

Armstrong County Human Services Plan FY 2018-19

Armstrong-Indiana Behavioral and Developmental Health Program
Armstrong-Indiana-Clarion Drug and Alcohol Commission
Armstrong County Community Action Agency
Homeless Assistance Programs
Human Services Development Fund

Appendix A
Fiscal Year 2018-2019

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

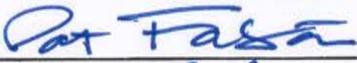
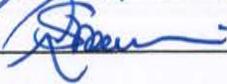
COUNTY OF: Armstrong

- A. The county assures that services will be managed and delivered in accordance with the county Human Services Plan submitted herewith.
- B. The county assures, in compliance with Act 80, that the county Human Services Plan submitted herewith has been developed based upon the county officials' determination of county need, formulated after an opportunity for public comment in the county.
- C. The county and/or its providers assures that it will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.
- D. The county hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):
 - 1. The county does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
 - 2. The county will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures

Please Print

	Date: <u>9-20-18</u>
	Date: <u>9-20-18</u>
	Date: <u>9-20-18</u>

**Appendix B
Armstrong County Human Services Plan
FY 2018-19**

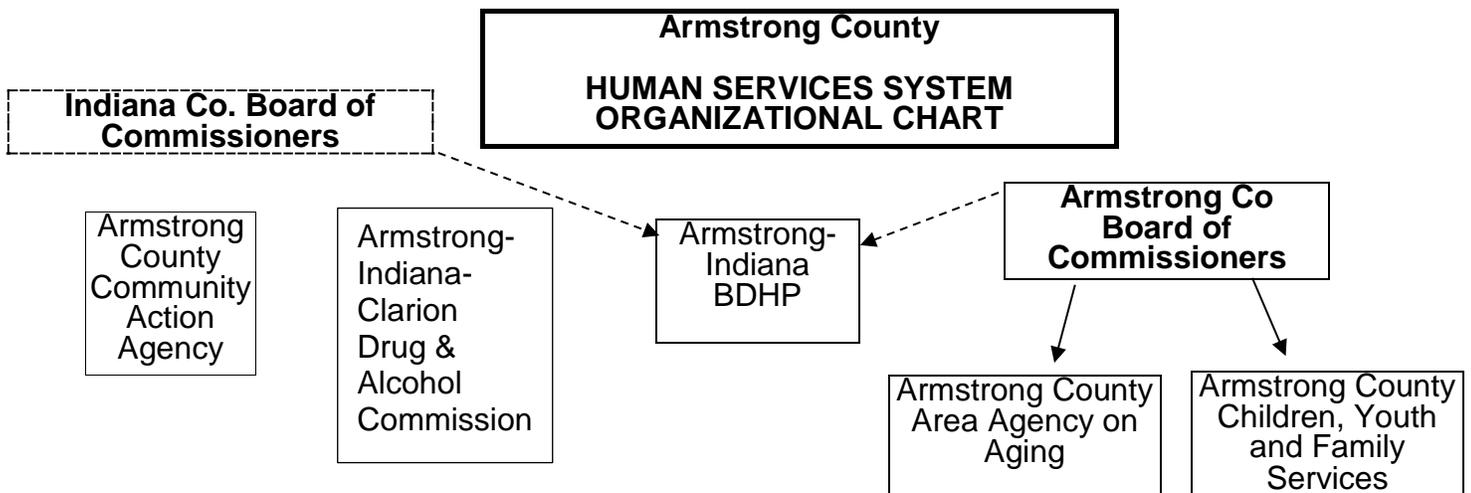
Armstrong County Organizational Structure

Armstrong County Commissioners have direct authority over the Area Agency on Aging and the county Children, Youth and Family Services program; both directors report directly to the Commissioners.

Through a joinder agreement between Armstrong County, Indiana County and the Armstrong-Indiana Behavioral and Developmental Health Program, AIBDHP is governed by the Commissioners of both counties. A commissioner from each county sits on the 13 member AI BDHP Advisory Board.

The Armstrong County Community Action Agency is a single county private, non-profit agency.

Armstrong-Indiana-Clarion Drug and Alcohol Commission (AICDAC), the designated Single County Authority, is also a private, non-profit agency serving a three-county joinder.



PART I: COUNTY PLANNING PROCESS (Limit of 3 pages)

Critical Stakeholder Groups and County Human Services System Partners

The Armstrong County Community Action Agency (ACCAA) utilizes numerous ways in planning for the various programs that it operates. As the following section describes the agency uses a Community Wide Needs Assessment along with surveys conducted

through the Housing Department. The ACCAA coordinates the local Housing Advisory Committee which serves Armstrong County as the Local Housing Options Team (LHOT). This committee meets quarterly and works together to address the various housing issues and problems in the County. Most all of the members of this committee are providers of human services in the county, and a partner with the Agency in many of their endeavors. Jeff Boarts, the Director of the Housing Department of the ACCAA also attends and is voting member of the Western Pennsylvania Continuum of Care. Significant knowledge and insight is garnered from attending these meetings. Other housing staff also attend many of the trainings that are offered by the Western PA CoC. These trainings and meetings often alert staff of trends, events, or knowledge of things happening at large that could or can affect us at the local level. All of the information gathered by staff helps to keep them up to date on the pressing needs of our County's homeless populations and adjust their planning for the next year based upon these issues.

The Armstrong –Indiana Behavioral and Developmental Health Program (AI-BDHP) staff participates in numerous committees where information is exchanged for proposed system changes and providing input in to the plan. Some of these committees are: Suicide Task Force; Office of Vocational Rehabilitation (OVR) Citizens Advisory Committee, Personal Care Home Risk Management Committee, County Criminal Justice Advisory Boards (CJAB); and the Housing Consortium meetings.

The Armstrong-Indiana-Clarion Drug and Alcohol Commission's Executive Director is a member of the County Planning Team for each of the Single County Authority's (SCA's) three Counties: Armstrong, Indiana, and Clarion. Planning meetings were held in May 2018. Public meetings are being held in compliance with the Public Notice requirements for each of the Counties to review the County plans, as well as this Drug and Alcohol service plan.

Stakeholders Outreach and Engagement Efforts

Currently the ACCAA is in the process of preparing its' Community-Wide Needs Assessment document as required by the Pennsylvania Department of Community and Economic Development. This plan takes part in many stages. The first stage is gathering demographic data from specific programs and from the United States Census Bureau. This data can assist the Agency in finding trends and gaps in services. Another stage is the gathering of input by way of a stakeholder survey that the Agency has developed, and is currently in the process of distributing. This survey is geared to any and all stakeholders of the Agency, and is to be responded to as if the stakeholders are answering the questions on behalf of their constituents. The final stage is a general population survey that the Agency is also in the process of distributing and advertising. This survey will be made available to any County citizen, and a link to the survey is found on the main Agency's webpage at www.armstrongcap.com The questions in this survey are to to be answered as they would affect them or their immediate family. Later this year, the Agency will put together all data gathered from these three stages. A number of meetings will then take place of the Agency's Planning Committee. This

committee is made up of a number of Board Directors as well as staff. They will meet to create a plan and direction for the Agency for the next three years.

In addition to the Community-Wide Needs Assessment of the Agency, the ACCAA Housing Department does client satisfaction surveys to help assist the staff to plan and improve the delivery of services to the homeless clients that they serve. These surveys help to track housing performance outcomes, speed of service, and satisfaction with the services that they received.

Throughout the fiscal year, there are a number of meetings that are held not only to provide information to stakeholders but also to provide opportunities for stakeholders to share concerns and input into improving and shaping the behavioral and developmental health service system for Armstrong county. Because two of our human service programs are jointers (AI-BDHP, AICDAC), there will be references to both Armstrong and Indiana Counties throughout this section.

A brief summary of stakeholder engagement meetings follow:

- Monthly Community Support Program (CSP) meetings are held in Armstrong and Indiana Counties. During these meetings consumers discuss relevant topics such as transportation, support needs and system gaps. County representation is present at all CSP meetings to compile this information and to keep abreast of current needs. This information is then used in the planning process.
- In order to solicit feedback from consumers regarding their quality of life needs and their service needs AI-BDHP works with, Paul Freund of Southwestern Pennsylvania NAMI, to conduct a Focus Group in each county. The focus group for Armstrong County was held on April 30,2018 and in Indiana County on May 2 & 3,2018. A combined total of 50 people participated in the focus groups. Input from these meetings is reflected in this year's plan.
- Five times per year, the Armstrong-Indiana BDHP Advisory Board meets. This is a published public meeting and time is allotted in each meeting for public comment. Additionally, the Advisory Board initiated a Utilization Review Committee be established to assist the County Administration in identifying gaps in service delivery and for making recommendations regarding the need for new or expanded services. This committee meets every two months and is made up of clinical providers, a peer support provider, a CFST (Consumer, Family Satisfaction Team) representative and the Base Service Units. All provider agencies are invited to attend.
- Semi-annually, AI-BDHP hosts both Behavioral Health and Intellectual Disabilities Provider meetings. At these meetings providers are updated on pertinent program information and given the opportunity to provide feedback regarding service needs.

- Monthly individual ACMH and IRMC hospital meetings with local providers and D&A Commission are held to discuss individual case issues and problem resolution.
- Also, on an ongoing basis, A-I BDHP staff works closely with the CFST teams in each county. CFST feedback helps highlight gaps with services or with system issues in general. This feedback is especially important to our process since this comes directly from consumers and/or family members. The CFST also has the capability of holding focus groups if need be, to discuss trends or ongoing issues in more detail.

In order to get the applicable stakeholders engaged in the previously described meetings, numerous announcements were distributed via email, mail and as specifically identified for the Advisory Board meetings through public notice in the newspaper.

Advisory Boards Involved in the Planning Process

Armstrong County Community Action Agency Board of Directors

ACCAA plans and adjusts its plans according to the direction of the Board of Directors and the monthly fiscal reports that are received by all Agency Staff. The Agency Board of Directors is a tri-partite board made up of public officials, private industry, and representatives of the low-income community. Therefore, stakeholder groups are a natural part that is incorporated into the ACCAA governing fabric.

Armstrong-Indiana BDHP Advisory Board

Five times per year, the Armstrong-Indiana BDHP Advisory Board meets. There are thirteen members of the AI-BDHP Advisory Board. Seven members are appointed by the board of commissioners from Indiana County and six from Armstrong County. The Board is keep abreast of the activities occurring in all of the BDHP programs as well as regional and state issues impacting our programs. This is a published public meeting and time is allotted in each meeting for public comment.

Services provided to its residents in the least restrictive setting appropriate to their needs.

The Armstrong County Community Action Agency abides by all the rules and regulations of its' funding sources, but it always attempts to provide services to the eligible population that it serves in the least restrictive settings that is appropriate to their needs. All funds received by the ACCAA through the Human Services Block Grant will continue to be provided in this manner. For instance, the ACCAA abides by HUD's "Housing First" regulations for all of their housing programs that they operate. "Housing First" forbids any undue restrictions to be put upon program clients such as sobriety requirements, treatment requirements, or mandatory service requirements.

The AI-BDHP provides services to our eligible population in the least restrictive appropriate setting. After an intake and assessment process, the needs of the

consumer is determined. Funds are then utilized to meet the individual's needs in the least restrictive appropriate level of care.

Substantial Programmatic and/or Funding Changes

Armstrong Home4Good Application

The ACCAA has very few programmatic and/or funding changes that are being made as a result of last year's outcomes. Perhaps the biggest change is that the ACCAA has seen a need to find emergency housing for the homeless that are awaiting placement into more permanent housing. There is little money for emergency housing, and there are no emergency shelters in Armstrong County except for HAVIN, an abused victim shelter. HAP only allows emergency shelter stays of 10 days in a motel, and the Emergency Food and Shelter Program has very limited funding and is only operative for a few months of the year. As a result, the ACCAA has determined that they will apply for a new program, Home4Good. This is funding through the partnership of the Pennsylvania Housing Finance Agency, and the Pittsburgh Federal Home Loan Bank. The hope is that this funding will augment limited money that the County received through the Pennsylvania Housing Affordability and Rehabilitation Enhancement (PHARE) funds that are being used in a similar manner.

Armstrong Becomes a Block Grant County

In July 2018 Armstrong County was notified that we were approved to participate in the Human Services Block Grant Program. The Armstrong-Indiana Human Services Block Grant Oversight Committee will be responsible for providing oversight and monitoring of the block grant for Armstrong and Indiana Counties. The members of the committee will be representatives from the Armstrong-Indiana Behavioral and Developmental Health Program, the Armstrong, Indiana, Clarion Drug and Alcohol Commission, the Indiana Department of Human Services, the Armstrong County Community Action Agency, and representatives from both boards of Commissioners. It was unanimously determined that all the agencies in the block grant will retain their existing allocation levels.

PART II: PUBLIC HEARING NOTICE

Armstrong County Two Public Hearings Documentation

Two public hearings were held to present the County Human Service Plan. The dates and times of the meetings were September 6, 2018 at 1:00 PM and September 19, 2018 at 9:00 AM.

1. Proof of publication;
 - a. The following copies provide proof of the notices placed in the Valley News Dispatch announcing the meetings.
 - b. The notices were published on 8/30 and 9/12.
2. Public Hearing Sign in Sheets:
 - a. A copy of the sign in sheet for the September 6, 2018 meeting is attached.
 - b. A copy of the sign in sheet for the September 19, 2018 meeting is attached.



TRIB TOTAL MEDIA LEGAL ADVERTISING

Proof of Publication of Notice in The Valley News Dispatch
Under the Act of July 9, 1976, P.L. 877, No. 160



Commonwealth of Pennsylvania }
County of Allegheny } SS:

Patty Klingensmith, Res Advertising Manager of Trib Total Media, Inc., a corporation of the Commonwealth of Pennsylvania with p Pittsburgh, Allegheny County, Pennsylvania, being duly sworn, deposes and says that the Tribune-Review is a daily newspaper in general circulation in Southwestern Pennsylvania. Said corporation was established in the year 1924. A copy of the printed notice of publication is attached hereto exactly as the same was printed and published in the regular editions of the said daily newspaper on the following dates, viz:
LEGAL# 6618710, RE: SEPTEMBER 6TH PUBLIC HEARING; 30TH DAY OF AUGUST, 2018.

Affiant further deposes that s/he is an officer duly Authorized by the Trib Total Media, Inc., publisher of the Tribune-Review, to verify the foregoing statement under oath and also declares that affiant is not interested in the subject matter of the aforesaid notice of publication, and that all allegations in the foregoing statement as to time, place and character of publication are true.

Patty Klingensmith
Regional Multi-Media Advertising Manager,
Trib Total Media, Inc.

Sworn to and subscribed before me this
30TH day of AUGUST, 2018

JoAnn M. Callahan
Notary Public

Statement of Advertising Costs

MICHELLE ARMITAGE
ARMSTRONG INDIANA BDHP
120 SOUTH GRANT AVENUE, SUITE 3
KITTANNING, PA 16201

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
JoAnn M. Callahan, Notary Public
City of Greensburg, Westmoreland County
My Commission Expires July 1, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

To Trib Total Media, Inc.
For Publishing the notice or advertisement attached
hereto on the above stated dates \$115.75
Probating Same \$ 0
Total \$ 115.75

Publisher's Receipt for Advertising

The Trib Total Media, Inc., publisher of the Valley News acknowledges a receipt of the aforesaid advertising and publication cost fully paid.

Trib Total Media Inc., Publisher
of the Tribune-Review, a Daily Newspaper.

By _____

The County of Armstrong will hold a Public Hearing on the 2018-2019 Consolidated County Human Services Plan for Armstrong County to provide the public with the opportunity for input into the plan prior to submission to the PA Department of Human Services. The human services involved are: Mental Health Community Based Funded Services, Behavioral Health Services Initiative, Intellectual Disabilities Community Based Funded Services, Drug and Alcohol ACT 152 funding, Homeless Assistance Program funding, and the Human Services Development Fund. The hearing will be held on September 6, 2018 at 1:00 pm at the Armstrong Indiana Behavioral and Developmental Health office; 120 South Grant Avenue, Kittanning, PA 16201, Suite 5 entrance. 6618710(8-30-18)

RECEIVED
SEP 17 2018



TRIB TOTAL MEDIA LEGAL ADVERTISING

Proof of Publication of Notice in The Valley News Dispatch Under the Act of July 9, 1976, P.L. 877, No. 160

Commonwealth of Pennsylvania }
County of Allegheny } SS:

Patty Klingensmith,, Regional Multi-Media Advertising Manager of Trib Total Media, Inc., a corporation of the Commonwealth of Pennsylvania with place of business in Pittsburgh, Allegheny County, Pennsylvania, being duly sworn, deposes and says that the Tribune-Review is a daily newspaper in general circulation in Southwestern Pennsylvania. Said corporation was established in the year 1924. A copy of the printed notice of publication is attached hereto exactly as the same was printed and published in the regular editions of the said daily newspaper on the following dates, viz:

LEGAL# 6622439, RE: SEPTEMBER 19TH PUBLIC HEARING NOTICE; 12TH DAY OF SEPTEMBER, 2018.

Affiant further deposes that s/he is an officer duly Authorized by the Trib Total Media, Inc., publisher of the Tribune-Review, to verify the foregoing statement under oath and also declares that affiant is not interested in the subject matter of the aforesaid notice of publication, and that all allegations in the foregoing statement as to time, place and character of publication are true.

Regional Multi-Media Advertising Manager,
Trib Total Media, Inc.

Sworn to and subscribed before me this
12TH day of SEPTEMBER, 2018

Notary Public

Statement of Advertising Costs

TAMMY L. CALDERONE
ARMSTRONG-INDIANA BDHP
130 SOUTH GRANT AVENUE, SUITE 3
KITTANNING, PA 16201

To Trib Total Media, Inc..
For Publishing the notice or advertisement attached
hereto on the above stated dates \$115.75
Probating Same \$ 0
Total \$ 115.75

Publisher's Receipt for Advertising Costs

The Trib Total Media, Inc., publisher of the Valley News Dispatch acknowledges a receipt of the aforesaid advertising and publication costs, as fully paid.

Trib Total Media Inc., Publisher
of the Tribune-Review, a Daily Newspaper.

