

**BEAVER COUNTY  
HUMAN SERVICES PLAN  
2018-2019**

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## **Appendix A**

### **Assurance of Compliance Board of Commissioners Signature Page**

Appendix A  
Fiscal Year 2018-2019

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: BEAVER

- A. The county assures that services will be managed and delivered in accordance with the county Human Services Plan submitted herewith.
- B. The county assures, in compliance with Act 80, that the 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

<i>Signatures</i>	<i>Please Print</i>	
	Daniel C. Camp III, Chairman	Date: 05/31/18
	Sandie Egley	Date: 05/31/18
	Tony Amadio	Date: 05/31/18

## **Appendix B**

### **County Human Services Plan Template**

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

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds by answering each question below.

1. Please identify the critical stakeholder groups, including individuals and their families, consumer groups, providers of human services, and partners from other systems, involved in the county's human services system.

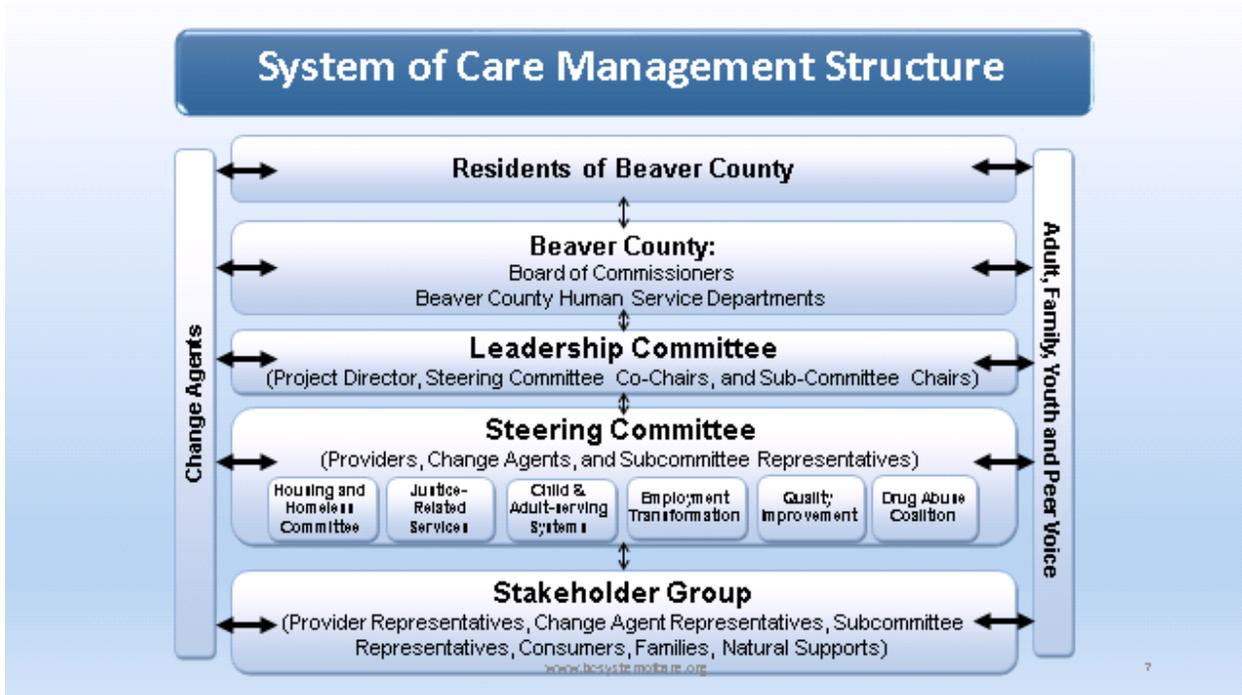
Beaver County reaches out to several critical **stakeholder groups** as part of the planning process and throughout the year. The Beaver County Planning and Leadership Team includes representatives from each of the program areas outlined in the plan. It also includes the local **Children and Youth Services, the Office on Aging and the chairs of the Beaver County System of Care (SOC) Steering Committee**. This team met on Monday, April 16, 2018 to review the Human Services Plan guidelines, analyze progress made over the last year, discuss the public hearing details, and determine priorities for the delivery of human services over the next year.

As part of the ongoing System of Care (SOC) development, Beaver County has a Leadership Team and a Steering Committee, as well as several subcommittees. The Leadership Team membership includes county staff, along with Steering Committee and subcommittee chairs. The Steering Committee and the subcommittees are comprised of **individuals with lived experience, families**, change agents, and providers. The County Planning Team and SOC Steering Committee work together on the development of a countywide plan and discuss the expenditure of funds. The Steering Committee takes a lead role in gathering stakeholder input and planning the public hearings. Each human service department director attends at least one Steering Committee meeting annually to present their piece of the plan and to obtain stakeholder feedback.

The SCORES Coalition, representing the youth, young adult and family portion of the SOC meets quarterly. This group first initiated the Lived Experience Survey described in the highlight section of this submission. This group has existed since 2005 and is currently overseeing a Substance Abuse and Mental Health Services Administration SOC expansion grant. Of particular significance has been this group's ability to engage the local school systems.

The Adult SOC partners meet monthly. This group has a strong focus on justice and mental health collaboration. Partners include not only the justice system but faith-based organizations and natural resources. This group addresses issues associated with diversion, reentry, homelessness, peer support and benefit acquisition.

Below please find the SOC management structure with a more complete list of committees.



2. Please describe how these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement efforts.

Stakeholders are part of the SOC committees that meet throughout the year. They **participate** in the County Planning meeting, attend two Stakeholder/**Public Hearings** conducted as part of Human Service Plan development and receive a stakeholder **survey** annually. **Outreach** includes distribution of the survey at provider agencies, the drop-in center and a senior center. Surveys are emailed, available on line and taken to both public hearings. One public hearing occurs at a drop-in center and the other at a senior center

3. Please list the advisory boards that were involved in the planning process.

**Advisory boards** involved in the planning process include: Mental Health/Mental Retardation Advisory Board, Drug and Alcohol Advisory Council, the System of Care Steering Committee, the Housing and Homeless Coalition and the Criminal Justice Advisory Board.

4. Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. (The response must specifically address providing services in the least restrictive setting.)

Beaver County, one of only five counties in Pennsylvania operating without access to state hospital beds, is committed to serving its residents in the **least restrictive setting** appropriate to their needs. Beaver County has been building a system of care (SOC) since 2005. The SOC is built around community supports and community inclusion. As of 4/5/2018, Beaver County had 17 children/adolescents in residential treatment. Since 2006, Beaver County Children and Youth Service (BCCYS) has reduced the number of children in out-of-home care by 60%. Its current placement rate is .69/1000 children in the county, the lowest percentage of any fourth class county in Pennsylvania. BCOA also has a strong commitment to providing the least restrictive community-based services. BCOA provides Nursing Home Transition services, home modifications, and in-home care, so that older Beaver County Citizens can reside at home while receiving the care they need. Older adults and persons with disabilities have the right to choose to live at home or in a community setting, and the Aging Office is committed to helping them do so. This philosophy is also reflected in the county's Olmsted Plan, housing plan and supported housing program.

5. Please list any substantial programmatic and/or funding changes being made as a result of last year's outcomes.

Block **grant funding** in Beaver County has led to greater collaboration among human services departments, increased data sharing, and provided valued flexibility between previously categorical budget line items. During the last fiscal year, Beaver County has worked to expand peer support, added another case management provider for individuals with substance disorders or co-occurring mental health and substance use disorders; developed a diversion at the preliminary hearing, implemented the warm hand-off and expanded access to Narcan.

## **PART II: PUBLIC HEARING NOTICE**

Two (2) public hearings were held as part of the Human Services Block Grant planning process. One was Tuesday, 05/15/18 from 1:30 to 3:30 p.m. at the local Mental Health Association and the second was held on Tuesday, 05/22/18 from 1:30 to 3:30 p.m. at the Senior Center at the Beaver Valley Mall. Proof of publication in the *Beaver County Times* is on page 76; a summary and copy of the sign-in sheets from both public hearings can be found on pages 79 through 82 (5/15/18) and pages 83 and 84 (5/22/18).

## **PART III: CROSS-COLLABORATION OF SERVICES** (Limit of 4 pages)

For each of the following, please explain how the county works collaboratively across the human services programs. Please explain how the county intends to leverage funds

to link residents to existing opportunities and/or to generate new opportunities. Lastly, please provide any updates to the county's collaborative efforts and any new efforts planned for the coming year.

#### Employment:

Currently, Beaver County has one provider focused on vocational services for the behavioral health population, Beaver County Rehabilitation Center (BCRC). This agency works in conjunction with other agencies including Office of Vocational Rehabilitation and Career Links assisting consumers in accessing education and skills training for employment or volunteer opportunities based upon the individual's goals. Vocational Assessment and Training as well as Supportive Employment Programs provide transitional and integrated work experience opportunities. They have enhanced programming to offer the opportunity to go into the community as a first step to employment. Depending on the program and the consumer need, services are provided in a one on one setting up to a group setting.

BCRC utilizes evidence based practices, in particular, Illness Management and Recovery (IMR), Supported Education and Supported Employment. Supported Employment (SE) promotes rehabilitation and return to productive employment for persons with serious mental illnesses and COD. SE programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational services from intake through follow-along. Job placements are community-based, competitive, in normalized settings, and utilize multiple employers. The SE team has a small client/staff ratio and is assertive in engaging and retaining clients in treatment, especially utilizing face-to-face community visits, rather than phone or mail contacts.

BCRC programs are designed to serve diverse populations/specialized populations including forensic, Mental Health (MH), Intellectual Disabilities (ID), Limited English Proficiency, Autism Spectrum Disorders, youth, and various forms of Co-occurring Disorders, which may consist of a combination of any two or more identified/diagnosed areas of need such as MH, ID, substance use, or medical.

In collaboration with multiple school districts in Beaver County, a branch of BCRC has developed a School to Work Program that offers hands on, individualized services that work in correlation with the youth's Individual Education Plan; a team approach utilizing natural and community supports; focuses on independent living, community participation, furthering education, employment first; activities include volunteering, work experiences, and skills training. This program is paid for by the school districts.

