

Westmoreland County Human Services

Block Grant Plan

FY 2016-17

Approved by the Westmoreland County Commissioners

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PART I: COUNTY PLANNING PROCESS

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

1. Engaging the County community for input on the needs and services by holding public hearings for input and by conducting a public survey. How we engaged stakeholder groups is outlined in the Public Hearing notice section, as well as later in this section.
2. Meet regularly (4X per year) with our Advisory Committee. The Advisory Committee has now been in place for two years.
3. The process for funding decision making, as well as other activities such as our public survey, will be discussed at the Advisory Committee meetings, allowing representatives from the community a voice in the final decision.
4. The WCPLT puts recommendations for Block Grant reallocations as well as planning processes before the Advisory Committee. The Advisory Committee will offer their feedback to the recommendations. The recommendations will go to the Board of Commissioners. The Advisory Committee is composed of representatives of consumers, providers, and community leaders. It is comprised of at least 51% consumers.

The Westmoreland County Planning and Leadership Team consists of representatives of the seven categorical line items included in the Block Grant as well as the Human Service director (who has now assumed the regular administrative responsibilities of the Area Agency on Aging), and the CEO from Westmoreland Community Action, the lead agency to fight poverty in Westmoreland County.

The Westmoreland County Leadership and Planning Team is:

- Dr. Dirk Matson (Chairperson), Director of Westmoreland County Human Services and the Area Agency on Aging
- Shara Saveikis, Director of Westmoreland County Children's Bureau (WCCB)
- Addie Beighley, Chief Juvenile Probation Officer, Westmoreland County
- Austin Breegle, Administrator of Westmoreland County Behavioral Health and Developmental Services
- Colleen Hughes, Executive Director of Westmoreland Drug and Alcohol Commission, Inc.
- Michael Washowich, Executive Director of Westmoreland County Housing Authority
- Tay Waltenbaugh, Executive Director of Westmoreland County Community Action

Our Advisory Committee was selected in May, 2014, and consists of consumers/former consumers/family members, service providers, and advisory board members from each of the categorical departments represented in the Block Grant (Children and Youth, Behavioral Health, Developmental Services (Intellectual Disabilities), and Homeless Assistance. Nineteen (19) members were selected through an application process spanning approximately 6 weeks. The new members were selected from a group of 34 applicants. Our goal was to have representation of 51% or more from consumers/former consumers/family members of consumers. We were able to achieve that in our first year. Due to turnover, we currently have 18 members, 8 of whom are

consumers/family members (44%). A current roster of our Advisory Committee is attached in Appendix F.

The Advisory Committee offers feedback on plans to disburse unused allocations and help the County Leadership and Planning team identify needs throughout the County. The Committee is not a Board, but an advisory group intended to vet the recommendations of the WCPLT before the recommendations go before the Board of Commissioners.

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

The demographics of our Advisory Committee are:

- 44% (8) consumers, former consumers, or family members of consumers. One of the consumers has chosen not to be identified publicly
- 94% (17) Westmoreland County residents
- 6% (1) non-Westmoreland County residents (this exception was made due to long work history in Westmoreland County and strong history of Behavioral Health advocacy)
- 94% (17) white, 6% (1) African American
- 88% (16) women, 12% (2) men
- 7 private providers represented

The needs of Westmoreland County are assessed via public input from the two public hearings and from the Public Survey.

The Public Survey was made available from March 1, 2016 through May 31, 2016. The survey asked for the public to rate each area of County service for quality and to offer what needs they felt needed addressed by area (e.g. Behavioral Health, Drug and Alcohol, etc.). We increased our response from 2015 (963 respondents) to 1231 respondents in 2016. In the past two years, we have made available hard copies that could be completed by hand, which has greatly increased our response. This year, 852 of our 1231 responses were completed hard copy surveys.

We made a significant effort to increase our participation in the Block Grant Survey by reaching out to the Westmoreland County community by attending many events as well as asking for assistance from many community stakeholders. Our survey was emailed to all private providers of services in Behavioral Health, Developmental Services, Drug and Alcohol, Children and Youth, Juvenile Probation, Housing. Other groups we contacted to complete the survey were the Westmorland County Transit Authority, Westmoreland County Foodbank, Feeding the Spirit, Westmoreland County Adult Probation, the High School Guidance Counselors Association, Office for Vocational Rehabilitation, Truancy Pilot Program, all 13 of our County Senior Centers, Westmoreland County Community College, Westmoreland County Prison, Blackburn Center (domestic abuse), Sage's Army (advocacy group for D/A), homeless shelters, the NAMI Conference, Disabilities Expo, Westmoreland County Ministerial Association, Excelsa Hospital, Head Start, Behavioral Health Mall event, Developmental Services Mall event, and many more. For these stakeholders we provided both our web address for the survey, as well as distribute hard copies of our survey.

Below are some demographic achievements of this year's survey, compared to the last two years' survey.

	<u>2014-15 Survey</u>	<u>2015-16 Survey</u>	<u>2016-17 Survey</u>
Total Respondents	480	963	1231
African American	5	32	49
Two or more races	6	24	23
65 or older	24	153	295
Under 18	4	33	7
Consumers	>19% (124)	45% (421)	32% (374)

We partnered on our survey with Seton Hill University Social Work Department, chaired by Dr. David Droppa. Dr. Sarah Livsey, a faculty member of Seton Hill's Social Work Department, provided much of the direction for the survey. This is the third year of their involvement. We are grateful for their volunteer work in helping us.

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

The final total of left over funds will not be determined until late mid-September. We do not expect substantial changes being made as a result of last year's outcomes.

PART II: PUBLIC HEARING NOTICE

The Westmoreland County Commissioners, in conjunction with the Westmoreland County Director of Human Services, held two Public Hearings on March 21, 2016 and April 8, 2016 to gather public input on our FY 2016-17 County Human Services Block Grant Plan. The Public Hearings were advertised in the Latrobe Bulletin on March 10, 11, 12 and 14 as required by the Sunshine Act. In addition, the public was notified of the hearings by emails to providers and by notification on the Westmoreland County website. A proof of publication is included in Appendix A. We also advertised our on-line survey on the County website and in the public notice in the Latrobe Bulletin. The survey was made available for constituents who were not able to attend the Public Hearings. This survey was available to the public from March 1, 2016 to May 31, 2016.

The first Hearing had 9 constituents in attendance. These numbers include two County private citizens, a representative from a private provider of services, an independent nonprofit, and County employees. The sign-in sheet for attendance is in Appendix B and the minutes for the first hearing are in Appendix C.

The second Hearing had 9 constituents in attendance. These numbers also include representatives from the private providers of services, an independent nonprofit, and County employees. The sign-in sheet for attendance is in Appendix D and the minutes for the second hearing are in Appendix E.

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

PART III: WAIVER REQUEST

Westmoreland County has budgeted 100% of the allocations to each of the seven (7) funding areas for the first year of the Block Grant. Westmoreland County will use the Westmoreland County Block Grant Leadership and Planning Team to review spending in each area on a minimum of at least a bi-annual basis, with it being a monthly agenda. The team will provide feedback on the expenditures and make suggestions. Ultimately, any major adjustments to the funding plan will be made by the County Commissioners after they have been apprised of any significant need to readjust allocations. If the commissioners approve a significant funding reallocation (above 50%) of the original categorical allocation, the county will prepare the required documentation at that time to request a waiver.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES:

Westmoreland County Behavioral Health Programs proudly serve individuals with mental health and behavioral health needs through the county base funding stream each year and through our HealthChoices partnership.

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

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

a) Behavioral Health Program Highlights

This past year has proven to be especially challenging for our county office, consumers, providers and county system partners with the Pennsylvania budget impasse; we are pleased to report that despite the significant delay of a timely budget and lack of funding during this time, our provider community was steadfast in their effort to serve our most vulnerable consumers without interruption. The following highlights the program accomplishments and improvements that have been achieved in the behavioral health service system in fiscal year 2015/2016; although services to our consumers did not stop during the budget impasse, several of our key program initiatives and improvements were delayed in their implementation.

Both the Adult and Children's Behavioral Health Department within the Westmoreland County BH/DS office has a full continuum of treatment and support services for all adults, children, and their families. The Human Services Plan does not provide detailed updates on each and every service program provided to our adult and child consumers, however, this year's Human Services Plan will reflect on some of the significant program updates from existing county programs and services as well as highlighting new initiatives that were undertaken in the past year, program expansions, and plans for new projects in 2016/2017 to serve our adult, children and families.

Service Assessment

Starting in 2013, the behavioral health department embarked on a multi-year strategic plan to examine all county funded and supported adult and/or child behavioral health programs; these service reviews targeted three key program areas: quality, access, and cost effectiveness. This service assessment process is expected to be completed by December, 2016. To date, the service review process focused on programs and services that utilize county funding or have a blended funding stream of HealthChoices and base monies. The following service assessments have been completed in FY 15/16:

- **Social Rehabilitation**
- **Supported/Shared Housing**
- **Vocational Rehabilitation/Supported Employment**
- **Psychiatric Clinic Outpatient**
- **Advocacy**
- **Parent Mentor**
- **Inpatient Hospitalization**
- **Ombudsman**

As a result of these in depth programming reviews conducted by the Adult and Children's Behavioral Health Program Specialists, Westmoreland County Behavioral Health and Developmental Services has been able to gain valuable knowledge of each service provider and how each service is delivered. There have been multiple outcomes as a result of these reviews including the following:

- *Policy Development/Revamping Guidelines*
- *Increased training for provider staff*
- *Budgetary savings*
- *Improved quality of programming provided*
- *Ability to service more clients within established programs*
- *Tracking and accountability of services provided*
- *Facelifts and facility upkeep*
- *Support and Technical assistance from County Program Specialists*
- *Meeting Licensing requirements with OHMSAS*

Mental Health Awareness Activities and Events

For the third year, Westmoreland County BH/DS, in partnership with our system and provider partners, is proud to support our annual community mall event to increase awareness about mental health issues and to provide understanding about recovery, positive mental wellness, and treatment strategies for behavioral and emotional disorders.

On May 20, 2016, a mall event was held for the public that featured performances from local acting groups, choirs, and dance troops; the theme of the day was "Mental Health Crosses Many Paths". This year marked the first time for recognized both adult and children's mental health issues; the event was very well attended.

Suicide Awareness and Prevention Efforts

For many years, Westmoreland County BH/DS has partnered with our county Human Services Department and our suicide prevention task force, Ray of Hope, to provide awareness that suicide is a public health problem and to offer resources for the prevention of suicide across the lifespan. In 2015, Westmoreland County had 50 completed suicides; this is down from the highest suicide rate in 2016 of 60 completed suicides. Westmoreland County's suicide statistics are consistent with national statistics with males completing suicide at much higher rates; the use of a firearm is the most common method and overdose is the second most common method used in suicides in Westmoreland County.

At the same time that our county suicides have been increasing, Westmoreland County has also experienced a substantial increase in overdose deaths contributed to heroin and prescription medication abuse. Ironically, there are similarities in the county statistics of drug overdoses and

suicides with respect to the ages of individuals dying by suicide and/or overdose; the goal of our stakeholder discussion is to identify county wide strategies to prevent suicides and to provide support and treatment services available to prevent future suicides and/or overdoses.

Ray of Hope- Suicide Awareness and Prevention Task Force events

The Westmoreland County, Ray of Hope, Suicide Awareness and Prevention Task Force held their 9th Annual Walk on Saturday, August 22nd with over 250 pre-registrants. The walk event included a morning survivors event, an empty shoe campaign to represent the 60 suicides that occurred in Westmoreland County in 2014, a ceremony to remember loved ones lost to suicide, and refreshments, prizes, and socialization after the walk. The shoes that were donated for the empty shoe campaign were then donated to local homeless shelters on behalf of the Task Force.

On Friday, November 20th, the Ray of Hope Task Force held a Conference at the Westmoreland County Community College for providers, community members, and survivors of suicide to promote awareness and share information on suicide. The conference included updates and initiatives from The Pennsylvania Youth Suicide Prevention Initiative (PAYSPI), a survivor panel made up of attempt survivors and family members of loved ones lost to suicide and a speaker from the Clarion Psychiatric Center who discussed vicarious trauma. The event was a success with a capacity crowd of 125 participants.

In addition to these community events, Westmoreland County has worked with our school districts to bring attention and awareness on youth suicide and training with the passage of ACT 71. As part of this ACT the schools of Westmoreland County have had an increase in outreach for specialized training in suicide prevention and have begun creating responsible policies and procedures regarding suicide prevention. In October 2015, Westmoreland County BH/DS staff had the privilege of participating in a panel discussion on suicide prevention as part of Westmoreland County Counselors Association fall meeting; other panel presenters included a suicide survivor, a parent who lost a child to suicide, and a representative from Clarion Psychiatric Center. Discussion centered on the importance of being open when discussing suicidal ideation, the importance of linking at risk students to services after identification, and breaking the myth that talking about suicide leads to more completed suicides. Westmoreland County is very active with community partners in the prevention of suicide through the child death review team process and through other meetings and events to reduce the risk and impact suicide has in the communities of our county.

Social Rehab (CORE Program)

In June 2015 the Westmoreland County BH/DS office began an in depth Service Review of the Family Services of Western PA's (FSWP), Community Outreach through Resources and Education Program (CORE); the service review is a strategic planning process that analyzes the quality, accessibility, and cost of county funded programs. The CORE program began in Westmoreland County in 2006 as a base funded service specifically for transitional age (16-24) youth that assists young individuals with transitioning into adulthood and establishing independence. CORE works to support and promote hope and assist individuals in developing to their full potential to become an asset to their community. The outcome of the service review determined that the population identified in the CORE program could be better served in an existing FSWP service (Psychiatric Rehabilitation) through Health Choices funding.

Westmoreland County BH/DS worked in collaboration with FSWP to update their currently approved service description for Psychiatric Rehabilitation to include a mobile component which will allow this service to be provided in the home and community in addition to the traditional group setting; this was a critical piece in the decision to transition the CORE program into a Psychiatric Rehabilitation model. Discussions also included creating a Social Rehabilitation program for youth ages 16-17 which would continue through base funding; the social rehabilitation program will provide hope and encouragement while providing assistance to improve functioning to gain/regain a valued role in the community. Eligible individuals could then transition to Psychiatric Rehabilitation or another valuable service as identified once reaching their 18th birthday.

During the 2015-2016 fiscal year the CORE program provided service to 20 youth ages 16-17 and 68 youth ages 18-24. Family Services of Western PA has also worked to identify the individuals currently in the CORE program who are eligible to transition to the Psychiatric Rehabilitation program after the conversion. For the individuals who are not eligible for Psychiatric Rehabilitation FSWP is assisting to identify and secure other alternative supportive services for these individuals.

