client Tracking System (F.A.C.T.S.) indicates that 40% of all referrals to the SCA originate with the Criminal Justice system. The SCA continues to work closely with the Court of Common Pleas and the Cambria County Prison to ensure the timely assessment, referral to treatment, and furlough of incarcerated individuals. Of the 194 clients assessed at the time of publication of the SCA's 2016 Treatment Plan, 158, or 81.4%, were recommended for residential treatment. Because of the presence of these clients in a controlled environment, subject to the order of the Court, subsequent entry into recommended residential treatment is virtually ensured.

Upon the completion of residential treatment, furloughed clients are returned to the Cambria County Prison. The SCA has collaborated with the county's president judge to develop a new process in which the probation officer is notified two weeks prior to the client's discharge so that a timely hearing can be scheduled for the client upon return to prison. This expedites the client's return to the continuum of care for aftercare services and serves as an additional opportunity for the Court to reinforce the need for compliance with continuing aftercare recommendations.

## Women with Children



The SCA continues to offer a full array of services within the continuum of care for pregnant women, women with children, and women attempting to regain custody of children. These services included medication-assisted treatment for those women who are pregnant and opioid dependent. Ancillary services are offered to these populations at the time of assessment to ensure that unique needs are addressed.

## Recovery-Oriented Services

The SCA continues to struggle with the “stigma” associated with addiction. As community leaders continue to take the approach of “not in my back yard” with the establishment of new programs the county will continue to struggle with meeting the needs of the substance abuse population. There are recent signs this barrier is lessening. Recently after much discussion and education of community members the Portage Borough Council Members voted to allow the creation of a licensed outpatient facility on Main Street in that community. All county police forces and first responders are coming onboard with the carrying and use of naloxone.

On April 11, 2016, the Department of Human Services announced it will begin accepting applications for the creation of 50 Centers of Excellence (COE) to improve treatment for addiction to opioids. The COE’s will focus on Medicated Assisted Treatment to coordinate care for people with opioid use disorder that receive Medicaid. Each successful applicant will receive supplemental funding of \$500,000 to perform the following requirements:

- Deploy a community-based care management team
- Tracking/reporting aggregate outcomes

- Meeting defined referral standards for drug and alcohol as well as mental health counseling
- Reporting on standard quality outcomes
- Participating in a learning network

Each OUD-COE will be expected to expand capacity to at least 300 new patients in 12 months. Cambria has two providers who have applied to become a COE. If successful this will enhance Cambria's ability to serve the opioid addicted population.

As criminal justice involvement by those who suffer from substance abuse continues to increase the work of the Cambria County Day Reporting Center, Veterans Court and Mental Health Treatment Court continue to be vital services for those seeking abstinence and recovery.

In early December 2015, a small group of key stakeholders convened in Cambria County in an effort to form a diverse and all-encompassing Drug Coalition. The new coalition will eventually cover Law Enforcement, Prevention and Treatment. The coalition should bring together all Recovery Support areas in Cambria providing those seeking to break the cycle of addiction with the tools needed for long-term recovery efforts.

## **HUMAN SERVICES DEVELOPMENT FUND (HSDF)**

### **Fiscal Year 2016-2017**

A considerable portion of HSDF money is planned for provision of services to low income adults, aged 19 to 59, who do not meet the criteria for categorical services and/or when no other funding is available. These individuals are reviewed for eligibility at least every six (6) months and must qualify for services as defined and outlined in Chapter 2050, Adult Services Manual.

#### **Adult Services:**

Adult Day Care - Program of activities, within a licensed, protective, non-residential setting to four (4) or more adults who are not capable of full time independent living. Activities and services include but are not limited to: assisting in performance of the basic tasks of everyday living, including personal hygiene and use of leisure time; providing a planned program of social, recreational and developmental activities geared towards meeting the needs of the individual clients within the day care facility and aiding independent functioning at home and in the community; working with the client, family, caretaker, or other appropriate agency to arrange for transportation. Specifically, services/activities include congregate meals, exercise, interactive games such as trivia and bingo, individual time for arts/crafts, holiday/seasonal parties, local performers for entertainment.

Service Delivery Changes – None

Planned expenditures: \$7,000; estimated clients: 2

**Homemaker** - Activities provided in a person's own home by a trained, supervised homemaker if there is no family member or other responsible person able and willing to provide such services or to provide occasional relief to the person regularly providing such services.

Tasks performed include light housekeeping such as dusting, vacuuming, mopping floors, changing bedclothes, laundry assistance, personal care that is non-medical and occasional meal preparation.

Service Delivery Changes – None

Planned expenditures: \$46,000; estimated clients: 27

**Home Delivered Meals** – Provides meals, which are prepared in a centralized location, to homebound individuals in their own homes. Each client is served a minimum of one but no more than two meals daily, up to seven days a week. Each meal is balanced, nutritious, and attractive and contains at least one third of the current Daily Recommendation Allowances as established by the National Academy of Sciences – National Research Council.