By _____

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
JoAnn M. Callahan, Notary Public
City of Greensburg, Westmoreland County
My Commission Expires July 1, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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Armstrong Human Services Plan Public Meeting

Sign In Sheet

Meeting Date/Time and Location: Sept 6, 2018 @ 1:00 p.m. @ Armstrong Indiana BDHP
120 South Grant Avenue, Kittanning, PA 16201

Name	Agency	Phone	E-mail
1. Tammy CALDERONE	AI- BDHP	724-548-3451	tcalder@aimhmr.net
2. Jeff Bearts	ACCAA	724-548-3433	jeffb@armstrongcap.com
3. Robin Rainey	ACCAA	724-548-3655	robinra@armstrongcap.com
4. Amanda Schroeder	AICDAC	724-354-2746	aschroedes@aicdac.org
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Armstrong Human Services Plan Public Meeting

Sign In Sheet

**Meeting Date/Time and Location: Sept 19, 2018 @ 9:00 am @ Armstrong Indiana BDHP
120 South Grant Avenue, Kittanning, PA 16201**

Name	Agency	Phone	E-mail
1. Tammy CALDERONE	AI BDHP	724-548-3459	tlcalder@aimhwr.net
2. Dan Dodd	Armstrong Co. CAA	724-548-3422	dand@armstrongcga.com
3. Amanda Cochran	Armstrong Indiana Drug & Alcohol Comm.	724-384-2746	acochran@aicetac.org
4. Jeff Boats	ACCAA	724-548-3433	jeffb@armstrong.com
5. Susan Chestnut	ACCAA	724-548-3459	susane@armstrong.com
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PART III: CROSS-COLLABORATION OF SERVICES (Limit of 4 pages)

Employment:

Employment Services for Behavioral Health Consumers

It is widely recognized that having meaningful employment can be a key component in maintaining good mental health. Having programs in place to help build skills and expand employment opportunities are essential. And, in order to provide these opportunities for residents, especially those with behavioral health and physical health challenges, collaboration between services and leveraging existing funds is crucial. In Armstrong and Indiana Counties, funding is leveraged and collaboration exists between the both intellectual disability waiver funding and mental health base and CHIPP funding (provided by the Armstrong/Indiana Behavioral and Developmental Health Program), grant funding (provided from a variety of sources), and funding provided by the Office of Vocational Rehabilitation. The primary employment support services for consumers in Armstrong and Indiana Counties are provided by the Progressive Workshop located in Armstrong County and the ICW Vocational Services located in Indiana County. The programs provided through these agencies/facilities aim at assessing and using the individual's skills and abilities to match them with paid employment opportunities in the community. Through the cross collaboration of funding, the following employment based opportunities currently exist in our two counties:

- Community Participation Support - This service provides opportunities and support for community inclusion and building interest in and developing skills and potential for competitive integrated employment. This service may be provided in community locations, community hubs, licensed adult training facilities, licensed Older Adult Daily Living Centers and licensed vocational facilities.
- Small Group Employment Services- Small Group Employment services consist of supporting individuals in transitioning to competitive integrated employment through work that occurs in a location other than a facility. The goal of Small Group Employment services is competitive integrated employment. Small Group Employment service options include mobile work force, work station in industry, affirmative industry, and enclave.
- Supported Employment - Supported Employment services are provided in a variety of community settings for the purposes of supporting individuals in obtaining and sustaining competitive integrated employment. Competitive integrated employment refers to full or part-time work at minimum wage or higher, with wages and benefits similar to workers without disabilities performing the same work, and fully integrated with coworkers without disabilities.

Both agencies are continually searching for new employers and experiences for individuals who wish to become employed. Staff also consistently search for new funding resources such as grants and special initiatives that can be used to further opportunities. The Intellectual Disabilities Employment section of this plan further provides details related to our employment first efforts.

Housing:

Leveraging available housing resources is a necessity in creating safe and affordable housing in our communities. Leveraging can only occur through strong communication and collaboration between local human service agencies. Various human service agencies in both Armstrong and Indiana Counties, including the Armstrong-Indiana Behavioral and Developmental Health Program, have a long standing history of working together to meet the housing needs of our residents. Each county has a standing housing committee that pulls the various human service agencies together to identify needs and to develop and implement plans to address those needs. The Armstrong County Homeless Advisory Board meets quarterly, as does the Indiana County Housing Consortium. The agencies participate in these meetings represent a variety of programs including veterans, behavioral health (mental health and substance use/abuse), public housing, emergency housing, criminal justice, fair housing, aging services, and benefit counseling/county assistance. It is through these partnerships that several creative and successful initiatives have been developed and implemented to help individuals overcome and eliminate barriers that many face involving service and housing access. As each county presents its own unique challenges in developing and maintaining safe and affordable housing options, each agency partner also brings unique expertise and funding resources that when used together, can make those options possible.

In Armstrong County, the award of Marsellus Shale/PHARE money was used to create an emergency housing program. The program was created between an agreement between the Armstrong County Community Action Agency (ACCAA), the Armstrong/Indiana/Clarion Drug and Alcohol Commission, Armstrong County Children and Youth Services, and the Armstrong-Indiana Behavioral and Developmental Health Program. The Community Action Agency leased a number of units for individuals and families to provide emergency shelter and food to those who became homeless. The 60 day length of stay provided time for individuals to apply for other housing options and benefits to help them find stable housing. Although no funds were leveraged to create this program, resources were leveraged to make this opportunity a success. Each agency agreed to provide case management services to those who their program agreed to admit into the beds. Case managers would support the individuals and the ACCAA by working as quickly as possible to help individuals apply for benefits such as Social Security and Medical Assistance and Section 8 Housing Choice Vouchers. In addition, the Armstrong-Indiana Behavioral and Developmental Health Program used Health Choices Reinvestment Funding and their Persons in Transition from Homelessness (PATH) grant to assist individuals with first month's rent, security deposits and household goods to help establish permanent housing quickly for those in the PHARE program.

There are also a number of ways that funding has been leveraged to help residents secure available housing in our communities. The AI BDHP has been able to leverage Health Choices Reinvestment and PATH funding with other resources such as Emergency Solutions Grant money and Section 8 Housing Choice Vouchers to help residents secure housing. Specific examples include:

- Using AI BDHP's Housing Contingency Fund and/or PATH funds to help individuals pay for first month's rent and security deposits when they are not eligible or have exhausted all other funding resources such as Emergency Solutions Grant funding.
- Using AI BDHP's Housing Contingency Fund to help with household needs so that individuals can move into homes. When apartments are unfurnished, this fund can be leveraged with donations from places such as the Salvation Army, Goodwill, and St. Vincent DePaul's to provide necessary household items such as furniture (beds, chairs, etc.), bedding, cleaning supplies, and linens.
- Using AI BDHP's Housing Contingency Fun and/or PATH funds to pay for first month's rent and security deposits so that individuals can take advantage of their Section 8 Housing Choice Vouchers. Often individuals do not have funds available to help pay for the initial costs of security housing.
- Using HC Reinvestment funding to provide short-term rental assistance through a Bridge Rental Subsidy Program to help individuals secure housing until they are able to obtain a Section 8 voucher.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

The Armstrong-Indiana Behavioral and Developmental Health Program (AIBDHP) was established in 1969 by the Commissioners of Armstrong and Indiana Counties. This local collaborative arrangement was created in accordance with the provisions of the Mental Health and Mental Retardation Act of 1966 and the Mental Health Procedures Act of 1976 to assure that the mandated services, as outlined in the Acts, are available to the constituents of Armstrong and Indiana Counties. The 2018-19 Fiscal Year will be the first year that Armstrong and Indiana Counties are participating in the block grant.

Administrative Functions – AIBDHP is the administrative entity for Armstrong and Indiana Counties that oversees all behavioral health, intellectual disability and early intervention services, and performs the following functions on behalf of the counties:

- A. Block Grant Fiduciary** AI BDHP is the designee appointed by the Boards of Commissioners from Armstrong and Indiana Counties to act as the fiduciary for all funds included in the block grant.
- B. Management of Funds included in the Block Grant** AI BDHP directly manages all Mental Health (MH) Community Base Funds, Behavioral Health Services Initiative (BHSI) Funds, and Intellectual Disabilities (ID) Community Base Funds.
- C. Administrative Entity Operating Agreement** AI BDHP holds the contract with DHS and the Office of Developmental Programs (ODP) to act as the Administrative Entity conducting the administrative functions of the Consolidated (CMS #PA.0147), Person/Family Directed Support (P/FDS) (CMS #PA.0354) and Community Living (CMS #PA.1486) Waivers for individuals and Waiver participants with intellectual disability residing in Armstrong and Indiana

Counties. AIBDHP intends to continue to comply with and perform all the duties and functions that are outlined in the Administrative Entity Operating Agreement.

- D. Management of HealthChoices** The program contracts with Southwest Behavioral Health Management (SBHM) in all matters related to the HealthChoices program for Armstrong and Indiana Counties.
- E. Management of Service Provider Contracts** AIBDHP obtains, prepares and monitors the MH and ID contracts with provider agencies.
- F. Monitoring and Oversight** AIBDHP staff provides program oversight and monitoring as regulated and required by the appropriate Office of Mental Health and Substance Abuse Services (OMHSAS) and the Office of Developmental Programs (ODP).

a) Program Highlights: (Limit of 6 pages)

The following list of events and projects provide highlights for the Mental Health and Intellectual Disability programs for FY 2017-2018:

Behavioral Health Senior Care Task Force Training Event - On November 20, 2017 the Armstrong-Indiana Behavioral Health Senior Care Task Force held a free training workshop entitled: Understanding & Managing Older Adult Behavioral Health Issues. A morning session was held in Armstrong County at the Belmont Complex and an afternoon session was held In Indiana County at the Aging Services office. In total over 80 professionals and direct care workers participated in the sessions. The trainer was from the PA Behavioral Health and Aging Coalition. The presentation covered: 1) behavioral health issues; 2) caregiver's guide to challenging behaviors; and 3) psychosocial interventions. The training was well received and the surveys distributed post training provided positive feedback.

Violence Risk Assessment Initiated – The Open Door, Armstrong and Indiana Counties Crisis provider, has initiated the use of a violence risk assessment tool. Following the multiple media reports reporting on a number of national school shootings and threats plaguing our local districts, the Open Door embarked on a mission to search for a tool that will help in assessing risk for violence. Through their efforts they have created and implemented the use of a tool that is founded on the factors of awareness, identification, assessment, and management. This instrument is based on research done by the FBI; Making Prevention a Reality and information from Resource Document on Psychiatric Violence Risk Assessment published in the American Journal of Psychiatry: they authored this targeted risk assessment. This new work is credited to Luke Frank and The Open Door.

Armstrong-Indiana Housing Opportunities Project - The Armstrong-Indiana Housing Opportunities Project was successfully developed and implemented in FY 2017-18. The goal of this project is to create permanent supportive housing options and support services for those in each county who have a serious and persistent mental illness and are in need of safe and affordable housing. Our local project is part of a larger regional

housing plan that is funded through Health Choices Reinvestment Funds. This funding can be used for Housing Development/Reconstruction, Bridge Rental Subsidies, Master Leasing, Housing Support Services (Housing Staff) and Contingency Funding.

In Indiana County, a Bridge Rental Subsidy Program was established which provides rental assistance for at least six (6) units. The program was established in cooperation with the Indiana County Community Action Program. It provides quick, safe and affordable housing placement by providing short term rental assistance. Also included in the Indiana plan was the sustainment of the Behavioral Health Housing Liaison positions. The liaisons provide outreach, education and case management services to those who need housing assistance. The final component of the Indiana plan is the Housing Contingency Fund which can be used to provide one-time rental and/or utility assistance as well as helping to purchase necessary household goods and furniture that cannot be obtained by any other resource.

The Armstrong County plan has been used to sustain the Behavioral Health Housing liaison position and to reestablish the Housing Contingency Fund. A component yet to be completed includes using housing reinvestment funds to renovate two apartments for mental health consumers.

Community of Practice Workshop on the LifeCourse Framework – Armstrong-Indiana BDHP in conjunction with the Regional Community of Practice Collaborative (Armstrong-Indiana, Beaver, Butler, and Lawrence Counties) sponsored a full day workshop on May 24, 2018 at the Belmont Complex in Armstrong County. Over 90 people attended this training which provided an excellent opportunity to learn more about the LifeCourse Framework and tools used. Attendees also learned of all the activity going on to pursue ‘community for all’ and the important role everyone can play. The morning session included, a presentation by the Office of Developmental Programs and PA Family Network. Additionally an individual and family member shared how their experiences and the principles of the Life Course Framework are guiding their vision for a good life.

In the afternoon, preselected individuals, family members and provider agencies volunteered to complete the tools in an interactive setting and left with completed tools and a vision for a good life. Direct care workers and Supports Coordinators had the opportunity to observe and participate as they learned new ways to use the tools/principles so they would be able to impact the lives of the individuals and families that they serve.

Human Service Block Grant County Application Submission - Indiana County Board of Commissioners along with the Armstrong County Board of Commissioners initiated a Block Grant Planning Workgroup in April 2017 made up of the Indiana Department of Human Services, Armstrong, Indiana, Clarion Drug & Alcohol Commission, the Armstrong County Community Action Program and the Armstrong-Indiana Behavioral and Developmental Health Program to discuss their interest in becoming Block Grant counties. Following a series of meetings the workgroup developed a Block Grant proposal which was presented to and accepted by the Armstrong and Indiana Boards of Commissioners in September 2017. An application for

participation in the Human Service Block Grant program was submitted to the Deputy Secretary of the Department of Human Services in March 2018 for both Armstrong and Indiana Counties. Both counties received notification of acceptance into the block grant in July of 2018.

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

A wide array of recovery-oriented behavioral health services are offered to residents of Armstrong and Indiana Counties. The following bullet points highlight strengths of services available for the target populations indicated, as well as brief descriptions of unmet needs or gaps:

Older Adults (ages 60 and above)

Strengths:

- Armstrong and Indiana Counties were two of the counties in the Southwest region where Community HealthChoices was rolled out. In order to assist with the coordination of behavioral health services between the CHC-MCO and the BH-MCO, the Southwest Six Counties (Armstrong, Indiana, Butler, Lawrence, Washington and Westmoreland) created a network of County Concierge's who can provide assistance with this coordination. A flow chart illustrating the flow of information or referral was also created to assist stakeholders in understanding how to access behavioral health services depending on their eligibility.
- Separate meetings with the 3 CHC-MCO's and the Southwest Six County contacts were held to review the CHC plans and to discuss the BH county referral process developed.
- AI BDHP has a Behavioral Health Senior Care Task Force which meets on a regular basis. The mission of the task force is to work on improving coordination of care between behavioral health and physical health, emergency room assessment, engaging family support, and obtaining stability in the community for individuals aged 60 and above in need behavioral health services in Armstrong and Indiana Counties. As noted in the highlights this task force organized a training event for professionals and direct care workers entitled "Understanding & Managing Older Adult Behavioral Health Issues."
- A total of 11 Armstrong and Indiana Geriatric Competent Clinicians have been trained and are available to serve the residents of our counties. A training program which was initiated by Southwest Behavioral Health Management in July 2017, started to create a network of clinicians who have the skills and knowledge base to serve the older adult population.
- AIBDHP participates on the Indiana County Elder Abuse Task Force. This task force was initiated through the Indiana County's District Attorney's office to facilitate and train professionals such as bank staff and medical personnel who are in constant contact with senior citizens on how to identify and report cases of potential fraud and abuse; and educate the public about elder abuse and how to prevent and report it. The Indiana County District Attorney's Office and Aging Services coordinate an annual event, "Scam Jam 2018 for Older Adults" which was held on May 8, 2018.

- AIBDHP participates in the local Personal Care Home Risk Assessment Committee. This team brings Department of Human Services licensing staff together with local mental health/intellectual disabilities providers and other human service agency staff to monitor the personal care homes in the area, identify problems within the homes and with residents, create ideas to improve the care of residents within the homes and provide communication and collaboration between local agencies regarding individual consumers.
- In Indiana County, the Indiana Regional Medical Center (IRMC) offers an inpatient unit specializing in treating adults 55 and older in need of psychiatric inpatient services.
- Annually, memorandums of understanding (MOU) agreements are renewed between AIBDHP and Armstrong County Area Agency on Aging in Armstrong County and with Indiana County Aging Services in Indiana County. These MOU's affirm the collaborative working relationship that exists between our systems that support the older adults in need of services and explain the procedures for accessing adult protective services.

Needs:

- Continued educational opportunities for training clinicians, personal care homes staff, nursing homes staff, and primary care physicians (PCP's) on how to access services, understanding mental illness and dementia, mental health wellness, medication management, overcoming stigma, depression and suicide, and understanding durable power of attorney.
- Better coordination between PCP's and behavioral health providers

Adults (ages 18 and above)

Strengths:

- Armstrong County and Indiana County have very active Community Support Programs (CSP) which meets monthly. Based on the input from the CSP membership, various speakers and informative presentations are offered throughout the year. This includes projects in both counties to recognize Mental Health Awareness Month and annual Focus Groups to provide input for the Human Service Plan.
- A Mobile Medication Program is available in both Armstrong and Indiana County. This in home service works with SMI individuals age 18 years and older to provide education and information to consumers and their families about medication, the side effects of medication, and the importance of taking medications as prescribed. The LPN also helps coordinate care between physical health care providers, behavioral health care providers and pharmacies to ensure that all treating personnel are aware of medications the other is prescribing.
- The Indiana County Physician Group has become an important partner in working with the Clinical Care Manager to coordinate care for complex cases in need of behavioral health care.
- Psychiatric Assessment Liaison Services at Indiana Regional Medical Center hours have been expanded. When a patient presents to the emergency department they are assessed by the emergency room nurse and then the

Assessment Liaison. The Assessment Liaison is responsible to complete the face to face assessments, work with the individual, family members/significant others, and emergency room physicians, to ensure the proper disposition is completed to either an appropriate level of outpatient or inpatient treatment services. The Liaisons and the Clinical Care Manager also work together as needed.

- Monthly accountability meetings have been established between C/FST supervisory staff, the HealthChoices ombudsman and AIBDHP's Behavioral Health Quality and Care Management Coordinator. The purpose of these meetings have been to address consumer concerns identified through the C/FST Problem Resolution process, ensure provider action plans are being followed through in a timely manner and to provide an avenue for continued quality improvement and oversight of the team's operation.
- Indiana Regional Medical Center Behavioral Health Services in conjunction with the Indiana County Behavioral Health Consortium hosted its 2nd Annual Mental Health Symposium on October 20, 2017. This all day event had over 80 participants. All the speakers were local psychiatrists, physicians, and mental health and drug & alcohol provider representatives. Topics covered included Mental Health in Children and Adolescents; Managing Dementia in the Acute Setting; Suicide, Mental Illness, and Substance Abuse; Addiction Recovery Mobile Outreach Team; and Mental Health in Primary Care.