Child/Adolescent Inpatient Unit Readmission Rates

Westmoreland County BH/DS in collaboration with Excelsa Health Latrobe Hospital, Value Behavioral Health, and Westmoreland Case Management and Supports, Inc. (WCSI) began quarterly meetings to discuss readmission rates to the child/adolescent inpatient unit and identify resources to decrease rapid readmissions. These meetings have been beneficial in identifying barriers that may delay a supportive service from starting prior to or shortly after discharge from the inpatient unit. One of the pilot strategies has been to allow the hospital to refer directly to Family Based MH Services if identified as medically necessary for the youth and family; by completing this form, the hospital was able to eliminate additional steps that had traditionally occurred which may have led to a delay in the implementation of FBMH services. FBMH services are intensive in-home services that engage the family; services are comprehensive in scope, incorporating intensive home therapy, casework services, family support services, and 24 hour/7 day availability for crisis services and team availability to the families they serve. Quarterly meetings continue to occur to monitor readmission rates and identify any additional barriers and the progress made in supporting families and decreasing the need for future inpatient hospitalizations.

Children's Needs Assessment Process

For almost two years, the children's behavioral health department worked with key stakeholders to construct a Children's Needs Assessment Process; this new process was completed and launched on February 1, 2016. Our efforts include a tiered needs assessment process to make informed decisions regarding children's behavioral health services in the county; the expected outcome of this new process is to provide the county needed information to make decisions regarding, but not limited to, access to services, quality of services, availability of specialized treatment and support services, and to address any potential system issues and needs. In addition, it will allow a standardized review of requests to address a potential unmet system need such as a need for specialized treatment services, need to have services located in a particular

part of the county, need to expand existing program or services, and to examine a current process or procedure.

To carry out the children's need assessment functions, there are two key groups involved throughout the process: the core group and the advisory committee. The core group is a small group of key stakeholders including county behavioral health staff, managed care organization representatives, base service unit representation, and representatives from our oversight entity; most of the work completed in the needs assessment process will occur within this group of participants. The advisory committee is a small group of persons representing various human service organizations and interests, family members, youth, and advocates; this committee's primary role is to offer advice and consultation to the core group about the needs assessment findings and process.

Since February 1, 2016; there have been six requests made to the core group for review for various reasons and has generated robust discussions regarding the county needs and a thorough review of data and program utilization.

System of Care (Cross System Training and Multi-Disciplinary Team Meetings)

Westmoreland County BH/DS continues to participate in stakeholder meetings with our Human Services Department to work on the county's system of care initiative and to expand communication and collaboration across all child serving system through monthly multi-disciplinary team meeting discussion. The first step in preparing for the multi-disciplinary team meetings was to have cross system training available to all systems in county human services such as child welfare, juvenile justice, intellectual disabilities, housing, behavioral health, aging, etc. The behavioral health adult and children's department each participated in a series of cross system trainings to county human service system staff in the area of adult and children's behavioral health and early intervention services. The first multi-disciplinary team meeting took place in January, 2016; discussion was focused on complex case planning and upcoming training opportunities; these meetings will be held on a monthly basis.

Individuals Transitioning Out of the State Hospital: Community Hospital Integration Projects Program (CHIPP)

Strengths:

Westmoreland County Behavioral Health and Developmental Services is proud to be coordinating a CHIPP initiative that will result in the discharge of sixteen individuals from Torrance State Hospital and will permanently close 10 of those beds. The CHIPP proposal submitted to the *Office of Mental Health and Substance Abuse Services (OMHSAS)* included a projected budget of approximately \$1.3 million to fund newly created housing services as well as the expansion of existing services to enhance the Westmoreland County Behavioral Health and Developmental Services service continuum. This state funding will not only support the planned discharges from the state hospital but will also assist in meeting the needs of the community in general.

This initiative began with formulating Requests for Programming (RFPs) for the development of two major housing services: Enhanced Personal Care Home and Enhanced Supportive Housing.

The Enhanced Personal Care Home RFP was awarded to Paula Teacher and Associates and the Enhanced Supportive Housing RFP was awarded to Southwest Behavioral Health Services. Expansion of services also was conducted with the development of a Modified ACT team to service 50 individuals, additional representative payee services to serve an additional 25 individuals, expansion of funding to support community psychiatric nursing services and additional funding to expand psychosocial rehabilitative services for those being discharged as well as other individuals already residing in the community.

The Pennsylvania State budget impasse provided an extremely challenging environment to develop the new residential programs as well as expanding other services. With the delay in the release of funding for these initiatives, project management timelines were severely impacted which in turn has affected discharge timeframes and the ability of the providers to meet initially established deadlines. Westmoreland County Behavioral Health and Developmental Services worked diligently with our supporting partners to overhaul timelines and expedite property purchases, renovations and purchase of supplies/furnishings to meet fiscal requirements.

While the budget impasse continued on affecting the release of funding, the Westmoreland County Behavioral Health and Developmental Services office utilized this time to work with Torrance State Hospital, Westmoreland Casemanagment and Supports, Inc. (WCSI) and other providers participating in the project to complete thorough discharge assessments. Providers met with the individuals identified for discharge to establish rapport, completed in depth chart reviews, attended treatment team meetings for individuals identified for discharge and scheduled and attended CSP (Consumer Support Plan) meetings to ensure clinically sound discharge planning. During this time regular conference calls and meetings were held to have the county and provider team update OMHSAS on the status of the initiative.

Presently, our initiative continues to be in full swing and the original deadline of all service development and discharges to be completed by June 30, 2016 has been redesigned to accommodate the effects of the budget impasse. We are now in the final stages of building renovation, program/policy/procedure development and discharge preparation and are looking forward to seeing projects completed and individuals residing in their new environments in the near future.

Once the individuals identified for discharge are placed and adjusting to their new living spaces, the Westmoreland County Behavioral Health and Developmental Services office will have a highly active role in monitoring the new residential services as well as the progress of the individuals as they transition to community living. The enhanced behavioral health supports that will wrap each of these individuals as set forth by their discharge plan will also be monitored closely by the county office in order to ensure success and implementation of any adaptations that may be needed to offer additional support.

Needs: Upon the completion of the CHIPPS initiative, Westmoreland County Behavioral Health and Developmental Services will continue to evaluate the discharge process and the number of individuals placed at the state hospital level of care. Development of additional community infrastructure to support individuals with severe mental illness is an ongoing need and several

initiatives are being considered to meet that need including additional supportive housing programs and the development of an Extended Acute Care Facility.

Co-Occurring Disorders

Strengths: Westmoreland County Behavioral Health and Developmental Services has worked diligently to address the needs of those consumers within the county that have co-occurring disorders. Drug and Alcohol Recovery Specialists are imbedded within our Crisis Response Center to offer our mental health consumers immediate referral and access to drug and alcohol supports if needed. Ongoing training for staff at local provider agencies continues to be a priority as well as participation in the county Drug/Overdose Awareness Task Force in which staff from the Behavioral Health Office chair the committee on co-occurring disorders.

Needs: It has been identified that the need for support groups for those with co-occurring disorders and survivors of drug overdoses is great within our community. Westmoreland County Behavioral Health and Developmental Services is working with several community partners to develop these groups to meet the identified need.

Criminal Justice System Involvement

Description of Services: Criminal Justice Casemanagement provides support and assistance to “intercept” persons with mental illness and co-occurring disorders to ensure: opportunities for diversion, appropriate re-entry to their community, timely movement through the criminal justice system, prompt access to treatment and support services and linkage to community resources.

Strengths: Westmoreland County Behavioral Health and Developmental Services is well connected with the Criminal Justice System in Westmoreland County. Criminal Justice Liaisons are provided at all of the county District Magistrate offices to provide assistance and referral services to those with mental health needs that are appearing and involved with the local magistrates. Additionally, a liaison from the base service unit partners with the Westmoreland County Prison to meet with individuals prior to release to ensure appropriate referrals are in place and services opened to meet the inmate’s mental health needs upon release. Forensic case managers are also offered to those involved with the criminal justice system to assist them in addressing their mental health needs while meeting the terms of their probation, attending hearings and working with the public defender’s office and the district attorney’s office to ensure the consumers understand the process. Westmoreland County Behavioral Health and Developmental Services has also partnered with the Court Administrator’s office to provide mental health training to the district court judges and to the local district magistrates. Collaboration at this level has been vital in broadening the awareness of our mental health service continuum and assisting the legal system with knowledge on recovery principles.

Needs: After meeting with the Westmoreland County Prison, it was determined that there is an ongoing need for support services within the Westmoreland County Prison with regards to mental health consumers. Westmoreland County Behavioral Health and Developmental Services

will be piloting a program in the near future to provide treatment and peer support within the county prison.

Veterans

Strengths: Westmoreland County Behavioral Health and Developmental Services partners with local agencies and the Veteran's Administration to assist our county consumers with receiving mental health care and service provision through our continuum and also with navigation of the Veteran's Administration System. Local collaborations and partnerships have been built to work towards engagement and support of our county Veterans.

Needs: It has been identified that there is a need to assist Veterans with mental health concerns that find themselves involved in the criminal justice system. Westmoreland County Behavioral Health and Developmental Services is in the initial stages of partnering with the Court Administrator's Office and President Judge to assist these individuals.

Racial, Ethnic, and Linguistic Minorities

Strengths: Westmoreland County Behavioral Health and Developmental Services prioritizes cultural competency within all levels of care. Cultural competency training is provided yearly to the base service unit staff and our crisis programs. Support for individuals that may need interpreting services or other cultural considerations are provided on a case by case basis.

Needs: It has been identified that there is need to provide training and education on how minority groups view recovery and mental health system involvement. This is currently being explored.

b) Strengths and Needs

Older Adults/Aging Population (ages 60 and above)

Strengths:

Westmoreland County Behavioral Health and Developmental Services continues to pay special attention to our Aging population through several venues. Our office engages in statewide committees to discuss issues and concerns related to the behavioral health needs of the Aging populations. Westmoreland County Behavioral Health and Developmental Services was also invited to participate in a monthly Elder Abuse Task Force and recently presented information on our service continuum to the Task Force members. Many of the individuals identified for discharge as part of our CHIPPS Project at Torrance State Hospital fall into the Aging category. Westmoreland County Behavioral Health and Developmental Services has focused on the unique needs of this population including needs for guardianship and has worked in conjunction with our Area Agency on Aging and our mental health judge to address these issues. Westmoreland County also continues to support our Aging population through case management services

through our Base Service Unit – Westmoreland Casemanagement and Supports Inc. (WCSI). WCSI will be joining the Elder Abuse Task Force in the future and provides in-home support and referral for the Aging population specific to addressing their mental health needs, but also focusing on ensuring quality of life needs are met as well.

Needs:

Westmoreland County Behavioral Health and Developmental Services has identified that many of our aging individuals have complex needs surrounding not only their mental health care but also in such areas as physical health care, food and shelter, family issues and financial service needs. We have identified that ongoing collaboration with other service providers is an eminent goal as well as the need to provide comprehensive care to our aging population. Our office has also identified the need to provide education to the community about the services available through our continuum and how to access them for the aging population.

Adult Behavioral Health (ages 18 and above)

Strengths: Disaster, Crisis, Outreach and Referral Team (DCORT)

Westmoreland County Behavioral Health and Developmental Services is fortunate to have multiple dedicated teams of volunteers from various agencies across the county participating in DCORT.

The DCORT team provides crisis response to community emergencies, disasters or tragic events that affect individuals within our county. The DCORT team can provide immediate assistance with follow-up as requested and can assess for the need for more extensive service involvement based up the needs of the individuals.

The teams have been deployed multiple times this year to support families, schools and first responders. Several deployments assisted fire departments in coping with the trauma associated with vehicle accidents, death of a citizen as a result of a house fire, and the death of a police officer in the line of duty. One fire department utilized the assistance from the DCORT Team on several occasions finding it beneficial for incident debriefing. The DCORT Team reviewed that the community response to their outreach efforts have been positive and that they continue to build relationships within the community so that individuals seeking assistance are more familiar with team members and their role during a crisis situation.

DCORT teams participate in yearly training to continue skill and resource knowledge development. Approximately 25 individuals from various DCORT Teams throughout the county came together to receive training from the Department of Public Works – 911 staff. DCORT Coordinators within the Westmoreland County Behavioral Health and Developmental Services office participate in table top exercises with other county entities through the Department of Public Works/Emergency Management Systems. Westmoreland County Behavioral Health and Developmental Services was also pleased to host a DCORT initial training at our base service unit facility which was presented by the state.

DCORT continues to promote the value of this service to the community through knowledge, education and outreach. Goals for the upcoming year include: training of additional members, more frequent meetings for team leads and disaster readiness within each team.

Needs:

Westmoreland County Behavioral Health and Developmental Services has identified that while the DCORT Program is highly effective when utilized, there is still a lack of knowledge about the program and how to access it. Promotion and education about DCORT will be a focus in the upcoming year to increase seamless access to the program. Continued crisis training and development of additional teams in remote areas of the county will also be addressed to ensure that rural communities have access to this program as well.

Strengths: Dual Diagnosis Treatment Team (DDTT) Services

Through assessment of need and community/provider input, it was determined that individuals with Intellectual Disabilities as well as Behavioral Health diagnoses could use additional community support specific to their unique needs.

In August 2014, based on the RFP (Request for Programming) process, Northwestern Human Services (NHS) was selected to provide Mobile Dual Diagnosis Treatment Team Services to Westmoreland County Residents with HealthChoices. The target population for this service is adult individuals (18 years of age or older) with co-existing developmental disabilities and a mental health diagnosis. Beginning March 2015, NHS began providing services. Throughout 2015/2016 this program has grown and reached maximum capacity serving the identified population. Initial outcomes suggest reduction in hospitalizations for this population by 47%.

The DDTT team incorporates treatment and assessment of need as well as crisis intervention in a variety of settings specifically designed to meet the needs of the individual based upon their functioning level, symptomology and requests. The program is recovery oriented and supports individuals attaining goals and independent functioning to the highest level possible and in correlation with the desires of the individuals.

Westmoreland County Behavioral Health and Developmental Services has provided oversight and technical assistance with the development and implementation of this project. Through the joint efforts of our Behavioral Health Department and our Developmental Services Department, a thorough monitoring of the newly developed program was completed and regular communication regarding the status of individuals participating in the program occurs on a weekly and monthly basis.

This level of service has addressed a gap within our treatment continuum and has taken on an important role in offering support to some of our most challenged individuals. Ongoing monitoring and review of this program will continue and consideration of possible expansion of this service will be part of our ongoing needs assessment for this unique population.

Needs:

The Westmoreland County Behavioral Health and Developmental Services Office will continue to review the needs of the BH/ID population through risk management and the outcomes of this

program. The need for expansion of this program has been identified and will be considered moving forward.

Strengths: Crisis Hotline and Mobile Crisis Team

Westmoreland County Behavioral Health and Developmental Services provides 24 hours a day, 365 days a year crisis intervention services to all residents (all ages) experiencing a mental health crisis as supported through our provider – Westmoreland Community Action. Mental Health crisis intervention has always been a priority within the county office and the tenured team rendering this service is a direct reflection of our ongoing commitment to deliver quality services in an easily accessible way. The crisis workers within these programs are highly trained and qualified to engage individuals with compassion based upon recovery principles. The skill set that these teams bring to crisis management within Westmoreland County are invaluable to the safety and well-being of the individuals we serve and the community as a whole.