Service Delivery Changes – None

Planned expenditures: \$38,000; estimated clients: 75

**Aging Services** – Adult Day Care – Adult day services centers operate for part of a 24-hour day and offer an interactive, safe, supervised environment for older adults with dementia-related disease, Parkinson's disease or other organic brain syndrome. Services provided include, but are not limited to, personal care, nursing services, social services, therapeutic activities, nutrition and therapeutic diets and emergency cars.

Service Delivery Changes – None

Planned expenditures: \$2,000; estimated clients: 2

**Children & Youth Services** – Counseling and Intervention - Provides non-medical, supportive or therapeutic activities to a child or a child's family and directed at preventing or alleviating conditions, including crisis conditions, presenting risk to the safety or well-being of the child, by improving problem solving and coping skills, interpersonal functioning, the stability of the family, or the capacity of the family to function independently. Services provided will be in support of the Child Advocacy Center, which offers a comprehensive approach in assisting child sexual abuse victims.

Service Delivery Changes - None

Planned expenditures: \$11,195; estimated clients: 57

**Generic Services** – Centralized Information & Referral for all ages: Direct provision of information about social and other services, to all persons requesting it, before intake procedures are initiated. The HSDF is paying for the telephone line usage and 5% of the Information & Referral Technician, who does work for and is paid at 95% by another agency.

Service Delivery Changes - None

Planned expenditures: \$2,000; estimated calls: 450

**Interagency Coordination** – Planned expenditures: \$42,186

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

Administrator salary is paid via other county administrative funds at the discretion of the County Commissioners. No portion of the Human Services Administrator salary is paid with coordination dollars. The position is included in this narrative to explain the coordinative efforts being utilized in Cambria County. Approximately \$40,186.00 of service coordination dollars are planned for the Community Services Coordinator's salary and benefits.

A small portion of Interagency Coordination dollars is utilized to support community awareness activities such as the Kids-a-Fair. Kids-A-Fair is an annual event hosted by The Cambria County Health & Welfare Council for which many agencies and organizations come together to provide educational, instructional and fun activities focusing on health, nutrition, education and general information directed at strengthening the well-being of individuals, families and the community. Examples of activities in support of block grant funded programs are dissemination of information about services for Early Intervention and Community Based Services by local provider agencies, screening information for Early Intervention services, and Drug Prevention literature.

**County Block Grant Administration** – Planned Expenditures: \$16,486

Human Services Development Funds will be utilized for administrative activities relating to the HSDF-specific portion of the block grant. Administration costs will not exceed the allowable 10% of the HSDF allocation. A primary role of the Community Services Coordinator is the daily oversight of the HSDF including provider contract administration and monitoring, fiscal operations and plan/report preparation. Additionally, operating costs including audit costs and county indirect costs for the HSDF portion of the grant are charged under administration.

Also included in service coordination are PACHSA membership dues, one local newspaper subscription and advertising costs for public announcements required by the block grant.

**NOTICE OF**

**PUBLIC HEARING**

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

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

**Thursday, June 23, 2016 at 10:00 AM**

*Cambria County Courthouse  
Ebensburg, PA*

**Thursday, June 23, 2016 at 4:00 PM**

*Central Park Complex  
110 Franklin St, Johnstown, PA  
2<sup>nd</sup> Floor Auditorium*

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

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perfect year to come out and support us."

The music will begin at 6 p.m. Friday with The Martin Brothers & Aspen Run, Allegheny Drifters and Big Country Bluegrass.

banjo, and Jason Barie will instruct bluegrass fiddle.

"People can expect a laid-back atmosphere with friendly people," Neiderhiser said. "You can come and relax and have

visit [www.laurelhighlandsbluegrass.com](http://www.laurelhighlandsbluegrass.com).

*Kelly Urban is a reporter with The Tribune-Democrat. Follow her on Twitter @Kelly-Urban25.*

ans Caring for Chaplains and Military Personnel in Washington, D.C., and will remain on its staff on a part-time basis.

Wilson received his doctor of ministry degree from Bethel University.

# Neighborhood boosters plan block parties

BY RONALD FISHER  
RFISHER@TRIBDEM.COM

Johnstown Neighborhood Boosters will begin their summer block parties on Saturday. The first neighborhood festivity will be held at Greater Johnstown Middle School from 11 a.m. to 2 p.m.

"We do about four or five of these every year for the past three years," said Dan Shaffer, a member of the boosters organization.

"Our average attendance sits at about 400 to 500 people per event, and we look to do these in a bunch of different neighborhoods throughout the community."

A few years ago, Shaffer discovered other people in different Johnstown neighborhoods with the same passion to help build up the community.

"Individually we were using so much of

our resources trying to do things. Now we have pretty sizable resources that we were able to pull together between so many different community members," Shaffer said.