Needs:

- Transportation continues to be an ongoing need identified by mental health consumers at both county focus groups held as well as through the CFST surveys. Some of the common needs identified are: public transportation that provides more flexibility for hospital discharges and emergency room visits; bus routes to increase access to social, recreational and shopping opportunities; assistance with car repairs to ensure that they get to work or social activities; transportation for family members placed out of county to be visited; and better accessibility to more remote areas of the county.
- Other needs identified through the focus groups and through CFST feedback was
 - More social opportunities. This was identified as a need for Families, Adults and TAY population.
 - Increased opportunities for benefits counseling, employment training, job coaches, and transitional employment
- Pathway Homeless Shelter, Indiana County's emergency shelter program, provides 30 days of shelter in conjunction with supportive services to homeless individuals and families who are moving towards self-sufficiency. Support services include information and referral, case management, food, and assistance in obtaining clothing, medical care, and other services as necessary. Funding for this important program has been drastically cut threatening its viability in the future.
- Programs or opportunities for individuals with criminal histories for training/retraining, skill building, and local employer relationship building and

education to help encourage employers to hire individuals with mental illness or individuals in recovery who also have criminal histories.

- There is no emergency shelter in Armstrong County except for a domestic violence shelter (HAVIN). The Emergency Shelter program is limited to providing stays of up to ten days in a local hotel. Our experience shows that ten days is insufficient to find placement into suitable permanent housing. This is the major unmet need in emergency housing services.

Transition-age Youth (ages 18-26)

Strengths:

- To address the needs of the Transition-Age Youth (TAY) population, the Child and Adolescent Service System Program (CASSP) case workers and Adult Services staff of the AI BDHP work closely on a case by case basis to transition young adults from child/adolescent services to adult services. Because of this close working relationship, many youth have been able to successfully move into adult levels of care and independence seamlessly.
- Pennsylvania's Projects for Assistance in Transition from Homelessness (PATH) Program continues to focus on the Transition Age Youth Population. The Behavioral Health Housing Liaisons/PATH Case Managers have increased outreach, education and engagement activities not only to individuals in this age range, but to school district and service providers who work with the population. A quality improvement plan has been put into place and will continue through FY 2018-2019. The goal of the plan is to decrease homelessness in the TAY population by increasing early identification and intervention efforts by improving cross system communication and collaboration.
- The Indiana Housing Consortium sponsors Prepared Renter's Education Programs (PREP) to help individuals become good tenants by educating them on fair housing and tenant rights and responsibilities.
- The Housing Contingency Fund is available to help transition age youth by providing first month's rent, security and utility deposits, and household goods in order to obtain independent housing in the community.
- The Indiana County Bridge Rental Subsidy Program was developed to help serve mental health consumers establishes quick, safe and affordable housing by providing short-term rental subsidy assistance.

Needs:

- Despite ongoing housing efforts through the PATH Programs and our own mental health residential services being available, there still exists a gap in accessible housing for the TAY population in both counties. There is housing support available through the Behavioral Health Housing Liaisons/PATH Case Managers in each county; however, there is very little safe and affordable and accessible housing. Even though adult CRRs exist, young adults have very different needs than the older adults who traditionally reside in those facilities.
- Having CRR (Community Residential Rehabilitation) Host Homes located within our two counties would be very beneficial for the TAY population. All the homes

currently available to our TAY individuals are outside of our two counties. This causes a hardship for families who often lack reliable transportation.

- Specialized TAY case management that understands both children services and adult services is needed. With knowledge of both systems and the services provided, these case managers would be better able to serve transition age youth by knowing what services are available and how to quickly link the youth to those services. The case managers would also better understand the specific challenges facing the TAY population and would be better equipped to help support them through the transition to adulthood.
- Employment services/training for the TAY population such as job coaches or job shadowing programs is an identified need. While these programs exist through our vocational providers in each county, the funding is primarily for those with intellectual disabilities. Additional funding for vocational/employment services for the mentally ill would provide more opportunities for the TAY population to gain employment by providing them with valuable employment skills and coaching.

Children (under 18)

Strengths:

- In January 2018 a Request for Proposals (RFP) was developed for an ASD/ID Residential Treatment Facility (RTF). Beacon Light Behavioral Health responded to the RFP and was selected as the provider. This 6-8 bed RTF will serve youth with complex autism and intellectual disability needs. This program is to be located in Armstrong County.
- On March 8, 2018 AI-BDHP staff attended a meeting with the superintendents & principals from multiple Armstrong and Indiana County school districts held at the Armstrong-Indiana Intermediate Unite (ARIN IU) to discuss shooting threats and risk assessments at the schools. At this meeting the Armstrong- Indiana crisis provider The Open Door reviewed their process for on-site assessments and how they could be utilized in these crisis situations. Also in attendance was the District Attorney from Indiana County, ARIN staff and representative from the Pennsylvania State Police.
- Foundational to providing children's behavioral health services in both Armstrong and Indiana Counties are the use of Child and Adolescent Service System Program (CASSP) principles and Family Group Decision Making in our local service delivery system. Currently, AI BDHP employs a CASSP Coordinator and two CASSP Caseworkers. Interagency Service Planning Team meetings are held, on average, for 40 Armstrong County children and 68 Indiana County children per month.
- Another long standing behavioral health service has been the Student Assistance Program (SAP). The SAP MH Liaisons are responsible for providing services to all schools within Armstrong and Indiana Counties as defined by the SAP State guidelines. The responsibilities depend on the individual needs of the school and may include:
 - Providing mental health pre-assessments of students within the school setting when deemed appropriate, with signed parental consent

- Aiding the family in accessing appropriate mental health services within the Community
- Providing on site emergency assessment and crisis intervention when needed
- Providing post-vention services when needed
- Providing assistance to schools, families and students in regard to types of services, appropriateness of referrals, availability and accessing mental health and community services
- An Educational Advocate Program was started in FY 2015-16 and currently has one parent who has been trained and is working with parents. The educational advocate assists families in understanding special education laws, provides support to families making educational decisions, and advocates for their children to ensure that they have the best educational plan in place. In the 2017-18 Fiscal Year 50 families were assisted. Additionally the Educational Advocate provides assistance to our local Children & Youth services, mental health providers and school districts when requested. Unfortunately, due to funding being exhausted, the program had to cease operation. However, the one trained parent has agreed to voluntarily continue to help children and their families as their availability allows.
- There are currently two Site Based Autism Programs available in Indiana County. The Site Based Autism Program (Endeavor) was created to meet the needs of children with limited functional communication skills, limited independence, limited socialization skills, aggressive tendency toward adults, and self-injurious behavior. The other Site Based Autism Program (Crossroads) has been serving children who are able to effectively communicate their wants and needs through some form of communication, are able to participate in a group setting, and who possess basic self-help skills.
- There are four providers who offer Targeted Mobile Therapy.
- Multisystemic Therapy (MST) is being utilized as a preventative service for Indiana and Armstrong County Children, Youth and Family Services (CYFS). In the event that CYFS is unable to open a case with a family within the 60 day intake assessment period, the identified child with criteria for MST, can be referred to MST without CYFS having an open case with the family.
- School Based Outpatient Mental Health Treatment Services are available to school districts in Armstrong and Indiana Counties. Through a Request for Proposal (RFP) process licensed Psychiatric Outpatient Clinics submitted applications to implement and manage school based mental health treatment services for students enrolled in any interested school districts in Armstrong and Indiana Counties. Based on the submissions a “pool” of licensed outpatient clinics are offered as choices to interested School Districts. Currently all the school districts in Indiana County offer School Based Mental Health Outpatient. In Armstrong County two of the three school districts along with the technical school offer this service.
- Within the AIBDHP office the CASSP staff work collaboratively with the Intellectual Disability staff and the Early Intervention staff to address the needs on shared difficult cases and also to discuss transition planning.

- Opportunities for weekend respites along with financial assistance for children to attend summer programs are available for children and families enrolled in on going services and are appropriate for skill development and wellness needs.

Needs:

- A system wide need that has been identified by behavioral health professionals and providers is a lack of child psychiatrists in our counties.
- We are increasingly being impacted by the lack of qualified BHRS staff. Providers are unable to find qualified staff and/or licensed Behavioral Specialist Consultants (BSC's). When this occurs children often have to wait for long periods of time before services can be offered.

Individuals transitioning out of state hospitals

Strengths:

- Our Permanent Supportive Housing Program operates under the Housing First model and provides intensive in-home services to individuals 18 years of age or older who are able to be discharged directly from a state hospital into their own apartments/homes. The program includes such things as money management, social skill building and life skill building. Also included in the program is support for employment and transportation to recovery based services.
- Our counties use the Consumer Support Planning (CSP) Process for all individuals receiving care at Torrance. This process provides a comprehensive method of discharge planning that includes input from the consumers, family members and the clinical team at the State Hospital. Multiple meetings are held to complete a thorough discharge plan that is consumer driven while collecting input from all interested parties. The CSP is to be a live document/tool that the consumer can use after they transition to the community as well.
- The Base Service Unit (BSU) /CHIPP Liaisons housed at the Family Counseling Center of Armstrong County and the Community Guidance Center in Indiana County are responsible for following each resident receiving care at Torrance State Hospital. The liaisons work closely with the treatment staff at Torrance as well as the AIBDHP Clinical Care Manager to monitor consumer progress, continue/strengthen communication between all parties, and plan for successful discharges back into the community.
- AIBDHP continues to work with both Torrance State Hospital and the local County Assistance Office (CAO) staff regarding discharges from Torrance State Hospital to ensure that benefits are activated the day of discharge or shortly thereafter. Previously, consumers would sometimes have to wait as long as 30 days for their Medical Assistance coverage to begin covering the costs of treatment, and medication. If notified 15 days prior to discharge, the CAO's can initiate the application and ensure benefits resume upon discharge.
- Mobile Medication Program, which is available in both Armstrong and Indiana Counties, provides medication monitoring and education to people in their own homes. Details on this program were previously described under the Adult strengths.

Needs:

- Develop more MH enhanced personal care homes for those who cannot successfully live independently in the community due to mental health with accompanying physical health issues.
- In-home behavioral specialist consulting (Adult BSC) for those with Serious Mental Illness (SMI) and Traumatic Brain Injuries (TBI) who exhibit concerning behaviors that make them unable to live in more independent housing.
- Life skills education and real life training to provide individuals with the skills they need to achieve independent living.

Co-occurring mental health/substance use disorder**Strengths:**

- D&A staff participate in monthly hospital meetings facilitated by AI BDHP staff.
- Joint staffing meetings are held between our primary Mental Health (MH) outpatient clinics and drug & alcohol (D&A) providers in both Armstrong and Indiana Counties. They work together to provide a comprehensive plan of care for those individuals with MH and D&A co-occurring disorders. They have agreements with each other to open the lines of communication and now discuss treatment in a complete manner versus treating one diagnosis first and then the other. In cooperation and consent with the consumer, video conferencing is used to conduct the joint D&A and MH staffing sessions.
- Certified Recovery Specialists work in the hospitals to conduct assessments for consumers in need of D&A services.
- Our local crisis provider, The Open Door, also provides drug and alcohol services. This is a unique partnership that will allow someone accessing crisis services through telephone, mobile or walk-in the availability to have mental health and substance abuse needs assessed.
- The Armstrong County Behavioral Health Drop in Center is a meeting site for Narcotics Anonymous (NA) weekly evening meetings. Additionally many individuals who participate in a local drug rehabilitation center utilize the Drop in Center as a safe, drug free site for socialization activities.
- Armstrong County Memorial Hospital who currently has a psychiatric inpatient unit recently opened a 4 bed detox unit.

Needs:

- Housing opportunities that are safe and affordable for those with MH and D&A issues. It is very difficult to find landlords who are willing to work with this population due to concerns over drugs, death, and/or destructive behavior.
- MH/D&A inpatient beds that can treat both issues simultaneously and then having true integrated mental health and substance abuse services in the community to support individuals with dual needs.
- Regulations need to be changed to allow dually licensed (MH/D&A) services to be provided for Co-occurring consumers.

Justice-involved Individuals

Strengths:

- AI-BDHP staff participate in both Armstrong and Indiana County's Criminal Justice Advisory Boards
- AI-BDHP staff and a Armstrong County Commissioner have been participating in the Stepping Up Initiative training sessions.
- Armstrong and Indiana Counties are partnering with the other SW6 counties and the NW3 to create a regional Forensic plan. This plan is being developed to help address the recommendations made in the Policy Research Associates (PRA) report entitled "Reducing the Pennsylvania Incompetency to Stand Trial Restoration Waitlist: More than Just Beds". Our plan will be seeking funding for a Long Term Structured Residential (LTSR) program, an Extended Acute Care (EAC) program, an Enhanced Personal Care Home, a Residential Treatment Facility for Adults (RTFA) and boundary spanners.

Needs:

- Continued CIT, MH First Aid, and MH Procedures training for law enforcement and court-related personnel.
- Independent housing for those with criminal histories, including housing opportunities and landlord education
- Employment programs/opportunities for individuals with criminal histories for training/retraining, skill building, and local employer relationship building and education to help encourage employers to hire individuals with mental illness who also have criminal histories.
- Improved coordination, collaboration, and communication with local and state offices of Probation and Parole, including education for both MH staff and probation and parole officers.

Veterans

Strengths:

- Indiana County Veteran's Affairs Office is an active participant in the Indiana county Suicide Task Force with a representative from there sitting on the the STF's Intervention Committee.
- AI BDHP collaborates with local veteran services through the Armstrong County Homeless Advisory Board and the Indiana County Housing Consortium. At these meetings, housing opportunities and needs as well as treatment options are updated and shared with agency staff.
- A VA Health Care Outpatient clinic is available in Indiana which provides both physical and mental health services to veterans.
- Our local law enforcement/court-related personnel have participated in Veteran Crisis Intervention Training that has been offered in our counties.
- Our local MH Providers are more than willing to serve Veterans.
- The PATH Programs in both Armstrong and Indiana Counties are available to assist veterans who have a serious and persistent mental health diagnosis who are homeless or at risk of becoming homeless and have no other resources available to assist them.

Needs:

- The Office of Veteran's Affairs has identified the need to have a program or a staff person who can help individuals outreach to the Veteran's population to educate them about available services and to try and overcome stigma associated with needing and getting help.
- More collaboration is needed between the VA system and the private and public sectors
- Long term MH treatment options need to be readily available at the VA Centers to avoid state hospitalization. It is not uncommon for the VA to deny long term treatment services saying that individuals are too acute for their care. This results in the AIBDHP having to look at placing the individual at Torrance if an appropriate diversion is not available. Fortunately, we don't see a large number of veterans who require extended treatment, but it does happen.

Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers**Strengths:**

- Some of our providers have had staff attend cultural competency trainings to better understand and meet the needs of the LGBTQI population.
- A few specialized support groups are also being offered.

Needs:

- LGBTQI individuals that participated in the consumer focus groups indicated that they experience discrimination trying to get supports in the community.
- There is a need for ongoing educational opportunities. These trainings should be made available to our community stakeholders and providers so they can become more aware of the issues faced by LGBTQI persons as well as on ways to become more welcoming and affirming to all persons.

Racial/Ethnic/Linguistic Minorities (including Limited English Proficiency)**Strengths:**

- For individuals with behavioral health challenges who have limited English proficiency, a number of options exist to assist them in accessing behavioral health services in Armstrong and Indiana Counties. The Armstrong-Indiana Behavioral and Developmental Health Program has working agreements with the Armstrong-Indiana Intermediate Unit 28 and the Indiana University of Pennsylvania to provide interpreter services for our consumers.
- Armstrong and Indiana Counties are participating in a regional HealthChoices reinvestment plan to develop a Deaf and Hard of Hearing (DHH) Treatment Center. The Regional Center will be a cross-county specialized outpatient facility to meet the mental health treatment needs and supports of DHH individuals in both their home and community settings.

Needs:

- As with the previous target population there is a need for ongoing educational opportunities. These trainings should be made available to our community

stakeholders and providers so they can become more aware of the unique issues faced by our consumers that would be considered minorities, as well as on ways to become more welcoming and affirming to all persons who differ from us.

- Our counties frequently serve individuals from the Amish and Mennonite Communities. Providers need to be sensitive to the strongly held beliefs and practices of this population.

Other - Traumatic Brain Injury (TBI)

Strengths:

- Our Clinical Care Manager will work with TBI consumer's on a case by case basis to try and connect them with the supports that they may need.

Needs:

- Local diversion options to help those with traumatic brain injuries stay in the community such as specialized TBI inpatient beds.
- Specialized housing for those with traumatic brain injuries and/or more funding through COMCARE to help support this population in the community.
- In-home behavioral specialist consulting (Adult BSC) for those with SMI and TBI who exhibit concerning behaviors that make them unable to live in more independent housing.

Other -Individuals with Huntington's (chorea) Disease

Strengths:

- Our Clinical Care Manager will work with a consumer who is diagnosed with Huntington's Disease (also known as Huntington's chorea Disease) on a case by case basis to try and connect them with the supports that they may need.
- Our local mental health inpatient providers provide necessary and quality care to individuals diagnosed with Huntington's chorea Disease.

Needs:

- Local diversion and respite options to help individuals stay in the community as long as possible.
- In-home behavioral specialist consulting (Adult BSC) for those with SMI and Huntington's Chorea Disease who exhibit concerning behaviors to help them remain the community.
- Once the disease has progressed to where the individual is unsafe to live in the community, there needs to specialized housing/skilled nursing care available to provide 24/7 care.
- Education to nursing and personal care home staff about Huntington's chorea Disease, its symptoms and progression, and tools that staff can use to better serve the individual at all stages of the disease.

Is the county currently utilizing Cultural and Linguistic Competence (CLC) Training?

Yes No

This is a priority for Armstrong-Indiana in FY18-19 and will be further described in the Recovery Oriented System Transformation section.