The Mobile Crisis team can assist with assessing an individual for the need for inpatient care on a voluntary or involuntary basis depending upon the needs of the individual in crisis. The team can also work with the individual and family to establish a safety plan within the community setting the individual resides in and make referrals to local providers for additional services. The crisis teams also conduct follow-up visits in order to assist with any further questions, concerns or needs the individual may have.

Needs:

Westmoreland County Behavioral Health and Developmental Services continues to identify the need for increased crisis service access within rural sections of the county. Our crisis response teams are currently working to build relationships with rural communities and first responders to ensure access to these vital services. This will be an ongoing goal within the next year.

Transition-age Youth (ages 18 – 26)

Strengths:

Westmoreland County services include those specifically for transitional age youth; some of the county strengths targeting this population include services from Westmoreland Case Management and Supports, Inc. (WCSI), The Giving Tree Drop-In-Center, and TAAG. WCSI is the county’s Base Service Unit and has transitional age case managers who assist in linking individuals to other services in the community. The Giving Tree Drop-In Center is available and specifically for transitional age youth ages 16-26; the Giving Tree Drop-In Center is a self-help/peer support, recreational and socialization center that exists in the greater community of Greensburg. It is designed to meet the needs of transition age youth who also have a behavioral health diagnosis. The Giving Tree emphasizes building on community resources and additional supports outside of the traditional mental health setting. Youth and young adults who attend the center and become active members have the opportunity to interact with others, develop leisure skills, and participate in activities that can enhance socialization, increase independence, assist in managing symptoms, while at the same time, promote community awareness. People who

participate in this service (center members) also have the opportunity to give and/or receive peer support from one another.

The Westmoreland transitional age population is also strongly represented at the Transitional Age Advisory Group (TAAG); although TAAG is not a Westmoreland County only group and was created through Value Behavioral Health – PA (VBH) and its members. TAAG members represent youth and young adults who have personal experience with the Mental Health System. TAAG members are between the ages of 16-29 years old. Members create a voice to inspire others; understanding the mental health system from personal experience helps to educate future generations. TAAG incorporates a Speakers Bureau, educational meetings, and social events to encourage members to share personal recovery and resiliency stories in an effort to promote positive outcomes.

Needs:

Westmoreland County has other services that transitional age youth utilize such as Threshold, Pathways, the ACE program and other drop in centers. Some transitional age youth use these services to their benefit while others may feel uncomfortable being mixed with older adults that also use these services. Some potential needs for transitional age youth within Westmoreland County include supportive housing (specific to transitional age youth), supportive employment programs for individuals with mental health, access to transportation, therapy groups specific to transitional age, and LGBTQ groups (also specific to transitional age). Westmoreland County BH/DS will begin to identify key program staff who can serve as specialists in this area and have the ability to work directly with other child and youth system and provider partners to identify areas for county program improvement.

Children (under 18)

Strengths & Needs: Student Assistance Program (SAP)

For many years, Westmoreland County Behavioral Health office has provided support to seven (7) Student Assistance Program liaisons through county funding; all liaisons are dually trained in both mental health and substance abuse disorders and serve over 80 school buildings in seventeen school districts. In the 14/15 school year, our SAP liaisons have:

- Liaisons attended over 1,300 core team meetings in the 14/15 school year
- Liaisons completed 978 screenings in SY 14/15

In 2014, a service review was completed of the SAP Liaison program; the result of this review was to focus on standardizing the liaison procedures for screening, follow up and documentation. As our office worked on these procedural changes, an opportunity to utilize the Behavioral Health Works screening tool arose through the Garrett Lee Smith Youth Suicide Project. Over the summer of 2015 Westmoreland County worked in partnership with our three liaison provider agencies to improve consistency in areas of parent/family engagement, screening practices, and documentation. The SAP process was reinforced with an emphasis on documentation standards across all agencies. At the same time, our efforts were directed to training the liaisons to use the

new web based screening tool, BH-Works as well as meeting with school administrators to introduce this new screening process. The BH-Works tool was selected following the direction of the grant to incorporate screening practices into higher education and high schools; our county has also had success with a local university's use of this tool. We also felt that this new screening process would give the liaisons the ability to enhance their screening procedures and provide more of an evidence based approach to making recommendations for further treatment or intervention.

However, in our attempt to institute this enhanced screening process; our journey took an unexpected turn following discussions with school administrators. We learned that each school district identified their own unique needs and priorities to assist and support children with mental health issues and the schools expressed concerns about the tool having connections to a research study through the grant project. For these reasons, we postponed the implementation of the screening tool in December, 2015 and elected to host a series of stakeholder meetings with schools, liaisons, and school counselors. Our expected goal of these stakeholder meetings was to examine school needs with regard to mental health services including liaison program enhancements and crisis services. We have also examined how other counties operate their SAP program as well as having discussions with our Pennsylvania Regional SAP Coordinator, our county SAP Coordinator, and data analysis.

Our stakeholder meetings were extremely beneficial and provided our office with valuable information to make improvements in the SAP liaison process; the three priority areas identified included: a single point of contact throughout their respective district for all SAP services, access to case management services and thereby increasing parent engagement in the SAP process, and the need to have an identified crisis response process for students exhibiting a mental health crisis while they are in the school environment.

Ironically, while our service review was focused initially on the need to have standardized screening practices across all liaison agencies and a method to collect reliable and valid data, the outcome will be a pilot SAP liaison program for the 16/17 school year involving three school districts: Ligonier Valley, City of Jeannette, and Franklin Regional School District. These school districts had demonstrated interest in working with our office to improve mental health services for their students and for this reason; they were selected for the SAP pilot program.

While we have been successful in making procedural improvements to our SAP services, we are now working on a new SAP Liaison Pilot Program that blends the roles of a case manager and the liaison. This enhanced SAP liaison pilot program will continue to follow the SAP guidelines but will feature the following enhancements:

- Enhanced SAP liaisons will be completing a mental health assessment instead of a screening
- Schools will have one dedicated enhanced SAP liaison assigned to their district
- Assessments will be completed with the parent and youth at the school building
- If appropriate, the family and youth will be given the opportunity to receive case management services

We are also working with our local crisis service program to develop a county wide crisis response for students and schools; in the interim, all of our liaisons will continue to offer consultation and post-prevention services to their respective school districts. We are looking forward to the upcoming changes and improvements we are making with the Student Assistance Program; we will be meeting with all school districts in November, 2016 to evaluate the success of our Pilot Program and making decisions about the future of the SAP liaison program.

Strengths: Behavioral Health Rehabilitation Services (BHRS)

Over the last year Westmoreland County has completed a service review of the county designees located within our Base Service Unit and their involvement and oversight of the BHR Services system. Westmoreland County has made it a program priority to ensure consumers and families understand the human services system and are connected with the services they need in the most effective and quickest way possible. To accomplish this task, our office monitors all ISPT meetings held, examines access to all children's services, and the length of time it takes for our consumers to access the service which was identified. In addition, we have made improvements to the county designees' role in the ISPT meeting process and room enhancements to make the physical meeting space family friendly and welcoming. Some of our efforts have included contact with family members/parents prior to all initial ISPT meetings to discuss the meeting format, provide information about the meeting location, parking, and to answer questions; following the meeting, families have an opportunity to take a survey and provide feedback on the ISPT process. Satisfaction survey results will continue to provide direction for ongoing quality assurance and to propose changes when applicable.

Needs:

One of the areas of need that Westmoreland County BH/DS will be examining in the upcoming year will be access to BHR services and the number of staff credentialed as Autism Spectrum-Behavioral Specialist Consultants. Our county has recently lost another BHRS provider and the full staffing of children's prescriptions continue to be a challenge; these issues will be part of our provider meeting discussions and will include our managed care organization.

Strengths: Child & Adolescent Service System Program (CASSP)

Westmoreland County continues to support the Child & Adolescent Service System Program (CASSP) Coordinator role; our current CASSP Coordinator is the Children's Services Coordinator who has oversight of the children's behavioral health and infant/toddler early intervention program. This administrative oversight has provided the CASSP Coordinator with the ability to develop and foster new processes and programs for all children from birth to age 21 and to work with all child serving systems and our Human Services Department on Systems of Care and integration within the county systems. In the past year, we have continued to work on several initiatives

- Children's Needs Assessment Process
- Expansion of Liaison Case Management Services

Westmoreland County continues to have a strong CASSP presence including three CASSP community teams based out of Greensburg, New Kensington, and Monessen; team participation

includes the five primary child-serving systems as well as provider and advocate representatives. A CASSP community team meeting is held when a child and/or family specific need arises and involves multiple systems; a referral to a team meeting can be completed by families, schools, case managers, mental health professionals, case workers, probation officers, etc. During a CASSP meeting the interagency team discusses the respective child/family's strengths and needs. As a result of the discussion, a service recommendation plan is developed and a lead case manager is identified at the conclusion of each meeting to assure follow-up. All parties receive a copy of the CASSP case review and when necessary, follow-up meetings can be arranged.

In the fiscal year of 2015-2016 there have been a total of eleven (11) CASSP meetings held through the end of May; nine (9) occurred in Greensburg and two (2) in New Kensington; team meetings were referred by the base service unit, mental health providers, school Districts, other service providers. The identified reason for referrals included exploring additional resources and supports for the youth and family, identifying potential placement options for the youth, resources post-graduation, educational placements, and the coordination of services.

In addition to team meetings, Westmoreland County BH/DS has incorporated quarterly or bi-annual provider meetings to increase the communication between the county office, Managed Care Organization (VBH), oversight entity (SBMH), and providers. Provider meetings are held according to service type and include Family Based Mental Health Services (FBMH), Behavioral Health Rehabilitation Services (BHRS) and BHRS exception programs, Residential Placement Providers, Children's Partial Hospitalization Programs, and Outpatient/School Based Outpatient. The provider meetings include information on new County updates or initiatives, discussion on impacts to service delivery, provider barriers and new initiatives, and general feedback and discussion on a specific service between the numerous providers. The County BH/DS office incorporates the information provided during these meetings towards new initiatives in reducing barriers to families locating, accessing and maintaining services.

Needs:

One of the CASSP System needs identified in the past year across all child serving systems in our county has been to enhance our liaison and case management services to children with other system involvement. To address this need, our children's behavioral health department convened a meeting in April, 2016 with all child serving system administrators, case management administrators, and our detention/shelter director to discuss a pilot case management liaison program to be embedded in the county's juvenile detention and shelter center. We are identifying this as a priority for this year's Recovery Oriented Systems Transformation.

Strengths: Respite

Westmoreland County BH/DS continues to provide funding to offer Respite services for families and caregivers; respite refers to short-term, temporary care provided to children/youth, ages 0-21, diagnosed with serious emotional or behavioral challenges in order that their families/caregivers can take a break from the daily routine of care giving. Respite can be based out of the family's/caregivers home or out in the community and is often referred to as caregiver relief or respite sitter. Depending on the child's needs, respite services can vary from a few

hours to overnight care. In the fiscal year 2015-2016, nine (9) Westmoreland County individuals have requested and received county funding for respite services.

Needs:

Often families rely on other family members or friends to provide brief periods of respite which may be an important part of the overall support that families/caregiver need to sustain and care for their child or children. However, families may lack the support systems that offer respite in times of need or those available to provide respite services are not able or qualified to provide this service based on the needs of the youth. Families with children diagnosed with ASD are often the ones seeking respite services so that they can take a planned break from the parenting demands of caring for a child with and ASD diagnosis. At this time there are few providers able to provide respite services and if a provider is able to be located then the cost to provide respite services may be a barrier.

Furthermore, the respite guidelines require families to have the identified respite caregiver's clearances approved and prior request must be made to the base service unit; for these reasons, immediate and/or emergency respite services are rarely available thereby resulting possibly in a child's hospitalization and/or placement in a residential treatment facility. Westmoreland County is planning to embark on a comprehensive county wide need assessment process in the upcoming year which will include a focus on child and family crisis services and options. Westmoreland County will continue to work toward identifying specific respite needs of the families in the county and ways to meet these needs.

Lesbian/Gay/Bisexual/Transgendered/Questioning/Intersex (LGBTQI)

Strengths:

Westmoreland County recognizes and acknowledges the needs of the LGBTQI population for both adults and youth; to increase awareness of the needs for LGBTQI youth, Westmoreland County BH/DS, in partnership with our Student Assistance Program liaisons, provided training to our SAP Liaisons in the area of understanding the needs of the LGBTQI youth. In September 2015, Ted Hoover from Persad Center Pittsburgh presented common terms and vocabulary surrounding the LGBTQI population, helped answer frequently asked questions, and explored how societal misconceptions can present unique challenges for the LGBTQI community. While our Liaisons have had experience with this population everyone found this training to be informative and an effective reminder of how impactful sexual identity is for all adolescents, especially at a time in their life where additional responsibilities and pressures seem to be placed upon them on a perceived daily basis. At the conclusion of the LGBTQI portion of this training additional topics of motivational interviewing and how relationships and sexual identity relate to suicidal ideation in our adolescent population were discussed.

Needs:

Westmoreland County Behavioral Health and Developmental Services will be working with providers and independent agencies to address the mental health needs of the LGBTQI

population in Westmoreland County. It is recognized that programming specific to mental health intervention and treatment is an ongoing need within the service continuum.

c) Recovery-Oriented Systems Transformation (5 priorities)

Priority #1: Detention/Shelter Case Management Liaison Services:

Narrative: Throughout the past few years, the Westmoreland County Behavioral Health and Developmental Services office has collaborated with the Juvenile Probation and Child Welfare systems to identify systemic protocols to identify, assess, and treat the behavioral health and mental health needs of the youth entering into the detention and/or shelter facilities and to provide the appropriate linkages and referrals to treatment upon discharge and/or transfer to a treatment facility. In response to meet the mental health and behavioral needs of this population, the county supported a psychiatric outpatient clinic on the grounds of the facility; sadly, the clinic was closed in 2014 due to an inability to utilize Healthchoices funding for sustainability.

Timeline: With the closure of the outpatient clinic site at the detention center in 2014, both the juvenile services system and child welfare systems lost access to psychiatric services including consultation, evaluations, and outpatient treatment therapies. In February, 2016, the Westmoreland County BH/DS office met with the detention center administrator to begin discussions that could offer comprehensive mental health screenings, assessment, case management, referral and linkage to supports and services, and consultation to the court system for adjudicated delinquent and/or dependent youth. The purpose of the Juvenile Services Liaison program will be to provide case management services for adolescents who are admitted to the Westmoreland County Detention Center and Shelter; the program is designed to serve as liaison between the mental health systems and assist the court system, child welfare system, and juvenile probation system. The liaison will have three primary responsibilities:

- Diagnostic assessment: including identification and prioritization of the child strengths and needs; the assessment may also include an intake for case management services.
- Consultation services to system partners and court officials about the child and family strengths and psychiatric needs; education and training about youth mental health will be available as needed to system and court partners.
- Referral and linkage to appropriate community services and supports: upon discharge from the detention center/shelter, the liaison will identify community supports and services to assist in the reintegration process when a child returns to his/her community. As needed, the liaison will work with other departments (such as BHRS, hospital liaison, supports coordination, etc.) within the base service unit for continuity of care and for coordination of services.
- Goals for this program match the system needs identified by the detention center administrator and those of the child welfare and juvenile services systems; these include a comprehensive assessment of a child's behavioral health and mental health needs so the staff may provide the appropriate safety interventions and support those

responsible for the child's long term treatment planning and court recommendations. The liaison program will also support the detention and shelter staff through education and training in areas of youth mental health first aid, trauma informed practices, and have experience and training in the county's disaster, coordination, outreach, referral team process (DCORT) to provide psychological first aid following a crisis event.