Paid Work Training Experience began as a grant with the target population of female inmates at Beaver County Jail (BCJ). Since the start of the program, the population served has been expanded to include not only incarcerated females, but both males and females with recent forensic involvement. At the conclusion of the grant, data gathered showed a decrease in recidivism for inmates who participated in vocational services that were being offered in the jail.

Beaver County having a spectrum of rural to urban communities, works with Beaver County Transit Authority to increase access to services by providing free or low cost income based transportation available to residents. To alleviate another barrier, BCRC has also integrated a Certified Work Incentives Counselor to assist residents in going to the Social Security Administration Office and help allay fears associated with benefits and working.

Increasing education and employment is one of BC-SOC 10 priorities. The county has been trying to measure and increase goals surrounding education and employment in service plans developed by consumers with case management. Moving forward, there will be a focus on employment in plans developed with Certified Peer Specialists (CPS) and Certified Recovery Specialists (CRS).

Beaver County also supports and encourages peer employment. There are currently Certified Peer Specialists and Certified Recovery Specialists working job settings such as: consumer run programs, residential programs, community based programs, psych rehab, substance abuse programs, and Peer Support Programs. For further details, please refer to the peer employment section.

Beaver County Behavioral Health is working to add another provider for Psychiatric Rehabilitation services and supports this will allow residents to have a choice in providers. The population of focus will include but not be limited to justice involved individuals ages 18 to 40.

Housing:

Beaver County Behavioral Health has both a current Permanent Supportive Housing and Olmstead Plan which have been reviewed and approved by OMHSAS. Beaver County Behavioral Health's PSH plan was initially implemented in 2008 and continues to successfully serve individuals who meet the eligibility criteria for the program. We continue to meet with various stakeholders to obtain feedback and have used that feedback to modify our PSH plan in the past, with OMHSAS approval, to better meet the needs of individuals within Beaver County.

BCBH collaborates closely with The Cornerstone of Beaver County to meet the housing needs of its consumers. In 2015, the Community Development of Beaver County (CDPBC) issued a request for Proposals for Technical Assistant and Non-Profit Development to secure a consultant to assist with the process of: submitting articles of incorporation, applying for 501C3 designation, helping establish a Board of Directors and providing strategic planning for The Cornerstone. Established in 2009 as a suite of offices for the Homelessness Prevention/Rapid ReHousing Program, The Cornerstone expanded to include 12 separate programs/6 organizations, all targeting homeless and precariously housed individuals and families. The Cornerstone became so well known that there was a mistaken perception in the community that it was already its own entity. The goal of the initiative was to formalize The Cornerstone and in so doing, expand

opportunities to provide services, manage itself and fundraise with the same core group of people who were doing such a great job meeting the needs of the vulnerable population who relied on The Cornerstone's programs.

The Cornerstone received its 501C3 designation in October 2016 and now operates as The Cornerstone of Beaver County. In addition to being a single site where residents of Beaver County can go to seek assistance with homelessness and housing concerns, TCBC is a location which also houses utility assistance programs, the HMIS electronic data tracking program, SNAP food assistance programs, various supports and resources for homeless veterans and their families.

Additionally, Beaver County has a Housing and Homeless Coalition (HHCBC) and a Steering Committee. The HHCBC consists of county agencies, local service system providers, community partners, formerly homeless individuals, local housing providers and the Housing Authority. The mission of the coalition is to provide support, direction, and collaboration in effectively addressing the issues of homelessness and affordable, sustainable housing in Beaver County by identifying and utilizing all available resources. The Steering Committee serves as the HUD-designated primary decision-making group and oversight board of the Collaborative Applicant for the Beaver County Continuum of Care PA-603. The Steering Committee is comprised of individuals representing various county agencies and system partners, which includes the BCBH Administrator.

Behavioral Health services available throughout the county are used as in-kind leverage for Housing and Urban Development (HUD) funds through the Continuum of Care (CoC) application to increase housing options for individuals across multiple populations. Through the Human Services Block Grant, BCBH has also provided match funds for multiple CoC grant programs to provide housing for individuals who are homeless. Our local Children and Youth Services agency also provides match funds for HUD CoC funded programs. Some of the support services funded through the Human Services Block Grant play a key role in assisting individuals with maintaining safe affordable housing within their communities as they are accepted into the HUD CoC funded programs.

Another resource available to Beaver County includes the eight Section 811 funded units secured by The Housing Authority of the County of Beaver through the Pennsylvania Housing Finance Authority (PHFA). BCBH is one of the stakeholder partners with the Housing Authority for the Section 811 units and makes referrals as appropriate.

Regardless of which resource individuals access to seek or secure safe and affordable housing within the county, BCBH is available to provide assessments and case management services at the request of those individuals.

## PART IV: HUMAN SERVICES NARRATIVE

### MENTAL HEALTH SERVICES

#### a) Program Highlights: (Limit of 6 pages)

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 17-18.

- **System of Care Orientation:** A Power Point orientation was finalized and is being presented to provider agencies and community groups across the county. This orientation explains the framework and philosophy of the Beaver County System of Care (SOC) and its 3 dimensions: People Served, Services and Supports, and Guiding Principles. Viewers explore the SOC vision and its organizational structure. By the end of the presentation, they understand the extent of providers, agencies, individuals, family members and natural supports who collaborate for the purpose of assisting people in recovery. If not already involved, audiences are invited to share their strengths as well as benefit by participating in this caring community.
- **The Beaver County System of Care website ([www.bc-systemofcare.org](http://www.bc-systemofcare.org))** was developed to be an effective tool for all providers, partnering agencies, individuals and their family members, natural supports and participants in recovery. This informative website can be accessed for local crisis information, categorized resources, printable brochures, HIPAA releases, referral forms, documents and many useful and current links. Scrolling announcements are continually updated with the latest recovery events, continuing education trainings, wellness classes, support groups, and conference/webinar details including registration information.
- **Both Certified Peer Specialists (CPS) and Certified Recovery Specialists (CRS)** are available and the service is growing. The Mental Health Association is a free standing provider of CPS and ROOTS is provider CRS through a local substance abuse outpatient program's license. Both are billing HealthChoices and both are increasing their staff.
- **Mental Health First (MHFA):** The housing managers and maintenance staff of the Beaver County Housing Authority were trained in MHFA this year. Six MHFA community trainings took place, one was the specialized MHFA for Public Safety, held at the Black Box at Aliquippa High School. Police, fire and school security participated. Three Youth MHFA community trainings took place this year. Aliquippa School District middle and high school teachers, staff and administration were trained in March 2018
- **Open Table** – has sustained and grown. There has been a total of 7 Tables as of April 2018, with a Table scheduled in Aliquippa for the Spring of 2018. The Countywide Open Table Leadership Committee anticipates that several additional Tables will be launched in 2018. . Beaver County will be co-presenting on this model

with the founder of Open Table at the Pennsylvania Children's Conference. Two local pastor will be recognized at the conference for their support of this initiative.

- **The Youth Ambassador Program** received a Substance Abuse Mental Health Services Administration (SAMHSA) Excellence in Community Communications and Outreach (ECCO) award last year and has applied again this year. The program is in every school district. Energy and momentum continue. Workshops about the development of the program were presented at the National Federation of Families Conference in November 2017 and at the Child, Adolescent, and Young Adult Behavioral Health Research and Policy Conference in March 2018. The Youth Ambassador Program was also highlighted in an SOC Leadership Learning Community webinar "Using Social Marketing for Systems Change" in February 2018.
- **BH Diversion at the Preliminary Hearing** has been in place since last summer. In cooperation with the Beaver County District Attorney's office, services are coordinated by diversion specialist and case management staff. The program includes screens, assessments, treatment, and linkages to community services and supports as needed by participants. Peer services are integral and strongly recommended. In addition, participants in the diversion program are required to complete four community wellness classes that focus on education/employment, benefits, community resources, and recovery concepts. Enrollment averages about 5 participants a week and the percent who successfully complete the program is nearly 70%.
- **Homeless Outreach** – ROOTS is a faith-based organizations with strong community ties and a commitment to working with the area homeless. In the first year of this SAMHSA grant, enrollment was almost double the targeted 90 individuals. ROOTS has also provided advocacy at hearing meetings with the Housing Authority and with private landlords to execute and amend leases, negotiate rent prices, and prevent lockouts or evictions thus ensuring stable and sustained housing.
- **HELP team mobile response** – The HELP Team is an in-home stabilization team served 156 youth and families in 2016/2107. BCBH and Beaver County Children and Youth Services are working with Beacon Health Options to make this a Medicaid billable service. A review of units and cost from claims data show that one year after service begins the cost per clients is less than it had been and the units have increased, suggesting increased access to less intense service.
- **Consolidated Specialty Care** is a recovery oriented model used to assist consumers with early episode psychosis and other serious mental health diagnoses. This model of early intervention utilizes a client focused system of care approach of both formal and informal supports. The purpose is to prevent relapse, encourage hope and prevent long-term disability. A workgroup is planning the Beaver County project and a kick/off/training is planned for September.

- **Pharmacy Cards** are an idea that came out of the Consolidated Specialty Care workgroup. These cards highlight the Substance Abuse and Mental Health Services Administration's 8 Dimensions of Wellness and the Beaver County SOC website. The cards are placed in the customer's bag with the prescription and other patient education materials. Four privately owned pharmacies are placing the cards in all prescriptions for medications used to treat psychiatric symptoms. The back of the card lists contact information for community agencies and services that may be helpful
- **CLC Plan** – In 2016 HPW Associates conducted a CLC baseline assessment of the SOC for BCBH. The aim of the report, in part, was to identify and improve areas of concern as it relates to CLC initiatives within the System of Care. One of the recommendations from the assessment was the creation of CLC Plans; train staff on these policies and standards; and create mechanisms to ensure the policies are being implemented. Subsequently, a CLC team from the Human Services Building was commenced in October of 2016 to begin the process of developing a CLC framework. In the spring of 2018 the group under the leadership of CLC consultants Donald E. Sheffield and Anthony B. Mitchell, will present the Cultural Competency Planning for Organizations to System of Care leaders and related community/government managers.
- **Drug Free Communities:** In the first year of the Drug Free Aliquippa (DFA) program, 18 youth were trained in Lead and Seed and are taking a leadership role in raising awareness of drug use among the youth, including receiving an honorable mention for a Community Anti-Drug Coalitions of America (CACDA) poster. All Stars program for sixth graders successfully increased positive normative beliefs among youth around drug use by 17% and decreased alcohol use. Outreach efforts to the community included Facebook postings reaching over 14,000 people, town hall meeting attended by 200 people and a 200% increase in the DFA community coalition. A community needs assessment survey identified marijuana as the drug of choice among youth and will be the focus of awareness and education efforts for year 2.
- **A second Partial Care Community Residential Rehabilitation (CRR)** site was established by Cornerstone Recovery and Supports Inc. this past fiscal year, getting licensed for eight additional beds retroactively to 7-1-17, and accepting its first admission in August. With the opening of this third program, CRS increased its capacity to a total of twenty eight licensed CRR beds.
- The Beaver County SOC received a visit from the SAMHSA Chief Operating Officer (COO) in October 2017. This provided the SOC with an opportunity to highlight it's accomplishments to date and its plans for the future. The SAMHSA COO complimented Beaver County on its inclusive public health approach to SOC development.