It is important to note however that we do provide interpreter services as indicated below:

Limited English Proficiency

For individuals with behavioral health challenges who have limited English proficiency, a number of options exist to assist them in accessing behavioral health services in Armstrong and Indiana Counties. The Armstrong-Indiana Behavioral and Developmental Health Program has working agreements with the Armstrong-Indiana Intermediate Unit 28 and the Indiana University of Pennsylvania to provide interpreter services (oral, written, sight and audibly impaired) for our consumers. These services are free to consumers, regardless of income or insurance. For those individuals with medical assistance coverage who are Health Choices eligible, the AI BDHP may also access interpreter services through the Southwest Behavioral Health Management agency and our managed care organization, Value Behavioral Health of Pennsylvania. In addition to these resources, each of our provider agencies should also have a policy and access to interpreter services for those who have a limited working knowledge of the English language. PATH staff is able to access these services through collaboration with our office on an as needed basis. It should be noted that the instances of individuals needing assistance in another language are very few, however, services are available in each county when and if the need arises.

Does the county currently have any suicide prevention initiatives?

Yes No

Armstrong and Indiana Counties both have very active Suicide Task Forces.

The Suicide Task Force of Indiana County has trained 693 individuals in the community in Question, Persuade, and Refer (QPR), which is an evidence based practice and have 4 qualified QPR trainers that are available to the community. Additionally they have trained every school district in Indiana County under Act 71, House Bill 1559 that was passed in 2014. In September 2018 the Task Force will be hosting their 6th Annual Walk for a Wonderful Life, 5th Annual Angel's On Earth Ceremony, and later in the year the 3rd Annual International Survivors of Suicide Loss Day.

The Suicide Prevention Task Force of Armstrong County was formed in 2016 as the need for a suicide prevention strategy; outreach and education emerged and was identified by the Armstrong County Human Resource Council. The Armstrong County Human Resource Council is a network of human service providers who work together to share information, resources, and address the unmet needs of the community.

With the support from the Armstrong County Human Resource Council, the Task Force was able to train several Human Resource Council members as QPR trainers, to deliver these lifesaving trainings in the community.

Supportive Housing:

DHS' five- year housing strategy, [Supporting Pennsylvanians through Housing](#), is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing.

This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation.

Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

SUPPORTIVE HOUSING ACTIVITY *Includes Community Hospital Integration Projects Program (CHIPPP), Reinvestment, County base funded or other projects that were planned, whether funded or not. **Include any program activity approved in FY 17-18 that is in the implementation process. Please use one row for each funding source and add rows as necessary. (Note: Data from the current year FY17-18 is not expected until next year)***

1. Capital Projects for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 18-19 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
Housing Opportunities Units	HealthChoices Reinvestment	0	\$ 86,065	0	2-4	2	10yr		2017

Notes:	Project was started in 2017 however no funds were expended until 2018. Housing Opportunities Units – Is part of the HC Reinvestment plan approved through the SW6 Regional Housing Plan
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2. Bridge Rental Subsidy Program for Behavioral Health	<input checked="" type="checkbox"/> Check if available in the county and complete the section.
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Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.

	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
Bridge Rental Subsidy Housing Program	HealthChoices Reinvestment	0	\$ 209,569	0	6-10	0	0	0	2018

Notes:	Bridge Rental Subsidy – Is part of the HC Reinvestment plan approved through the SW6 Regional Housing Plan
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3. Master Leasing (ML) Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18 –19	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
Notes:	N/A in Armstrong-Indiana								

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

5. Housing Support Services for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
Housing Support Services	Healthchoices Reinvestment	\$51,255	\$ 198,613	50	75			2.5	2013
	BHSI	\$68,080	\$68,080	68	70			2.5	
	CMHSBG	\$22,551	\$0	“	“			1	
	Base/County	\$68,030	\$75,000	“	“			“	
	CHIPP	\$36,481	\$40,000	1	1			1	2006
	PATH	\$72,230	\$60,344	78	80			2	2010
Notes:	Housing Support Services includes our Behavioral Health Housing Liaisons, Supported Living Program, CHIPP and PATH Programs Housing Support Services– Is part of the HC Reinvestment plan approved through the SW6 Regional Housing Plan								

6. Housing Contingency Funds for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.									

	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Average Contingency Amount per person	Year Project first started
Housing Contingency	HealthChoices Reinvestment	\$5,003	\$ 37,500	8	10-15			\$2,500	2013
	PATH	\$2,572	\$10,000	1	4-10			\$2,500	2010
Notes:	Housing Contingency – Is part of the HC Reinvestment plan approved through the SW6 Regional Housing Plan								

7. Other: Identify the Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
<p>Project Based Operating Assistance (PBOA) is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL) is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other.</p>									
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Year Project first started	
Notes:									

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

Armstrong and Indiana Counties have identified the following recovery-oriented system transformation priorities that we plan to address in FY 18-19.

Priority #1 Follow-up After hospitalization: A Study to Determine the Cause

Narrative

For a number of years, the Office of Mental Health and Substance Abuse Services (OMHSAS) has performed an external review study on the HEDIS measure, Follow-up After Hospitalization. This Healthcare Effectiveness Data and Information Set (HEDIS) measure is a tool used by health plans to measure performance on improving the rates of consumer follow-up to outpatient services with 1-7 days and then 8-30 days following an inpatient psychiatric admission. Over the years, the standard of 10% set by the state has failed to be achieved, with county readmission rates often exceeding the 10% standard. With the consistent poor performance, OMHSAS required that a Root Cause Analysis (RCA) be conducted at the contractor level, resulting in one RCA for the Southwest Six Counties (Armstrong, Indiana, Westmoreland, Washington, Butler, and Lawrence Counties). Staff from the Southwest Behavioral Health Management Corporation (SBHM) worked with county behavioral health quality management staff to form a workgroup that consisted of county staff, provider staff and psychiatric inpatient staff, and staff from the behavioral health managed care company, Beacon Health Options (formerly Value Behavioral Health of PA). Together, the workgroup members looked at the possible causes why consumers would not choose to follow-up with outpatient services once discharged from inpatient care. The counties also solicited member input in a variety of ways, to see if any common themes could be identified. These workgroup meetings began in the fall of 2017. The final draft of the RCA was submitted to OMHSAS in November of 2017.

Since the topic of readmissions and poor follow up following an inpatient stay has been an ongoing topic of discussion within our local Utilization Review (UR) Committee, the committee determined that this would be a good time to take action and pursue a qualitative analysis be conducted that would seek to understand the noncompliance of consumers through analyzing their clinical and life circumstances.

The UR committee was formed at the request of the AI-BDHP Advisory Board several years ago as a way of assisting the Advisory Board in reviewing and evaluating the programs and services provided to the mentally disabled citizens in Armstrong and Indiana Counties. The UR Committee is made up of local service providers, the AI-BDHP Administrator and Quality Management Coordinator and was created to:(1) offer a provider perspective on various issues, (2) identify trends in service utilization, (3) identify gaps in service delivery and make recommendations regarding the need for new or expanded services, (4) facilitate the adoption of evidence based practices, and (5) assist the AIBDHP Administrator's Office and Advisory Board in collecting data and formulating answers to policy related questions.

As a result of the efforts of these two groups, AI BDHP will be working to improve the readmission rates for our members and has determined this to be our first system transformation and quality management priority for fiscal year 2018-2019.

Action Steps/Timeline

This priority will be broken down into two parts. The first will be following the action steps established through the SBHM/Beacon/County RCA Workgroup which was to collect all information regarding

transportation and budgeting resources available in our counties for members. The second will be to develop a study to assess exactly why members choose not to receive follow-up outpatient care.

The following table outlines the specific action steps to be taken by workgroup members from Armstrong and Indiana Counties, along with projected timelines for accomplishment.

Target Date	Activity	Person(s) Responsible
PART 1		
	<ul style="list-style-type: none"> ○ Identification of high risk indicators ○ Develop a system to track high risk members admitted to inpatient units 	SBHM staff, Beacon Health Options staff, AI BDHP staff
January-March 2018	<ul style="list-style-type: none"> ○ Gathering of all county specific information regarding transportation options 	AI BDHP staff
March- September 2018	<ul style="list-style-type: none"> ○ Development, printing and distribution of a transportation resource sheet for members and inpatient staff 	AI BDHP Staff, SBHM staff, Beacon Health Options staff
January-March 2018	<ul style="list-style-type: none"> ○ Gathering of all county specific information regarding budgeting options 	AI BDHP staff
March-August 2018	<ul style="list-style-type: none"> ○ Development, printing, and distribution of a budgeting resource sheet for members and inpatient staff 	AI BDHP staff, SBHM staff, Beacon Health Options staff
July-December 2018	<ul style="list-style-type: none"> ○ Develop strategies to improve the communication between inpatient psychiatrists and outpatient treating clinicians. 	AI BDHP Staff, Community Outpatient Provider staff, Inpatient Unit staff, SBHM staff
January-July 2019	<ul style="list-style-type: none"> ○ Develop a template for common things to be discussed between inpatient units and outpatient providers such as symptoms, medication, history. 	AI BDHP Staff, Community Outpatient Provider staff, Inpatient Unit staff, SBHM staff
PART 2		
May - September 2018	<ul style="list-style-type: none"> ○ Develop a qualitative analysis plan to examine reasons for consumers failing to keep outpatient appointments following inpatient care 	UR Committee Chair and Co-Chair, IUP Staff/students
September -December 2018	<ul style="list-style-type: none"> ○ Enlist assistance from graduate students from Indiana University of PA to develop study tool 	UR Committee Chair and Co-Chair, IUP Staff/students
October – December 2018	<ul style="list-style-type: none"> ○ Prepare Proposal for Grant to Fund Study 	AI BDHP Staff
January-June 2019	<ul style="list-style-type: none"> ○ Study conducted / completed 	IUP staff/students IUP staff/students/AI Provider Staff
July 2019	<ul style="list-style-type: none"> ○ Final report of findings completed and distributed to county, SBHM, and Beacon Health Options 	

Fiscal and Other Resources

Any expenses incurred related to the development and distribution of transportation or budgeting resources will be funded through HealthChoices Administrative and/or Base MH funds.

To help fund the qualitative analysis study, a grant will be written and submitted to obtain funds to help cover the costs associated with the project. Base MH funds may also be used as appropriate and needed

Tracking Mechanism

Monitoring of the Root Cause Analysis will be the responsibility of Beacon Health Options and the Southwest Behavioral Health Management Corporation. Monitoring efforts will include reviewing the data on readmission rates on a regular basis the submission of county level updates of progress made towards specific tasks and projects. Project updates will also be presented at the AI BDHP Advisory Board's Utilization Review Committee.

Monitoring of the qualitative analysis study will be done through progress reports presented to the UR Committee and the Advisory Board. A final report would be issued from the study through IUP and distributed as appropriate to AI-BDHP, SBHM and Beacon.

Priority #2 Linking Initiative – Linking Consumers to Community Resources

Narrative

On an annual basis AI-BDHP enlists NAMI to conduct focus groups in each county. And on an ongoing basis, the Consumer and Family Satisfaction Teams are meeting individually with consumers to identify their concerns, wants and needs. This information is then compiled to create reports which provide an overview of the needs being identified by Armstrong and Indiana consumers of behavioral health services. This year's question posed to the focus group was "What community resource or community support would help you improve your life?" The top two resource needs identified were 1) the need for better transportation and 2) the need for more social opportunities. Through the Linking Initiative priority AI BDHP, in collaboration with our system partners will work to improve the linkages between the consumers identified needs and our available community resources. We will seek to do this through identifying ways to improve the communication process that flows between consumers, providers, and resources; and look for ways to increase the education about the resources available in our communities to consumers and providers. The areas in which we will specifically focus will therefore be transportation and social opportunities.

Transportation has consistently been identified as an ongoing need over the last few years. Last year one of our priorities was to create transportation solutions work groups. These meetings provided a much needed forum for discussing the issues with all stakeholders in the room. In Armstrong County this workgroup is now participating in the newly created Citizen's Advisory Committee started through the Armstrong County Transit Authority. In Indiana County this process provided an opportunity for providers and consumers to learn more about the local MATP program and help to resolve some specific rider issues. Under this linking initiative we will continue to work with our stakeholders but our focus will be on addressing individual consumer issues as they are identified through the CFST reports and at the provider level.

The need for additional social opportunities is a new request which has emerged. This is a positive sign that consumers are recognizing that their recovery efforts can be enhanced through socialization

and community supports. Our Linking Initiative again will seek to understand the communication gaps between consumers identifying these needs to peers, case workers and/or therapists and how to get the proper resource information back to the consumer.

What we identified through our transportation workgroup was that if staff working with consumers have a better understanding of the transportation system or have formed a working relationship with the proper contacts problems can be addressed or are more easily understood. Communication and education will be the keys to making a positive impact to our consumers transportation and social opportunities needs.

Action Steps / Timeline

Target Date	Activity	Person (s) Responsible
October - November 2018	<ul style="list-style-type: none"> o Meet with CFST Teams to review report information flow o Discuss ways to create a “close the loop process” o This will assure the consumers needs are getting to case managers, peers or other service providers o Introduce initiative at Mental Health Provider meeting 	AI-BDHP Staff CFST Staff Provider Agencies
November 2018 – June 2019	<ul style="list-style-type: none"> o Work with provider agencies on how to better educate staff on resources o Plan educational trainings as needed 	AI- BDHP Staff Provider Agencies
November 2018 – June 2019	<ul style="list-style-type: none"> o Discuss at CSP meetings and Drop in Centers to develop a Resource Hub o Work with community resources to develop better networking 	Drop in Centers Peer Providers
May 2019	<ul style="list-style-type: none"> o NAMI Focus Group – get feedback on results of the Initiative 	NAMI AI-BDHP Staff

Fiscal and Other Resources

There will be no costs associated with the development of this initiative. Depending on the trainings needed HealthChoices Administrative Funds or Mental Health Base Funds could be used to cover the costs of the trainings.

Tracking Mechanism

Meetings will be held to discuss the initiative and get input into implementation. The AI-BDHP Administrator will be monitoring the progress of the initiative. This will be a standing item for CSP meetings and Human Service Block Grant Oversight Committee. We will also request that the efforts of this priority be updated at the annual focus group. Ongoing updates will also be provided to the AIBDHP Advisory Board and as appropriate at provider meetings.

Priority #3 Cultural Competency Education

Narrative

As indicated in last years plan comments the reviewers suggested that Armstrong-Indiana needed “a continued focus on the LGBTQIA population, including Cultural and Linguistic training offerings for the community.” Based on this recommendation as well as continued needs identified through the CFST,

focus group and from the FY 17-18 Pennsylvania Cultural and Linguistic Competence Survey comments, we acknowledge that we need improvement in this area and therefore have made the decision to make this a priority in FY 18-19.

Approaching cultural competence as an ongoing process, as the following statements defines, makes taking on this huge topic less overwhelming for our counties. “The process of cultural competence in the delivery of healthcare services, is a culturally consciously model of care that defines cultural competence as “the process in which the healthcare professional continually strives to achieve the ability and availability to effectively work within the cultural context of a client” (family, individual or community). *It is a process of becoming culturally competent, not being culturally competent.*” ((Lavizzo-Mourey, 1996) <http://transculturalcare.net>) We recognize that becoming truly culturally competent will be an ongoing multi-year process that will yield positive impacts along the way.

We will begin this process by pursuing educational opportunities on Cultural Competency for the AIBDHP Staff as well as our provider community and all stakeholders. One resource that we will use to begin this journey will be the five year OMHSAS Strategic Plan for Cultural Competence document. This plan provides a vision, mission, goals and objectives currently being pursued by OMHSAS. It can be used as a model for the development of our own plan. We will further seek input on training recommendations from OMHSAS staff along with members of the PA Cultural Competence Advisory Committee.

Next we will work specifically on learning more about our LGBTQIA population and how our system can better meet their needs. In order to get a clearer understanding of what specific services or support groups are being made available to the LGBTQIA population we will conduct a survey of our contracted behavioral health providers. Once this information is obtained we will seek the input from the LGBTQIA community to learn what additional services are needed and how they can more adequately be supported.

Finally this year, we will begin to develop a long range plan that will promote and incorporate cultural competency in our behavioral health delivery system. To do so It will be necessary for us to assess the demographics of the population that we serve, understand how our stakeholders view cultural competency, and determine what our philosophy will be. All of these things along with the lessons that we learn throughout the year will play an important role in creating the foundations for a plan that will be recovery focused and supportive to all the consumers that we serve.

Action Steps / Timeline

Target Date	Activity	Person (s) Responsible
November 2018 – February 2019	<ul style="list-style-type: none"> ○ Conduct Research on Cultural Competency Models ○ Set up a informational meeting or conference call with state or regional OMHSAS staff knowledgeable on the OMHSAS Cultural Competency plan 	AIBDHP Administrator AIBDHP QM and MH staff
March - April 2019	Set up trainings or meetings on cultural competency topics with various audiences	AIBDHP Staff Provider Agencies
December 2018 – February 2019	<ul style="list-style-type: none"> ○ Develop survey for providers on LGBTQI services ○ Compile results ○ Follow up with providers as necessary 	AIBDHP Staff Provider Agencies
March - April 2019	<ul style="list-style-type: none"> ○ Meet with consumers 	AIBDHP Staff

	<ul style="list-style-type: none"> ○ Determine next steps 	Consumer LGBTQI Work group
May – June 2019	<ul style="list-style-type: none"> ○ Work on long term plan development 	AIBDHP Staff Provider Agencies Consumer LGBTQI Group

Fiscal and Other Resources

There will be no costs associated with establishing meetings or conducting research. Depending on the trainings needed or the model selected HealthChoices Administrative Funds or Mental Health Base Funds could be used to cover the costs of the trainers, educational materials or assessment tools.

Tracking Mechanism

As meetings are held notes will be taken and distributed to participants to track topics discussed. The AI-BDHP Administrator will be monitoring the progress of this priority. We will also request that the efforts of this priority be updated at the annual consumer focus group. Additionally, updates will be provided to the AIBDHP Advisory Board and as appropriate at provider meetings.