The overall goal of this program will be to enhance our collaboration and coordination efforts among the child serving systems in the county and for the liaison serve as "bridge" for children experiencing an out of home placement at the center or shelter and to ensure that mental health services continue following a child's reintegration into their community and/or the child's psychiatric needs are accurately identified to assist the court system with their recommendations.

Resources and Tracking: It is anticipated that the pilot program will begin by September 1, 2016 or sooner; the county office will be applying for Block Grant funding for start-up costs with plans to utilize base funding for future years.

Priority #2 - Behavioral Health Support Program – Westmoreland County Prison

Narrative: Through dialogue with and feedback from the Westmoreland County Prison, the Westmoreland County Behavioral Health and Developmental Services Department was able to establish the need for Behavioral Health Supports in the Westmoreland County Prison. A pilot program is being developed to address the needs of our individuals with mental illness that are incarcerated focusing on the severe and persistently mentally ill population. A proposal for funding will be submitted to the Block Grant committee and if approved the pilot program will begin Fall of 2016.

Timeline: On March 28, 2016 the Westmoreland County Behavioral Health and Developmental Services Office met with the Westmoreland County Prison and the Commissioner's Office to discuss treatment issues as related to the seriously mentally ill population at the Westmoreland County Prison. The Westmoreland County Prison continues to see a higher level of acuity with the seriously mentally ill population that is admitted to its facility and is requesting assistance in providing triage and treatment (group and individual) to inmates to promote symptom management/awareness based upon recovery principles. Additional treatment opportunities may foster mental health wellness within the prison and assist with more positive outcomes upon release into the community.

As per the WCP the census is approximately 590-610 individuals on a daily basis with an estimated 265 individuals on psychiatric medications. There are typically 12-15 individuals on suicide watch at any given time and the most prevalent SMI diagnosis is Bipolar Disorder. The average length of stay is 123 days. Those that are non-sentenced stay approximately 43 days. Presently, the mental health therapist working within the prison provides treatment/intervention to roughly 50 individuals on a weekly basis. Those individuals requiring mental health inpatient care while at the WCP are referred to the Regional Forensic Psychiatric Unit at Torrance State Hospital. There is usually a waiting list for this facility which ranges from 30-60 days.

Resources: In order to offer support to the staff and inmates at Westmoreland County Prison it is necessary to provide additional mental health resources within the prison itself. As part of this

proposal for service delivery, Westmoreland Casemanagement and Supports Inc., would supply a Master's level licensed mental health therapist on a full time basis within the confines of the prison to provide individual and group therapy to identified inmates diagnosed with severe and persistent mental illness. The therapist would work as a partner with the psychiatrist and counselors at the prison to identify those inmates who are at risk or are symptomatic and to implement appropriate treatment services to meet the identified needs. A variety of therapeutic modalities will be utilized including DBT (Dialectical Behavioral Therapy) and CBT (Cognitive Behavioral Therapy).

A Bachelor's level treatment specialist would provide psychoeducational groups under the guidance of the licensed therapist on such topics as recognizing symptoms, diagnosis, recovery principles, coping skills and self-regulation.

An additional component to this program would be the utilization of a Certified Peer Specialist who is additionally certified in Forensics to work with identified inmates. The Certified Peer Specialist would assist inmates in developing WRAP Plans (Wellness Recovery Action Plans), re-entry training, recovery principles and over wellness upon release. The county office will be applying for Block Grant funding for start-up costs with plans to utilize base funding for future years.

Tracking: The Westmoreland County Behavioral Health and Developmental Services Office will provide technical assistance and will monitor the service delivery of the program through regular dialogue and reviews with the provider. Feedback from the Warden and Deputy of Treatment as to adjustments that may be needed as the pilot program progresses will also be essential to the program's success. A partnership with existing treatment entities at the Westmoreland County Prison will also be established in order to maximize treatment options for inmates. Outcomes will also be kept by the provider in order to establish the effectiveness of the program. The main goal of the pilot is to address mental health symptoms and provide coping skills for inmates to have a more successful re-entry to the community.

Priority #3-Enhanced Student Assistance Program Liaison Services

Narrative: Through key stakeholder meetings with our county public school districts, school counselors, and our Student Assistance Program liaisons, we have identified our SAP program as a priority for transformation in the current and future years. In addition to these discussions, we analyzed our current SAP screening data, rates of follow through with liaison recommendations, liaison time studies; we also examined how other Pennsylvania counties operate their SAP liaison program. The school stakeholder meetings were extremely beneficial and provided our office with valuable information to make improvements in the SAP liaison process; the three priority areas identified included: a single point of contact throughout their respective district for all SAP services, access to case management services and thereby increasing parent engagement in the SAP process, and the need to have an identified crisis response process for students exhibiting a mental health crisis while they are in the school environment.

The premises and plans for our system transformation, including the strengths and needs, in this area are described in this report under the *Children's Services* section (see page 18-19), has started at the beginning of our 16/17 school year with three pilot school districts: Ligonier Valley, City of Jeannette, and Franklin Regional School District. These school districts

demonstrated interest in working with our office to improve mental health services for their students and for this reason; they were selected for the SAP pilot program.

The key features of the Enhanced SAP Liaison program include:

- Merging the roles and functioning of a case manager and a SAP liaison (the enhanced SAP liaison pilot program continues to follow the SAP guidelines)
- The completion of a behavioral health diagnostic assessment instead of a screening
- The pilot schools will have one dedicated enhanced SAP liaison assigned to their district; the liaison is available each day to the school and all buildings
- Assessments will be completed with the parent and youth at the school building
- If appropriate, the family and youth will be given the opportunity to receive case management services

Timeline: Our office has started to work on the system transformation of the SAP program in September, 2016; to date, the school districts have reported positive outcomes and experiences with the new enhanced SAP liaison model. Due to these positive experiences, additional school districts have expressed interest and we will be adding at least two schools to the pilot program effective January 1, 2017.

As we continue to monitor progress of this new liaison model with our pilot schools, we will be meeting with all seventeen school districts to discuss program expansion in January, 2017; following these discussions, we will continue to make program revisions where necessary and continue to provide schools with the SAP liaison model of their choice (enhanced or screening model)

Fiscal/Resources: The implementation of the pilot enhanced SAP liaison program for the three pilot schools will require the utilization of block grant funding; as the program expands to bring in additional schools, the funding and allocation of resources will be drawn from county funding. It is expected that following our school stakeholder discussions in January, 2017, a fiscal plan shall be developed that includes all schools and the model of SAP liaisons that are selected based on school and community needs, liaison access and availability, and funding available.

Tracking: Westmoreland County BH/DS remains committed to this initiative and to a comprehensive transformation of school mental health services; as schools join and adapt the enhanced SAP liaison model, we plan to continue our discussions with each school to ensure that the behavioral health services to students and their families remain accessible and continue to meet the needs of the community and school districts. This will be accomplished through the use of data analysis of assessments, access to case management services, follow through with liaison recommendations, satisfaction surveys to parents, youth, and schools, and the allocation of time spent by the liaison in the SAP program and case management functions.

Priority #4- Behavioral Health (Children/Adult) Crisis Need Assessment

Narrative/Description: Westmoreland County Behavioral Health and Developmental Services provides 24 hours a day, 365 days a year crisis intervention services to all residents (all ages) experiencing a mental health crisis as supported through our provider – Westmoreland Community Action. Mental Health crisis intervention has always been a priority within the county office and the tenured team rendering this service is a direct reflection of our ongoing commitment to deliver quality services in an easily accessible way.

While we recognize the importance of these crisis oriented services to adults, children, and families, many of our system and family partners face challenging urgent or crisis situations that may not require the response of a crisis team or a phone call to the crisis hotline. We recognize that each behavioral health urgent/crisis situation is unique and the services accessed vary according to the nature of the event, where the crisis event occurred, and the level of engagement with the person or family in crisis.

We also learned during our stakeholder meetings and discussions with school district partners that each school entity viewed and managed behavioral health crisis events differently. For these reasons, we have identified the area of crisis services as a focus for a county wide need assessment in 2017.

Timeline: Westmoreland County BH/DS will be starting a comprehensive need assessment in January 2017 in the area of crisis; the impetus for this county wide assessment stemmed from discussions with our school districts and will have a focus on children services, however, the crisis assessment will examine crisis services and needs for all individuals, regardless of age.

The crisis need assessment process will include a variety of discussions with stakeholders, such as schools, parents/families, crisis centers, behavioral health providers, law enforcement; our focus will include how each targeted population defines a behavioral health urgent/crisis event, services and programs available to manage these events, barriers that prevent and/or delay access to crisis oriented services and what programs, services, or trainings can be made available to enhance our array of services in the area of crisis.

Fiscal/resources: The resources needed to begin our crisis need assessment at this time are minimal with no dedicated funding from grants or county funding needed at this time. At the conclusion of our process, the priority areas shall be identified and a plan will be determined based on these findings.

Tracking: Westmoreland County BH/DS is committed to working with all system and community partners to identify and improve crisis services available in the county to those experiencing a behavioral health/mental health crisis event. As we begin our discussions in these areas, the priorities shall be identified and a plan to address will be developed. During this process, all key stakeholders will receive periodic updates.

Priority #5 – Dual Diagnosis Treatment Team

Narrative/Description: Westmoreland County BH/DS is pleased to provide Behavioral Health services specifically tailored to meet the needs of individuals presenting with both a serious and

persistent mental illness combined with an intellectual disability through the Dual Diagnosis Treatment Team (DDTT). DDTT is a community-based team approach that provides recovery oriented support through treatment and clinical interventions provided in both community and home settings.

DDTT is not a crisis-based treatment option; it is designed to provide comprehensive behavioral health treatment over a period of time to increase an individual's level of independence and satisfaction within their home and community.

Timeline: Currently Westmoreland County BH/DS has begun this initiative in partnership with our Risk Management team and other county stakeholders. The program is targeted for full implementation in 2017. Currently the program is under close review by the county office and to further improve quality and service delivery while assessing outcomes.

Fiscal/Resources: This program is currently funded through reinvestment monies as part of Healthchoices and is preparing to become Medicaid billable in the Spring of 2017.

Tracking: Westmoreland County BH/DS is committed to ensuring that those with behavioral health and developmental needs that are deemed eligible for the DDTT service receive quality programming and service delivery. The DDTT program will continue to be monitored and data collected to determine that the identified outcomes are being assessed and attained. Specific focus will be given to reducing inpatient hospital admissions and assisting participants in remaining in independent living situations of their choice.

d) **Evidence Based Practices Survey:**

Evidenced Based Practice	Is the service available in the County/ Joinder ? (Y/N)	Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured ?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	Yes	86	TMACT	County State MCO	Yearly	No	No	
Supportive Housing	Yes	283	Monitoring	County	Yearly	Yes	No	
Supported Employment	Yes	30	Monitoring	County	Yearly	No	No	
Integrated Treatment for Co-occurring Disorders (MH/SA)	Yes	80	Monitoring	County	Yearly	No	No	
Illness Management / Recovery	Yes	60	Monitoring Licensing	County State	Yearly	No	No	
Medication Management (MedTEAM)	Yes	149	Nursing Standards	County MCO	Yearly	No	No	
Therapeutic Foster Care	No							
Multisystemic Therapy	Yes	70	Therapist Adherence Measure-Revised (TAM-R) Supervisor Adherence Measure (SAM) Consultant Adherence Measure (CAM) Program Implementation Review (PIR)	The TAM-R surveys are administered by staff callers, separate from the MST Therapist. The SAM is completed by MST Therapists and the CAM is completed by the MST Therapists and Supervisors of each team. The PIR are completed by the MST Consultant, in collaboration with the MST	The TAM-R is administered monthly The SAM and CAM are completed every other month The PIR is completed every 6 months.	Yes	Yes	

d) **Evidence Based Practices Survey:**

Evidenced Based Practice	Is the service available in the County/ Joinder ? (Y/N)	Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured ?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
				Supervisor, agency and Network Director.				
Functional Family Therapy	No							
Family Psycho-Education – “Incredible Years”	Yes	73	Leader Session Checklists, peer and self-evaluations, weekly session evaluations by participants, and by video review of sessions with standardized observational measures of delivery methods and processes.	Agency	Leader session checklists are completed weekly, peer and self-evaluations quarterly, weekly session evaluations by participants and video review of 3 tapes minimum per class is completed quarterly.	No , however the “Incredible Years” program utilizes many of the same components provided in the SAMHSA EBP Toolkit.	Yes	
ACT Raising Safe Kids	Yes	30	Facilitators attend 2-day training and must submit a video tape of themselves facilitating a group before they are considered a facilitator.	Agency	Fidelity is measured with the video tape once and amongst the co-facilitators after each session	Yes	Yes	

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

e) Recovery Oriented and Promising Practices Survey:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	Yes	1135	Consumer and Family Team Combined
Family Satisfaction Team	Yes		
Compeer	No		
Fairweather Lodge	Yes	3	
MA Funded Certified Peer Specialist	Yes	17	
Other Funded Certified Peer Specialist	Yes	64	
Dialectical Behavioral Therapy	Yes		Embedded in Outpatient programs
Mobile Services/In Home Meds	Yes	149	
Wellness Recovery Action Plan (WRAP)	Yes	85	
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	40	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	Yes	35	
Consumer Operated Services	Yes	25	
Parent Child Interaction Therapy	Yes	121	4 PCIT Providers. 26 successful completions during fiscal year.
Sanctuary	Yes		1 certified provider 1 provider certification pending
Trauma Focused Cognitive Behavioral Therapy	Yes		Embedded in Outpatient Providers
Eye Movement Desensitization And Reprocessing (EMDR)	No		
Other (Specify)	No		

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

INTELLECTUAL DISABILITY SERVICES

Westmoreland County Developmental Services, Administrative Entity (AE), appreciates the opportunity to respond to the assessed needs of the 1,402 identified county citizens with intellectual disabilities. Utilizing the principals of Person Centered Planning, Everyday Lives, Self-Determination, the Prioritization of Urgency of Need for Services (PUNS) System and Supports Intensity Scale, Westmoreland County Developmental Services strives to identify the needs of individuals with intellectual disabilities in Westmoreland County.