- Beaver County is participating in five workshops and one poster presentation at the 20<sup>th</sup> Pennsylvania Interagency Conference

**Workshops**

1. Open Table: Aligning the Resources of Faith, Government, and Community
2. Wellness and Warmth: Reaching Individuals Across the Lifespan
3. PRISM: Acceptance and Guidance
4. Youth Ambassador Program: A Beaver County SOC Youth Initiative
5. Update on Suicide in Youth from Incidence to Evidence-Based Prevention with Patient and Family Centered Care

**Poster:** Collaboration in Crisis Stabilization through the Use of Mobile Teams

- The first **lived experience survey** was distributed to the Steering Committee in September 2016. The lived experience survey was distributed for a second time in March of 2018. Almost 90 people responded with responses still coming in. 72% of respondents reported lived or firsthand experience with mental health issues and 63% of respondents reported having experience with Trauma. Trauma included emotional, physical or psychological trauma. More than 80% of respondents reported having a family member or close friend with mental health issues and with substance abuse issues.

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

Please identify the strengths and needs of the county/joiner service system specific to each of the following target populations served by the behavioral health system. When completing this assessment, consider any health disparities impacting each population. Additional information regarding health disparities is available at <https://www.samhsa.gov/health-disparities>.

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

**Strengths:**

- BCBH works closely with BCOA. BCBH is a Core partner for the BeaverLINK.
- BCBH and BCOA work cooperatively with the Emergency Operation (911) Center to assure information needed for disaster drills is comprehensive and current.
- BCBH and BCOA jointly attend Risk Management meetings facilitated by the Department of Human Services / Bureau of Human Services / Adult Residential Licensing.
- BCBH and BCOA collaborate on individual cases and have worked well with Protective Services.
- BCOA will have a provider trained in Mental Health First Aid in order to promote the County's goal of Mental Health Literacy across the Lifespan.
- One of the two public hearings is held at a senior center.
- BCBH and BCOA participate collaboratively in "Cross Systems Collaboration Technical Assistance Call" to review cases with other PA counties

- BCBH and BCOA collaboratively attend/monitor personal care home licensing.
- Partnership around the CHC roll out.

**Needs:**

- More appropriate care options (facilities/nursing homes) for Older Adults deemed in need of nursing care, having mental health diagnoses, and presenting with challenging behaviors.
- Accessing transportation that will travel across county lines.
- Community safety checks for Older Adults perceived to be especially vulnerable.
- Accessing appropriate inpatient care and trustworthy respite care.
- Additional home support worker resources to help promote “Aging in Place”.
- Increased access to a benefits counselor,
- Additional guardianship services.
- Increased access to home modification services and general maintenance services.
- Accessing medical needs not covered under traditional medical insurance (i.e. hearing aids, eyeglasses, and personal emergency response devices).

**Adults (ages 18 and above)**

**Strengths:**

- BCBH emphasizes the use of evidence-based practices, such as Assertive Community Treatment, Seeking Safety, Motivational Interviewing, and Supported Employment (SE). The number of Wellness Recovery Action Plans (WRAP) is increasing.
- BCBH employs a recovery coordinator to increase consumer voice in the SOC.
- BCBH works closely with NAMI.
- BCBH has expanded the number of case management entities (Single Points of Accountability) and has a countywide initiative to assure competency.
- Both Transition-Age and D&A case management have been added.
- Case management providers use an electronic service plan (eSP).
- Through the eSP, crisis plans are shared with several county agencies.
- Beaver County has a Dual Diagnosis Treatment Team
- BCBH works closely with our jail, courts and probation offices to offer treatment options when possible.
- BCBH works with housing and employment resources to make these as available as possible in the county.
- NAMI offers the EBP of Family to Family to provide education to natural supports about mental illness.

**Needs:**

- An increased emphasis on employment.
- Continued work on co-occurring mental health and substance abuse treatment.
- Continued efforts to increase physical and behavioral health integration.
- More transportation options.
- More housing options.

- Increased capacity for Representative Payees
- Timely access to psychiatric time
- Countywide education regarding voluntary and involuntary hospitalizations

### **Transition-age Youth (ages 18-26)**

#### **Strengths:**

- The Youth Ambassadors program now included every school district..
- BCBH is using Open Table to support transition age youth.
- Signs of Suicide (SOS) is part of the Student Assistance program.
- Youth Mental Health First Aid is being offered to all school districts in the county.
- Beaver County Rehabilitation Center offers vocational support to every school district through CAPs (Creating Alternative Pathways).
- Beaver County has implemented Transition-Age Psychiatric Rehabilitation.
- BCBH and Children and Youth services have successfully implemented mobile crisis response teams for youth and families.
- With grant funding, BCBH implemented at transition age peer and BCM program.
- School based Outpatient Mental Health services has expanded to nearly all school districts. One contracts with a private clinician.

#### **Needs:**

- Transportation to appointments, education, employment, supports.
- Increased housing options.
- Increased access to psychiatrists.
- Countywide education regarding voluntary and involuntary hospitalizations

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

#### **Strengths:**

- BCBH serves as the Zone Administrator for the Student Assistance Program reporting for both drug and alcohol and mental health.
- All BCBH child/adolescent staff is trained in the CASSP principles
- Beaver County, through its HealthChoices network with Beacon Health Options, has a panel of independent evaluators available to complete CCASBE-LD's to assess and prescribe BHRS, Family-Based Mental Health and other services requiring documented recommendation for services based on medical necessity.
- Beaver County offers blended case management services and has five providers.
- BCBH continues to expand the development of school-based outpatient.
- The Youth Ambassador Program (YAP) began in the 2016-2017 school year. The program fosters awareness and understanding of mental health issues in local school districts and reduces stigma.

- Beaver County is working with Beacon and case management providers to develop countywide standards of best practice and to implement an electronic service plan (eSP).
- Through a SOC expansion grant, the county offers a mobile response team to youth/families.
- BCBH and Children and Youth services have successfully implemented mobile crisis response teams for youth and families.
- Working with the school districts, Beaver County Rehabilitation Center (BCRC) offers a School to Work Transition Program for high school students.
- Through funding from Office of Vocational Rehabilitation, BCRC also offers Pre-Employment Transition Services.

**Needs:**

- Easier access to overnight respite.
- More mentoring and support for youth with special needs
- More evidence-based and trauma-informed practices
- Additional programs focusing on the transition to adulthood
- Additional social outlets/camps

Identify the strengths and needs of the county/joiner service system (including any health disparities) specific to each of the following special/underserved populations. If the county does not currently serve a particular population, please indicate and note any plans for developing services for that population.

**Individuals transitioning from state hospitals**

**Strengths:**

- Since 2008 and the closure of Mayview State Hospital, Beaver County had one person enter a civil state hospital bed and that occurred as the result of a transfer from the forensic unit at Torrance State Hospital. Currently, there are no patients in civil state hospital beds and one person about to be discharge back to the community from a forensic bed.

**Needs:**

- More permanent, specialized housing.
- Housing options for sex offenders
- Additional Long Term Structured Residence beds.

**Co-occurring Mental Health/Substance Abuse (COD)**

**Strengths:**

- Beaver County has been working since 2001 to develop a system of care (SOC) welcoming to individuals with (COD).
- Dr. Minkoff offers at least one training a year.
- All providers in Beaver County assess for COD.

- BCBH offers the 10 part COD training series and Motivational Interviewing annually.
- BCBH has two providers offering Drug and Alcohol case management.
- Certified Recovery Specialists (CRS) are actively providing services to support individuals with their recovery
- BCBH has developed a direct referral process for assessment and case management from the local emergency department and hospital, especially targeted to opioid overdose survivors.
- The SCA and Beaver Falls police department have partnered to start a drug diversion program.
- Vivatrol is now available to individuals being released from jail.

**Needs:**

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

**Justice-involved individuals**

**Strengths:**

- Since 2001, BCBH has funded COD treatment and re-entry services in the jail.
- BCBH also provides COD assessments in the courthouse and screens in the Regional Booking Center.
- Beaver County is one of seven programs participating in a national evaluation of the Second Chance Act (SCA) conducted by the Department of Justice.
- Beaver County makes contact with State Correctional Institutes, when an individual is identified on the Final Discharge Maximum Expiration (FDME) report.
- BCBH participates in the County's Criminal Justice Advisory Board (CJAB)
- Beaver County has an Assertive Community Treatment team with a forensic focus.
- Mental Health First Aid training is being offered to the justice system and first responders.
- Vocational services are provided in the jail and there is community follow up.
- The county has a sponsor program to mentor released offenders.
- Another organization offers services to youth, with a parent in the justice system.
- Certified Peer Specialists and Recovery Specialists work with this population.
- Beaver County now has a Forensic Certified Peer provider in network
- Currently two diversion programs are being developed; one at probation violation hearing and one at the preliminary hearing.
- The Beaver County Commissioner have taken on the initiative to remove the criminal history check box on job application forms.

**Needs:**

- It would be helpful if at least the State portion of the Medical Assistance dollar could fund jail-based treatment.
- Increased housing options are always needed, especially for sex offenders.

- Increased employment options.
- Services being provided outside of Monday-Friday business hours.

## **Veterans**

### **Strengths:**

- The County has a Veteran's Court. .
- Veterans also participate in jail-based treatment.
- BCBH has a positive relationship with the veteran's outreach coordinator and clinical staff at the local veteran's outpatient center.
- Supportive Services for Veteran Families (SSVF) Program operates in the county.