"We got a bunch of average Joes who were interested in doing something in the community. We just want people to know that they are loved," said Shaffer, who is a pastor at Morrellville Church of the Brethren.

The summer events will feature a number of carnival booths and games as well as some live music.

"We have bounce houses that we set up and all kinds of different activities," Shaffer said.

"We have plenty of food. There will be hamburgers and hot dogs. We also have cotton candy machines, popcorn machines and an Isee machine."

"We are truly doing this for the sake of

doing it," he said.

"We believe that stronger neighbors make a stronger neighborhood. We are just looking to bring some neighborhoods together, and we have had some success in doing that," he said.

Local sponsors for the summer block parties include Sheetz and Pitt-Johnstown, among others.

Additional dates for the neighborhood block parties are July 31 at Roxbury Park, Aug. 13 at Eastside Elementary and Sept. 25 at the Village Street Playground in Moxham.

The events are free to the community and all are welcome.

*Ronald Fisher is a reporter for The Tribune-Democrat. Follow him on Twitter @FisherSince\_82.*

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Phone \_\_\_\_\_  
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Phone: 266-6513 Out of Town: 1-800-266-6510  
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**CAMBRIA COUNTY HUMAN SERVICE PLAN PUBLIC HEARING ANNOUNCEMENT**

The Cambria County Human Service Agencies will hold two public meetings/hearings Thursday, June 23, 2016 @10:00 am during the County Commissioners Bi-Weekly Public Meeting at the Cambria County Courthouse, Ebensburg, PA, and Thursday, June 23, 2016 @4:00 PM at the Central Park Complex, 110 Franklin St., Second Floor Training Room. The purpose of these meetings/hearings is to make the public aware of Cambria County's intentions regarding participation in the Human Services Block Grant Plan and to gather public input/comments regarding the plan's development and implementation.

Individuals interested in commenting will have the opportunity to do so during the meetings, and afterwards as well. If you require special accommodations to attend one of these meetings, please contact the Administrative Office at (814) 534-2643.

**CAMBRIA COUNTY  
HUMAN SERVICES PLAN  
2016-2017  
MEETING  
JUNE 23, 2016  
Sign-In Sheet**

NAME	NAME
1. <del>Mark Stepher</del>	Jocelyn Brumbaugh
2. Bryan J. Bepler <del>Bryan J. Bepler</del>	Kelly Brown
3. <del>Mark Bepler</del> Howard Joffe	Kriste Metzgar
4. <del>Mark Bepler</del>	Kristine Sogear
5. RICHARD DUMAN	Dana Descavish
6. <del>Devicé Duman</del>	Chris Duman
7. Amber Stich / Reporter	
8. Ethan Imhoff	
9. FRANK BURNETTE	
10. LISA KOZOROSKY COUNTY TREASURER	
11. Bob Kalan	
12. <del>Sheila</del> Etha Albright	
13. Bill Vallo	
14. <del>Don</del>	

# **CAMBRIA COUNTY BOARD OF COMMISSIONERS**

## **Agenda**

**June 23, 2016**

**Call to Order by President Commissioner Thomas C. Chernisky.**

**Approve the Minutes of June 9, 2016.**

### ***COMMISSIONERS***

#### **Audit:**

**Presentation of 2015 Cambria County Audit by Wessel & Company.**

#### **Ordinance:**

**Adopt Ordinance No. 4 of 2016 to establish a Uniform Parcel Identifier System.**

#### **Agreements:**

**Approve Revision X, Appendix FA, with Value Behavioral Health of PA approving an administrative fee of \$61,067.00 for fiscal year 2016/2017.**

**Approve the Addendum to the Agreement entered into on July 24, 2015, with Mental Health Resources of Central PA in order to provide funding for a vehicle.**

**Approve the Purchase of Service Agreements between the following counties and Cambria County for Emergency Shelter Care services, beginning July 1, 2015, and ending June 30, 2016, at a rate of \$215.00 per day.**

**Indiana County Juvenile Probation**

**Franklin County**

**Indiana County Children & Youth Service**

**Approve the Purchase of Service Agreement between the following counties and Cambria County for Detention Center Services, beginning July 1, 2015, and ending June 30, 2016, at a rate of \$225.00 per day.**

**Indiana County Juvenile Probation**

**Franklin County**

**Westmoreland County Juvenile Probation**

**Approve Pricing Agreement with DAC in an amount of \$1,500.00 annually.**

**Approve one (1) service Agreement for Behavioral Health/Intellectual Disabilities for Fiscal Year 2016-2017 Budget:**

SERVICE PROVIDERS	BRIEF DESCRIPTION OF SERVICES	CONTRACT AMOUNT	FISCAL YEAR
Infant, Toddlers and Families Medicaid Waiver Operating Agreement	Administration of the Infants, Toddlers and Families Medicaid Waiver in the local geographic area		2016-2017