Planning to meet the needs of county residents with intellectual disabilities emphasizes a continuum of home-based and community-based support service options in the least restrictive settings available. Upon enrollment, natural supports and community resources are emphasized to assist individuals in achieving an Everyday Life. In order to promote health and safety and enhance independence, services funded through the base allocation are explored with the individual. Westmoreland County utilizes ODP’s Individualized Support Planning Process and Intellectual Disabilities Service Definitions to approve and authorize services for eligible individuals.

Westmoreland County adheres to the ODP Waiver Capacity Management process. In order to ensure those with the most need are prioritized when a vacancy occurs, the Waiver Capacity Management Lead meets monthly with the SCO to review current information on individuals in the Emergency PUNS category. Westmoreland County manages a waiver capacity of 418 Consolidated Waiver and 388 PFDS Waiver slots. Currently there are 86 Westmoreland County residents in the Emergency PUNS category, 331 citizens are in the Critical PUNS category, and 62 individuals in the Planning PUNS category awaiting support.

Services funded through the base allocation support approximately 135 individuals. Services included in this funding are supports coordination, transportation, employment supports, day programming, habilitation, respite and independent living. While these base funded services do not always fully meet the needs of these individuals, it does provide support to the person and/or caregiver until a waiver vacancy is available. Without this base funded support, these individuals risk losing their natural supports and would require even more costly services.

	<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	2	1%	2	1%
Pre-Vocational	14	10%	14	10%
Adult Training Facility	9	7%	9	7%
Base Funded Supports Coordination	135	100%	135	100%
Residential (6400)/unlicensed	0	0	1	<1%

Life sharing (6500)/unlicensed	0	0	1	<1%
PDS/AWC	30	<1%	30	<1%
PDS/VF	5	<1%	5	<1%
Home and Community Based Services	135	100%	135	100%

Supported Employment

Westmoreland County has continuously supported and encouraged individuals and organizations to move toward an, “Employment First,” philosophy. Currently, there are ten active Supported Employment providers who deliver an array of services to assist individuals in meeting their employment goals. This continuum is made up of both job finding and job support. Several of the providers also specialize in customized employment and discovery. These ten providers have always been included in the services and supports directory in HCSIS, available to all team members. In an attempt to reduce the confusion and increase ease of use for the individuals and those who support them, a Supported Employment Directory was created for Westmoreland County. It was compiled by the Employment Point Person with information self-reported from providers. It outlines each provider’s contact information, referral process, most recent placements, and demographic areas in which each provider specializes. This tool was rolled out in March 2016 and continues to receive much positive feedback.

As the world of Employment changes for Pennsylvanians, Westmoreland County’s Employment Point person has made a concerted effort to stay abreast of information related to CMS Final Rule, WIOA, and the OVR/ODP joint bulletins. Changes in policy relevant to these employment guidelines and principles continue to evolve and become integrated into ISP approval and authorization of new services. This information is also relayed and discussed at the bimonthly Employment Coalition meetings. The Employment Coalition is made up of family advocates, Supported Employment providers, OVR Counselors, Early Reach Coordinator, Supports Coordination, and Transition Specialists. This year, the coalition has invested its energy in carrying out the action items of the Employment Quality Management Plan. The focus is to double the employment rate of high school graduates, seeking employment, who were enrolled in PFDS within 6 months of enrollment. Constant discussion, resource sharing, and holding team members accountable has already resulted in success for some individuals included in the sample.

A collaboration of the Employment Coalition and Transition Council in Westmoreland County has resulted in the announcement of a local Employment/Transition Conference, slated for October 14, 2016. This conference, themed, “Changing the World of Work,” will provide interactive information for the student/supported individual and the professional/family member. Topics such as Self-Employment, Day Program Without Walls, and the STAR Method Interviewing Workshop, will be presented in an action-packed, one-day conference.

While Westmoreland County has been a recipient of approximately \$10,000 of Employment Pilot funds in FY13/14 and 14/15, there has been no identification or announcement of these

funds being available since. Increasing communication and awareness of the Employment Pilot funds, eligibility guidelines, and suggestions for its use would be a wonderful way for ODP to partner with counties in advancing the “Employment First,” philosophy. These funds could be used to assist those with needs that reach above what the PFDS waiver can support.

The efforts to advance the ODP initiatives on a local level can continue only as long as the overall workload is manageable. AE staff are assigned work duties that are required of the AE Operating Agreement, Regulations, and the OH/ID Act of 1966. ODP should reassess the increasing administrative requirements that counties must stay in compliance with as per the AE Oversight Monitoring and/or consider increasing administrative dollars assigned to counties to maintain activity in these initiative areas.

Supports Coordination

Westmoreland County Developmental Services estimates it will serve approximately 596 individuals with base funded supports coordination during the 16/17 fiscal year. Approximately 483 of these individuals will receive only case management services to ensure their health and safety. 135 individuals will have base funds allocated to provide supports additional to case management. Base funded Supports coordination provides for intake and registration which is completed at the base service unit upon referral of an appropriate individual.

Individuals receiving supports coordination services only (SC only) receive case management services to provide them and their family with community resources and other information as requested. These individuals are monitored quarterly to ensure health and safety. Individuals with this level of supports coordination, receive at least a yearly review of their Individual Support Plan and PUNS. Based on this needs assessment as well as the desire of the individual, multiple community connections can be made. For instance, should an individual discuss community employment as a desired outcome, a referral to OVR would be completed.

Westmoreland Casemanagement and Supports, Inc. (WCSI) has developed and continues to maintain a wonderful rapport and partnership with the Johnstown District Office of the OVR. In addition, WCSI offers a unique 8-week CareerSTEPS program for transitioning youth, ages 16-24. These and many other resources allow for a substantial connection to the valuable resources that Westmoreland County has to offer.

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

Lifesharing Options

Westmoreland County Developmental Services is a strong advocate for Lifesharing. The current mission is, “To increase awareness, so that Lifesharing is a commonly recognized concept for providers, Supports Coordination Organizations, individuals, and the community as a whole. We aim to encourage people to expand their family circle by inviting others to share their homes,

their families, and their lives.” The following actions have been taken by the coalition to address identified barriers. Future planning is also established below.

Barriers to Lifesharing	AE Action Taken	Future Planning
<p>Lack of Community Awareness <i>When someone states that they are looking to live in a group home, this is a concept that elicits a picture in most minds. However, we have come to realize that concurrent image doesn't appear for the Lifesharing service. Without the community having a connection to this service, it will not grow as a concept or as a feasible residential option for individuals.</i></p>	<p>Biannual Lifesharing E-Newsletter</p> <p>Increasing coalition participation/attendance</p> <p>Lifesharing Awareness Events-2016 & 2013</p> <p>IDD Awareness Table at Westmoreland Mall-2011</p> <p>Active involvement and Participation on the Pennsylvania Lifesharing Coalition and subcommittee</p> <p>Revised Westmoreland County LS Brochure/Annual Distribution</p> <p>Regular updates to Westmoreland County website</p>	<p>Representation during Westmoreland County IDD Awareness Mall Event</p> <p>Increasing Social Media Outreach</p> <p>Development of a 2017 Awareness Event</p>
<p>SCs are not fully equipped in providing information. <i>Unless an SC has an individual receiving service on their case load, they will not have a readily accessible description for individuals and those who support them. We have worked tremendously on developing that description for them.</i></p>	<p>SC participation in coalition</p> <p>Development of Overcoming Barriers tip sheet</p> <p>Annual Training and New Employee Training @ SCO</p> <p>Large SCO training and provider presentation-2012</p>	<p>Large SCO training and panel presentation-2017</p>
<p>Residential Referrals are mostly for</p>	<p>Filtering of all residential</p>	<p>Continuation and</p>

CLAs	referrals and tracking of CLA/Lifesharing SCO LS Point Person Outreach/Follow-up when referrals are made	revision of current policy/process Report out to SCs on progress of referrals
Lifesharing Homes are not readily available	Creation of and continuous updates/distribution of vacancy profile-quarterly	Consider base contracts for LS Creation of LS homes to be used for respite as matches are found Develop a resource kit for providers to increase family interest
Funding/Waiver Prioritization <i>Consolidated Waiver funds are allocated to individuals with the most emergent needs. Individuals who find themselves in these situations cannot have health and safety needs met during a lengthy matching process.</i>	Outreach to individuals on PUNS for Lifesharing	Better information/outreach for those in the Aging Caregiver Initiative Respite homes available to expose individuals to this type of service Educate and inform providers on how to best utilize ODP start-up funds.

The efforts to advance the ODP initiatives on a local level can continue only as long as the overall workload is manageable. AE staff are assigned work duties that are required of the AE Operating Agreement, Regulations, and the OH/ID Act of 1966. ODP should reassess the increasing administrative requirements that counties must stay in compliance with as per the AE Oversight Monitoring and/or consider increasing administrative dollars assigned to counties to maintain activity in these initiative areas.

Cross Systems Communications and Training

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

Supporting Individuals with Multiple Needs

During the months of January through March 2016, Westmoreland County DS developed a comprehensive training and participated in the first Human Services Cross-Systems Training initiative. Several agencies were involved in this effort. BH/DS, Westmoreland Casemanagement, Drug and Alcohol Commission, Children's Bureau, Area Agency on Aging, Early Intervention, Housing Authority and the Transit Authority all provided trainings in order to improve inter-departmental team work and learn how to access other systems. For other ongoing training topics that will help support individuals with multiple needs, Westmoreland County DS has designated \$10,000. Sufficient base allocations will need to be continued to ensure the availability of these funds.

Local School Districts

Westmoreland County supports the efforts of the Intake and Registration staff at the SCO in attending local school district events. In doing so, families, professionals, and individuals can make the connections with those who will be able to assist with the eligibility and referral process for ID Services.

Cross-systems Collaboration

The IDD Awareness Planning process provides a wonderful opportunity to collaborate with local providers of various services. During the 6-month effort, providers, SCO staff and AE staff are able to gain a better understanding of each other's duties and build a better rapport for overall service delivery, while working toward common goals.

In the BH/DS office, there are representatives from both the BH Department and the DS Department who serve as the Dual Diagnosis Point persons. These staff members work closely together on complex cases in order to achieve the least restrictive outcome for individuals who have both ID/BH diagnoses. This constant connection and collaboration has helped each point person to become more educated about the counterpart's service system. In addition, during the Risk Management monthly calls, there is at least one representative from the BH Department available to discuss services and supports from this perspective.

The Westmoreland County Aging/Intellectual Disability County Team will identify the needs of elderly that also receive ID services. The Westmoreland County Aging/Intellectual Disability County Team develops a free cross-systems training targeting aging, intellectual disabilities, behavioral health and substance abuse systems.

Emergency Supports

With increased frequency, individuals with intellectual disabilities living in Westmoreland County find themselves in crisis such as homelessness or unanticipated loss of essential natural supports. Whether the crisis arises as a result of inadequately diagnosed or untreated mental illness or the death or serious health issues of an elderly caregiver, these situations are often challenging and can present an immediate health and safety concern.

If no waiver capacity is available within the County capacity commitment, Westmoreland County Developmental Services works in conjunction with the Supports Coordination Organization (SCO) to explore alternative waivers or services to meet the individual's needs,

link individuals with community resources, explore natural supports, locate PCH/Dom Care/homeless shelters, and make referrals as necessary. When alternative solutions are not appropriate, base funding can be used to provide immediate care and supervision in these crisis situations.

Emergency response plan:

- Westmoreland County Behavioral Health/Developmental Services utilizes a 24/7 crisis hotline to access County and Supports Coordination Organization personnel to address emergency situations as they are identified.
- An agreement has been established with a local base-contracted provider to be on-call and available for any emergency support needs that may occur outside of business hours.
- Based upon historical information, we anticipate the need for base allocated funding to respond to crisis situations yet to occur in the 16/17 fiscal year. Westmoreland County Developmental Services typically utilizes base funds to provide residential services and supports to prevent homelessness and allow individuals to have their health and safety needs met while living in the community.
- If base funding were not available, Westmoreland County Developmental Services would utilize ODP's unanticipated Emergency Request Process if the individual is at immediate risk due to loss of caregiver, loss of home, or other such circumstances.

Administrative Funding

PA Family Network

Westmoreland County DS Program Specialist has participated in a day-long regional discussion of Communities of Practice: Supporting families through the lifespan. Westmoreland County DS is evaluating staff availability to determine our level of interest in developing a collaborative with individuals, families, SCO, providers and a wide range of community organizations in our county to support individuals via this framework.

Navigation/Connection/Networking

Community connections and networking are a direct result of the IDD Awareness Planning Committee. This group of invested AE Staff, SCO Staff, Providers and Self-Advocates, have worked successfully for the past 6 years to produce an array of awareness activities, networking opportunities, and training partnerships during the month of March. March is recognized nationally as Intellectual Disability Awareness Month and is a wonderful opportunity to pull the local service system together for a common purpose. In an attempt to reach out to the larger community both a Facebook page and a Westmoreland County IDD Awareness website are utilized. These virtual connection tools have gathered quite the following and have solicited feedback nationwide. IDD Awareness is not the only opportunity for networking presented at a local level. Both the Lifesharing Picnic (described above) and the Transition/Employment conference (described above) has and will provide a valuable opportunity for professionals, families, and supported individuals to reach out to each other and learn more. For ongoing training needs, Westmoreland County has designated \$10,000 in base funds for future training needs. Sufficient base allocations will need to be continued to ensure the availability of these funds.

HCQU

Health Care Quality Units (HCQUs) serve as the entity responsible to county ID programs for the overall health status of individuals receiving services in the county programs. Westmoreland County Developmental Service manages the \$1,664,453 allocation on behalf of an eight county collaborative for the local HCQU. The HCQU provides physical and behavioral health related training topics to Developmental Services' service delivery systems and support staff so that they can better assist persons with I/DD (training 2,491 participants from Westmoreland County in 2015); support healthcare professionals and support those who work with the I/DD community by building capacity in the community; provides clinical healthcare expertise to caregiver teams supporting individuals with complex physical and behavioral healthcare needs through their Complex Technical Assistance (CTA) process; and collect and analyze health-related data to identify and improve support. From this data the HCQU developed a newsletter for service providers that includes information for the prevention and follow up of five common health related incidents: Aspiration & choking; urinary tract infections; closed head injuries; feeding tube care and constipation.

In addition to the support provided above, the HCQU also supports 8 Administrative Entities in their quality initiatives. The HCQU serves as support to Westmoreland County's Developmental Services Quality Management Plan in the priority areas of Dual Diagnosis, Participant Safeguards and Lifesharing

IM4Q

Independent Monitoring for Quality (IM4Q) is a statewide process, implemented to meet CMS's requirement for completing independent monitoring of those receiving services from the ID system. Westmoreland County contracts with Mental Health America to administer this process and to provide the individual and aggregate results of their activities. ODP determined using ODP's Essential Data Element (EDE) survey tool, that the number of Westmoreland County individuals and families to be interviewed by the IM4Q Team in this 15/16 fiscal year is 127. The survey targets safety, satisfaction and quality of life issues for people with intellectual disabilities. In Westmoreland County, data from the Independent Monitoring for Quality (IM4Q) process has been used to address unmet communication needs of its citizens, increase the number of individuals who carry some form of emergency identification, and identify those in need of an emergency preparedness plan. The focus of this year's surveys includes the Desired Outcome that individuals have the opportunity to have someone they can confide in when they are sad or upset if they choose and/or are recommended and are satisfied with what they have. The Quality Management Plan includes the ODP Priority of *Participant Outcomes and Satisfaction*. The IM4Q data will be used to look at individuals' satisfaction with and availability of therapies, including non-waiver and waiver therapies. ODP can partner with Westmoreland County to identify more streamlined satisfaction and quality of life statistics for individuals involved in ODP initiatives.