### **Needs:**

- Funding from the Veteran's Administration that will support community options, such as case management and treatment from local providers.

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

### **Strengths:**

- BCBH holds an annual training addressing LGBTQI topics
- The LGBTQI community is included in the countywide Cultural Linguistic Competency Plan.
- PRISM, a local support group started and participates in the SOC.

### **Needs:**

- More training would be helpful, especially, training focused on transition-age youth.
- Increased access to specialized providers.

## **Racial/Ethnic/Linguistic Minorities**

### **Strengths:**

- There is a countywide Cultural Linguistic Competence (CLC) Advisory Committee.
- Beaver County's System of Care (SOC) has developed a Cultural and Linguistic Competency.
- BCBH contracts now require providers to provide or attend an annual CLC training
- Agencies in the Human Service Building have developed a building wide CLS plan.
- Beaver County has a provider offering Bridges Out of Poverty.

### **Needs**

- Provide CLC trainings focusing specifically on the inter-relationships among poverty, employment, mental illness, and underserved populations (e.g., LGBT community).
- Expand the Culture of Poverty training and Diversity training to accommodate the schedule of schools and the education community.
- Increase the representation on the countywide CLC.

## **Homeless**

### **Strengths:**

- Beaver County continues to support and provide services to homeless individuals and families through its Continuum of Care initiatives addressed in the Housing and Urban Development mandate.
- Since the late 1990s, a Housing and Homeless Coalition of Beaver County (HHCBC), which includes a Homeless Task Force
- The Cornerstone, previously a suite of centrally located offices which provides a single point of entry into most of the continuum of care's homeless assistance programs has become its own 501C3 organization and is expanding its scope of services to assist individuals who are homeless or at risk of becoming homeless.
- Since 2009, BCBH has had a permanent supportive housing program targeted to individuals diagnosed with serious, persistent mental illness.
- There is currently a federally funded homeless outreach program with peer support.

### **Needs:**

- An emergency family shelter.
- Increase in safe, affordable housing stock.
- Additional transportation resources for shelter and supportive housing
- Housing options for individuals registered as offenders under Megan's Law.
- Increase in supported housing options

## **Mental Health and Intellectual Disabilities (ID)**

### **Strengths:**

- Beaver County was the lead county in the development of Community Health Connections, the Health Care Quality Unit (HCQU), located in Butler.
- BCBH participates in the HCQU Management Oversight Committee.
- As part of BCBH's internal QI process, cases of individuals receiving services from both the mental health and the ID system are reviewed.
- BCBH participates in the Positive Practice Committee
- BCBH has a regional Dual Diagnosis Treatment Team.
- In the past year, both Beaver County LTSRs (Brighton Rehab and Wellness Center LTSR and Merakey LTSR) have served clients dually diagnosed (MH/ID).

### **Needs:**

- A "Step Down" option when transitioning back into the community from an Inpatient Psychiatric Unit.
- More resources to address medical co-morbidities.
- Housing options for MH/ID individuals involved in the justice system, especially sex offenders.
- Additional respite options.

## **Cultural and Linguistic Competence (CLC) Training**

Yes

Beaver County Behavioral Health (BCBH) currently utilizing Cultural and Linguistic Competence (CLC) Training. As part of the ongoing System of Care (SOC) development, a special emphasis was placed on the SOC leadership to assist in planning and operationalizing CLC activity within county human service agencies and contract providers. As a result, a Human Services Work Group, made up of representatives from agencies housed in the County Human Service Building, including adult probation, children and youth services, office on aging and BCBH was initiated to begin training, planning and development of a CLC Plan. Upon development of the plan (by late fall 2017) agency leadership will be convened for adoption and implementation. This conference was held in mid-May of 2018.

## **Does the county currently have any suicide prevention initiatives?**

Yes  No

If yes, please describe. Counties without current suicide prevention initiatives may also describe plans to implement future initiatives in the coming fiscal year. (Limit of 1 page)

**c) 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)***

<b>1. Capital Projects for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>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).</b>									
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

Keystone House	Reinvestment	0	0	1	1	1	15 years		2013
PHARE Project	CDBG	0	0	0	0	0	20 years		2014
	ACT 137	0	0	0	0	0	20		2014
	Reinvestment	0	0	0	0	1	20		2014
	Private Developer Capital	0	0	0	0	0	0		2014
	PHARE Funds	0	0	0	0	0	20		2014
Notes:	Both projects were renovated in 2013 and therefore no funds were disbursed from FY16-17 or projected from FY17-18.								

<b>2. Bridge Rental Subsidy Program for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.</b>									
	*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
	Reinvestment	74,404.42	80,000	15	16	16	345	0	Reinvestment
	HUD CoC	194,376	194,736	42	42	42	677	0	HUD CoC
Notes:									

<b>3. Master Leasing (ML) Program for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>Leasing units from private owners and then subleasing and subsidizing these units to consumers.</b>									
	*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:									

<b>4. Housing Clearinghouse for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>An agency that coordinates and manages permanent supportive housing opportunities.</b>									
	*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
	HSBG	14,172	41,597	20	20			0.4	2009
Notes:									

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
CRS - PSH	HSBG	635,510	337,200	50	30			6	2009
CRS Housing BCM	HC	101,393	105,00	47	50			2.5	2014
CRS Housing BCM	HSBG	5,625	15,300	5	20			2.5	
CRS HSC	HSBG	175,719	119,700	96	45			1	2009
Crossroads	HSBG	174,033	156,000	91	135			51	2009
ARC - PSH	HSBG	702,659	722,257	15	15			15.7	2008
CARL Program	HSBG	31,600	31,600	75 households 129 individuals	75			1	2013
Notes:	CRS – PSH previously included a site which became licensed as a CRR in FY 17-18. The CARL Program is a HUD CoC funded voucher program for which we provide match for the Supports. When listing the total number of individuals served, that would include spouses/partners and children within the household.								

<b>6. Housing Contingency Funds for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.</b>									
	*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
	Reinvestment	16,136		43	55			526	
	HSBG	6,500							
Notes:	BCBH has always had a Diversion & Supports Fund, we added housing contingencies when we developed our PSH Plan in 2007.								

<b>7. Other: Identify the Program for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>Project Based Operating Assistance (PBOA</b> 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); <b>Fairweather Lodge (FWL</b> 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); <b>CRR Conversion</b> (as described in the CRR Conversion Protocol ), <b>other</b> .									
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)

**1. Increase Integration of Physical and Behavioral Health**

**Narrative including action steps:** BCBH is measuring the following items for individuals receiving some type of case management: the number of people with a Primary Care Provider (PCP), with a physical health diagnosis, with releases to communicate with the PCP, and Notice of Privacy Statements allowing for communication with PCPs. BCBH is also working with the managed care provider to measure medication reconciliation at the FQHC. Action steps include ongoing discussions with the single point of accountability agencies, a survey that was conducted in spring 2017 and compared to the existing baseline, and a self-audit completed by the FQHC and analyzed by the managed care provider. Details can be found in Appendix G.

**Timeline:** Found in Appendix G

**Fiscal and Other Resources:** No additional resources are needed.

**Tracking Mechanism:** Found in Appendix G

**2. Increase Safe and Affordable Housing Options and Supports**

**Narrative including action steps:** BCBH is using the following items to measure housing capacity: the capacity of housing supports and housing options; the number of people who use housing options and supports each year and consumer satisfaction with housing. Action steps ongoing work with housing providers to increase capacity, regular updating of the housing inventory and quarterly measurement of changes in capacity/utilization. Details can be found in Appendix G.

**Timeline:** Found in Appendix G

**Fiscal and Other Resources:** The primary need is additional housing, especially for single individuals.

**Tracking Mechanism:** Found in Appendix G

**3. Advanced Behavioral Health & Criminal Justice Collaboration through Implementation of the Sequential Intercept Model**

**Narrative including action steps:** Beaver County is has developed two new diversions programs. One, already in process, is a diversion from Probation Violation hearings to treatment. The second is a behavioral health diversion at the preliminary hearing, which began the summer of 2017. Action steps include implementation of the planned diversions and re-evaluating the Sequential Intercept Model plan annually. Details can be found in Appendix G.

**Timeline:** Found in Appendix G

**Fiscal and Other Resources:** None at this time.

**Tracking Mechanism:** Found in Appendix G

#### **4. Implement a Countywide Framework of Trauma-informed Care**

**Narrative including action steps:** BCBH will assess the need for trauma informed care and resources available. Youth and their caregivers are surveyed upon initial enrollment, then at 6 month and 1 year benchmarks. Surveys provide information about ever experiencing trauma as well as experiencing trauma within the past 30 days. Details can be found in Appendix G.

**Timeline:** Found in Appendix G

**Fiscal and Other Resources:** None at this time

**Tracking Mechanism:** Found in Appendix G

#### **5. Develop and Sustain a Countywide Response to the National Opioid Epidemic**

**Narrative including action steps:** Steps will be taken to decrease the number of overdose deaths in the county relating to Opiates and increase community education and safety. Measures include increasing the number of prescription drug take back boxes between 2016 and 2020, on-going tracking overdose statistics, and increasing education and outreach to the community and professionals beginning in the fall of 2018. BCBH will also partner with Beaver County Jail to develop a protocol for Vivitrol injections being administered in the jail. Details can be found in Appendix G.