4.(Identify Priority)

Narrative including action steps:

Timeline:

Fiscal and Other Resources:

Tracking Mechanism:

5. (Identify Priority)

Narrative including action steps:

Timeline:

Fiscal and Other Resources:

Tracking Mechanism:

e) Existing County Mental Health Services:

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

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

*HC= HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	N							
Supportive Housing	Y	1	Tenure in current housing situation	Agency & County	Quarterly	N	N	Individualized Program
Supported Employment	Y	30	Competitive Employment, Independent Living, self-esteem	Agency & County	Annually	N	N	Include # Employed 7
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	57	1)Outcomes 2)Satisfaction 3)Meaningful Use	Agency County MCO	Regularly	Y	Y	1. Matrix Model 2. New Directions Co-Occurring Disorder Program
Illness Management/ Recovery	Y	58	Outcomes	Agency	Annually	Y	N	
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	N							
Multisystemic Therapy	Y	14	1)TAM-R 2) SAM 3)CAM 4)PIR	Agency OMHSAS	Regularly	Y	Y	
Functional Family Therapy	N							
Family Psycho-Education	Y	44	1)AAPI 2)NSCS	Agency	Regularly	Y	Y	Nurturing Parent Program

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

To access SAMHSA's EBP toolkits:

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

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	1100	
Compeer	No	0	
Fairweather Lodge	No	0	
MA Funded Certified Peer Specialist- Total**	Yes	236	
CPS Services for Transition Age Youth	No	0	
CPS Services for Older Adults	No	0	
Other Funded Certified Peer Specialist- Total**	Yes	5	
CPS Services for Transition Age Youth	No	0	
CPS Services for Older Adults	No	0	
Dialectical Behavioral Therapy	Yes	30	
Mobile Meds	Yes	60	
Wellness Recovery Action Plan (WRAP)	Yes	10	
High Fidelity Wrap Around/Joint Planning Team	No	0	
Shared Decision Making	No	0	
Psychiatric Rehabilitation Services (including clubhouse)	Yes	132	
Self-Directed Care	No	0	
Supported Education	No	0	
Treatment of Depression in Older Adults	Yes	77	
Consumer Operated Services	Yes	296	
Parent Child Interaction Therapy	Yes	5	
Sanctuary	Yes		2 providers are certified in the Sanctuary Model
Trauma Focused Cognitive Behavioral Therapy	Yes	18	
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	16	
First Episode Psychosis Coordinated Specialty Care	No	0	
Other (Specify)	No	0	

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

**Include CPS services provided to all age groups in Total, including those in the age break outs for TAY and OA below

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

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

h) Certified Peer Specialist Employment Survey:

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

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

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

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

Total Number of CPSs Employed	51
Number Full Time (30 hours or more)	29
Number Part Time (Under 30 hours)	22

INTELLECTUAL DISABILITY SERVICES

Individuals Served

AI BDHP offers a broad array of services and supports to meet the needs of county residents with intellectual disabilities and autism. There are currently 704 open cases between the two counties. Of these individuals 270 are receiving services funded through Consolidated Waiver, 196 are receiving services through Person/Family Directed Support (P/FDS) Waiver, and 18 are receiving services through the new Community Living Waiver. The remaining 220 consumers are receiving services through Base funding or are waiting for services.

Of the 220 individuals who have open cases with base funded services, 161 of those individuals receive only Supports Coordination Services and 59 individuals receive Supports Coordination, Transportation, and/or Home and Community Based Services.

Listed below are services received by individuals through Base funding. Individuals avoid significantly higher level costs by utilization of Base funds. Most of the families who have their family member residing with them would be forced to place their family member in a residential facility if these services were not made available to them. Some individuals, who reside in an apartment by

themselves, would be unable to maintain their current living arrangement without the services and supports made available by these Base funds.

- *Family Aide* - Provides in home help to individuals/families, doctor visits, etc.
- *In Home and Community Supports*- provides opportunities and support for community inclusion and building interest in and developing skills and potential for competitive integrated employment.
- *Companion Service* Provides supervision or assistance to ensure the individual's health, safety, and welfare, or to perform activities of daily living for individuals age 18 and older.
- *Life Sharing*- Provides residential services to individuals in the private home of a host family, or the primary residence of the individual.
- *Residential Habilitation*- Provides licensed and unlicensed housing services to individuals in a residential home in an inclusive community setting.
- *Community Participation Supports*- Provides opportunities and support for community inclusion and building interest in and developing skills and potential for competitive integrated employment.
- *Small Group Employment* - Supports participants in transitioning to competitive integrated employment through work that occurs in a location other than a licensed facility.
- *Supported Employment* -Provides services in a variety of community settings for the purposes of supporting participants in obtaining and sustaining full or part-time competitive integrated employment at minimum wage or higher,
- *Transportation* - Provides transportation to services and activities specified in the individuals approved service plan
- *Behavioral Support* - Provides services that include a comprehensive assessment, the development of strategies to support the participant based upon the assessment, and the provision of interventions and training to participants, staff, parents and caregivers.
- *Home Accessibility Adaptations*- Consists of modifications to the private home of individuals to ensure health, safety, and accessibility for the individual which allow the individual to function with greater independence in the home.
- *Vehicle Accessibility Adaptations*- Consists of adaptations for the installation, repair, and/or maintenance of the vehicle that the individual uses as his/her primary means of transportation to meet his/her needs

	<i>Estimated Individuals served in FY 17-18</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 18-19</i>	<i>Percent of total Individuals Served</i>
Supported Employment and Small Group Employment	12	Less than 1%	9	Less than 1%
Community Participation Supports (Pre-Vocational)	22	Less than 1%	13	Less than 1%
Community Participation (facility based)	22	Less than 1%	22	Less than 1%
Base Funded Supports Coordination	250	33%	220	36%
Residential (6400)/unlicensed	3	Less than 1%	3	Less than 1%
Life sharing (6500)/unlicensed	2	Less than 1%	2	Less than 1%
PDS/AWC	N/A	N/A	N/A	N/A
PDS/VF	2		2	Less than 1%
Family Driven Family Support Services: Family Aide, In Home and Community Supports, Companion, Behavior support, Transportation	50	12%	52	7%

Supported Employment:

- **Current Services**

- In Armstrong and Indiana Counties we have two long standing, established providers who are very well respected and active in the communities in which they operate. The Progressive Workshop of Armstrong County (PWAC) has been in existence since 1968 and ICW Vocational Services, Inc. (ICW) has been operating since 1971. Although each agency is very unique in its approach to employment services and what is available to the consumers they serve, both offer a variety of employment experiences including, community participation supports, small group employment, and supported employment. PWAC currently has 13 individuals receiving Supported Employment Services with a job coach. This job coach works with individuals until they are fully trained and need less assistance to complete their job tasks and become competitively employed. These individuals will continue to receive Supported Employment supports

as needed. This is dependent on each individual needs ie: 2 times weekly, 2 times monthly. As individuals become more independent in completing their job tasks the on-site supports will be reduced until they become competitively employed.

- PWAC currently has 75 individuals in Small Group Employment Services. (Some individuals work on different crews throughout the week while others may only work on one crew. There are 3 Lawn Crews, 1 Shredding Crew, 2 Cleaning Crews that clean at 7 different sites, 1 Recycling Crew, and 1 miscellaneous crew.
- Other PWAC Small Group Employment (transitional) work sites include: Janitorial Services at Harvest Church, helping at the Salvation Army with various tasks, helping at a Co-Op farm in Worthington, and assisting with activities at Nursing Homes in the Kittanning area.
- PWAC currently has 106 individuals receiving Community Participation Supports at two different sites. The jobs vary; some are piece rate jobs while others are janitorial, kitchen and wood shop jobs. While working on learning important job skills the individuals also learn soft skills related to working in the community. This varies from group discussions on job skills, activities focused on skill building and socialization opportunities.
- PWAC operates The Adult Achievement Center to address the needs of young adults who are in need of skills that will help them achieve independent living and/ or employment. The program creates a positive environment where individuals with developmental disabilities have opportunities to build their knowledge utilizing a multi-tiered curriculum, plus hands on experiences to reinforce newly learned skills. This enables individuals to build upon their current competencies in Life Achievement Skills and Educational Achievement Skills. There are currently 12 unique individuals who attend the Adult Achievement Center.
- ICW supports 5 individuals through supported employment, 58 through Small Group Employment and 73 in through-Community Participation Supports.
- ICW utilizes twenty 21 community Small Group Employment (transitional) sites to place individuals one or two days per week, for a period of eight to twelve weeks. This Small Group Employment will continue to give ICW Employment Services staff the opportunity to evaluate work abilities in a less “threatening” and permanent manner. ICW currently has 22 businesses/agencies that provide work sites for the individuals. ICW Small Group Employment work includes: janitorial services, Auto Detailing, Clerical services, outside work, animal care, folding pizza boxes, bussing tables, meal delivery, labeling, setting up dining room/wrapping silverware, and litter pickup.
- ICW operates the Steps to Success day program. This program is specially designed to provide employment education to those individuals who have graduated or are preparing to graduate and are working toward the goal of employment. The Vocational/Employment consists of class based training (Workplace Readiness Training) and community integrated training (Volunteer Work Experience). Workplace Readiness Training provides individuals with knowledge needed to find and maintain competitive integrated employment. Curriculum includes interview skills, job readiness, job-seeking skills, HR practices, and other skills needed to become “workplace ready”. It also includes measurable performance objectives and lesson plans. Volunteer Work Experience in a community integrated setting provides individuals with experiences in various areas of interests in integrated community businesses or settings. Individuals are provided with several Volunteer Work Experiences to fully experience a variety of career opportunities. Upon completion of each experience, the Transition Services

Coordinator, Job Developer and/or Job Coach will complete an evaluation of the individual to be reviewed by the Team. Currently 11 individuals attend the Steps to Success program.

- We also have other providers (Merakey, Kaleidoscope, CCABH, VTDC, LARK Enterprises, Passavant, Lifestyles, Goodwill and Valley Advantages, KBE) that provide employment services.

- **Other Employment Activities/Initiatives Planned**

- **Employment Council** - The Armstrong-Indiana Administrative Entity continues an Employment Council that meets quarterly. The purpose of this council is to discuss current ODP Employment initiatives, and provide a forum for employment providers to exchange information and feedback. In addition to the AE and employment providers some of the other participants on this council include SCOs, OVR, schools, and residential providers. Because of the rapidly changing ODP and OVR regulations, this meeting is essential to keep everyone up to date.
- **Citizens Advisory Committee** – Our ID Coordinator is an active member of the (New Castle Region) OVR CAC for Armstrong, Beaver, Butler and Lawrence Counties. Armstrong County is an outlier for this OVR office and we are working hard to keep communication and services beneficial in our counties.
- **Collaboration Efforts** - We are currently working with OVR and the Armstrong School District in a joint effort to ensure all students and families are educated on employment services after high school. This collaborative is an ongoing initiative. There have been many changes within OVR and ID employment services. It is important for families to understand the system before their loved one graduate.

- **Changes in County Practices- Employment First**

- Pennsylvania is an Employment First state. Armstrong Indiana AE is working with providers of supported employment and Small Group Employment to search for job opportunities. Areas of focus will be: responding to job advertisements in the local newspapers, internet job sites, help wanted announcements at local businesses and visiting local businesses to advertise Supported Employment Services.
- Individuals, Job coaches, Program Specialists and Support Coordinators will discuss and keep each other informed of who is interested or have shown the ability to move from Small Group Employment to a Supported Employment position. We will be addressing individual's vocational needs by developing outcomes that pinpoint their specific skill deficit and help to maximize their optimum level of independence in completing job tasks to move them towards jobs in the community.
- We will be looking for more referrals to increase our enrollment to serve our community. We want to assist individuals in becoming active members of their community; while helping them achieve their optimum level of independence and lead happy productive lives.

- **ODP Assistance Needed**

- Receiving timely OVR determinations continues to be an ongoing problem especially in Armstrong County. Some assessments have taken over 1 year to complete. OVR continues to have a manpower shortage and lack of providers available to complete the assessments. Having the new employment geared day programs will assist in individuals not sitting at home waiting for their OVR determinations BUT it is delaying

individuals from getting employment services such as supported employment and small group employment. We find that once an individual starts a day program, they may be less willing to leave that program for employment at a later time. Ideally our goal would be to provide employment services immediately after graduation. *We currently have 4 individuals who graduated in June 2017 who are still in the OVR assessment process for employment in Armstrong County.*

Supports Coordination:

• Overview of Supports Coordination in Armstrong-Indiana

- The AE utilizes 5 Supports Coordination Organizations (SCO) which provides individuals a choice of providers; the Community Guidance Center, Family Counseling Center, Family Links, Center for Community Resources, and Bradford Sullivan Counties MH-MR Program.

• Engaging SCs with Life course tools

- On May 24, 2018, we organized a Communities of Practice Training. The purpose was to engage individuals, families, SCs and providers to begin using the Life Course Framework tools. We had over 90 people attend the 6 hour training. This was an opportunity to learn more about the framework/tools and the activity state wide to pursue a community for all. In the morning, the Office of Developmental Programs, PA Family Network, the Alliance for Non Profit Resources, Supports Coordination and individuals/family members shared their experiences and explain how the principles are guiding their vision to a good life. In the afternoon, individuals, family members and provider agencies completed the tools in an interactive setting.
- At monthly meetings with our SCO supervisors we discuss new community supports they have found and we share this information.
- The LINK shares community information that is passed along to SCOs.
- On an ongoing basis the AE reviews ISPs for inclusion of natural supports.
- AE staff participates in monthly team meetings in person or via phone conference to discuss services and supports with individuals, families, and provider agency administration and staff.

• Waiting List Planning

- **Waiver Capacity Management (WCM) Committee** – Monthly, the AE meets with the SCO supervisors and Intake Coordinator to discuss vacant waiver slots, review current individuals in the queue, review the Emergency PUNS list and discuss Priority Lists. Prior to the meeting the SCO Supervisors meet with their staff to determine a priority list to be presented to the WCM. These priority lists are compiled from the information known about individuals aging out of CYS, EPSDT services, probation services, graduating seniors, elderly caregivers, individuals at the PFDS and Community Living cap, and individuals who are in need of county base funds. This transparent process allows for an open and fair practice for determining utilization of available waiver capacity.
- Support Coordinators are encouraged to complete Life Course framework for individuals on the waiting list.

• ISP Community Integration

- The AE Waiver coordinators review ISPs checking for inclusion of natural supports, and ensure that the individual has opportunities to participate in community activities of their choice.

- The AE meets with the SC Supervisors monthly during Waiver Capacity Management to discuss any issues discovered during the review of ISPs. The AE also discusses new forms and processes with the SC Supervisors in accordance with the ISP Service Manual.
- Early Intervention is using the Life Course Framework at a younger age for children that will likely be using multiple service systems.

Lifesharing Options:

- **Supporting the growth of Lifesharing / Expansion ideas**
 - We continue to have a large Lifesharing program in our counties. There are currently 34 individuals being served in this capacity. This number is generally static. We do not have new individuals moving into Lifesharing at this time.
 - The AE strongly supports the growth of this option and has encouraged this over the years however the individuals enrolling into the waiver are not able to have their needs met in Lifesharing.
 - The new waiver regulations allow families to provide Lifesharing services for individuals in the Consolidated and Community Living Waivers. This has expanded our Lifesharing program by 1 person.
 - Our ID Coordinator when possible participates in the Lifesharing Statewide Coalition meetings.
 - Supports Coordinators discuss Lifesharing at each annual review ISP with individuals and families.
- **Lifesharing Barriers**
 - The main barrier that exists is that there has been no new consolidated waiver capacity identified for Lifesharing.
 - One barrier that has been identified is the difficulty that exists if a Lifesharing family decides to move to a new home with the individual. Because of licensing and the time involved in getting approval of a new home, this is a hardship for a family that has to keep two homes going until all requirements have been met.
 - Our current Lifesharing providers are getting older and some are beginning to experience health issues.
 - Some providers do not have active back up plans for crisis situations that arise in Lifesharing. Because of this, some individuals have moved from Lifesharing and into Residential settings.
- **ODP Assistance Needed**
 - Consideration to allocating new waiver capacity specific to Lifesharing would assist us in expanding this service.
 - Consider reviewing regulations and licensing requirements for Lifesharing homes related to moving or relocating.
 - Assistance with an expedited review for the Promise application when a move is necessary

Cross Systems Communications and Training:

- **Increase Capacity for Individuals with Multiple Needs**
 - Merakey provides the Dual Diagnosis Treatment Team (DDTT) services in Armstrong and Indiana Counties. The DDTT consists of a team that includes a Psychiatrist, Pharmacist Consultant, Behavioral Specialist, Program Director, Registered Nurse and Recovery Coordinator. Eligibility criteria for the DDTT consists of being over the age of

18; be an Armstrong or Indiana County resident; have an MH and ID diagnosis; frequent hospitalizations/crisis involvement; or require step down, transitional services to the community from a higher level of care. Referrals are made to the AIBDHP Office and then sent to Merakey. We currently have 5 individuals who participate in DDTT services.

- **Collaboration with Schools**

- AIBDHP works with our local ARIN Intermediate Unit (IU) and attends the Transition Council meetings.
- The AE is collaborating with OVR and the Armstrong School District to ensure all transition aged children are educated on OVR and ID employment services.
- With the creation of our new mobile intake position the flexibility is now there for the intake worker to work directly with the schools. The intake worker has been attending IEP's when requested and other events at the schools such as the Family Outreach Fairs and the Back to School Nights. We are seeing some very positive working relationships developing.
- The ID Coordinator will meet with school psychologists to review necessary documentation and eligibility requirements for individuals who are interested in Intellectual Disability and Autism services with our AE.

- **Collaboration with CYS / Aging / Mental Health / Other Community Resources**

- Part of the responsibilities of the independent mobile intake position is to engage the consumer and/or families in discussion about their needs. Based upon these discussions, the intake worker then has the unique opportunity to make a referral for another service or provide information about other resources that may be available to them.
- **CYS – Armstrong County** started a Permanency Roundtable Multi-Disciplinary Team through a Casey Family Grant to revisit and address the permanency needs of presented children/youth who have not achieved permanency. We work with a goal of developing and implementing concrete action steps to achieve permanency. The group meets monthly and consists of professionals from mental health, intellectual disabilities, CYFS, Salvation Army, Holy Family, SWAN and probation to name a few.
- **Area Agency on Aging** – AI BDHP works closely with the Area Agency on Aging offices in both Armstrong and Indiana Counties on OBRA cases or other cases that require a joint effort. We are providing more base funded services in nursing homes than ever before to make sure all of the individuals needs are met, through Supports Coordination, Companion Services, and In Home and Community Supports.
- **Behavioral Health Senior Care Task Force** – AI BDHP formed a Behavioral Health Senior Care Task Force which began meeting in December 2016. The mission of the task force is to work on improving concerns related to prescribing, compliance and management of medications, coordination of care between behavioral health and physical health, Emergency Room assessment, engaging family support, exploring housing options and obtaining stability in the community for individuals aged 60 and above in need behavioral health services in Armstrong and Indiana Counties.
- **Mental Health Services** – As indicated previously the DDTT is available to assist with individuals that are dually diagnosed and have frequent inpatient hospitalizations. In addition our AE has worked extensively to bring knowledgeable Behavioral Support providers into our counties. This has helped our residential and in home providers to maintain individuals in their community placements.
- **Clinical Care Manager Position** – In December 2016 AI-BDHP hired a Clinical Care Manager (CCM). The CCM is responsible for assessing and coordinating the clinical

care needs for consumers identified in one of the following groups: 1) being discharged from psychiatric inpatient or state hospitals; 2) admissions to a long term care facility (i.e. LifeCare and extended acute care units); 3) at risk for multiple inpatient readmissions; 4) Seriously Mentally Ill (SMI) consumers experiencing reoccurring acute episodes; or 5) a member of a priority or special needs population (i.e. **Intellectually Disabled**, Aging, Forensic, etc.) who present with complex behavioral health, medical and/or other life care needs. The CCM has begun to assist the ID staff with complex cases.