Higher Levels of Need

The Dual Diagnosis Treatment Team (DDTT) is a recovery oriented, person-centered approach to supporting individuals with co-occurring behavioral health diagnosis and a developmental disability. This service has been available since March 2015. 16 Westmoreland County residents are currently participating in this service and three individuals are on the waiting list.

Five individuals are scheduled for discharge by the end of June, 2016 with significant improvements made in their quality of life. Prior to DDTT all five used behavioral health crisis services repeatedly. Since beginning with DDTT in March, 2015, four of the five have not utilized any crisis services and the other person's use of crisis services has decreased dramatically.

Individuals diagnosed with an intellectual or developmental disability in need of nursing home services and specialized services are offered support through the OBRA program while in the nursing home environment. Specialized services are activities including but not limited to socialization, community integration, and exercise. The service is intended to supply the additional support that the nursing home is unable to provide due to the individual's unique behavioral or cognitive needs. Currently Westmoreland County Developmental Services provides supports to 42 adults with developmental disabilities living in area nursing homes, both short term and long term stays.

There are currently 34 residents of Personal Care Homes (PCH) throughout Westmoreland County registered with our Supports Coordination Organization (SCO). The Westmoreland County Developmental Services program has long recognized that individuals living in large capacity PCHs (10 or more residents) would benefit from community support services as well as vocational and employment services. Of those 34 residents, Westmoreland County is now providing Base Funded Supports to 16 individuals. Services include Home and Community Habilitation, Day Program, Vocational and Employment Supports, Transportation and Behavioral Supports. In Domiciliary Care there are 12 individuals registered with our SCO. One of these individuals is receiving base funded services.

Allocated base funding is used to support 11 individuals living on their own who without support may not be able to maintain such independence. These supports include habilitative service in the home and community, prevocational support, employment support and transportation. Base funding is also used to support individuals living in the private home of a relative or friend. These supports offer supervision, respite, participation in camps, home and vehicle adaptations and habilitation supplies.

In a continued attempt to improve supports provided to individuals who have communication challenges, Westmoreland County DS and Westmoreland Casemanagement and Supports, Inc. developed a Communication Workgroup. This group put a concerted effort toward developing better resources and direction to SCs in assisting individuals with communication challenges. Outcomes of this workgroup include a resource guide, better direction toward teams in creating outcomes vs. communication profiles, and enlisting provider support for assistive technology assessments and training. This group continues to meet as unique communication challenges arise. Ongoing sampling of approved ISP's will ensure that individuals with communication needs are receiving the best supports and teams are utilizing the most effective strategies for them to have a better quality of life.

Westmoreland County families are offered specialized training for physical health topics through the local Health Care Quality Unit. Also Base-funded home accessibility accommodations are available to these individuals in order to live in a least-restrictive environment. ODP can assist by continuing to provide sufficient allocations.

Westmoreland County DS has also initiated the Print Issue Process that was a result of a Directed Corrective Action during the Cycle 7 AEOMP.

Risk Management

In January 2016 ODP replaced the existing system of managing incidents with Enterprise Incident Management (EIM). Westmoreland County Developmental Services monitors the EIM System daily to ensure compliance with system requirements as well as individual health, safety, and welfare. Incident management data is analyzed quarterly and findings are available to ODP. A sample of certified investigations is reviewed annually to identify compliance issues and make recommendations for improvement. Technical assistance and training opportunities are provided to stakeholders as necessary. Incident Management data is also used for Developmental Services risk management process and quality management plan.

The Risk Management Committee, consisting of representation from Behavioral Health, ODP, SCO-BH & ID, Developmental Services and the HCQU, meets monthly and is responsible for reviewing and analyzing individual and aggregate data to mitigate risk to those receiving ID services. Using incident management data, once a person meets the criteria of “At Risk,” recommendations from the committee are incorporated into an action plan and forwarded to the provider and Supports Coordinator for completion by the person’s team. The risk management team then provides feedback and the action plan continues until the risk is mitigated.

Mitigating risk enhances individual health and well-being, and ultimately improves a person’s quality of life. Risk Management supports an efficient and cost-effective use of resources.

The HCQU is an integral part of this process as many people at risk are also referred for a CTA (Complex Technical Assistance.) Since the process started in January 2013, 30 CTA’s have been completed as of December 2015, with successful resolution and a positive impact for 86% of the people at risk in the physical health categories and 71% of the people in the behavioral health categories.

ODP can assist Westmoreland County as complex cases arise that would necessitate regular conference calls to divert individuals from homelessness and/or repeat hospitalization. In addition, providers involved in these cases will require technical assistance from ODP to obtain the best outcome for the individuals concerned.

Housing Coordinator

In order to better utilize the county housing coordinator as a resource for individuals with ID, Westmoreland County DS will take the following actions. Contact will be made with the Housing Coordinator to establish a dialogue. Resources will be explored to determine benefit and applicability to individuals with ID. Possible connections will be made between the Housing Authority and the SCO.

Provider Emergency Preparedness

Westmoreland County engages service providers regarding their Emergency Preparedness Plans during Provider Monitoring. During this process, Provider Monitoring Leads determine that providers have a documented Emergency Disaster Response plan that addresses individual’s safety and protection, communications and/or operational procedures. The Provider Monitoring leads review these plans and provide recommendations for improvement.

Participant Directed Services (PDS)

Westmoreland County currently supports 30 individuals in Agency with Choice- Financial Management Services (FMS) and 5 individuals in State Vendor Fiscal-FMS. We have developed a work group with the SCO to develop tools for the SC to promote and educate individuals and their families. Every individual is informed by their Supports Coordinator at the time of their annual meeting about Financial Management Services and their option to self-direct services. Our county participates in quarterly regional meetings with AE, ODP and providers to discuss barriers and solutions. A large barrier to increasing the use of Participant Directed Services is the lack of Managing Employers due to work effort. Because of the lack in Managing Employers individuals often choose a trusted family member which can be counterproductive to individual's independence from family. There is continued discussion with ODP and providers at our regional meetings to promote the use of Supports Brokers to alleviate the Managing Employers responsibility. We will continue to make stakeholders aware of ODP Trainings that become available.

Community for All

Westmoreland County has reviewed the data regarding the number of individuals receiving services in congregate settings. Currently, there are 105 individuals residing in either a private ICF/ID or a Nursing Home setting. Supports Coordinators are regularly monitoring the progress toward returning to the community, on an individual-by-individual basis. In the event that anyone would be identified as returning to the community due to, no longer requiring Nursing Home Level of Care or having changed Service Preference, a PUNS would be completed and the waiver capacity management process would begin. Money Follows the Person is another avenue that could be considered if/when the congregate setting is determined too restrictive to meet the person's needs.

HOMELESS ASSISTANCE SERVICES

Continuum of Services:

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

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

Homeless shelters address clients' immediate needs. Residents of the shelter can only stay for a limited number of days, and then must relocate. Shelters refer individuals and families to WCHA

for permanent housing. The Homeless Assistance Program (HAP) and the Emergency Solutions Grant assist homeless individuals and families with a first month's rent and/or security deposit. WCHA's Section 8 Program gives a preference to residents of a homeless or domestic violence shelter. WCHA and Westmoreland County homeless and domestic violence shelters have a cooperative working relationship.

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

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

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

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

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

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

Bridge Housing:

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

Case Management:

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

housing. The Casemanager will make referrals to the appropriate community and social service agencies. Casemanagers act as a liaison between client, landlord and agencies. The application is also reviewed to determine client need and eligibility. Rental assistance is provided if the applicant is eligible.

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

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

No changes in Case Management are planned for this year.

Rental Assistance:

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

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

No changes in Rent Assistance are planned for this year.

Emergency Shelter:

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

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

No changes in Emergency Shelter are planned for this year.

Other Housing Supports:

No funds are expended for Other Housing Supports. With the increasing need for rent assistance and limited funds, HAP funds are better utilized to assist with rent than other housing supports. WCHA has developed relationships with community and social service agencies that provide housing supports. HAP Casemanagers make referrals to the appropriate agency to meet other housing needs.

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

CHILDREN and YOUTH SERVICES

*****FOR COUNTIES NOT PARTICIPATING IN THE BLOCK GRANT, PLEASE INCLUDE THE FOLLOWING STATEMENT UNDER THE CHILDREN AND YOUTH SERVICES HEADING IN YOUR PLAN:**

“Please refer to the special grants plan in the Needs Based Plan and Budget for Fiscal Year 2016-2017.”

*****THE BELOW SECTION IS REQUIRED ONLY FOR COUNTIES PARTICIPATING IN THE BLOCK GRANT*****

Briefly describe the successes and challenges of the county's child welfare system and how allocated funds for child welfare in the Human Services Block Grant will be utilized in conjunction with other available funding (including those from the Needs Based Budget and Special Grants, if applicable) to provide an array of services to improve the permanency, safety, and well-being of children and youth in the county.

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.

Westmoreland County Children's Bureau mission is to protect children from abuse and neglect, preserve families whenever possible and to ensure that every child under our care and supervision has a safe, stable and permanent home in which to grow. Empower children, youth and families to become independent and to function at the highest degree possible. This mission is achieved through providing access to high-quality, cost-effective services, while valuing respect, self-determination, and culturally competent practices. The agency vision is to consistently work towards improving outcomes of child safety, permanency and well-being, through providing quality care, services, and advocacy. Strive to affect positive change through the utilization of best practice, evidence-based models – implemented in an ethically competent manner.

Challenges:

As a result of implementing the 23 new Child Protective Service Laws, the agency continues to see increases in referrals and services across all categories. Over the past fiscal year, we have seen a 27.41% increase in CPS Cases, 4.41% increase in GPS cases and a 5.58% increase in cases accepted for services. Since the Child Welfare Information Solution (CWIS), the statewide database went live; our employees continue to struggle with the additional time for data entry and challenges in navigating the new system.

Successes:

Despite the challenges, agency staff did a tremendous job adjusting to two major, complex system changes, in implementing all of the new laws and adjusting to the increase in volume of cases, and utilizing the statewide database system (CWIS). The agency consistently outperforms the state, western region and all class 3 counties in having the least amount of children in out of home placement, as illustrated in the five year averages, provided by Hornsby Zeller data. From 2008-2015, the agency has increased Kinship foster placements by 305% (placing children with their relatives, or with people they have a relationship with reduces trauma). From 2008-2015, the agency reduced staff turnover from 24.17% in 2008 to 9% in 2015.

The agency has enhanced operation through agency driven initiatives, county led initiatives and through collaboration and support from the Administrative Office of Pennsylvania Courts, Division of Children, Youth and Families; Children’s Roundtables, services and support through SWAN/Diakon, and technical assistance extended from the American Bar Association.

The funding we receive through the Block Grant for the evidence based services of FGDM, MST and Housing, has assisted in improving our federal outcomes of child safety, permanency and well-being. The chart below illustrates all of the outcomes that are targeted through these services, and the measurement and frequency of evaluating its success (outcome data is received through monthly reports and year end reports).

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

Outcome	Measurement and Frequency	The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome
<p>Safety (1.) Children are safe and all of their needs are being met (no additional referrals of CA/N)</p> <p>(2.) track the # of children who safely remain in their own homes as a result of MST, FGDM, Housing</p>	<p>Monthly reports and year end statistics</p>	<p>MST, FGDM, Housing</p>
<p>Permanency (1.) children have permanency and stability in their living arrangement (track placement stability/# of moves)</p> <p>(2) measure the continuity of family relationships and connections (report family's progress and compliance in meeting their goals)</p>	<p>Monthly reports and year end statistics</p>	<p>MST, FGDM, Housing</p>
<p>Child & family Well-being</p> <p>(1.) Families have enhanced capacity to care for their children (meeting all service planning goals)</p> <p>(2.) Children receive appropriate services to meet their needs (meeting all service planning goals)</p>	<p>Monthly reports, FSP/ CPP reviews and year end statistics</p>	<p>MST, FGDM, Housing</p>

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.

Program Name:	MST
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Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program

MST is a time limited (4-6 months), intensive family interventions intended to stabilize the living arrangement, promote reunification, or prevent and reduce the utilization of out of home therapeutic resources. This approach focuses on the natural environment of the child and family, and strives to change how the child/adolescent functions within the context of his/her ecology, home, school neighbourhood, and peer group.

MST is an evidence based practice that repeatedly has been shown to:

- Keep kids in their home, reducing out-of-home placements up to 50 percent
- Keep kids in school
- Keep kids out of trouble, reducing re-arrest rates up to 70 percent
- Improve family relations and functioning
- Decrease adolescent psychiatric symptoms
- Decrease adolescent drug and alcohol use

MST serves children and adolescents ages 12-17 who demonstrate externalizing and “delinquent” behaviours symptomatology consistent with a DSM-IV (Axes I-V) and the DSM-V diagnosis which requires, and can reasonably be expected to respond to therapeutic intervention.

- 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 this is only funded by the block grant at this time

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Kids ages 12 – 17	Kids ages 12 – 17
# of Referrals	53	63
# Successfully completing program	45	66
Cost per year	60,000	60,000
Per Diem Cost/Program funded amount	67.63/day	67.63/day
Name of provider	Adelphi	Adelphoi

***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 x No

We have actually over spent in this during the last fiscal year, we moved money from FGDM (which was under) to help cover the higher cost in MST.

Program Name:	FGDM
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Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. 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 purpose of FGDM is to establish a process for families to join with relatives and friends to develop a plan for ensuring that children are cared for and protected from future harm in ways which fit their culture and situation. In addition, FGDM extends responsibility for children’s safety, well-being and permanence to families, communities and natural supports.

Collective research has shown that, when compared to traditional child welfare practices, plans developed collaboratively by families, their support networks and child welfare system representatives are more likely to keep children safe, result in more permanent placements, decrease the need for foster care, maintain family bonds, and increase family well-being.

The population served by FGDM is children who have been abused/neglected and their family groups. FGDM can benefit children/adolescents ages 0-17, and the parents/caregivers of children ages 0-17. FGDM can also serve youth ages 17-21 for independent living purposes.