**Approve the Maintenance Agreement with the Cambria County Transit Authority beginning July 1, 2016, for the following services and rates:**

<b>Labor</b>	<b>\$33.68 per hour</b>
<b>Parts</b>	<b>Cost plus 10% administrative charge</b>
<b>Oil</b>	<b>Cost plus \$.10 per quart administrative fee</b>
<b>Car Wash</b>	<b>\$2.25 per vehicle</b>
<b>Van/Truck Wash</b>	<b>\$3.25 per vehicle</b>
<b>Wheel Torque</b>	<b>\$5.00 per vehicle</b>

**Resignation:**

**Approve the resignation of Hugh Conrad from the Conservation and Recreation Authority Board effective immediately.**

**Appointments:**

**Approve the appointment of Renee Daly to the unexpired term on the Conservation and Recreation Authority Board, beginning June 23, 2016, and ending December 31, 2016.**

**Approve the appointment of Rick Leese as an At-Large Member to the Southern Alleghenies Planning & Development Commission Board of Directors.**

**Grant:**

**Approve submitting the DUI Task Force 2017 Grant Application to the Pennsylvania Department of Transportation in an amount of \$34,323.00.**

**Bids:**

**Reject all bids submitted for the Carney's Crossing Bridge Replacement.**

**Cambria County Central Park Complex Chiller Replacement (Mechanical):  
Marc-Service, Inc., Windber, PA. The total cost for is Two Hundred Sixteen Thousand, Four Hundred Thirty Dollars (\$216,430.00).**

**Cambria County Central Park Complex Chiller Replacement (Electrical):  
Church & Murdock, Johnstown, PA. The total cost is Thirty-Six Thousand, Nine Hundred 00/100 Dollars(\$36,900.00).**

**Tax Exonerations:**

**Authorize and direct the Tax Claim Bureau Director to strike from the records in her office, taxes plus penalty, interest fees assessed against:**

CONTROL #	MAP#	ASSESSED NAME	MUNICIPALITY	EXONERATE
14-49808	14-020-206.000	Commonwealth of PA	Conemaugh Township	2014 Taxes State acquired in 2013 Exempt entity
14-49809	14-020-205.000	Commonwealth of PA	Conemaugh Township	2014 Taxes State acquired in 2013 Exempt entity
89-7228	89-007-304.000	Commonwealth of PA	Johnstown 19 <sup>th</sup> Ward	2005 thru 2015 Taxes Dept. of Transportation In 2007; Exempt entity
79-4570	79-003-221.000	Commonwealth of PA	Johnstown 9 <sup>th</sup> Ward	2014 Taxes State acquired in 2014 Exempt entity

**Contracts:**

**Approve five (5) service contracts for Drug & Alcohol Program for Fiscal Year 2016-2017 Budget:**

<u>VENDOR/CONTRACTOR</u>	<u>DESCRIPTION OF SERVICE</u>	<u>CONTRACTED RATE</u> <u>FY 2016/2017</u>
IMPACT COUNSELING SERVICES, LLC	Outpatient – Individual	\$80.00/hour
	Outpatient – <b>School Based</b>	
	Individual	\$80.00/hour
	Group	\$20.00/hour
	Outpatient – Co-dependency	\$80.00/hour
	Outpatient – Family Therapy	\$80.00/hour
PYRAMID, HEALTHCARE Ridgeway Adolescent	Short –Term Rehabilitation	\$268.03/day
	Long-Term Rehabilitation	\$194.27/day
	Partial Hospitalization	\$125.00/day
Quakertown	Short –Term Rehabilitation	\$222.00/day
	Long-Term Rehabilitation	\$202.00/day
	Partial Hospitalization	\$125.00/day
Gratitude House	Halfway House	\$ 95.00/day
Tradition House	Halfway House	\$ 95.00/day
Pine Ridge Manor	Halfway House	\$100.00/day
Altoona Residential	Detoxification	\$236.00/day
	Non-hospital Rehabilitation	\$200.00/day
	Dual Diagnosis	\$240.00/day
	Partial Hospitalization	\$125.00/day
Belleville	Inpatient Rehabilitation	\$187.00/day
	Partial Hospitalization	\$125.00/day
Pyramid Pittsburgh	Detoxification	\$247.25/day
	Short-Term Rehabilitation	\$249.09/day
	Long-Term Rehabilitation	\$217.35/day
	Dual Diagnosis – Short-Term	\$291.69/day
	Dual Diagnosis – Long-Term	\$278.45/day
	Partial Hospitalization	\$125.00/day
Altoona Outpatient	Intensive Outpatient	\$ 23.00/hour
	Outpatient – Individual	\$ 62.00/hour
	Outpatient – Group	\$ 19.00/hour
	Urine Screen (drug and alcohol)	\$ 15.00/each
Dolminus	Methadone Maintenance	\$100.00/week
	Methadone Maintenance	\$ 14.29/day
	Urine Screen (drug and alcohol)	\$ 15.00/each
ABSTINENT LIVING AT THE TURNING POINT AT WASHINGTON, INC.	Halfway House	\$ 87.00/day
	Halfway House – Women with Children	\$139.00/day
PENIEL DRUG AND ALCOHOL RESIDENTIAL TREATMENT FACILITY	Long Term Residential Rehabilitation	\$65.00/day
FIRETREE, LTD Conewago Indiana Conewago Place Conewago Pottsville  Conewago Snyder	Short, Moderate and Long Term Residential Rehab-	\$60.00/hour
	Short, Moderate and Long Term Residential Rehab –	\$22.00/hour
	Detoxification	\$35.00/hour
	Short, Moderate, and Long Term Residential Rehab	\$80.00/evaluation
	Short, Moderate, and Long Term Residential Rehab	\$25.00/test
	Dual Short, Moderate, Long Term Residential Rehab	