- **Hospitals-** Indiana Regional Medical Center employs Psychiatric Assessment Liaisons in the Emergency Room and the ID department has frequent collaboration and communication with this position. It has been extremely helpful to have a contact person to manage individuals in the emergency room as we have a difficult time finding them inpatient treatment options. We also attend the Joint Hospital meetings as needed for collaboration.

Emergency Supports:

- **Emergency Capacity** Generally for an ID individual identified as being in a non-medical emergent situation, their needs would be assessed by a supports coordinator, the Waiver Capacity Committee, or the AE ID Coordinator. Then depending on their current emergent need and their existing living status a determination would be made as to what action would be taken.
- If the individual does not have a safe place to go and no waiver capacity is available we would Base fund the individual at a respite site in order to protect their health and safety. A respite placement might be at a provider operated residential home, Lifesharing and/or a personal care home. Some additional options for this scenario are possibly a homeless shelter with supports; or in certain circumstances a domestic violence shelter such as the HAVIN or The Alice Paul House could be utilized.
- If the individual lives in their own home, apartment or family home and health and safety are assured, we could support them through either initiating or increasing home and community habilitation, companion or Community participation supports services if a residential placement or respite was not available. We could also utilize services such as increased Supports Coordination monitoring and non-paid natural/community supports.
- When warranted ODP will be notified of the emergency need.
- **Does your county reserve base funds to meet emergency needs?**
 - Yes, Base funding is utilized when needed to protect the health and safety of an individual in an emergency situation. As previously identified in the Emergency Capacity section we would Base fund the individual at a respite site or temporarily increase in home and community supports if appropriate in order to protect the individual's health and safety. If no emergency Waiver capacity is available, the AE would continue to use Base funding to provide services to keep the individual safe.
- **Emergency Response Plan**
 - *In the event an emergency occurs outside the normal work hours, the following protocols are followed depending on the type of emergency.*
 - Any medical emergency would be addressed in the nearest Emergency Room, 7 days a week, 24 hours a day. We work very closely with the ERs in both

counties. If needed they contact the on call SCOs 24 hours a day, 7 days a week. If additional assistance is needed they contact the AE ID Coordinator.

- In the event an emergency happens after hours and there are no identified medical needs, 911 emergency centers would contact our 24 hour on-call Supports Coordinator available for each county. If the problem cannot be resolved or if further authorization is needed the AE ID Coordinator is contacted.
 - If there is a community member in need of emergent services outside the normal work hours there is a 24/7 telephone and mobile Crisis services available. The Crisis workers are trained to direct the caller to an appropriate contact or if appropriate dispatch mobile crisis to the setting where the individual is located.
 - Individuals have Crisis Support plans written within their ISPs.
- *In the event an emergency occurs during normal working hours:*
 - Any medical emergency would be addressed at the nearest Emergency Room. We work very closely with the ERs in both counties. If needed the appropriate SCOs or AE ID Coordinator may be contacted.
 - If there is no identified medical need the provider agency, family or any community member is educated to contact the consumer's Supports Coordinator to discuss their concerns. If the problem cannot be resolved, or if further authorization is needed, the AE ID Coordinator or a member of the AE ID staff may be contacted.
 - If appropriate, an emergency team meeting would be organized to develop a plan to address the individual's needs and/or the Waiver Capacity Committee could be convened via conference call to make a placement determination.
 - For behavioral health emergencies 24/7 telephone and mobile crisis services can be accessed in Armstrong and Indiana County. Walk in Crisis Services are also available 8:00 AM – 6:00 PM Monday through Friday and on Saturday and Sundays 1:00 PM through 6:00 PM in Indiana. The Crisis workers are trained to direct the caller to an appropriate contact or if necessary dispatch mobile crisis to the setting where the individual is located. *After hour protocols are identified in the first Emergency Response Plan bullet point.*
 - **24/7 Telephone and Mobile Crisis services are available**
 - As indicated in the previously listed procedures Armstrong-Indiana does offer 24/7 telephone and mobile crisis services.
 - Mobile Crisis Staff receive ongoing individual and group training. Skills for working with and understanding the etiology of individuals who are identified as ID or Autistic is covered in ongoing training. For example, the crisis team recently reviewed the seven stage crisis intervention model developed by Roberts. It can be applied in situations where an individual is diagnosed as ID or Autistic and its interface with the American Association for Emergency Psychiatry Project BETA De-escalation workgroup. The team also had training on the use of non-coercive methods and the negative impacts of restraining.
 - The crisis team is currently made up of 14 crisis workers and 1 supervisor. The workers reflect an eclectic background in treatment which includes both ID and Autistic experience. This experience includes work as a group home worker, TSS, behavior specialist and mobile therapist. The Crisis Supervisor's experience includes, early intervention and identification of preschool at risk children (for ID and Autism), a guidance certification (k-12) and specialization in special education service delivery to ID and Autistic students, behavior specialist

and mobile therapist experience with both populations, and she was the supervisor of a group home which specialized in behavior management of ID and Autistic consumers that were being de-institutionalized. She also was a case manager for this population and currently assists the Department of Education Office of Dispute Resolution in facilitating IEP's that have behavior plans for this population and mediating cases to assist in determining level of care.

- As noted above, all staff are trained on an ongoing basis and exposed to new research methods and practices.

Administrative Funding:

- **PA Family Network** – We are in contact with our local PA Family Network person centered thinking trainers. They have been involved with our work in the Communities of Practice collaboration. The PA Family Network attended our Communities of Practice training in May 2018 and presented information to individuals, families, SCs and providers.
- **Intake services-** All intakes are completed by an independent provider agency. AIBDHP has contracted with a conflict free agency (Alliance for Non-Profit Resources) that provides mobile intake assessments. This means that intakes can be conducted at the individual's home or in the community if the individual or family is unable to get to the intake office located in Kittanning. In addition to gathering all intake paperwork and assessing for eligibility, this position handles all annual recertification's, verifies continued eligibility and conducts community outreach on behalf of the AIBDHP ID department at local schools and community events. The creation of the standardized intake process has been extremely beneficial for our consumers and families. In FY 17-18 we received 109 referrals through our Intake Process. Of the 109 referrals, 49 individuals completed the intake process to receive Supports Coordination and/or In Home and Community Based Services.
- **Family Education** –
 - In Indiana County we have a very active Arc. They are a great resource for families that provide information, education, support and networking. Some of the ongoing programs they offer are Parent Transition Group (PTG), Community Disability Awareness Workgroup (CDAW), Parent Mentor Group, Youth Employment Expo, Arc Speakers Bureau, and a resource lending library. We are coordinating having a PA Family Network Trainer present at an upcoming Parent Transition Group.
 - Another resource available for the individuals and families is our independent mobile intake worker. During the intake process the individuals and families have the opportunity to discuss their needs and questions with the intake worker who can then provide them with informational brochures, referral assistance and contacts.
 - Our AE mails quarterly newsletters to our individuals to share community resources and events.
 - The SCs are beginning to use the Life Course Framework.
- **HCQU** – Armstrong & Indiana are part of Milestone HCQU West.
 - Our providers frequently utilize the nursing support, the in home trainings and the sexual behaviors assessments that are available. Additionally because of the arrangement that our HCQU has with Dr. Ruth Myers, we have been able to access her expertise in working with some of our complex cases.
 - Based on the HCQU statistics our counties are the highest utilizers of Intensive Technical Assistance (ITA). As a result we were able to use the data from the ITA's to develop our QM plan.

- We have made several referrals to utilize the “iPad lending program”. We are excited to see how this will help individuals with communication.
- Our local HCQU collaborated with Butler County Community College in order to provide a healthy cooking class for the staff of one of our individuals who was struggling to lose weight and make healthy eating choices. The training was a success.
- We have also begun utilizing the HCQU for completion of the Health Risk Screening Tool (HRST) for some of our individuals who were identified with the potential of being at risk for medical and behavioral issues.
- For Armstrong –Indiana in the 17-18 FY our HCQU
 - did 22 ITA’s
 - lent iPads and provided training to 6 individuals
 - had individuals and staff participate in 99 different trainings
 - trained 872 people
- **IM4Q** – Since The Arc of Indiana County is our IM4Q provider we have a close working relationship with them that has allowed us to develop a streamlined process for getting feedback from the questionnaires completed by the individuals. Because of this relationship The Arc is very supportive of adding additional questions to the surveys in order to get important input. We use these additional questions in our Quality Management plan. For the upcoming Quality Management plan (17/19) we are working on questions about satisfaction in employment, OVR services and transportation. In the past we have generated data on employment and emergency preparedness. IM4Q recently completed 73 surveys for individuals receiving services with Armstrong/Indiana Counties.
- **Increase Provider Competency** – Because of the rural nature of our counties and of the number of tight knit communities in which our families and providers live, we are a very interactive AE that works very closely with our SC’s & Providers. As a result we are able to act relatively quickly in getting necessary supports and/or coordinating resources to support individuals with higher level needs. Some examples of resources used in the past are:
 - Community of Practice and Life Course Framework for natural supports/ Social capital
 - HCQU – Intensive Technical Assistance (ITAs), Health Risk Screening Tools (HRST)
 - Human Rights Committee to ensure all restrictive plans follow ODPs regulations
 - DDTT
 - Work with Area Agency on Aging Offices
 - Work with several County Assistance Offices
 - Provider specific Technical Assistance
 - Education on Waiver Regulation changes
 - Education on employment and OVR services
 - Education on EPSDT services and processes
 - Education on Special Needs Trusts
 - Education on Guardianship
 - Education on Sexual and Behavioral Risk Assessments
 - Education on Community Grant Resources
- **Risk Management** –
 - Incident management is closely reviewed by our Quality Management Coordinator. Once an individual meets criteria (number of incidents) we engage the team to problem solving activities. We have great success by changing the environment of the individual who is struggling.

- We have a very active Human Rights Committee in our AE. We review restrictive support plans monthly (typically 7-10 a month). We are able to evaluate quality and results of the plans.
 - We provide risk management data from our Quality Management Plan to our Advisory Board members bi-annually.
 - We provide risk management data to providers and stakeholders bi-annually at Quality Management meetings. We struggle to get individual/family involvement.
 - We are encouraging all providers to have risk assessments completed on individuals exhibiting difficult behaviors.
 - Once a risk is identified a plan is developed to mitigate the risk
 - Additional supports will be requested when appropriate
 - The AE staff will assist with the development of a transition plan when needed.
 - A referral to the Dually Diagnosed Treatment Team (DDTT) may be appropriate if the criteria is met
- **Housing** – When housing issues arise the SC contacts the housing authorities for assistance on placement or for problem resolution. Additionally both county community action programs offer assistance for determining eligibility for housing programs and assistance with homelessness.
 - **Emergency Preparedness Plan** – currently all of our existing providers have emergency preparedness plans developed. These plans are reviewed at provider monitoring. We also offer Emergency Preparedness education to any individual or family who requests it through the IM4Q surveys.

Participant Directed Services (PDS): PDS is beginning to grow in our counties. The AE has recognized that this is a needed service that gives families and individuals more control over their services and staff. The Waiver Coordinator attends regional AWC meetings which include ODP, SCOs and providers. This meeting is extremely educational and a lot of information is shared. Education continues at the SCO level and at quarterly Family Support Group in Armstrong County. In the past year we provided AWC education to families and professionals at the Parent Transition Group. One barrier we face at this time is with educating families. Many families do not attend meetings and are apprehensive of being a managing employer. We have worked with our AWC to develop and mail our first newsletter to all individuals enrolled with our AE in May 2018. Currently, we have 16 families receiving In Home and Community Support and Respite services and 1 family receiving Transportation/mile services through Agency with Choice. This is an increase of 8 families in the past year. 4 individuals received Vendor Fiscal services for assistive technology and home/vehicle adaptations.

Community for All: For Armstrong and Indiana Counties there are 30 individuals who reside in private and state ICF/ID facilities and nursing homes. SC's monitor and assess the needs of these individuals. Families are also involved in this process. To date no one has indicated that they want to move from their current placement. If any individual or family decision would change they would be considered for a community placement and transition activities would follow.

HOMELESS ASSISTANCE SERVICES

Homeless individuals and families can be found throughout Armstrong County just as they may be found in any other community. These unfortunate situations can occur with people living in the

streets, cars, and vacant buildings or they can be where family or friends have taken them in for short term assistance. Fortunately, funding through the Homeless Assistance Program (HAP) allows assistance to be given to these people who have suffered the misfortune of losing their housing and have been forced to impose themselves on others. Most Federal funding governed by the HEARTH Act does not allow assistance to be given to the homeless who are in “doubled up” situations. Before any discussion occurs as to what homeless services are to be provided with Pennsylvania’s Homeless Assistance Program funding, a brief description of the present Continuum of Homeless Programs in the County needs to be made.

Armstrong County has various programs that serve the homeless and near homeless populations of the county. The Armstrong County Community Action Agency (ACCAA) has spearheaded the response to many of the issues facing the homeless as well as serving as a point source for coordination of all homeless programs. The Armstrong County Community Action Agency is a voting member of the Western Pennsylvania Continuum of Care and attends their meetings on a regular basis. Locally, there is a Housing Advisory Board that meets quarterly to discuss issues of housing and homelessness. This group is analogous to a Local Housing Options Team (LHOT) that is an important part of any Continuum of Care. This group assists in assessing the needs of the homeless as well as assisting in problem resolution. Many groups are represented on this advisory board including: A formerly homeless participant, Armstrong County Housing Authority, Armstrong County Planning and Development, Armstrong/Indiana Behavioral and Developmental Health Program, Armstrong /Indiana Drug and Alcohol, ARC Manor, Area Agency on Aging, Mechling-Shakely Veterans Center, HAVIN, Children and Youth Services, Habitat for Humanity, Salvation Army, ARIN Intermediate Unit, Armstrong County Board of Assistance, I & A Residential Services, and others.

Emergency Shelters

The County has a number of emergency shelter programs to assist the homeless. HAVIN is an emergency shelter for abused victims centrally located in Kittanning, PA. In addition to this shelter, the Mechling/Shakely Veterans Center is an emergency homeless shelter for single male Veterans. Armstrong County also has scattered site rental units that can house homeless families or individuals. These units are the direct result of a collaborative effort of the Armstrong County Community Action Agency, Armstrong County Children and Youth Services, Armstrong-Indiana Behavioral and Developmental Health, Armstrong-Indiana-Clarion Drug and Alcohol Commission, and Armstrong County Area Agency on Aging. The heads of these agencies got together and planned a PHARE (Pennsylvania Housing Affordability and Rehabilitation Enhancement Fund) grant application. The plan was approved by the Pennsylvania Housing Finance Agency and is presently being operated by the Armstrong County Community Action Agency. Presently four units are being used to house the homeless in emergency situations. Each of the planning agencies, with the exception of aging, has a unit dedicated to housing homeless clients in their categorical programs. Although funding for this program can only continue until it runs out, there are plans to renew the PHARE application.

The Armstrong County Community Action Agency also operates other programs that assist families and individuals who are in need of emergency shelter. A small amount of funding has been available to the homeless for emergency motel stays through the Federal Emergency Management Agency’s Emergency Food and Shelter Program.

Of course, the Pennsylvania Homeless Assistance Program (HAP) plays a key role with housing the homeless through motel stays. More importantly, HAP acts as the cement that holds many of the housing programs together through the case management funding it provides.

In addition to these two sources of emergency housing, the Armstrong County Community Action Agency received funding to provide rapid rehousing of homeless individuals and families through the 2017 Emergency Solutions Grant. Funding for this grant will last for eighteen months, or until June of 2019. An application has been submitted for a 2018 Emergency Solutions Grant which would begin subsequent to the end of the 2016 grant. That grant would cover a period of 18 months.

Also, our County is included in a regional grant operated by the Lawrence County Community Action Agency for assisting homeless Veterans. The Armstrong County Community Action Agency operates this grant called the Supportive Services for Veteran Families (SSVF), and is funded by the Veterans Administration. This grant provides case management for veterans and their families as well as short term housing assistance, transportation assistance, car repairs, the purchase of household placement items and other supportive services. Rapid rehousing is one of the important activities that can be paid for through this grant.

Homeless Prevention

This type of assistance has been the most prevalently used in past efforts to prevent Armstrong County citizens from becoming homeless. A number of funding streams has assisted in these efforts. The Homeless Assistance Program (HAP) funding under this plan is used for paying rent and utilities of clients who are in near homeless situations. The ACCAA coordinates with the local County Board of Assistance in assisting these clients, since many of them may also be eligible for up to \$400 of assistance from their office. Funding can also be found for clients utilizing the Emergency Solutions Grant and, if they are a veteran and they are eligible, the SSVF Program may be able to assist them.

The Emergency Food and Shelter Program assists in Homeless Prevention efforts by paying for rent and/or utilities. As it has already been mentioned, this funding stream has very limited resources. The Emergency Solutions Grant is another source of funding used by Armstrong County to assist clients in homeless prevention. The Armstrong County Community Action Agency uses both the rapid rehousing component (as has been mentioned above) and the homeless prevention component to assist local clients. Both short and medium term rental assistance is used as well as limited utility assistance. The program can also pay for arrearages incurred by the clients if it will stay an eviction.

Another program has been incorporated by the Armstrong County Community Action Agency into their homeless prevention activities. This program comes to Armstrong County through a regional effort started by Lawrence County. This program can only assist veterans. It is an Emergency Solutions Grant for Veterans. The Veteran's Emergency Solutions Grant, already mentioned in the above Emergency Shelter section, helps veterans who have incomes at or below 30% AMI. The other important part of this grant, besides the Rapid Rehousing already mentioned, is homeless prevention. Rent assistance can be offered for up to 18 months to get the veterans back on their feet. Guidelines for this program are essentially the same as our regular Emergency Solutions Grant.