- 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. Yes, additional funds are received through the special grant; we are using the funds from the Block grant first then using the special grant funds. These funds are used to

pay for part of an in-house program specialist position whom acts as a coordinator and liaison for FGDM cases. The person in this position also facilitates FGDM meetings for other human service agencies that request it.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	0 to 21	0 to 21
# of Referrals	43	65
# Successfully completing program	22	30
Cost per year	100,000	100,000
Per Diem Cost/Program funded amount		
Name of provider	Justice Works/in house	Justice Works/in house

***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?
 x Yes 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.

Through thoughtful analysis over the past two years, the agency has been able to recognize that there was an underutilization of Family Group Decision Making Program funds in Westmoreland County. Specifically, the agency found that the initial referral of Family Group Decision Making was occurring later in the case history (i.e. after the case was accepted for services, placement, reintegration, etc.) than expected, thus leading to less overall referrals.

In response, over the past year, the agency has attempted a pilot program that would refer Family Group Decision Making prior to the case being accepted for

services (pilot size was one unit consisting of one supervisor and five caseworkers). The effect of the pilot was seen through an increase of 11 referrals over the fiscal year. Yet upon further analysis, cases were still not being referred within the specified time, thus the pilot program required a rewriting of policy and will be implemented again in fiscal year 16-17.

In addition, an in-house Family Group Decision Making position has been established to assist in tracking the data, providing insight/advisement, and advocating for the use of the practice across all human services departments

Based upon analysis of past years, understanding the limited findings from the pilot program, and the creation of a Family Group decision making position, the agency projects an increase in utilization of Family Group Decision Making funds during the coming fiscal years.

Program Name:	Housing
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Please indicate the status of this program:

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

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program

The housing grant is utilized for the purpose of preventing placement and preserving the family in their home of origin, or is utilized to expedite reunification. The intent of the program was to budget up to \$1000 per family in need. However, our housing committee evaluates each family's needs individually and provides funding based on their need. We mostly pay for rent/security deposits to allow people to maintain in their

current homes with their children. We also pay utilities for clients so they can continue to have water/power/heat, thus preventing us from having to remove the kids from the home.

- 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.

We do have extra special grant funds in the NBPB (\$50,000). Those funds were requested due to the increasing demand for housing assistance in our county. We only use the special grant funds in the NBPB once the block grant allocation is used up (which has happened the last couple years for this needed service).

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Any family in need	Any family in need
# of Referrals	215	230 families / 645 individuals
# Successfully completing program	All	all
Cost per year	100,000	\$100,000
Per Diem Cost/Program funded amount		
Name of provider	Various	various

***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 x No

No underspending has occurred during the past fiscal year.

DRUG and ALCOHOL SERVICES

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

The Single County Authority (SCA) of Westmoreland County is an Independent Commission and has been for over 35 years. DDAP oversees the network of SCAs throughout PA and performs central planning, management, and monitoring duties, while the SCAs provide planning and administrative oversight for the provision of drug and alcohol services at the local level. The Westmoreland Drug and Alcohol Commission, Inc. is the designated non-profit agency designed to carry out the drug and alcohol treatment, prevention and intervention needs of the county. Under the option of an Independent Commission the Department contracts directly with a non-profit corporation organized in accordance with the Pennsylvania Non-profit Corporation Law, 15 Pa. C. S. §5101 et seq.

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

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

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

Block Grant funding will provide coverage for drug and alcohol inpatient non-hospital detoxification and residential rehabilitation, including halfway house services. The funding also serves individuals who are uninsured, do not have insurance that covers the service they need, or cannot obtain Medical Assistance benefits. The intent of the block grant funding is to provide persons in need of substance abuse services access to the full continuum of drug and alcohol treatment. Funding is available for administration and case management costs, including assessment and the full continuum of care as determined by the Pennsylvania Client Placement Criteria 3rd edition (PCPC) for adults or the American Society of Addiction Medicine Criteria (ASAM) for adolescents. Block Grant funding can also be used for client support services that will enhance an individual's participation in treatment and prospects for recovery. Services require authorization through the SCA and billing is through the SCA.

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

Inpatient Non-Hospital Treatment and Rehabilitation: A licensed residential facility that provides 24 hour professionally directed evaluation, care and treatment for addicted clients in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, and/or school functioning. It is projected that 170 clients will receive duplicated services in this category: 100 detox, 110 rehab and 5 halfway house.

Partial Hospitalization: Services designed for those clients who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24 hour inpatient care. Services consist of regularly scheduled treatment sessions at least 3 days per week with a minimum of 10 hours per week. It is projected that 40 clients will be served.

Outpatient/Intensive Outpatient: A licensed organized, non-residential treatment service providing psychotherapy and substance use/abuse education. Services are usually provided in regularly scheduled treatment sessions for a maximum of 5 hours per week; IOP is an organized non-residential treatment service providing structured psychotherapy and client stability through increased periods of staff intervention. Services are usually provided in regularly scheduled sessions at least 3 days per week for at least 5 hours (but less than 10 hours). It is projected that 400 clients will be served.

Medicated Assisted Treatment (MAT): Any treatment for opioid addiction that includes a medication approved by the U.S. Food and Drug Administration for opioid addiction detoxification or maintenance treatment. This may include methadone, buprenorphine, naltrexone, or Vivitrol. It is projected that 50 clients will be served.

Prevention: The use of social, economic, legal, medical and/or psychological measures aimed at minimizing the use of potentially addictive substances, lowering the dependence risk in susceptible individuals, or minimizing other adverse consequences of psychoactive substance use.

Annualized data from 2015/2016 was used to project the number of clients to be served in 2016/2017. The SCA anticipates service delivery to 305 Block Grant Treatment clients.

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

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

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

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

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

Waiting List for Each Level of Care: Currently, Westmoreland County has treatment providers who facilitate the following levels of care:

- Medicated Assisted Treatment (MAT)
- Outpatient Treatment/Intensive Outpatient Treatment
- Partial Hospitalization

There are no current waiting lists within Westmoreland County to receive any of the above listed outpatient treatment services. However, due to the growing overdose epidemic, there continues to be a state wide need for an increase of bed availability for detox/ rehabilitation treatment services. The SPHS Case Management Unit reports that clients often face waiting lists when attempting to access detox and inpatient non-hospital treatment and rehabilitation services through contracted out of county providers even though funding was ascertained.

To expedite access to treatment services, the Case Management Unit implemented a walk-in process for a level of care assessment. This process allows an individual to show up at the Case Management Unit Monday through Friday from 9:00 am to 12:00 pm and to be seen on a first come/first serve basis. This allows individuals to be seen for their level of care assessment the same day and to be referred to treatment.

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

Barriers to Accessing Treatment Services: The SCA identified the following issues and system barriers to be problematic for county residents seeking treatment services:

- Westmoreland County is a predominately rural county.

With a lack of county wide transportation system, residents encounter an ongoing barrier when trying to access public transportation. Although there is a Medical Assistance Transportation Program available, many SCA/public clients do not meet the eligibility requirements to utilize the program. Those clients who do meet the eligibility criteria must schedule transportation days in advance and there are often long waits associated with the service, causing late arrivals to treatment appointments.

The SCA had at one time participated on a committee which focused on transportation in an attempt to identify ways to overcome this barrier for Westmoreland County residents. This continues to be an ongoing barrier with no current solution. The SCA will have a future meeting with the transit authority to further explore transportation options for clients.

- Currently, Westmoreland County does not have a non-hospital detox/non-hospital residential treatment facility. Although the treatment demands for non-hospital detox and non-hospital rehab are being met by referring individuals to out of county contracted providers, accessibility to these levels of care will increase with an in county provider.

The SCA is currently working with Gateway Rehab, which will be opening a 16 bed non-hospital detox/non-hospital rehab by fall 2016, to meet this treatment need.

- There is a treatment demand for long term and halfway house

The SCA increased the number of halfway house contracts to assist with meeting this issue. It would be valuable to provide both long term rehab and halfway house level of care for Westmoreland clients who wish to return to their county of residence.

Capacity Issues: Due to the overdose epidemic, numerous treatment providers within Westmoreland County increased their capacity to meet the county's current treatment needs. This resulted in an increase in capacity for methadone maintenance treatment services and outpatient treatment services. Also, numerous out of county detox and inpatient rehabilitation treatment facilities have either increased capacity and/or are looking to increase capacity within the next fiscal year. Overall, there continues to be a need to increase detox and inpatient rehabilitation beds statewide.

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

services. These limitations do not apply to priority populations which include the following: pregnant injection drug users, pregnant substance users, injection drug users, overdose survivors, and veterans.

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

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

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

Impact of Opioid Epidemic in the County System: According to the Westmoreland County Coroner's 2015 Annual Report, 75 of the 126 reported overdoses were due to opioid medication use. In efforts to combat the opioid epidemic in the county, WeDAC created two full time dedicated mobile case manager positions stationed at Excelsa Health-Westmoreland Regional Hospital. The dedicated mobile case managers are scheduled to work overnight shifts in order to provide a warm hand off and meet clients as they present at the local Emergency Department, and facilitate detox and/or inpatient treatment referrals.

During this past year, the Certified Recovery Specialist (CRS) program expanded in order to meet the recovery needs of the community. Additional CRS staff were employed, and recovery services are being offered at treatment providers, the community and county prison.

WeDAC assisted with creation of the Drug Overdose Task Force's (DOTF) strategic plan. The strategic plan consists of five main priorities and a number of objectives which outline Westmoreland County's action plan to reduce overdose deaths. The DOTF's objectives include addressing the following areas within the community: education and training, treatment and overdose prevention, tracking/monitoring/and data exchange, partnership with law enforcement and corrections, and community advocacy.

WeDAC purchased 1200 naloxone kits for distribution to county treatment providers and the community. Also, overdose prevention trainings are being provided to county treatment providers through WeDAC and to the general community through the DOTF. We will use additional block grant prevention dollars to purchase additional naloxone kits.

Prescription Drug take back locations were implemented throughout local police departments in Westmoreland County. WeDAC continues to disseminate information regarding current take back locations at local fairs, conferences, and other events.

Any Emerging Substance Use Trends that will Impact the Ability of the County to Provide Substance Use Services: Accidental overdoses have been the primary cause of death among accidents in Westmoreland County over the past 10 years. The number of overdose deaths has climbed steadily since 2002. In the past seven years overdose deaths have climbed from 47 in 2008 to 126 in 2015, showing an increase of 168%.

The heroin that is on the streets of Westmoreland County today is a much purer form as drug dealers seek to control the market by branding their stamp bags and driving addicts to seek out their product at the exclusion of other, less potent formulations. Fentanyl frequently finds its way into batches and the lethality of the mixture is increased substantially. The Westmoreland County Coroner's 2015 Annual Report indicated that in 27% of the heroin related deaths, the heroin was found to be adulterated with acetyl fentanyl and/or fentanyl.

Though heroin use is on the increase due to its availability and it's low-cost, it is not causing most of the deaths. Other substances are causing a majority of the deaths, mostly prescription drugs. In 2011, 9 of 64 persons who overdosed had heroin in their system. In 2012, that number tripled to 27 and in 2013 there were 26 individuals with heroin in their system. The percentage of victims with heroin in their systems increased from 14% in 2011 to 30% in 2013, indicating a drastic increase in the rate among victims. In 2015, 111 of 126 overdoses investigated by the Westmoreland County Coroner's Office showed the cause of death was the result of a combination of multiple drugs found in the decedent's toxicology (also known as Acute Combined Drug Toxicology), such as anti-depressants, benzodiazepines, and opioid medications. Overall, heroin overdoses have increased in Westmoreland County 56% since 2014 and 367% since 2002.

The SCA has seen an increase in the average length of stay for detoxification services from three days to five days. This upsurge is due to the opiate epidemic the county is experiencing. Five hundred eighty-eight individuals were treated for heroin/opiate addiction. This results in an increase of 17% in heroin/opiate users between fiscal year 2012/2013 and 2013/2014.

The SCA has also seen a growing trend over the last five years in criminal justice referrals. Data from fiscal year 2015/2016 shows that 55% of clients admitted to treatment were referred by a criminal justice agency. Please note: no criminal justice related funds flow through the SCA, which limits our ability to help those who are referred by other agencies, families, providers and themselves. The SCA has established relationships with service providers, county agencies, the legal system, the prison system and non-profit agencies, and will continue to reach out to other sectors of the community to develop strategies that will lead us to a more integrated approach to drug and alcohol treatment services and a recovery oriented system of care.

Target Populations

- Adults (ages 18 and above)

Adults currently comprise 95 percent of the population served through WeDAC. Screening, assessment, intervention, treatment, and other case management services are provided for this population.

- Transition Age Youth (ages 18 to 26)

Transition-age youth currently comprise 23 percent of the population served through WeDAC. Screening, assessment, intervention, treatment, and other case management services are provided for this population.

- Adolescents (under 18)

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

- Individuals with Co-Occurring Psychiatric and Substance Use Disorders

Individuals with co-occurring psychiatric and substance use disorders currently comprise 34 percent of the population served through WeDAC. Screening, assessment, intervention, treatment, and other case management services are provided for this population.

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

- Criminal Justice Involved Individuals

Criminal justice involved individuals comprise 55 percent of the clients served through WeDAC. Screening, assessment, intervention, treatment, and other case management services are provided for this population. Clients eligible to participate in the Day Reporting Center program and Drug Court are provided services tailored to this population.

- Women with Children

Women with children currently comprise 10% of the population served through WeDAC. Screening, assessment, intervention, treatment, school based treatment and other case management services are provided for this population. WeDAC currently has contracts with seven providers which offer services for women with children. Also, pregnant injection drug users and pregnant substance users are given preference to treatment as they are priority populations.

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

Recovery-Oriented Services: SPHS Case Management Unit employs five Certified Recovery Specialists to provide Recovery Support Services for individuals 18 years of age and over in the identified target population. Recovery Support Services (RSS) are non-clinical services which SPHS provides to assist individuals and their families to recover from alcohol and other drug problems. CRS services are funded through HealthChoices and base dollars – no Block Grant dollars are utilized. These services complement the focus of treatment, outreach, engagement and other strategies and interventions to assist people in recovery in gaining the skills and resources needed to initiate, maintain and sustain long-term recovery. CRS services will be expanded during the 2016/2017 fiscal year to include the implementation of Forensic CRS services in the Westmoreland County Prison. Recovery Support Services are not a substitute for necessary clinical services. The availability of these services within Westmoreland County greatly complements the development of a Recovery Oriented System of Care.

HUMAN SERVICES and SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Administration:

Program Name: Westmoreland Drug and Alcohol Commission (WeDAC) to administer the Act 152 funds

Description of Services: Administers Act 152 funds which include managing the administrative requirements of DDAP as well as other entities in order to provide many of the services outlined in the Drug and Alcohol Section of this plan.

Service Category: Act 152. See Drug and Alcohol Section of this plan.

Planned Expenditures: \$41,000 (this is not part of HSDF funding. We were instructed two years ago to put this expenditure in this section)

Program Name: Westmoreland Human Service Department, Administration

Description of Services: Manages the administration of the Block Grant, including writing and managing contracts and accounts receivable and payments.

Service Category: Activities and services provided by the Administrator's Office of the Human Services Department

Planned Expenditures: \$17,084

Interagency Coordination:

The following projects require no HSDF funding but involve interagency coordination. Westmoreland County is demonstrating its commitment to interagency coordination through its Truancy Pilot Program, Drug Overdose Task Force, and Systems of Care initiative. The Systems of Care Initiative was re-started in January of 2016.