**Timeline:** Found in Appendix G

**Fiscal and Other Resources:** None identified at this time

**Tracking Mechanism:** Found in Appendix G

**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 type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Child/Youth	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence Based Practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 checked="" 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 checked="" 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 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 checked="" 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 checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input type="checkbox"/>	<input type="checkbox"/> County <input 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 checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Outpatient D&A Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed) DDTT	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment County X HC
DA ICM	X	X county x HC x 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 measure s 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	Y	75	TMACT DDCT	County AHCI	Annually	Y	Y	
Supportive Housing	N							
Supported Employment	Y	70	SAMHSA Toolkit	Agency County	Annually	Yes		Include # Employed 21
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	500	Compass	Agency County	Annually	NO		
Illness Management/ Recovery	Y	24	SAMHSA IMR Toolkit- Evaluating Your Program	Agency County	End of each class			
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	N							
Multisystemic Therapy	Y	27	P/R	Agency	Q6 months	Yes	Yes	
Functional Family Therapy								
Family Psycho-Education	Y	22	Evaluation Forms		End of each class	No	NO	

\*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	v	550	
Compeer	v	20	
Fairweather Lodge	n		
MA Funded Certified Peer Specialist- Total**	v	59	
CPS Services for Transition Age Youth	v	15	
CPS Services for Older Adults	v	5	
Other Funded Certified Peer Specialist- Total**	v	11	
CPS Services for Transition Age Youth	v		
CPS Services for Older Adults	v		
Dialectical Behavioral Therapy	n		
Mobile Meds	n		
Wellness Recovery Action Plan (WRAP)	v	40	
High Fidelity Wrap Around/Joint Planning Team	n		
Shared Decision Making	n		
Psychiatric Rehabilitation Services (including clubhouse)	v	60	
Self-Directed Care	n		
Supported Education	v	23	Grant funded
Treatment of Depression in Older Adults	v		
Consumer Operated Services	v	128	Drop in center
Parent Child Interaction Therapy	v		Laughlin Center
Sanctuary	v		
Trauma Focused Cognitive Behavioral Therapy	v	20	Seeking Safety
Eye Movement Desensitization And Reprocessing (EMDR)	v		PHN and Private Practice
First Episode Psychosis Coordinated Specialty Care	v		Just started
Other (Specify) – warm line	v	14,000	

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

**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

<b>Total Number of CPSs Employed</b>	<b>28</b>
<b>Number Full Time (30 hours or more)</b>	<b>15</b>
<b>Number Part Time (Under 30 hours)</b>	<b>13</b>

## **INTELLECTUAL DISABILITY SERVICES**

The Office of Developmental Programs (ODP), in partnership with the county programs, is committed to ensuring that individuals with an intellectual disability and autism live rich and fulfilling lives in their community. It is important to also ensure that the families and other stakeholders have access to the information and support needed to help be positive members of the individuals' teams.

This year, we are asking you to focus more in depth on the areas of the county plan that will help us achieve the goal of an Everyday Life for all individuals.

With that in mind, describe the continuum of services to enrolled individuals with an intellectual disability and autism within the county. In a narrative format, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. In completing the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditures should be included for both base/block grant and waiver administrative funds.

*\*Please note that under Person Directed Supports (PDS), individuals served means the individual used Vendor Fiscal/Employer Agent (VF/EA) or Agency with Choice (AWC) for at least one service during the fiscal year. The percentage of total individuals served represents all funding streams. The percentage might not add to 100 percent if individuals are receiving services in more than one category.*

Beaver County Behavioral Health's goal into FY 2018/19, is focusing on Person Centered Approach in planning service outcomes for individuals with an intellectual disability. Educational forums to both AE's and SCO's have been occurring by ODP with this focus when developing outcomes with the ISP's for our participants. Beaver County has begun to discuss this with our provider network holding training sessions with both providers and SCO as requested and needed.

Beaver County Behavioral Health employs an Intake Worker who receives referrals from all sources to obtain necessary information to review with a contracted psychologist to determine ID eligibility for referral to Support Coordination Entity. SCO will complete PUNS( to determine need criteria: *Emergency, Critical or Planning*) and conduct with the consumer and relevant others as part of their team, an Individual Service Plan, which is to focus on what needs and strengths the consumer has, to develop person centered outcomes to accomplish those areas.

If service needs exist, requests are made to AE to determine funding availability to meet those needs. If emergent needs exist, which are having the consumer be homeless or at health/safety risk, our office uses the base funds available to secure safety for the consumer due to the emergent nature of the situation (temporary respite).

### Individuals Served

	<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	23	3%	28	3%
Pre-Vocational	28	3%	32	4%
Community participation	25	3%	33	4%
Base Funded Supports Coordination	288	35%	290	35%
Residential (6400)/unlicensed	25	3%	25	3%
Life sharing (6500)/unlicensed	1	0%	2	0%
PDS/AWC	0	0%	0	0%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	0	0%	0	0%

**Supported Employment:** “Employment First” is the policy of all commonwealth executive branch agencies under the jurisdiction of the governor. Therefore, ODP is strongly committed to competitive integrated employment for all.

In keeping with Governor Tom Wolf’s Executive Order, Beaver County embraces the “Employment First” philosophy. As part of this philosophy, Beaver County Behavioral Health ensures the first consideration and preferred outcome for individuals enrolled or enrolling in ODP’s waiver programs should be competitive integrated employment if applicable.

More education and training, at earlier stages in life, are necessary for individuals and their families to embrace Employment First as a philosophy and to dispel the fear of losing benefits due to employment income(s). In support of this, BCBH intends to provide training opportunities for individuals, families and providers through Social Security, Benefits Counselors, Medical Assistance and other venues in the coming year.

Some Beaver County related statistics from the Base Funded Employment Program.

- **Total # of Youth and Young Adults Receiving Supported Employment Through Base Funding**
- Total unduplicated number of youth and young adults served by base funded employment services - 14
- Number of youth and young adults that receive base funded employment services with a job paying at least minimum wage - 10
- Number of youth and young adults that receive base funded employment service working 20 hours or more a week - 7
- Number of youth and young adults that receive base funded employment services, who received base funded employment project funding in the previous year - 8
  
- **Age Breakdown of Youth and Young Adults Who Received Funded Supported Employment at the Time of Their Entry Into the Employment Program**
- Age 16 and below - 0
- Age 17 through 21 - 2
- Age 22 through 26 - 9
- Age 27 and older - 3

While the County is following ODP's recommended practices to promote employment outcomes, stakeholders agree that adults going to 2380 facilities need to be brought into the employment picture, too. The group agrees to recommend that ISP practices to promote employment be expanded to people in non-vocational programs, too. The "How Can They Be Improved" part is the most critical to this discussion.

**The following represents ODP principles concerning employment for people supported by ODP:**

- All working age people with disabilities can and should work.
- Competitive employment in the general workforce is the first and preferred post education outcome.
- Paid work is an essential part of having control over the life you want.
- Everyone deserves to establish career goals and aspirations, earn a living wage and be valued for their contributions.
- Employment leads to new competencies, and open doors to new relationships and social opportunities.
- Achieving employment and community inclusive outcomes are cornerstones of ODP policies, principles and practices.

The Support Coordination Units that support Beaver County Behavioral Health clients will be encouraged to have conversations with families and individuals when a request for a new service or at minimum annually, to explore natural supports. This has always been Beaver County's practice.

With our system's focus to complete more person-centered outcomes, this would be a more natural way to first expend what supports would normally be there or to access in the community to fulfill a person directed outcome. This would overall be meeting ODP's overall mission of individuals with a developmental disability to have an "Everyday Life" as anyone else in the community.

For Waiting List individuals, in conjunction with the Support Coordination Units, Beaver County Behavioral Health determines who has greatest need, based on PUNS, to be addressed by either residential, day program or in-home support services. Prior to ODP requests for waiver expansions, when emergency needs arise, SC submits requests to The Beaver County AE for consideration of available block/base funds to address the immediate issue. When ODP requests lists for Waiting List Initiatives for additional waiver capacities to AE's, those consumers with Emergency Needs are listed first to the Office of Developmental Programs for consideration.

The Beaver County AE Employment Point Person will attend local Employment Coalition meetings on a quarterly basis. The coalition consists of various individuals who represent a cross section of our community. Coalition objectives are to help network, be aware of various resources and opportunities for our clients and share our knowledge. Members will explore ways for individuals to obtain community integrated employment which will then be incorporated into their ISPs for person centered planning. Employment related training and other sources will be offered to the SCOs and families to attend, to obtain employment related information for individuals. The Beaver County AE Employment Point Person then shares any information from Employment Coalition Meetings with the Support Coordinators that will better assist them to be able to augment community integration supports and community integrated employment for the individuals they serve.

### **Supports Coordination:**

Beaver County Behavioral Health has contracted with 2 additional SCOs, now offering our clients their choice of 3 different Supports Coordination Organizations.

BCBH program staff will continue to meet on a regular basis and as needed, including attendance at individual support team meetings to support the organizations to engage individuals and families in the conversation to explore natural supports available within the community. This will include insight and involvement in the developmental/approval of individual support plans that maximize community integration and Community Integrated Employment utilizing the new service definitions from the Office of Developmental Programs. We will continue to work with the SCO units regarding the PUNs to determine the level of individual needs to effectively plan for individuals on the waiting lists and will consider each respective guideline established by the Office of Developmental Programs for areas of expansion, including graduate and aging caregiver initiatives, as well as any expansion within the existing and new waivers.

### **Lifesharing and Supported Living:**

Beaver County currently has 2 clients who participate in the Lifesharing Program. BCBH will continue to support those individuals in pursuing Lifesharing when residential options become available. BCBH's appointed Lifesharing point person attends the regional lifesharing meetings and trainings. The Supports Coordinator is expected to discuss Lifesharing options with persons and their families as part of the ISP Planning Process and/or before a new residential service is authorized. This discussion is expected to occur when a person and family begin to consider the need of locating a new home for the person and when a person, who is living in another type of residential service (such as ICF/ID or community home), may be interested in considering Lifesharing options. This discussion is expected to include:

- i. A description of Lifesharing
- ii. A description of how health, safety, and positive community outcomes are structured into Lifesharing settings through program support and supervision, home studies, training of Lifesharers, and monitoring by Supports Coordination, IM4Q, and licensing
- iii. A review of the availability of Lifesharing providers in and around the county
- iv. A review of the services and costs associated with Lifesharing, including Substitute Care
- v. A review of the benefits of Lifesharing, including longevity of relationship, permanency, and social integration
- vi. An opportunity to address the person's/family's questions/concerns

Opportunities for the person and family to discuss Lifesharing with practitioners, including provider agency representatives and Lifesharers, as well as family members of people in Lifesharing arrangements.

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

BCBH will continue to utilize available Base funds towards provider needs with system demands to the enhancement of services provided to participants, including those with multiple needs. We continue to work collaboratively with multiple systems to meet regularly with system stakeholders to continue efforts of quality management to enhance services. We continue to work with ODP and Support Coordination Units (SCO), providers, local agencies and school districts to engage school age individuals and their families.