**Approve the following Agreements for the Area Agency on Aging:**

<u>Service Provider</u>	<u>Description</u>	<u>Term</u>	<u>Rate</u>
PA Department of Human Services	Grant Agreement Number 4100057992	July 1, 2016 to September 30, 2016	
PA Department of Aging	Grant Agreement Number 4100057992	July 1, 2016 to June 30, 2017	\$722,168.00
Becky Crum, RD	Registered Dietician Services for Aging Meals	July 1, 2016 to June 30, 2017	\$25.00 per hour (Not to exceed \$9,000.00 annually)

## ***PERSONNEL ACTIONS***

### **Rescind:**

- 1. Haley Mintmier, Full-Time Caseworker II for Children & Youth Services (Paygrade 43-C/\$29,405.48/year) to Full-Time Caseworker II for BH/ID/EI (Paygrade 43-C/\$29,405.48/year) effective June 20, 2016.**

### **New Hire:**

- 1. Jeremy Dagostino, Full-Time Caseworker I for Children & Youth Services (Paygrade 41-E/\$26,348.66/year) effective July 1, 2016. Employment is contingent upon successful completion of pre-employment health screenings.**
- 2. Nancy DenBleyker, Full-Time Aging Program Assessor for Area Agency on Aging (Paygrade 44-D/\$27,822.34/year) effective July 5, 2016. Employment is contingent upon successful completion of pre-employment health screenings.**
- 3. Approve hiring the following individuals as a Fee-Based Public Official Elected for the Courts (Paygrade 000-A/Rate based on fee schedule from the State) effective June 27, 2016. Employment is contingent upon successful completion of pre-employment health screenings.**

**John Dodson**

**Laura Ingalls**

- 4. Approve hiring the following individuals as a Full-Time Telecommunicator for Department of Emergency Services (Paygrade 35-F/\$12.78/hour) effective July 11, 2016. Employment is contingent upon successful completion of pre-employment health screenings.**

**Amanda Deibler**

**Jacqueline Rouser**

**Wendy White**

**Gregory Wagner**

### **Transfer:**

- 1. Courtney Maines, Full-Time Telecommunicator II for Department of Emergency Services (Paygrade 35-F/\$17.53/hour) to Full-Time Shift Supervisor for Department of Emergency Services (Paygrade 48-E/\$20.16/hour) effective May 22, 2016.**
- 2. Melissa Franko, Full-Time Account Clerk II for Recorder of Deeds (Paygrade 11-A/\$11.11/hour) to Full-Time Clerk Typist III for Recorder of Deeds (Paygrade 15-D/\$11.67/hour) effective June 13, 2016.**

- 3. Eric Wysong, Per-Diem Correctional Officer I for Prison (Paygrade 26-A/\$11.71/hour) to Full-Time Correctional Officer I for Prison (Paygrade 26-A/\$17.86/hour) effective June 19, 2016.**
- 4. Twila Motchenbaugh, Full-Time Department Clerk II for Clerk of Courts (Paygrade 9-E/\$11.47/hour) to Full-Time Magistrate Clerk I for Magistrate Fred Creany's Office (Paygrade 9-G/\$9.84/hour) effective June 27, 2016.**
- 5. Joseph Shook, Full-Time Supervisor for Detention Center (Paygrade 36-E/\$18.78/hour) to Full-Time Department Clerk I for Juvenile Court (Paygrade 3-B/\$9.42/hour) effective June 27, 2016.**
- 6. Dawn Pellegrino, Full-Time Counselor III for Detention Center (Paygrade 32-R/\$18.77/hour) to Full-Time Department Clerk III for Records Storage/Courts (Paygrade 15-E/\$17.83/hour) effective June 27, 2016.**
- 7. William Mazey, Full-Time Counselor III for Detention Center (Paygrade 32-R/\$20.86/hour) to Full-Time Caseworker I for Children & Youth Services (Paygrade 41-E/\$26,348.66/year) effective July 1, 2016.**
- 8. Brian Dolney, Full-Time GIS Technician I for Tax Assessment Office (Paygrade 48-T/\$15.25/hour) to Full-Time GIS Technician II for Tax Assessment Office (Paygrade 49-X/\$16.01/hour) effective August 1, 2016.**