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

school districts in the 2013-14 school year, with 10 school districts now participating. Our goal is to eventually include all 17 school districts in Westmoreland County.

The Drug Overdose Task Force involves over 100 individuals from the business community, education, health care, law enforcement, the court system, adult probation, juvenile probation, private providers, the state legislature, the County Commissioner's office, the recovery community, the County prison, Veterans Affairs, Westmoreland Drug and Alcohol Commission, Area Agency on Aging, funders, attorneys, Coroner's office, and other stakeholders. The number of overdose deaths in Westmoreland County has increased by 473% from 2002 to 2015. Our goal is to reduce the deaths by 25% by 2019.

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

System of Care Goals

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

System of care objectives

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

We also conduct a needs survey to determine human service needs according to consumers, stakeholders, and the general public. We had over 1,200 respondents in 2016, of which over 38% were consumers or family members. A steering committee and advisory committee oversees the Human Service Block Grant process, including vetting how HSBG funds are used before recommendations are made to the Westmoreland County Commissioners.

Adult Services:

Program Name: Union Mission

Description of Services: The Union Mission will provide life skills education for homeless men in their shelter. These services are essential for the men in the Union Mission Shelter to receive support in finding direction in their lives. These services include educating the residents in personal hygiene skills, skills for living in the community, food preparation, how to find employment, how to keep employment and other skills related to daily living. 100% of their HSDF allocation is for these services.

Service Category: Life Skills

Planned Expenditures: \$2,500

Program Name: Westmoreland County Area Agency on Aging- Adult Guardianship Services for Under 60 Adults

Description of Services: The Westmoreland County Area Agency on Aging (AAA) will continue to provide adult guardianship services for adults under the age of 60. The guardianship program

assumes power of attorney for adults who have no or little other support from family members, and are in need of guardianship services. The cost and number of clients represents approximately 25% of the cost for our guardianship program. These protective services and case management are critical for the safety and well-being of vulnerable adults.

Service Category: Protective

Planned Expenditures: \$70,002

Aging Services:

No services

Children and Youth Services:

No services

Generic Services:

Program Name: United Way 211 Referral System

Description of Services: United Way's 2-1-1 system is a nationally recognized, easy to remember phone number that quickly and effectively connects people in need with resources. In the case of 2-1-1, the connections are to human services and community resources tailored to meet caller's needs. This number is available to all Westmoreland County residents.

Service Category: Centralized information and referral

Planned Expenditures: \$20,000

Specialized Service:

Program Name: Westmoreland County Children's Bureau Generations in Touch

Description of Services: The Generations In Touch (GIT) program is a program for the young and the young at heart. Applicants for both programs must be 55 years or older, a resident of Westmoreland County, able to obtain Act 33 and 34 clearances and have a valid Pennsylvania Driver's License and Insurance. The GIT In-Home program is its 19th year of existence. The main purpose of the GIT is to keep children safe in their family home. The GIT program attempts to make this a reality by providing support to the families as well as to the caseworkers. The GIT program links the senior population to work with pre-school age children, 0-5 years of age in their families' homes where abuse and/or neglect has already been documented. During training, the GIT worker will learn listening skills, how to give emotional support, indicators of abuse, and legal issues related to reporting child abuse.

Service Category: New service or combination of services designed to meet the unique needs of a specific population that are difficult to meet with the current categorical programs.

Planned Expenditures: \$24,531

Program Name: Blackburn Center

Description of Services: The Blackburn Center provides sexual abuse prevention programs to 2,700 children and teens in small groups or classroom settings. The training is presented by Blackburn Center staff members. The classes are presented in an age appropriate fashion, geared to the developmental period of the audience. The goals of the program are to decrease the incidence of sexual assault and bullying for children and teens. Blackburn Center has been providing education programs in school districts across Westmoreland County for nearly thirty

years. Blackburn Center also provides direct services to adult and child survivors of sexual assault and domestic violence, though this is not part of their work for the Block Grant.

Service Category: New service or combination of services designed to meet the unique needs of a specific population that are difficult to meet with the current categorical programs.

Planned Expenditures: \$11,000

Program Name: ParentWise

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

Service Category: New service or combination of services designed to meet the unique needs of a specific population that are difficult to meet with the current categorical programs.

Planned Expenditures: \$14,000

Program Name: Westmoreland County Food Bank

Description of Services: The Westmoreland County Food Bank will use HSDF funds for coordination of volunteer hours needed to operate the Food Bank. The use of volunteers has increased due to the cuts in funding and the increased demand. The staff who coordinate volunteers spend their hours recruiting, training, organizing, scheduling, communicating with, and supervising volunteers. 100% of all recipients of these services are at or below 150% of FPIG level.

Service Category: New service or combination of services designed to meet the unique needs of a specific population that are difficult to meet with the current categorical programs.

Planned Expenditures: \$49,374

Program Name: Big Brothers/Big Sisters of the Laurel Region- Community-based Mentoring

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

Service Category: New service or combination of services designed to meet the unique needs of a specific population that are difficult to meet with the current categorical programs.

Planned Expenditures: \$7,810

Program Name: Big Brothers/Big Sisters of the Laurel Region- School-based Mentoring

Description of Services: Big Brothers/Big Sisters of the Laurel Region (BBBSLR) School Based Mentoring focuses on matching adult volunteers with elementary age children in a “lunch buddies” program. Volunteers meet their matched student for lunch one day a week at the school to provide support and encouragement for the student. BBBSLR provides a site coordinator for the schools who participate to monitor the operation of the program. The outcomes of this program are increased academic achievement, decreased absences, increased self-confidence, and improve relationships with peers.

Service Category: New service or combination of services designed to meet the unique needs of a specific population that are difficult to meet with the current categorical programs.

Planned Expenditures: \$2,208

Program Name: Connect, Inc.

Description of Services: Connect, Inc. provides an emergency shelter for single women and families with children. Case management and life skills programming is provided for guests in order to give them a chance to stabilize their life situations and work toward safe, affordable, permanent housing in the community. A nutrition education program is provided by Penn State Cooperative Extension. Budgeting, home maintenance, and smart shopping groups are conducted on a monthly basis. Westmoreland Community Action provides a bi-weekly informational group to the guests of the shelter on community resources. The Blackburn Center provides weekly domestic violence/victim issues education to increase the guest awareness of these stressful situations and how to cope with them.

Service Category: New service or combination of services designed to meet the unique needs of a specific population that are difficult to meet with the current categorical programs.

Planned Expenditures: \$2,500

Note: Targeted Case Management and Community Services are located within pages 6-31 under Mental Health that total \$139,484 redistributed HSDF funds.

Total for all HSDF categories: \$360,493

PART V: ATTACHMENTS

- Attachment A: Proof of publication of notice for Block Grant Public Hearings on March 21 and April 8, 2016
- Attachment B: Sign in sheet from Public Hearing on March 21, 2016
- Attachment C: Minutes from March 21, 2016 Public Hearing
- Attachment D: Sign in sheet from Public Hearing on April 8, 2016
- Attachment E: Minutes from April 8, 2016 Public Hearing
- Attachment F: Roster of the Westmoreland County Block Grant Advisory Committee
- Attachment G: Assurance of Compliance

Attachment A:

**Proof of publication of notice for Block Grant Public Hearings
March 21st and April 8th, 2016**

PROOF OF PUBLICATION

State of Pennsylvania }
County of Westmoreland } SS.

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

March 10, 11, 12 and 14, 2016

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

Patricia A. Herback
Business Manager



Subscribed and sworn to before me this

17 day of March A.D. 2016

[Signature]
Notary Public

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Janice L. Knechtel, Notary Public
City of Latrobe, Westmoreland County
My Commission Expires Dec. 24, 2017
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Attachment B:

Sign in sheet from Public Hearing on March 21, 2016

**Human Service Block Grant Public Hearing
March 21, 2016, 5pm
Sign-in**

Name (Please Print)	Provider / Consumer / General Public / Other
Shara Savitski	WCCB Administrator
Austin BEEGLE	BH/DS ADMINISTRATOR
Jon Mattozzi	SPHS Supervisor
Carrie Lucoter	WCHA
Sherry ANDERSON	COMMUNITY MEMBER
Aylene Price	Consumer
TAY WALTERBAUGH	WCA
Colleen Hughes	WEDAC
Elizabeth Conr	WEDAC

Attachment C:

Minutes from March 21, 2016 Public Hearing

Human Service Block Grant Public Meeting March 21, 2016

Public Comments

Norene Price, Consumer

- Heart is with persons with disabilities
- W.C. needs to address all persons with disabilities
- Most places have center for disabilities , WC does not
- Need to have more awareness for persons with disabilities
- We need to have a center for persons with disabilities
- We are isolated, transportation is not the greatest
- Having an expo at the Ramada to create awareness, May 6 & 7
 - Lise discretionary funds

Attachment D:

Sign in sheet from Public Hearing on April 8, 2016

**Human Service Block Grant Public Hearing
April 8, 2016, 3pm
Sign-in**

Name (Please Print)	Provider / Consumer / General Public / Other
Grace Paul	Provider
Lori Harvey	Provider
Dirk Matson	Human Services
MINDY LAWSON	PROVIDER
MIKE DENEZZA	PROVIDER
Debra Wohlin	
Austin Beeble	BH/OS
Carrie Lucotek	WCHA
Matthew Couillard	Automated Security Alert - Provider.
Elizabeth Comer	WEDAC

Attachment E:

Minutes from April 8, 2016 Public Hearing

Human Services Block Grant Public Hearing April 8, 2016

In Attendance: Austin Breegle, Carrie Lucotch, Elizabeth Comer, Dirk Matson, Grace Paul, Lori Harvey, Mindy Lawson, Mike DeNezza, Debra Wohlin, Matthew Couillard

Dirk Matson presented a PowerPoint about the Block Grant

Dirk Matson opened the floor for any public comment or question.

Public Comments/ Questions

NONE

Attachment F:

Roster of the Westmoreland Block Grant Advisory Committee for 2016

1. Kelly Wolfgang
2. Lisa Liston
3. Paula Martino
4. Kimberly Sonafelt
5. Charles Seamens
6. Julie Cawoski
7. Tracy Brown
8. Laurie Barnett Levine
9. Debra Wohlin
10. Lynnette Emerick
11. Anita Leonard
12. Tony Stile
13. Dana Bauer
14. Carlotta Paige
15. Sherry Anderson
16. Mitzi Corden
17. Connie Gipson

Attachment G:

Assurance of Compliance

This document will be submitted after our Commissioners' July 14, 2016 Public Meeting

Appendix A
Fiscal Year 2016-2017

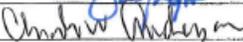
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Westmoreland

- A.** The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B.** The County assures, in compliance with Act 80, that the 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>	
	Gina Cerilli	Date: July 14, 2016
	Ted Kopas	Date: July 14, 2016
	Charles W. Anderson	Date: July 14, 2016

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

Directions:	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.	Estimated Individuals: 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.	HSBG Allocation: Please enter the county's total state and federal HSBG allocation for each program area (MH, ID, HAP, CWSG, D&A, and HSDF).
3.	HSBG Planned Expenditures: 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.	Non-Block Grant Expenditures: Please enter the county's planned expenditures (MH, ID, and D&A only) that are not associated with HSBG funds in the applicable cost centers. <i>This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.</i>
5.	County Match: Please enter the county's planned match amount in the applicable cost centers.
6.	Other Planned Expenditures: 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.	County Block Grant Administration: Please provide an estimate of the county's administrative costs for services not included in MH or ID Services.
NOTE: Fields that are greyed out are to be left blank.	
<ul style="list-style-type: none"> ■ 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. ■ 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). 	

**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
MENTAL HEALTH SERVICES						
ACT and CTT	20		307,934		14,904	
Administrative Management	4,632		768,545		37,196	336,841
Administrator's Office			897,421		43,435	1,000
Adult Developmental Training	-					
Children's Evidence-Based Practices	7		28,615		1,385	
Children's Psychosocial Rehabilitation						
Community Employment	42		81,948		3,966	
Community Residential Services	85		2,816,656		136,326	
Community Services	730		963,168		46,617	166,409
Consumer-Driven Services	-					
Emergency Services	232		180,173		8,720	
Facility Based Vocational Rehabilitation	47		35,531		1,720	
Facility Based Mental Health Services	30		162,152		7,848	
Family Support Services	688		140,949		6,822	
Housing Support Services	314		1,331,514		64,445	
Mental Health Crisis Intervention	35		265,457		12,848	
Other	-					
Outpatient	125		668,460		32,353	
Partial Hospitalization	5		25,277		1,223	
Peer Support Services	180		121,700		5,890	
Psychiatric Inpatient Hospitalization	5		76,307		3,693	
Psychiatric Rehabilitation	55		308,613		14,937	
Social Rehabilitation Services	155		1,599,491		77,415	
Target Case Management	750		443,762		21,478	
Transitional and Community Integration	-					
TOTAL MENTAL HEALTH SERVICES	8137	11,084,189	11,223,673	0	543,221	504250

4.84%

**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
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INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			2,790,002		135,037	2,500
Case Management	1402		807,852		39,100	
Community-Based Services	135		779,283		37,500	
Community Residential Services	1		33,384		1,616	
Other	1		620		30	
TOTAL INTELLECTUAL DISABILITIES SERVICES	1,539	4,411,141	4,411,141	0	213,283	2,500

4.84%

HOMELESS ASSISTANCE SERVICES

Bridge Housing	0		0			
Case Management	625		310,000			
Rental Assistance	1,000		170,294			
Emergency Shelter	675		16,000			
Other Housing Supports	0		0			
Administration			0			
TOTAL HOMELESS ASSISTANCE SERVICES	2,300	496294	496294		0	0

CHILD WELFARE SPECIAL GRANTS SERVICES

Evidence-Based Services	96		152,000		8,000	90,000
Promising Practice						
Alternatives to Truancy						
Housing	645		85,000		15,000	50,000
TOTAL CWSG SERVICES	741	237000	237000		23000	140000

**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
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DRUG AND ALCOHOL SERVICES

Case/Care Management	0					
Inpatient Hospital	0					
Inpatient Non-Hospital	80		108,500			
Medication Assisted Therapy	40		140,000			
Other Intervention	0					
Outpatient/Intensive Outpatient	180		90,000			
Partial Hospitalization	5		5,555			
Prevention	1,500		112,500			
Recovery Support Services	0					
TOTAL DRUG AND ALCOHOL SERVICES	1805	497555	456555	0	0	0

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	75		72,502			
Aging Services						
Children and Youth Services						
Generic Services	6,770		20,000			
Specialized Services	31,393		111,423			
Interagency Coordination						
TOTAL HUMAN SERVICES DEVELOPMENT FUND	38238	360493	203,925		0	0

7. COUNTY BLOCK GRANT ADMINISTRATION			58084			
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GRAND TOTAL	52760	17086672	17086672	0	779504	646750
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