The Western Region Positive Practices Committee was established in April of 2012 with stakeholder attendance from across Western Pennsylvania to discuss the challenges facing our system and the people we serve related to Dual Diagnosis, and continues to this day. The statewide mission statement and the goals of the state and BCBH for those that have a dual diagnosis are to improve lives by increasing local competency to provide Positive Practices-based supports to people with intellectual/developmental

disabilities, as well as mental health/behavioral challenges by promoting the guiding principles of Positive Approaches, Everyday Lives, and Recovery through a DPW and multi-system stakeholder collaboration. BCBH also has an internal mechanism to review cases in which individuals are receiving services from both mental health and ID.

Committee activities have focused around psychiatric hospitalizations occurring for individuals, not only in residential settings, but also for people with ID living in other settings. In order to keep on top of what is transpiring, we want to identify individuals, as soon as possible, in order to help meet people's needs. This assists with communication with Mental Health peers also, so we are clear on what is materializing. This project is also meant as a Quality Management project related to Positive Practices Committee activities across the region. If our actions as a support system are effective, it should be reflected in a reduction in numbers of psychiatric hospitalizations or other positive outcomes.

### **Emergency Supports:**

All persons involved in the Beaver County Behavioral Health Case Management programs will have access to these services 24-hours a day, seven days a week. In order to meet this objective, individuals receiving Supports Coordination will be provided a letter explaining how to reach the program during both standard and non-standard work hours.

Persons enrolled in the program, who need to access Supports Coordination services during non-standard working hours, may do so through crisis/emergency services by calling 724-775-5208 or 1-800-400-6180. All clients registered in the programs will have an updated crisis prevention plan available to the on-call team.

Block grant funding is used to assure the health and safety of individuals in the least restrictive setting and to address emergency situations until other resources or natural supports can be established. The Beaver County Administrative Entity (AE) does maintain reserved funds through the prior year's Retained Revenue of the Block Grant for any emergency supports necessary. If no waiver capacity is available and the person needing support can be served with base funds, this is Beaver County's first method. The approach is to keep funds available for emergency situations throughout the fiscal year. Program Compliance Officers in both Mental Health and Intellectual Disabilities Programs work closely with the Fiscal Officer when requesting funds for emergency needs.

The ISP Team must determine that there are no natural or local resources to address the emergency.

The emergency must create the imminent risk within the next 24 hours of institutionalization, substantial self-harm or substantial harm to others, if the individual does not immediately receive services. The AE must have no other resources available to address this situation.

In addition to funds available through the ID funding stream (block grant) Beaver County Behavioral Health contracts with a local provider to operate a Family Services System (FSS) program. Achieva operates this program on behalf of the county. The funds are to be used for emergency and respite situations, primarily.

ODP has developed a process for AEs to use when they do not have capacity and/or existing non-waiver resources to address an unanticipated emergency. This process became effective July 1, 2009. The process includes nine major steps, which are listed below.

**Step One** - After the AE has determined that it does not have waiver capacity and/or existing non-waiver resources to address an unanticipated emergency, the AE will refer to the document called *Unanticipated Emergency Assessment Form*. This document includes information that is provided to the Waiver Capacity Manager by the AE. The emergency management system of the AE must gather as much of the information included on the form as possible before contacting the Waiver Capacity Manager.

**Step Two** - After the AE has gathered as much information as possible, the designated person in the AE contacts the Waiver Capacity Manager. During business hours, the AE would contact the Regional Waiver Capacity Manager at his or her office. Outside normal business hours, the AE would page the Waiver Capacity Manager who is on-call. The AE and Waiver Capacity Manager will review the situation of the individual experiencing the unanticipated emergency. They will determine whether the support needs of the individual are expected to be long-term or short-term, if the individual is known to the AE, and if eligibility for waiver services has been established. If during the conversation between the AE and the Waiver Capacity Manager, the Waiver Capacity Manager determines that the situation does not meet the definition of an unanticipated emergency, the Waiver Capacity Manager may work with the AE to explore other options to address the individual's needs.

**Step Three** - If it is immediately obvious that the individual's needs are long-term and waiver eligibility information is present, the Waiver Capacity Manager may approve additional waiver capacity in either the P/FDS or Consolidated Waiver. After this approval, the AE would then be able to enroll the individual in the waiver and work with the SCO to create or update the ISP to address the individual's needs.

- In order to protect the health and welfare of the individual until permanent waiver services can be provided, temporary services may be needed. If immediate temporary services have been identified by the AE, the Waiver Capacity Manager would authorize the use of those services and the waiver capacity to accommodate funding for those services. If there have been no immediate temporary services identified, the Waiver Capacity Manager would work with the AE to locate services that may fit the needs of the individual. If residential services are needed, this may include vacancies within 6400 homes that are located in another AE or another part of the state.

**Step Four** - If the individual's needs are determined by the AE and Waiver Capacity Manager to be short-term and a determination has been made that the individual is

eligible or likely to be eligible for ID services, the Waiver Capacity Manager can approve up to 15 days of state-only funding to provide for the individual's needs. Note that this funding is only approved by ODP if the AE does not have the ability to address the individual's short-term needs within their current resources. During this 15-day interval, the AE would provide the supports needed by the individual. If the individual's needs extend beyond the 15 days of approved funding, the Regional Waiver Capacity Manager would work with the AE to determine if an additional 15 days of state-only funding will be necessary. In order to access the additional 15 days of state-only funding, the designated person in the AE submits a written request by email to the Regional Waiver Capacity Manager. In this written request, the AE will include justification for the extension and progress to date. If the individual's needs become long-term needs, the Regional Waiver Capacity Manager works with the AE to consider enrollment in the waiver program.

**Step Five** - There are two additional circumstances in which the Waiver Capacity Manager can approve up to 15 days of state-only funding.

- The first scenario occurs when the eligibility process has not been completed, but the individual is likely to be eligible based on gathered information. During this 15-day period, the AE must pursue the determination of eligibility. ODP realizes that the confirmation of waiver eligibility cannot be made without partnership with the County Assistance Offices. ODP will be working with the Office of Income Maintenance on this issue.
- The second scenario occurs when the AE cannot determine if the individual's needs are long-term or short-term based on available information. In this situation, 15 days of state-only funding may also be approved to provide the AE additional time to learn about the individual and his or her needs. Note that in both situations just described, the 15 days of state-only funding is only approved if the AE does not have the ability to provide for the individual on a short-term basis within its current resources and the AE can make a determination that the person is likely to meet ID eligibility criteria, based on available information.

**Step Six** - The Waiver Capacity Manager will track the information discussed with the AE in an ODP database. This will allow ODP to track individual specific information and statewide trends.

**Step Seven** - By the end of the next business day following the original contact, the AE will call the Regional Waiver Capacity Manager to report on progress made and determine a schedule for additional follow-up. This conversation and all subsequent conversations are tracked by the Regional Waiver Capacity Manager in the ODP database.

**Step Eight** - If at any point in this process, the Waiver Capacity Manager approves an increase in waiver capacity verbally or over the phone, the AE is responsible for submitting a request for increased waiver capacity. This request is submitted to the Regional Waiver Capacity Manager via email. The AE must follow the email with a request in writing. It is important to remember that an AE must establish an individual's

waiver eligibility before ODP will increase waiver capacity and approve waiver enrollment. Therefore, all eligibility information must be obtained before ODP will increase an AE's waiver capacity.

After the request for additional capacity is received by ODP, the Regional Waiver Capacity Manager will confirm with the AE that capacity will be increased via email and follow up in writing. This change will then be reflected in HCSIS. Note that a similar process will be followed if there is a need to decrease an AE's waiver capacity; AEs will be notified in writing and capacity will be changed in HCSIS.

**Step Nine** - The last step in this process is designed to acknowledge that after the work between the AE and the Regional Waiver Capacity Manager has been completed, it is the AE's responsibility to work with the Supports Coordination Organization and ISP team to develop a new or modify an existing ISP to plan for the needed supports and services. The development of the ISP would revert to the regular process. Any further correspondence between the AE and ODP would follow the regular process between the AE and the Regional Office.

**Administrative Funding:** ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are person centered thinking trainers.

- Describe how the county will utilize the trainers with individuals, families, providers, and county staff.
- Beaver, Butler, Armstrong/Indiana, and Lawrence County Intellectual Disabilities programs have become one of the Regional Collaboratives described in the Community of Practice informational materials and have had an initial discussion with ODP about this. We plan to offer educational sessions for individuals and families regarding the Transition Process for students with IDD, community living for individuals with IDD, and building social capital for individuals with IDD. We plan to use the PA Family Network as well as other trainers to provide information to individuals and families on these topics.
- Allocated base funds are used to support budgets developed through the Individual Support Plan process and include services, such as supports coordination, transportation, employment, prevocational services, adult training facilities, respite, community habilitation, and behavioral supports. Unallocated funds could be used to assure an individual's health and safety in the least restrictive setting or to address emergency situations.
- Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families. What kinds of support do you need from ODP to accomplish the above?

- The county will utilize Person Centered Thinking trainers to help individuals, families, providers, and county staff gain skills in order to utilize person-centered thinking resources and techniques. Training sessions will be scheduled as needed. It is expected that participants in the training will develop skills to create more meaningful Individual Support Plans to help persons with intellectual disabilities obtain an Everyday Life.
- Describe how the county will engage with the Health Care Quality Units (HCQU) to improve the quality of life for the individuals in your community.
- Health Care Quality Units (HCQUs) serve as the entity responsible to county ID programs for the overall health status of individuals receiving services in the county programs. The HCQU strives to ensure individuals with Intellectual and Developmental Disabilities receive the highest quality healthcare in order to enable them to enjoy life to its fullest potential. To support this outcome the HCQU provides physical and behavioral health related training topics to Beaver County Behavioral Health's service delivery systems and support staff so that they can better assist persons with I/DD; support healthcare professionals and support those who work with the I/DD community by building capacity in the community; provides clinical healthcare expertise to caregiver teams supporting individuals with complex physical and behavioral healthcare needs; and collect and analyze health-related data to identify and support health-related issues.
- Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.
- Beaver County continues to work with the HCQU on a regular and as needed basis. A HCQU Nurse is a member of our Beaver County Quality Management Committee.
- A quarterly training syllabus is designed and provided by the HCQU to all Beaver County Providers on an ongoing and continuous basis. The trainings are developed as outcomes to the identified findings and best practices.
- Describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals in your program.
- The following is the process used by Beaver County Behavioral Health to engage the local IM4Q program and use the data generated by it to improve the quality of lives of the people in our program:
  - Selected Achieva to enter into a yearly contract as our local Program to conduct Independent Monitoring (IM4Q).
  - Assigned an Intellectual Disabilities Specialist, as the AE IM4Q Coordinator.