**Modify Salary:**

- 1. Gregory Kutchman, Full-Time Community Service Industrial Arts Coordinator for Adult Probation (Paygrade 22-I/\$20.83/hour) to (Paygrade 20-I/\$12.38/hour) effective June 27, 2016.**
- 2. Charles Baxter, Jr., Full-Time Community Service Industrial Arts Supervisor Assistant for Adult Probation (Paygrade 35-G/\$11.56/hour) to (Paygrade 35-G/\$12.38/hour) effective June 27, 2016.**

**Removed from Payroll:**

- 1. Juliana Scott, Full-Time Account Clerk I for Recorder of Deeds (Paygrade 5-C/\$9.56/hour) effective June 22, 2016.**

2. **Sharon Wurth, Full-Time Clerk Typist II for Area Agency on Aging (Paygrade 15-L/\$31,508.62/year) effective July 2, 2016.**
3. **Sara McDermott, Full-Time Telecommunicator for Department of Emergency Services (Paygrade 35-F/\$14.33/hour) effective July 7, 2016.**
4. **Evan Dabbs, Full-Time Telecommunicator for Department of Emergency Services (Paygrade 35-F/\$14.83/hour) effective July 9, 2016.**
5. **Marion Sue Orsargos, Full-Time Magistrate Clerk Supervisor for Magistrate Rick Varner's Office (Paygrade 21-F/\$16.99/hour) effective July 16, 2016.**
6. **Daniel Morris, Full-Time Region 13 Specialist/Acting Supervisor for Department of Emergency Services (Paygrade 48-Z/\$15.76/hour) effective July 16, 2016.**

**Announcement:**

**The next Commissioners' Meeting will be on Thursday, July 14, 2016, at 10:00 a.m., in the Commissioners' Meeting Room, 3<sup>rd</sup> Floor, Cambria County Courthouse.**

**Adjournment.**

**Public Hearing:**

**Tracy Selak - Cambria County Plan with regard to the Human Services Block Grant 2016-2017.**

Cambria County Human Services Plan 2016-2017 Fact Sheet

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

Recap of 2015-2016 Human Services Block Grant Participation

- This represented Cambria County's 3<sup>rd</sup> year as a County Block Grant Participant. (Cambria County continues to be 1 of 30 participating counties of the total 67 Pennsylvania Counties)
- There continued to be **No Reduction in Direct Care Services** in one cost center in order to provide additional services under another of the cost centers/funding silos.
- Any funding that was shared between cost centers came from the Behavioral Health cost center and no Behavioral Health Individuals lost or did not receive services in order to provide services to another under one of the other cost centers.
- Savings continue to be realized through staff attrition in anticipation of Cambria County facing the real possibility of a Class 4 to Class 5 County Status at the next census. Direct services have become the focus of funding through the County's participation in the Block Grant structure.
- Under the Human Services Block Grant structure, Cambria County Human Services Agencies have the ability share funding across program lines, allowing us to meet unmet needs in a variety of areas to include unanticipated emergency needs of individuals. In addition, with the added flexibility of the Human Services Block Grant structure, planning and collaboration can occur between agencies when an area of need arises and then a simple email notification to the State, services and supports can be initiated without a lengthy gap or delay in services.

Cross system collaborations that have been afforded as a result of participation in the Block Grant:

- Behavioral Health funds to Intellectual Disabilities - **\$331,128– funded two individuals with intellectual Disabilities and other unique needs** in residential settings as well as supportive services and day programs.
- **Behavioral Health funds to fund \$325,000 to serve two Children and Youth involved children** being treated at Residential Treatment Facility level of care as there were no other funding sources to cover cost.
- Behavioral Health funds were transferred to the Human Services Development Fund cost center to be utilized to support the ongoing **development, implementation, and operation of the Child Advocacy Center - \$50,000.**

Noteworthy Positives during FY15/16

- Regarding Drug and Alcohol Services, as a result of the Affordable Care Act and HealthChoices Expansion Cambria County has observed and increase in the utilization of treatment for substance abuse. As a result of access to adequate medical coverage that covers substance abuse treatment, individuals are seeking out services independent of County involvement, less reliance on County base funding, and as a result for a second year, Cambria County has not had to implement a waiting list for County funded services.
- Despite a very delayed final State Budget, Cambria County Providers remained committed to the individuals they serve and took whatever steps necessary to ensure no lapse in services occurred throughout the budget and resulting funding crisis.
- Despite reduced workforces and increased workloads, Cambria County continues to employ very committed Human Services Employees who continue to assist and serve Cambria County's most vulnerable citizens.