The Armstrong County Community Action Agency also uses the private fuel fund of \$1 Energy to assist with emergency heating situations that go beyond the assistance provided by the local County Board of Assistance LIHEAP Program. The ACCAA also assists with other private utility programs that assist the low-income.

Rapid Re-Housing

Transitional housing is a homeless tactic that has grown out of favor with many Federal programs. Lately, the concentration of resources seems to be in the area of rapid rehousing instead of transitional. The Armstrong County Community Action Agency had been operating, for many years, a

HUD Supportive Housing Program (SHP) for Transitional homeless clients. Armstrong County Community Action Agency, in response to the change in concentration by HUD, chose to end its Transitional Housing Program and to replace the program with a Rapid Re-Housing Program. This program is for participants who meet the Federal definition of homeless, and who are able and willing to work. This is a scattered site rental assistance program that allows the clients to remain in the program for up to two years. Case management and a whole array of supportive services are provided to the clients. The Agency also partners with Fayette County Community Action in another Rapid Re-Housing Program. This program is designed to help families only and is a scattered site rental assistance program. Drug and Alcohol help fund two half-way houses in the county. One of the homes is for men, the other is for women. In both instances, applicants for placement in these homes must have been clean from substance abuse for a designated period of time.

Permanent Housing

The whole emphasis for all homeless programs is to get the client into permanent housing as quickly as possible. The Armstrong County Community Action Agency operates a Permanent Supportive Housing Program also funded through the HUD sponsored SHP funding stream. Under this program, all clients must have come to the ACCAA as homeless (meeting the Federal definition for homeless) and be permanently disabled. Once again, this program is a scattered site leasing program. Participants can be housed in this program indefinitely. In addition to this funding, the Armstrong/Indiana Behavioral and Developmental Health Program helps fund a number of permanent supportive housing programs through their subcontractors.

Under all of the programs found above, supportive services provide an integral part of successfully transitioning a participant from homelessness to permanent housing. Clients and Housing Case Managers work together to be sure that all county mainstream resources are utilized to assist the clients in becoming self-sufficient. The ACCAA provides Case Management assistance to help clients prepare a service plan designed to help them overcome barriers and provide the necessary assistance to support the client in becoming self-sufficient.

Programs to be Funded Under the Homeless Assistance Program

Bridge Housing

The HAP services that the County initiates under this plan are all important keys to successfully moving clients from homelessness to permanent housing. Because of continued funding from our HUD Continuum of Care Programs, and our Emergency Solutions Grant, there is little need for funding with HAP Bridge Housing, although, we wish to reserve the opportunity to enroll one family in the Bridge Housing category if the need arises. Most of the homeless clients are able to be placed into our SHP Rapid Re-Housing or Permanent programs, but because each program's eligibility criteria is different, there may be an instance where a client is not eligible or is not suitable for placement into these programs and/or the program may no longer be able to fund supportive services as it has in the past due to budget constraints. Therefore, we would like to budget \$1,500 for bridge housing support of an individual or family in need of those services.

Case Management

Integral for the success of all homeless programs is the Case Management component. For this reason, the County of Armstrong would like to budget \$103,702 into this category. This should allow us to see an estimated 698 persons who are either homeless, or are close to being homeless. This funding is extremely important, not only for the clients seen under this HAP funding, but also because it is used as a match for the other Federal SHP programs. This program serves as the glue to bring

together the many programs that the county has at its disposal to assist the homeless, as well as the supportive services needed to keep the homeless from future episodes of homelessness.

All homeless clients are provided case management services. Each client meets with the case manager at intake. The case manager performs a needs assessment for the client in regard to housing needs, personal budgeting and housing affordability. Each client is connected to main stream resources and, if needed, emergency shelters. If a client is eligible for federally funded housing options, the case manager will make the necessary referrals to those programs.

Our agency has implemented a housing first approach for delivery of homeless services and will be implementing coordinated entry in the near future. Coordinated entry will ensure that those homeless individuals with the highest acuity will be given priority to be housed first. We have seen a gap in services that we are currently working on a solution for dealing with providing tenant education services to all new clients. The truest and best method of evaluating case management services is by reviewing the placement rates of new clients as it pertains to permanent housing.

Rental Assistance

It is always difficult to determine whether to budget more money for Rental Assistance or Emergency Shelter activities. In the past, rental assistance has always been in higher demand of the two categories. Something can be said for either activity as being important, but with funding cuts happening in all social service programs, including ones for the homeless, it seems natural to at least be sure that if homelessness occurs, there will be funding available to assist them. In addition, there seems to be a real push among the State and Federal Homeless Programs to ensure that the rapid re-housing activities are given precedence over homelessness prevention. All programs that are HUD funded use the Housing First approach. With these thoughts in mind, and with emergency shelter clients increasing each year, we wish to fund both activities at about the same levels. We wish to budget \$46,488 to Rental Assistance which will allow us to help about 180 households in the form of assisting in the payment of arrearages, first month's rent, or security deposits.

The efficacy of rental assistance is determined by the number of people helped to avoid homelessness and the number of homeless individuals placed into permanent housing. Rental assistance prevents homelessness. Rental assistance also places homeless persons into permanent housing. We helped 156 individuals to either prevent homelessness or to end homelessness during the year ending June 30, 2018. We propose no changes to the program this year.

Emergency Shelter

We are proposing budgeting \$44,715 for Emergency Shelter services this year. This will allow us to provide assistance to 200 households in need. The emergency shelter program is limited to providing stays of up to ten days in a local hotel. There is no emergency shelter in Armstrong County except for a domestic violence shelter (HAVIN). Our experience shows that ten days is insufficient to find placement into suitable permanent housing. This is the major unmet need in emergency housing services. We have tried to overcome this gap at least partially by dedicating PHARE funding to create scattered site emergency housing. Unfortunately, PHARE funds have been reduced and we have seen our capacity drop from nine rental units to four rental units.

Our evaluation of the efficacy of the emergency housing program must factor in the unmet needs present because of the lack of a true shelter. However, we look for every opportunity to divert clients to other resources within the community, which includes staying with family and friends until a

permanent housing solution can be found. We propose no changes to the emergency shelter service at this juncture, however, we continue to look for funding opportunities for a homeless shelter.

Other Housing Supports

At this time, the County does not have a need to allocate funding out of HAP funds for other housing supports. Other programs are providing for all housing support services that we have found necessary.

Homeless Management Information Systems

The Housing staff of the Armstrong County Community Action Agency is quite familiar with HMIS as they perform all the requirements of data entry into the HMIS system. As a member of the Western Pennsylvania Continuum of Care, and as a recipient for McKinney Vento funding through HUD, the Armstrong County Community Action Agency is required to report all homeless activities for these funding streams into a Homeless Management Information System (HMIS). This system is an internet accessed system set up by the Department of Community and Economic Development for all Balance of State Continuum's of Care throughout the state of Pennsylvania. All homeless individuals and families are able to be tracked with the HMIS. In addition, a reporting function is built into the system so that time sensitive data can be accessed and gathered for periodic reporting to the funding source. Client destination data upon exit is also recorded and tracked by the HMIS in Pennsylvania and in Armstrong County.

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

This section should describe the entire substance use service system available to all county residents regardless of funding sources.

The Armstrong-Indiana-Clarion Drug and Alcohol Commission (AICDAC) is the Single County Authority (SCA) for Armstrong, Indiana, and Clarion Counties. In this role, the Commission is responsible for facilitating the provision of a comprehensive and balanced system of quality substance abuse prevention, intervention, and treatment services for the three-county area.

The **mission** of the Armstrong-Indiana-Clarion Drug and Alcohol Commission is to address the abuse and destructive effects of alcohol, tobacco, and other drugs through prevention, intervention, treatment, and case management. The **vision** of the Armstrong-Indiana-Clarion Drug and Alcohol Commission is to maximize resources that empower change to improve the quality of life for individuals, families, and the community impacted by the abuse and destructive effects of alcohol, tobacco, and other drugs.

The Commission is a 501(c) (3) non-profit corporation and is classified as an Independent Executive Commission that contracts directly with the PA Department of Drug and Alcohol Programs. The Commission is also responsible for assessing substance abuse needs, planning, developing, and coordinating programming to meet service needs, and then monitoring and reviewing the outcomes.

The SCA's Executive Director, Kami Anderson, is a member of the County Planning Team for each of the SCA's three Counties: Armstrong, Indiana, and Clarion. Planning meetings were held in May 2018. Public meetings are being held in compliance with the Public Notice requirements for each of the Counties to review the County plans, as well as this Drug and Alcohol service plan. Documentation regarding the public meetings can be found in each of the County plans.

The delivery of services will remain the same as in past years, with full cooperation and referrals made between all the agencies involved in the County plans. Funds will be used by the SCA to provide services to the residents of the three Counties in the least restrictive setting appropriate to their addiction needs. The total amount of funding for Armstrong County for Act 152 and BHSI for

drug and alcohol services for the fiscal year 2018/19 is projected at \$219,848. The SCA plans to utilize those funds to provide treatment services and agency administration costs as presented in Appendix C-2 to an estimated total of 114 clients (some may be duplicated between the levels of care). For the FY 18/19, recovery support services will be provided through a combination of federal grants, state grants, and BHSI funding in all three of the Counties.

Below is a description of the administrative and treatment services provided by the SCA in each of the Counties that may be provided with all funding sources.

Administrative staff responsible for insuring contractual compliance, reporting and fiscal operations include the Executive Director (Kami Anderson), Deputy Director (Carrie Bence), Chief Fiscal Officer (Amanda Schroeder), Fiscal Officer (Christina Howells), and Fiscal Assistant (Tracy Stross). Administrative staff monitor the funding and verify that clients are eligible to be funded through the HealthChoices or Medical Assistance Fee for Service program. BHSI funds are used for clients that fall under the eligibility requirements for BHSI. Other sources of funding are also verified, such as private insurance, third party payers, and private income sources. The client liability guidelines issued through the Department of Drug and Alcohol Services are followed strictly for clients not eligible for Medical Assistance. Act 152 Funds are only utilized for clients eligible for Fee For Service Medical Assistance for the non-hospital residential categories of detox, rehabilitation, and halfway house. BHSI funds may be utilized for all categories of care, including residential and outpatient levels of care, as well as case management, recovery support, and administration costs. Since the implementation of the Medical Assistance Expansion, the clients funded under Act 152 and BHSI have dramatically decreased. Therefore, since Armstrong County has joined the Human Services Block Grant, these funds may be used for other populations and programs as the SCA and the Planning Team seems fit.

The Commission has a functional Case Management Unit responsible for the provision of case management services which include: screening, assessment, placement, level of care determination and case coordination services. The Case Management Supervisor (Amanda Cochran) oversees a total of ten Case Managers for the three Counties.

For Armstrong County, one of the Case Managers (Graham Grabiec) is employed at 1 FTE as a Criminal Justice Case Manager that works primarily with Level 3 and 4 offenders enrolled in the Armstrong County Intensive Supervision and Treatment program.

One of the Case Managers in each County serves as the drug and alcohol liaison for the SAP teams in their County, providing consultation and on-site assessments for students referred by the teams and other personnel. That Case Manager is also available to go to the Armstrong County Memorial Hospital if requested.

The Commission added a Recovery Support Services (RSS) department in 2010. Four full-time Certified Recovery Specialists (CRS) are employed by the SCA. The CRS Supervisor (Michael Krafick) and three CRS staff (Desiree Franey, Shasta Wilkinson, and Kathy Nick) provide recovery support services to any client requesting those services. A recovery plan is developed with the client and progress is evaluated periodically. The CRS staff members provide recovery support in person or over the phone. All of the CRS staff are trained in the Criminal Justice population and are involved in the County Jail and Drug Court programs.

In September of 2015, the Commission added a Warm Hand-Off program in the three area hospitals called the Addiction Recovery Mobile Outreach Team (ARMOT). Two Case Managers (Steven Olish and Barbara Miklos) and four CRS (Mary Beth Conner, Mario Forica, Ryan Hienrichs, and Mike Helsing) are employed by the Commission and are located in the hospitals to see patients referred for substance use disorders. Over 73% of the patients referred by the hospital are sent directly to residential rehab. In 2017, Armstrong County had 40 fatal overdoses. As of June 2018, Armstrong County only had 3 fatal overdoses. We believe all of our programs are contributing to the sharp decrease in fatalities.

The Service Provider's Advisory Task Force consists of management staff of the local sub-contractors and meets on a quarterly basis with management staff from the Commission. The role of the Task Force is to discuss service planning, current ATOD trends, and any SCA/provider issues that need addressed. Staff training is a major focus of the meeting, as well as contract requirements, service delivery, and fiscal concerns. The President of the Task Force is Vincent Mercuri, Executive Director of the Open Door.

The SCA has offices at the following locations:

Armstrong/Indiana (Administrative Office):

10829 U.S. Route 422
P.O. Box 238
Shelocta, PA 15774
724-354-2746

Armstrong County:

345 Vine Street
Kittanning, PA 16201
724-545-1614

Clarion County:

1350 East Main Street, Suite 30
Clarion, PA
814-226-6350

Indiana County:

665 Philadelphia Street
Indiana, PA 15701
724-463-7860

Case Management

The SCA offers and/or is involved with the following programs to individuals suffering the effects of substance abuse/dependence:

- Level of Care Assessment (LOC)
- Case Coordination
- Restrictive Intermediate Punishment Program (RIP)
- Armstrong County Intensive Supervision and Treatment Program
- Student Assistance Program (SAP)
- Certified Recovery Specialist (CRS) Support Services
- Addiction Recovery Mobile Outreach Team (ARMOT)

All these programs experience overwhelming demand. Level of Care functions include screening, assessment, placement, and continued stay utilization review. In addition, there are routine crisis calls from individuals, family members and friends in need of information. Case Managers often travel to meet clients at schools, hospitals, jails, and other agencies.

Individuals are screened by the providers and those appearing to be in need of outpatient services are scheduled for an assessment by the provider facility. Each individual is assessed in the areas of medical, legal, family/social, education, employment, mental health, and drug and alcohol. The outpatient providers gather information, apply the PCPC or ASAM, and offer clients an option of appropriate treatment agencies. During the assessment process, each client is offered Case Coordination (CC) services and re-offered CC services during the treatment episode.

The Case Managers of the Armstrong-Indiana-Clarion Drug and Alcohol Commission have offices located at the SCA's satellite offices in Armstrong, Clarion and Indiana Counties. The SCA maintains a close relationship with our providers to ensure that clients receive the most appropriate level of care in a very timely manner. The key to this successful relationship between the Case Managers and the local providers has been the understanding of each other's function, face to face communication, and most importantly, working together on the goal of meeting the needs of the client. Every client is educated on the FDA-Approved Medication Assisted Treatment (MAT) options

that are available in the three Counties. In the FY 2018/19, the SCA will also add the new Bridge Device to the MAT options in our three Counties.

The Case Coordination (CC) programs have been a very important part of our client's lives. The CC programs are voluntary for individuals who have been affected by drugs and/or alcohol. In addition to the substance abuse concerns, drug & alcohol clients experience a variety of specialized needs. Some of these needs include housing, transportation, childcare, budgeting skills, and assistance with employment and education.

No waiting lists exist for Case Management or Case Coordination services in any of the three Counties.

Treatment

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with every level of care available to clients. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification. There are currently no issues with waiting lists or access to services, other than at times during the year, there may be a shortage of detox, long term residential, and halfway house beds available.

Targeted populations include adolescents, pregnant females, women with children, intravenous drug users, those with co-occurring disorders, overdose survivors, and veterans. The Commission assisted agencies in designing services for these individuals as well as contracted with programs that specialize in these populations.

Co-occurring clients (those with Mental Health and Substance Abuse issues) have the option to be referred to outpatient, intensive outpatient, partial hospitalization, halfway house, and non-hospital residential. Family Services of Western PA, CenClear, ARC Manor and The Open Door, local outpatient providers continue to expand the programs that they offer to co-occurring consumers.

The SCA and the Mental Health Administrators co-chaired the Armstrong-Indiana Co-Occurring Disorders Committee that included staff of all of the Substance Abuse and Mental Health provider agencies in the two-County area. The Committee met bi-monthly to discuss the delivery of Co-Occurring Disorder services, specific complex cases, and methods of improving the system.

The Commission has brought new Outpatient Providers to Armstrong and Clarion Counties. Wesley Family Services of Western PA opened an office in Kittanning in October 2015 that provides Outpatient, Intensive Outpatient, and Partial Services. Cen Clear opened an office in Clarion in September 2015 that provides Outpatient, Intensive Outpatient, and Partial Services. Both of the new facilities also provide treatment in the County Jails and to adolescents in the County school districts. There are no waiting lists for Partial Hospitalization and Outpatient services in the three counties.

Identify the county resources to meet the service needs for the following populations:

Adults (ages 18 to 60):

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the adult population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine and vivitrol) and hospital based residential treatment and detoxification. Outreach for this population is conducted at various locations throughout the three Counties, such as: Social Service agencies, such as Children and Youth; the college campuses for Indiana University of PA and Clarion University of PA; County Assistance Offices; Careerlink; Technical schools; Health Fairs; Various Media outlets; County Hospitals; County Jails; etc.

Transition-Age Youth (ages 18-26):

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the transition-age youth population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification. Outreach for this population is conducted at various locations throughout the three Counties, such as: the Independent Living Groups at Children and Youth Services, Justice Works, and Holy Family Institute; the college campuses for Indiana University of PA and Clarion University of PA; County Assistance Offices; Careerlink; Technical schools; health fairs; other social service agencies; County hospitals; County Jails; etc.

Older Adults (ages 60 and above):

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the older adult population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification. Outreach for this population is conducted at the Area Agency on the Aging locations throughout the three Counties, as well as various health fairs, other social services agencies, etc.

Adolescents (under 18):

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the adolescent population. These include outpatient, intensive outpatient, non-hospital based residential treatment and detoxification, and hospital based residential treatment and detoxification residential services.

School-based Outpatient treatment services are now available for adolescents in all three counties. Also, the Commission contracts with Outside In to provide Multi-Dimensional Family Therapy in Armstrong and Indiana Counties. Outreach for this population is conducted at various locations throughout the three Counties, such as: the Independent Living Groups at Children and Youth Services, Justice Works, and Holy Family Institute; schools, health fairs, other social service agencies, etc.

Individuals with Co-Occurring psychiatric and substance use disorders:

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for Co-Occurring psychiatric and substance use disorder population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification.