- Ensured that there is a written policy for addressing IM4Q considerations, closing the loop, major concerns, and any other policies determined by ODP that align with ODP requirements;
  - Ensures that SCO and other providers of service cooperate in providing needed IM4Q information and addressing IM4Q considerations in a timely fashion;
  - Ensures that IM4Q reports related to services in Beaver County are shared with individuals receiving services, families, providers of services, quality councils, and the AE MH/ID Advisory Board;
  - Ensures that individuals receiving services and their families are advised about IM4Q during registration into the AE for services;
  - Ensures that Local Programs are paid in a timely manner based on documentation that surveys are finalized based on ODP requirements.
- Describe how the county will use the data generated by the IM4Q process as part of your Quality Management Plan. Are there ways that ODP can partner with you to utilize data more fully?
  - Ensures that AE-level IM4Q data is used to improve services and supports through the AE's Quality Framework (Quality Management Plan); Beaver County Behavioral Health's (BCBH) IM4Q Representative attends BCBH's local quality management meetings; and
  - Contacts ODP or the Technical Advisors when technical assistance is needed to analyze reports or utilize considerations and findings within the AE's Quality Framework.
  - ODP will determine the number of Beaver County individuals and families to be interviewed by the IM4Q Team in the upcoming 18/19 fiscal year using ODP's Essential Data Element (EDE) survey tool. The survey targets safety, satisfaction and quality of life issues for people with intellectual disabilities. In Beaver County, data from the Independent Monitoring for Quality (IM4Q) process has been used to address unmet community involvement needs of its citizens, and has increased the number of individuals who carry some form of emergency identification.
  - Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc.
  - Beaver County will support providers by continuing to explore their inclination and abilities to support individuals with behavioral health challenges. Beaver County has a DDTT (Dually Diagnosed Treatment Team). The DDTT is a wide-ranging team to support to providers serving individuals who are dually diagnosed. Many Beaver

County providers attend ODP’s quarterly Positive Practices meetings to obtain information and training on dually diagnosed indicators.

- The county will support local providers to increase their competency and capacity to support individual with higher levels of need by utilizing the HCQU for trainings in the areas of aging and physical health, and encouraging participation. Behavioral health trainings are regularly provided within the mental health system. ID providers will be informed of the available trainings and encouraged to attend.
- How can ODP assist the county’s support efforts of local providers?
- ODP can assist Beaver County by making available in depth training in communication, and fostering provider expansion of Respite services, as there are very few options for providers of service in this area.
- Describe what Risk Management approaches your county will utilize to ensure a high-quality of life for individuals.
- Beaver County Behavioral Health tracks Individuals identified as “at-risk” and questions meant to guide the provider agencies in responding to this inquiry. The Response Form, along with the At-Risk List Action Plan template is used to respond to the Western Regional Office of Developmental Programs (WRO) and Beaver AE/County. Beaver AE/County works with the provider agencies that support the individuals identified to develop action plans.
- WRO reviews incident management data through the Risk Management Committee. The individuals are identified as “at-risk” by using the criteria presented below.

**Individuals At-Risk Criteria**

The Western Region has identified four groups of at-risk individuals. Please see the criteria below:

	<u>Behavioral Health</u>	<u>Physical Health</u>	<u>Abuse, Neglect and Exploitation</u>	<u>Restraints</u>
<b>Criteria:</b>	At least 2 incidents in 2 categories in 6 months.	Total of 6> incidents in 6 months	Total of 6> incidents in 6 months	Total of 15 >in 6 months
<b>Categories:</b>	<ul style="list-style-type: none"> <li>• Psychiatric Hospitalizations</li> <li>• ER Visits – Psychiatric</li> <li>• ER Visits – Behavioral</li> <li>• Law Enforcement –</li> </ul>	<ul style="list-style-type: none"> <li>• Reportable Disease</li> <li>• Hospitalizations (x. Psychiatric)</li> <li>• ER Visits (x</li> </ul>	<ul style="list-style-type: none"> <li>• Rights Violation</li> <li>• Abuse</li> <li>• Individual to Individual Abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Restraints</li> </ul>

	<p>Crisis Intervention</p> <ul style="list-style-type: none"> <li>• Suicide Attempts</li> <li>• Missing Persons</li> </ul>	<p>Psychiatric and Behavioral)</p> <ul style="list-style-type: none"> <li>• Injuries Beyond First Aid</li> </ul>	<ul style="list-style-type: none"> <li>• Neglect</li> <li>• Law Enforcement (Individual Victim of Crime)</li> <li>• Misuse of Funds</li> </ul>	
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- Describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.
- The county uses Incident Management (IM) data to complete quarterly trend analysis of incident categories at our local Quality Management Meetings. If trends are identified in any area, the committee brainstorms potential reasons for increase and develops an action plan to address the issue. Strategies implemented will be evaluated on an ongoing basis to determine their effectiveness. Should there be an increase in an area where an action plan already exists, the committee will re-evaluate the plan and determine if additional action items are necessary.
- Individual risk factors are addressed during ISP process. Once the ISP is submitted, the AE authorizer assures that services identified in the ISP are supported by the information in the plan and applicable to meet the needs of the individual, as well as their health and safety in the least restrictive way. If the AE reviewer recognizes additional risks or risk factors, the AE reviewer will communication that information to the team and request revisions to the ISP.
- How can ODP assist the county in interacting with stakeholders in relation to risk management activities?
- ODP can be of assistance by making Risk Management training mandatory for all providers within our system.
- Describe how you will utilize the county housing coordinator for people with an intellectual disability.
- Beaver County has an arrangement with Cornerstone Housing Support Center that aids individuals with intellectual disabilities seeking housing. This agency has assisted individuals with a dual diagnosis of Mental Health and intellectual disability to locate housing in a timely manner.
- Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

- The county will engage providers in the development of an Emergency Preparedness Plan by adding this as an agenda item at an upcoming Beaver County Quality Management Meeting. By holding discussion in this group providers will be able to collaborate with each other, as well as the AE in the development of their individual plans.

Allocated base funds are used to support budgets developed through the Individual Support Plan process and include services, such as supports coordination, transportation, employment, prevocational services, adult training facilities, respite, community habilitation, and behavioral supports. Unallocated funds could be used to assure an individual's health and safety in the least restrictive setting or to address emergency situations.

Functions performed by the Administrative Entity Operating include:

- maintains client service and financial records
- complies with the waiver capacity management process
- meets needs of the waiver participants
- ensures that waiver applicants are identified accurately in PUNS and enrolled in the waiver process
- monitors compliance with the service delivery preference process
- ensures that the assigned needs are fully addressed
- reviews, approves, and authorizes the ISPs
- conducts an administrative review annually
- develops and updates a written quality management plan, which includes minimum goals and outcomes

Health Care Quality Units (HCQUs) serve as the entity responsible to county ID programs for the overall health status of individuals receiving services in the county programs. The HCQU strives to ensure individuals with Intellectual and Developmental Disabilities receive the highest quality healthcare in order to enable them to enjoy life to its fullest potential. To support this outcome the HCQU provides physical and behavioral health related training topics to Beaver County Behavioral Health's service delivery systems and support staff so that they can better assist persons with I/DD; support healthcare professionals and support those who work with the I/DD community by building capacity in the community; provides clinical healthcare expertise to caregiver teams supporting individuals with complex physical and behavioral healthcare needs; and collect and analyze health-related data to identify and support health-related issues.

The following is the process used by Beaver County Behavioral Health to engage the local IM4Q program and use the data generated by it to improve the quality of lives of the people in our program:

- Selected Achieva to enter into a yearly contract as our local Program to conduct Independent Monitoring (IM4Q).
- Assigned an Intellectual Disabilities Specialist, as the AE IM4Q Coordinator.

- Ensured that there is a written policy for addressing IM4Q considerations, closing the loop, major concerns, and any other policies determined by ODP that align with ODP requirements;
- Ensures that SCO and other providers of service cooperate in providing needed IM4Q information and addressing IM4Q considerations in a timely fashion;
- Ensures that IM4Q reports related to services in Beaver County are shared with individuals receiving services, families, providers of services, quality councils, and the AE MH/ID Advisory Board;
- Ensures that individuals receiving services and their families are advised about IM4Q during registration into the AE for services;
- Ensures that Local Programs are paid in a timely manner based on documentation that surveys are finalized based on ODP requirements;
- Ensures that AE-level IM4Q data is used to improve services and supports through the AE's Quality Framework (Quality Management Plan); Beaver County Behavioral Health's (BCBH) IM4Q Representative attends BCBH's local quality management meetings; and
- Contacts ODP or the Technical Advisors when technical assistance is needed to analyze reports or utilize considerations and findings within the AE's Quality Framework.

ODP will determine the number of Beaver County individuals and families to be interviewed by the IM4Q Team in the upcoming 18/19 fiscal year using ODP's Essential Data Element (EDE) survey tool. The survey targets safety, satisfaction and quality of life issues for people with intellectual disabilities. In Beaver County, data from the Independent Monitoring for Quality (IM4Q) process has been used to address unmet community involvement needs of its citizens, and has increased the number of individuals who carry some form of emergency identification.

Beaver County Behavioral Health tracks closure time of incident reports within the Enterprise Incident Management (EIM). This was chosen as an area of focus due to information shared by ODP at a Western Region Quality/Risk Management Council Meeting. A concerning number of Incident Reports were not being finalized within 30 days. Timeliness of incident reports are directly tied to health and safety of folks served. Consequently, we would like to promote the completion/closure of incident reports within 30 days.

### **Participant Directed Services (PDS):**

BCBH offers PDS services to every person applying for services. We present the information in service application packets and during ISP meetings, thus ensuring individuals always have this choice available. The provider of AWC services for Beaver County is Beaver County Rehabilitation Center (BCRC). For the 2017/18 fiscal year

there have been very little barriers with this service and much success with our individuals. The provider of Vendor Fiscal services for Beaver County is Public Partnerships, LLC, who serves 1 person and will continue for 2018/19 fiscal year. Each agency provides training for Beaver County individuals, families, guardians, and providers. They also have one on one meeting if necessary.