**Proposed Plans for 2016-2017**

- Expenditures across systems is not limited this year and can be shared across funding streams at 100% without a waiver from the State.
- That being said, Cambria County has made an ongoing commitment to no service reduction in one cost center in order to realize services within another cost center.
- The County remains committed to no job loss- savings continue to be realized as a result of employee attrition.
- Ongoing inclusion of stakeholder input in system/service transformation.
- At the present time, Cambria County intends to utilize funding across systems at the same rates and approximate amounts as 2015/2016 and will make adjustments as needed from any individual categorical funding silo as deemed necessary.

**Proposed cross system funding FY 16/17**

- |   |           |
|---|-----------|
| 1. Behavioral Health to Intellectual Disabilities ---   | \$331,128 |
| 2. Behavioral Health to Human Services Development Fund ---<br><i>(to maintain the Child Advocacy Center)</i> | \$50,000  |

---

**Total: \$381,128**

**Summary of Public Hearings Input/Feedback**

There were two Public Hearings regarding the Cambria County 2016-2017 Human Services County Plan held this year. Attendance was not as strong as in previous years, which may have been due to Cambria County becoming a Block Grant County and there was a great deal of community, provider, and staff anxiety regarding the potential impact on specific categorical budgets that might be realized if monies could be shared across lines to other categorical human services silos. Cambria County Human Service Agencies remained mindful of these concerns and utilized regular advisory board meetings, stakeholder meetings, provider meetings, etc. to keep concerned parties informed of the ongoing human services block grant plan implementation and execution. The overall observations and experience of those concerned entities were positive and their initial concerns did not come to fruition. It should be noted also that at least three local media outlets were in attendance at the Public Hearing held during the Bi-weekly County Commissioners Meeting, offering another means of outreaching to the public.

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

There were a few questions by a attendee who expressed a sincere interest in the plans each of the Human Services Agencies have for their programs over the next fiscal year. Much of the focus of this individual's questioning related to concerns she had about what plans were being considered relating to housing issues for at risk individuals in Cambria County. Housing Initiatives were further outlined for this individual. Overall, it was positive, meaningful conversation.

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

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

DEPT: Human Services  
TITLE: Community Services Coordinator  
PAY GRADE: 46  
CLASS: Non Civil Service/Non Bargaining Unit  
SUPERVISOR: Human Services Administrator/Chief Fiscal Officer

Duties and Responsibilities:

1. Designated contact person for the HSDF and HAP for Cambria County; receives and responds to requests for information; gathers/compiles/disseminates information to the appropriate parties when necessary.
2. Prepares pre-expenditure plan/budget, plan/budget revisions/final reports and client/expenditure reports for the HSDF and HAP portions of the HSBG.
3. Maintains a working relationship with other county merit agency staff to help identify un/underfunded services to ensure the HSBG is utilized effectively and efficiently.
4. County designee for administrative activities relating to ESG funding.
5. County designee for certification of TEFAP inventory/expense reporting.
6. Prepares and processes service contracts, amendments and addendums with provider agencies for HSDF, HAP and ESG services.
7. Developed and maintains internal quality control process for tracking providers' utilization of contract dollars and number of clients served on a cumulative and monthly basis throughout the fiscal year.
8. Schedules and conducts on-site contract monitoring sessions with all HSDF, HAP and ESG providers; provides written summary of results and findings to providers, including any corrective actions needed and timetable/person responsible for completion of corrective actions; schedules follow-up on-site meetings as needed.
9. Receives and reviews for accuracy provider invoices for contracted services rendered.
10. Responsible for all accounts payable for the human services department.
11. Prepares annual county budget for the human services department; prepares and processes journal entries and budget transfers as required throughout the year.
12. Extracts and analyzes data from the county's computerized accounting system for preparation of various state and county fiscal reports and budget preparation.

13. Assembles requested information for the county auditors and responds to auditor's questions/concerns regarding financial issues with HSDF, HAP and ESG funding.

**Attachment 7 cont.**

14. Attends various social service committee meetings, including the Emergency Food and Shelter Committee, Emergency Shelter Committee, HAP Case management and other provider/community meetings that are relevant to the HSDF, HAP and ESG.

15. Attends PACHSA meetings when budget and schedule permits.

16. Receives and generates correspondence relating to the human services department.

17. Answers the human services department telephone line and provides accurate information for the caller and/or directs calls elsewhere when appropriate.

18. Cultivates and maintains a good working relationship with other county entities, DPW personnel, elected officials, provider and non-provider agencies and the general public.

19. Responsible for human resource activities for human services staff (i.e. payroll data entry, entitlement time maintenance, etc.).