Outreach for this population is conducted at various locations throughout the three Counties, such as: the local drop-in centers; other social service agencies; the college campuses for Indiana University of PA and Clarion University of PA; County Assistance Offices; Careerlink; the County Hospitals; County Jails; etc.

Criminal Justice Involved Individuals:

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the Criminal Justice Involved population.

These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification. Outreach for this population is conducted at the County Jails and Probation Offices.

In December 2012, the SCA started the Medical Assistance County Jail Pilot in Armstrong and Clarion Counties and expanded the program to Indiana County in May 2013. This pilot was started in response to a request from the PA Department of Drug and Alcohol Programs to provide level of care assessments in the County Jails and to help the inmate apply for Medical Assistance while in the County Jail and process COMPASS applications for the inmates within 7 days of their release from Jail, so that they are eligible for HealthChoices on the date of their release from Jail. Clients eligible for the program go directly from the County Jail to a residential rehab facility on the date of their release. Savings realized from the operation of the Medical Assistance Jail pilot have allowed the SCA to hire additional Criminal Justice Case Managers and to sub-contract with area outpatient facilities to provide outpatient therapy in the jails.

Intensive treatment is offered in each County Jail. Inmates are also offered the option of getting a Vivitrol shot prior to their release. Also, the SCA conducts Overdose Prevention classes in each Jail and provides a Narcan kit to every inmate upon release if they have completed the training.

Veterans:

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the Veteran adult population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification. The Commission staff makes referrals for veterans that qualify for care at the VA. For the Veterans population that need addiction treatment but do not qualify for the VA program or have been dishonorably discharged, their treatment services are paid for by the Commission according to their liability qualifications. Outreach for this population is conducted at various locations throughout the three Counties, such as: Social Service agencies; the Armstrong and Indiana County VA Outpatient Clinics; the Office of Veterans Affairs; Children and Youth; the college campuses for Indiana University of PA and Clarion University of PA; County Assistance Offices; Careerlink; Technical schools such as Wyotech; Health Fairs; Various Media outlets; County Hospitals; County Jails; etc.

Women with Children:

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for women with children. These include outpatient, intensive outpatient, non-hospital based residential treatment and detoxification, and hospital based residential treatment and detoxification residential services.

Overdose Survivors:

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for overdose survivors. These include outpatient, intensive outpatient, non-hospital based residential treatment and detoxification, and hospital based residential treatment and detoxification residential services. The ARMOT program was developed to provide immediate treatment needs for overdose survivors in a warm hand-off program. A CRS on-call program with 24/7 access is currently in place. Overdose prevention and education programs are provided in the three Counties as well as free Narcan kits to citizens with

training certificates. In 2017, Armstrong County had 40 fatal overdoses. As of June 2018, the total fatal overdoses were at 3 fatalities.

Recovery-Oriented Services:

The Armstrong-Indiana-Clarion Drug and Alcohol Commission (AICDAC) began Recovery Support Services in March of 2010, within the Case Management Department. Recovery Support Services enhance clients' recovery through coordination of care, casework activities and aftercare. Recovery Support Services at the Armstrong-Indiana-Clarion Drug and Alcohol Commission include, but are not limited to: recovery planning, assistance transitioning from residential treatment to a client's home community, self-help meeting introduction, assistance with sponsor searches, accessing community resources, interview and resume coaching, connection with Case Managers to access treatment services and providing support groups. The Commission employs four full-time Certified Recovery Specialists (CRS) to provide recovery support services to adults ages 18 and older.

The Commission has been moving steadily toward a Recovery Oriented System of Care (ROSC) over the past few years. The Commission has been active in establishing Recovery Advocacy groups and has sponsored activities promoting the groups. The Advocacy Group (TAG) of Armstrong County identified Recovery Housing as a need in their county and the SCA is working on Permanent Supportive Housing. The Commission worked with TAG to open an Oxford Recovery House for females in Armstrong County in July 2010.

The Commission has established a Recovery Oriented System of Care (ROSC) Committee and meets monthly. They have established a ROSC Action Plan with goals and objectives for the three-county area and are making progress on all of their goals, including establishing more Oxford Recovery houses, additional ROSC trainings for human services and criminal justice staff, and are making plans for a Recovery Center in the future.

The Commission has also worked with SBHM and seven Southwestern PA counties to provide Peer-Based Recovery Support Services. Training is provided annually for the Certified Recovery Specialist (CRS) certification for participants from Armstrong, Indiana, and Clarion counties. Currently, the two-county area has approximately 50-60 persons certified as a CRS. ARC Manor is now requiring all of their Resident Assistants to have the CRS certification.

The Commission's Recovery Support Services department has also started Medication Assisted Recovery support groups in each of the three counties for clients on medication that are not comfortable attending the traditional support groups in the area.

The Commission and seven other Western PA counties collaborated to develop a supplemental service for HealthChoices that allows for the reimbursement of various peer provided CRS services.

Most recently, the Commission has partnered with seven counties to contract with IRETA/Northeast ATTC to provide technical assistance in the development of a recovery-orientation to the provision of methadone maintenance services from the SCAs, and eventually through HealthChoices. The Best Practices for Recovery Oriented Methadone (ROM) have been completed and ROM went into effect in all nine counties on March 1, 2012.

The Commission has established a Family Education and Support Group in Armstrong and Indiana Counties that is funded now through SCA funds. This free program is conducted in each county as an eight-week program for 90 minutes per week. A treatment therapist provides 45 minute sessions each week to family members on addiction subjects, such as Addiction 101, relapse, enabling, local support services, etc. and the other 45 minutes of the session is in a support group format. This program was expanded to Clarion County in December 2012. Unfortunately, a lack of attendance forced the program to close in 2014.

Please provide the following information:

1. Waiting List Information:

	# of Individuals	Wait Time (days)**
Detoxification Services	3	5
Non-Hospital Rehab Services	2	5
Medication Assisted Treatment	Rare	0
Halfway House Services	1 per month	4-5 weeks
Partial Hospitalization	2	0
Outpatient	1	0

**Use average weekly wait time

2. Overdose Survivors' Data: Describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in your county. Indicate if a specific model is used.

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
244	88	19	80

- These numbers are for Armstrong County Only and represent a two year period that Armstrong County Memorial Hospital was involved in ARMOT. AICDAC is concentrating on improving referrals at ACMH in the future.

The SCA provides a warm hand-off program called the Addiction Recovery Mobile Outreach Team (ARMOT). A Case Manager and a Certified Recovery Specialist are available for the Armstrong County Memorial Hospital when a person is brought to their Emergency Department for an opioid overdose. Other patients identifying themselves as having a substance use disorder can be screened by the hospital and be referred to the ARMOT team. When the ARMOT team receives a referral from the Armstrong County Memorial Hospital, they offer to provide a Case Manager to perform a level of care assessment. Recovery Support services are also offered and can be provided with or without the level of care assessment. Many times, the Certified Recovery Specialist is able to discuss treatment options with the patient and/or family members and accept a referral for an assessment to treatment after meeting with the CRS. The SCA also provides a warm call transfer through the crisis program for Armstrong County. If a first responder provides Narcan to an overdose victim and the overdose survivor refuses transport to the hospital or clinic, the first responder calls the County Crisis Line and asks for a CRS. The crisis line operator then connects the first responder with one of the SCA's CRS staff that are on call 24 hours each day. Every SCA keeps open appointments each day at 9:00 a.m. In one particular month, the SCA warm line had 15 calls and 12 of the overdose victims showed up the next day and went to treatment.

3. Levels of Care (LOC): Please provide the following information for your contracted providers.

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	1	0	
Inpatient Hospital Rehab	1	0	
Inpatient Non-Hospital	19	2	Adolescents, co-occurring

Detox			
Inpatient Non-Hospital Rehab	32	2	Adolescents, co-occurring, Pregnant women/women with children
Partial Hospitalization	3	3	Adolescents
Intensive Outpatient	6	3	Adolescents
Outpatient	6	3	Adolescents
Halfway House	17	1	Co-occurring

*** In this section, please identify if there is a specialized treatment track for any specific population in any of your levels of care. For example, a program specific for adolescents or individuals with a co-occurring mental health issue.*

4. **Treatment Services Needed in County:** Provide a brief overview of the services needed in the county to ensure access to appropriate clinical treatment services. Include any expansion or enhancement plans for existing providers or any use of HealthChoices reinvestment funds for developing new services.

Due to the small population of Armstrong County, there are currently two outpatient treatment centers (ARC Manor and Wesley Family Services) operating in Armstrong County.

Wesley Family Services has the following levels of service available: Partial, Intensive Outpatient, and Outpatient.

ARC Manor also provides Partial, Intensive Outpatient and Outpatient treatment in Armstrong County and at each of the school districts and at the Armstrong County Jail.

As far as Medication Assisted Treatment (MAT) services available, Positive Recovery Solutions (PRS) is a mobile medical unit that comes to Armstrong County twice monthly to provide Vivitrol shots. Vivitrol shots are also offered free of charge in the Armstrong County Jail within 5 days of the inmate's release. A&R Solutions provides suboxone services. RJH Medical is the only methadone clinic in Armstrong County.

The SCA maintains an office on Vine Street that provides Case Management and Recovery Support services. The SCA has contracts with ARC Manor, Wesley Family Services, and Positive Recovery Solutions. The SCA also provides a Criminal Justice Case Manager that works with the clients in the County Intensive Supervision and Treatment Program. As referenced in Part 3, the SCA has contracts with a variety of providers in other counties that can provide services not offered in the County.

As far as expansion or enhancement plans, there are HealthChoices Reinvestment funds available to Armstrong County (as part of the 6 County HC Consortium) to develop new services. Currently, Armstrong County is looking at Permanent Supportive Housing, adding a male halfway house, and starting a Recovery Support Center.

5. **Access to and Use of Narcan in County:** Include what entities have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan.

The Armstrong-Indiana-Clarion Drug and Alcohol Commission (AICDAC) is the Central Coordinating Entity (CCE) for the training and distribution of Narcan for Armstrong County. All Police Departments, Fire Departments, EMS Agencies, Treatment Providers, School Districts, County Agencies and Human Service Agencies have access to Narcan if they so choose. The public also has access to Narcan through AICDAC as well upon completing a training and receiving a certificate.

AICDAC has collaborated with the following agencies in Armstrong County to provide Narcan training and distribution: ARC Manor, Armstrong Agency on Aging, Armstrong County District Attorney, Children and Youth Services, Department of Human Services, Probation, various Fire Departments, and all School Districts. Approximately 319 Narcan kits have been provided to individuals and families served through the AICDAC Case Management office in Armstrong and approximately 39 kits have been distributed to the above agencies and through public trainings.

AICDAC offers on-site training to all area first responders and other groups that may request a formal group training. Each of AICDAC's four offices have staff that can do an individual training and have the trainee take the test. Once the trainee has the training certificate, AICDAC will give them a free box of Narcan. AICDAC provides incident report forms to each Narcan recipient. People with their training certificate can stop in at any of the offices for their free Narcan kit.

6. **ASAM Training:** Provide information on the SCA plan to accomplish training staff in the use of ASAM. Include information on the timeline for completion of the training and any needed resources to accomplish this transition to ASAM. See below to provide information on the number of professionals to be trained or who are already trained to use ASAM criteria.

	# of Professionals to be Trained	# of Professionals Already Trained
SCA	0	11
Provider Network	35	30

As you can see, Armstrong County has been having their professionals trained in the ASAM. The SCA has all of their case managers trained in the ASAM at the current time.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures (please refer to the HSDF Instructions and Requirements for more detail). ***Dropdown menu may be viewed by clicking on “please choose an item”.***

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

Adult Services: Please provide the following:

Program Name: Life Skills Education

Description of Services: Provides to adults the practical education and training in skills needed to perform safely the activities of daily living. Service is provided in the client's home, office, or community as part of an overall service plan formulated by a case manager of the agency Base Service Unit. Examples include training in budgeting, meal preparation and parenting. In conjunction with the client's case manager, the Adult Services Block Grant aide helps determine and coordinate the services needed for each client.

Service Category: Life Skills Education - Provides to persons the practical education and training in skills needed to perform safely the activities of daily living. The term does not include job readiness training, instruction in a language, or remedial education.

Adult Services: Please provide the following:

Program Name: Transportation

Description of Services: Transportation is provided to social and medical service providers, to community facilities and to otherwise promote independent living. Examples include transportation to doctor's appointments when no other means of transportation is available. Population to be served are adults who meet 250% of Federal Poverty Income Guidelines.

Service Category: Transportation (Passenger) - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living.

Generic Services: Please provide the following:

Program Name: Information and Referral

Description of Services: Information and referrals are given to individuals calling our agency looking for help. These referrals would be to the appropriate county human service agencies and other private and non-profits providing similar services.

Service Category: Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.

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

Adult Aging CYS SUD MH ID HAP

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

Program Name: Children's Programs

Description of Services: Through therapeutic individualized counseling victimized children will have the opportunity to gain a sense of self and empowerment through a safe and secure outlet to express their concerns about themselves, family relationships, social interaction and their school environment. This consists of play and art therapy so that the child is able to express him/herself freely. Tutoring is also a component to help improve academic success and reduce truancy and dropout rates by improving self-esteem and empowerment through this individualized counseling. This grant money is intended to target families who are low-to-mid income level and do not have the means to get their children individualized help.

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

Program Name: Employment Training

Description of Services: To assist clients in writing resumes, job searches and training in how to present themselves in job interviews. Maintain a data base of prospective employers. Assist clients in filling out job applications. Help clients identify skills and interests as pertains to the job market.

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

Program Name: Project TIPS Program

Description of Services: Project TIPS will enable incarcerated females in Armstrong County to develop skills in parenting and in the use of positive discipline and guidance techniques, therefore, increasing the mother's sense of self-worth and ability to deal with stressful child rearing situations. The parenting sessions will strengthen the parent-child bond and heighten the degree of

communication between parent and child. Parent Educator will meet individually with every incarcerated female to explain the program and encourage participation.

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

Program Name: Prison Counseling at the Armstrong County Jail

Description of Services: Provides counseling to inmates of the Armstrong County Jail. Individual and group counseling will be performed to prevent possible suicide, change behavior and attitudes, assist in adjusting to incarceration, and to help in-mates growth and preparation for eventual release back to society. General Counseling, Group Counseling, & Drug and Alcohol Counseling may also be provided as well as the coordination with treatment providers to ensure continuity of care. This service is provided by Family A.C.T.S. and not by the prison staff.

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

Program Name: Day Treatment Aftercare & Mentoring Program

Description of Services: This mentoring program is offered to both dependent and delinquent youth who are transitioning from the day treatment program serving school truant youth who are returning to the traditional school setting. A countywide day treatment program accepts students from all school districts serving Armstrong County residents.

Interagency Coordination: (Limit of 1 page)

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

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

The funds are used to supplement the salary of a staff person to oversee the coordination of the programs listed below. The Interagency Coordination will improve the effectiveness of coordination and partnership between local agencies, private and non-profit organizations, and advocacy groups. Interagency Coordination will assist agencies by establishing open and ongoing communication between agencies. We plan, report and coordinate the services between categorical programs on behalf of the County.

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

County:	1.	2.	3.	4.	5.	6.
Armstrong	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	-		\$ -			
Administrative Management	159		\$ 905,519		\$ 263,204	
Administrator's Office			\$ 287,757			
Adult Developmental Training	5		\$ 17,387			
Children's Evidence-Based Practices	-		\$ -			
Children's Psychosocial Rehabilitation	-		\$ -			
Community Employment	30		\$ 63,000			
Community Residential Services	53		\$ 1,417,841			
Community Services	844		\$ 58,371			
Consumer-Driven Services	-		\$ -			
Emergency Services	656		\$ 194,965			
Facility Based Vocational Rehabilitation	38		\$ 152,969			
Family Based Mental Health Services	40		\$ 47,310			
Family Support Services	16		\$ 5,639			
Housing Support Services	161		\$ 276,652			
Mental Health Crisis Intervention	694		\$ 98,681			
Other	-		\$ -			
Outpatient	29		\$ 302,302			
Partial Hospitalization	24		\$ 70,876			
Peer Support Services	5		\$ 11,233			
Psychiatric Inpatient Hospitalization	-		\$ -			
Psychiatric Rehabilitation	4		\$ 33,707			
Social Rehabilitation Services	297		\$ 177,175			
Targeted Case Management	113		\$ 76,833			
Transitional and Community Integration	-		\$ -			
TOTAL MENTAL HEALTH SERVICES	3,168	\$ 4,198,217	\$ 4,198,217	\$ -	\$ 263,204	\$ -
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			\$ 595,000			
Case Management	125		\$ 97,720			
Community-Based Services	60		\$ 637,305			
Community Residential Services	5		\$ 442,050			
Other	-		\$ -			
TOTAL INTELLECTUAL DISABILITIES SERVICES	190	\$ 1,772,075	\$ 1,772,075	\$ -	\$ -	\$ -

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

County:	1.	2.	3.	4.	5.	6.
Armstrong	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	1		\$ 1,500			
Case Management	698		\$ 84,062			
Rental Assistance	198		\$ 46,488			
Emergency Shelter	268		\$ 44,715			
Other Housing Supports	-		\$ -			
Administration			\$ 19,640			
TOTAL HOMELESS ASSISTANCE SERVICES	1,165	\$ 196,405	\$ 196,405		\$ -	\$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	32		\$ 97,332			
Inpatient Hospital	-		\$ -			
Inpatient Non-Hospital	23		\$ 12,500			
Medication Assisted Therapy	3		\$ 3,250			
Other Intervention	14		\$ 5,970			
Outpatient/Intensive Outpatient	20		\$ 10,590			
Partial Hospitalization	2		\$ 2,542			
Prevention	-		\$ -			
Recovery Support Services	20		\$ 65,680			
Administration			\$ 21,984			
TOTAL SUBSTANCE USE DISORDER SERVICES	114	\$ 219,848	\$ 219,848	\$ -	\$ -	\$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	86		\$ 10,014			
Aging Services	-		\$ -			
Children and Youth Services	-		\$ -			
Generic Services	16,500		\$ 3,126			
Specialized Services	1,636		\$ 53,737			
Interagency Coordination			\$ 6,210			
Administration			\$ 6,886			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	18,222	\$ 79,973	\$ 79,973		\$ -	\$ -
GRAND TOTAL	22,859	\$ 6,466,518	\$ 6,466,518	\$ -	\$ 263,204	\$ -