20. Other related duties as may be required.

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

<b>Directions:</b>	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1.	<b>Estimated Individuals:</b> Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2.	<b>HSBG Allocation:</b> Please enter the county's <b>total</b> state and federal HSBG allocation for each program area (MH, ID, HAP, CWSG, D&A, and HSDF).
3.	<b>HSBG Planned Expenditures:</b> Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4.	<b>Non-Block Grant Expenditures:</b> Please enter the county's planned expenditures ( <b>MH, ID, and D&amp;A only</b> ) that are <b>not</b> associated with HSBG funds in the applicable cost centers. <i>This does not include Act 148 funding or D&amp;A funding received from the Department of Drug and Alcohol.</i>
5.	<b>County Match:</b> Please enter the county's planned match amount in the applicable cost centers.
6.	<b>Other Planned Expenditures:</b> Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
7.	<b>County Block Grant Administration:</b> Please provide an estimate of the county's administrative costs for services <b>not included</b> in MH or ID Services.
<b>NOTE: Fields that are greyed out are to be left blank.</b>	
<p>■ Please use FY 15-16 primary allocation less the one-time Community Mental Health Services Block Grant funding for the Housing Initiative for completion of the budget.</p> <p>■ The department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 16-17 are significantly different than FY 15-16. In addition, the county should notify the Department via email when funds of 20% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).</p>	

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	0		0			
Administrative Management	0		475,000		53,000	
Administrator's Office	9,674		807,000		76,240	
Adult Developmental Training	22		47,575		5,286	
Children's Evidence-Based Practices	0		0		0	
Children's Psychosocial Rehabilitation	0		0		0	
Community Employment	23		102,703		11,411	
Community Residential Services	76		3,095,897		43,457	
Community Services	168		180,444		18,803	
Consumer-Driven Services	0		0		0	
Emergency Services	0		241,375		0	
Facility Based Vocational Rehabilitation	0		113,351		12,584	
Facility Based Mental Health Services	22		207,258		23,029	
Family Support Services	10		10,000		0	
Housing Support Services	0		0		0	
Mental Health Crisis Intervention	0		0		0	
Other	0		50,000		0	
Outpatient	75		25,000		0	
Partial Hospitalization	3		5,000		0	
Peer Support Services	0		0		0	
Psychiatric Inpatient Hospitalization	5		15,000		0	
Psychiatric Rehabilitation	0		0		0	
Social Rehabilitation Services	0		0		0	
Target Case Management	256		510,090		0	
Transitional and Community Integration	0		0		0	
<b>TOTAL MENTAL HEALTH SERVICES</b>	<b>660</b>	<b>5885693</b>	<b>5885693</b>	<b>0</b>	<b>243810</b>	<b>0</b>

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<b>INTELLECTUAL DISABILITIES SERVICES</b>						
Administrator's Office	0		520,000		21,000	
Case Management	305		80,000		8,000	
Community-Based Services	6		471,000		0	331,128
Community Residential Services	70		617,650		40,000	
Other	20		0		0	
<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	<b>401</b>	<b>1688650</b>	<b>1688650</b>	<b>0</b>	<b>69000</b>	<b>331128</b>
<b>HOMELESS ASSISTANCE SERVICES</b>						
Bridge Housing	4		30,000			
Case Management	200		12,000			
Rental Assistance	250		64,000			
Emergency Shelter	245		52,805			11,185
Other Housing Supports	0		0			
Administration			17,645			
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	<b>699</b>	<b>176450</b>	<b>176450</b>		<b>0</b>	<b>11185</b>
<b>CHILD WELFARE SPECIAL GRANTS SERVICES</b>						
Evidence-Based Services	16		27,218		1,433	
Promising Practice	123		72,000		8,000	
Alternatives to Truancy	0		0		0	
Housing	30		5,950		1,050	
<b>TOTAL CWSG SERVICES</b>	<b>169</b>	<b>105168</b>	<b>105168</b>		<b>10483</b>	<b>0</b>

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<b>DRUG AND ALCOHOL SERVICES</b>						
Case/Care Management	720		8,500	211,000	32,360	198,301
Inpatient Hospital						
Inpatient Non-Hospital	200		452,997	285,092		
Medication Assisted Therapy	15		2,280			
Other Intervention	85			54,495		
Outpatient/Intensive Outpatient	125		3,200	133,544		
Partial Hospitalization	12		4,500	9,000		
Prevention	3,000			203,948		
Recovery Support Services	4			11,100		
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	4161	471477	471,477	908,179	32,360	198,301
<b>HUMAN SERVICES DEVELOPMENT FUND</b>						
Adult Services	104		91,000			
Aging Services	2		2,000			
Children and Youth Services	57		11,195			50,000
Generic Services	450		2,000			
Specialized Services	0		0			
Interagency Coordination			42,186			
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	613	164867	148,381		0	50000
<b>7. COUNTY BLOCK GRANT ADMINISTRATION</b>			16486			
<b>GRAND TOTAL</b>	6703	8492305	8492305	908,179	355653	590614