**Community for All:** ODP has provided you with the data regarding the number of individuals receiving services in congregate settings.

- Describe how the county will enable these individuals to return to the community.

Beaver County Behavioral Health partners with the Northwest Human Services to provide a Dual Diagnosis Treatment Team (DDT). The DDTT is a recovery-oriented approach to supporting individuals who are diagnosed with serious and persistent mental illness and a developmental disability. This program offers a team approach to service coordination and treatment for individuals who have encountered challenges with more traditional treatment settings. Staff, the individuals and other supports work together using person-centered, recovery services to promote the principles of everyday lives with individuals, family members and the community.

Where are services provided?

Services are provided where the individual is at the time of need and may include the home, a local community setting such as a coffee shop, work place or the Northwest Human Services (NHS) office.

Who provides DDTT services?

- Psychiatrist
- Registered Nurse
- Pharmacist Consultant
- Program Director
- Behavioral Specialist
- Recovery Coordinator

DDTT members provide treatment, rehabilitation, and support services that are needed to assist participants to become as independent as possible within their home community. DDTT services are individually tailored with the vast majority of clinical interventions being provided in the participant's home or community. Working together, the team provides participants with a comprehensive integrated program of psychosocial rehabilitation services in areas such as:

- Basic needs (e.g., food, housing, medical care) through referral and care coordination with local community agencies.
- Understanding their illness
- Symptom/medication management
- Self-care
- Activities of daily living
- Social and interpersonal relationships,

- Structuring time
- Employment
- Developing a network of community supports/linkages to maintain participants in the least restrictive environment.

The DDTT program has a high staff-to-participant ratio. DDTT staff are available to the participants weekdays, evenings, weekends and holidays, in addition to 24-hour 7 days per week on-call services.

Who is eligible for services?

- Must be 18 years of age or older, diagnosed with a major psychiatric disorder and present with an intellectual and developmental disability; have experienced frequent interactions with crisis services and/or hospitalizations
- At risk of losing current community housing and/or supports
- Require step down, transitional services back to the community from a higher level of care.

## **HOMELESS ASSISTANCE**

### **Bridge Housing**

- Due to the small budget for this program, this service is not provided through this funding source. However, bridge housing programs are available to eligible individuals/family through other resources in the County.

### **Case Management**

- The case management activities include counseling through a crisis helpline and case management as essential services in permanent supportive housing and emergency shelter. Homeless case management is essential to the mission of the County's Continuum of Care (CoC) and is funded as a response to an increasing need in homeless services as evidenced by the annual Countywide Point-in-Time Surveys. The County's CoCs work cooperatively utilizing a new Coordinated Entry process that is monitored through the County's Homeless Management Information System (HMIS). This "real time" process enables the County to properly and efficiently place individuals/families in housing crisis.
- The County requires quarterly activity reports from each of the subrecipient provider agencies. The County also conducts on-site monitoring of each subrecipient. Information is also entered in to the County's HMIS.
- Other than the new employment of the Coordinated Entry process, there are no significant changes in this area of the HAP.

### **Rental Assistance**

- Rental Assistance is provided in the form of first month's rent, security deposits, utility payments and arrearages. This "homeless prevention" funding is utilized as a supplement to the HEARTH "homeless prevention and rapid re-housing" rental assistance to fill the gaps created by HEARTH eligibility and funding constraints. The County also competitively applies for PHARE funds through the Pennsylvania Housing Finance Agency. These funds, which mirror the HAP rental assistance, average \$25,000 per year to the County.
- All information concerning entry, services and exit are contained in the County's HMIS. In addition, the County requires quarterly activity reports from each of the subrecipient agencies. The County also conducts on-site monitoring of each subrecipient. This component is an integral part of the County's Continuum of Care. Also, efficacy is measured by the Point-in-Time process, with the annual goal of seeing less people homeless on a given day.
- We will continue to refine the County's Coordinated Entry process to assure that we are capturing the outcomes in as close to "real time" as possible.

### **Emergency Shelter**

- Emergency shelter funding is used to pay the cost of emergency nights in hotels/motels. This program provides emergency, temporary shelter for individuals and families who are waiting to be placed in bridge or permanent housing.
- The HAP emergency funding is managed through The Cornerstone of Beaver County and the local Salvation Army. As members of the County's Continuum of Care, each of these agencies provide collaboration and support for emergency housing to individuals through a referral process or to individuals and families who seek help directly. All information is tracked through the HMIS. In addition, the County requires quarterly activity reports from each of the subrecipient agencies.
- Continuing this year is The Cornerstone of Beaver County as a manager of the hotel/motel vouchers. The County's Continuum of Care, through HAP as well as other resources continues to provide emergency housing for victims of sudden disaster, such as fires, flooding and other weather related issues that render a dwelling uninhabitable. Typically, when disaster strikes, the American Red Cross steps in and provides assistance that is expected to cover 3 days of immediate need. The Continuum has found that most people who are experiencing a sudden housing crisis have not secured permanent, affordable and safe housing in that short period of time. So, through the HAP Program, a project titled "Beaver County On-Call" was established to provide housing for an extended period of time to allow for a more effective search for permanent housing. Beaver County On-Call retains a rental arrangement with a facility owned by the Housing

Authority of the County of Beaver. Through this arrangement, 2 units are continually available for emergency housing for individuals referred through the BC On-Call Program. When the units are not in use for Red Cross referrals, they are available for a more general homeless need.

### **Other Housing Supports**

- Supportive activities are in the form of bus tickets and food gift cards that are provided to human services agencies that assist individuals faced with housing crises. The bus tickets give the clients an opportunity to access appointments needed to assure housing placement. The gift cards are used for essential purchases at local food stores and discount department stores. These resources are extremely beneficial to those in housing crisis. We find that these resources are exhausted more rapidly than the need.
- The subrecipient agency that manages the bus tickets and food gift cards must maintain a detailed list that tracks the distribution. The individuals that receive these items must report back to the distribution center (The Cornerstone of Beaver County) with the status of their housing issue and the use of the items.
- Although not a change, but vital to the continuation of our efforts, the HAP provides supplemental funding to existing homeless programs administered through the Community Development Program of Beaver County, the umbrella agency for the Community Services Program. These programs include the Emergency Solutions Grant Program that the County receives through the federal government as an entitlement and from state awards through a competitive process and the HUD Continuum of Care effort for which the County, through the Community Development Program, is the collaborative applicant. The County also utilizes its Affordable Housing Fund Program (Act 137) and a portion of its allocation of Community Services Block Grant Program funds to support homeless efforts.

The Housing and Homeless Coalition of Beaver County is a collaborative group that includes among its diverse membership formerly homeless individuals and members of the community. This group also serves as the County's Continuum of Care for homeless activities funded through HUD's Supportive Housing Programs. This collaborative group continues to identify, and fill, gaps in the provision of services for the homeless and works to address other housing needs for low income persons and families.

Additionally, as mentioned under case management and rental assistance, a government mandated Point-in-Time Homeless Survey is conducted annually in Beaver County, as well as the rest of the country, on the last Wednesday in January. A group of volunteers go out and canvas areas where they may find homeless persons, searching under bridges, along railroad tracks, and in abandoned houses. In addition, every person in Beaver County who is staying in

a homeless shelter or a supportive housing program bed is counted. This information is used to give the County a snapshot of what homelessness looks like on a single night. We use this information for planning and fund seeking.

**Describe the current status of the county’s HMIS implementation.**

- The Beaver County Homeless Management Information System is a comprehensive, confidential electronic database that collects important information about people, who are living in places unfit for human habitation, doubled up with family members or friends, or staying in shelters and motels. The Homeless Management Info System provides an accurate snapshot of the demographics of homelessness in Beaver County. This data is integral in analyzing homeless trends in the county. The HMIS also provides information regarding the destination of all clients who entered and exited the system. A coordinated assessment process is now in place and provides an online tool for all agencies to report; creating a mechanism to collect and process all up-to-date homeless data and to most importantly track and follow-up with individuals who find a need to access the services that are offered throughout the continuum.
- In an effort to engage in the most efficient and comprehensive tracking and reporting system, the County is now utilizing the PA State HMIS. This program is fully scalable, designed with the newest software development tools, and built on and currently incorporates the most recent HUD universal data standards. In an effort to strengthen the County’s HMIS process even more, the County was awarded funding from the Continuum of Care process for the addition of a staff person who is assigned exclusively to coordinated assessment. This has provided a “safety net” for any individual who may have reached out for services, but for whatever reason, “has potentially fallen through the cracks”. The enhanced HMIS, coupled with a refined assessment strategy, has enabled the County’s Continuum of Care to have a full, real-time understanding of the needs of the homeless and strengthens the efforts to reduce the number of homeless and near-homeless in our 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 Department of Health has designated Single County Authorities (SCAs) across the state to be responsible for administration, planning, and funding of publicly funded drug and alcohol abuse prevention and treatment services in their local area. In Beaver County, the administrative structure chosen by the Beaver County Commissioners to administer drug and alcohol programs and services is the Advisory Council option. In this option, the SCA is part of BCBH and reports to the BCBH Administrator, who is also the Mental Health/Intellectual Disabilities Administrator. The BCBH Administrator reports directly to the Beaver County Commissioners. The BCBH Administrator is

responsible for oversight of the SCA. The Advisory Council participates in oversight of the SCA.

The Drug and Alcohol Advisory Council is comprised of eleven community volunteers appointed by the Beaver County Board of Commissioners to assist the SCA in assessing community-wide needs and defining the drug and alcohol service delivery system to meet those needs. Specific duties include:

- ✓ Review and evaluation of services.
- ✓ Development of an annual drug and alcohol treatment plan.
- ✓ Review of the drug and alcohol plan.
- ✓ Recommendation and approval of projects and services, including contracts and budgetary issues.
- ✓ Review of the performance of all agencies funded.
- ✓ Assistance with the implementation of guidelines, rules and regulations.
- ✓ Review of by-laws governing the manner in which business is conducted.
- ✓ Preparation of an Annual Report to the Local Authority and the Department on programmatic activities.
- ✓ Development of a full continuum of accessible services.

#### **DUTIES**

- Ensure that a full range of quality alcohol, tobacco and other drug prevention, intervention, treatment and ancillary services are available to support the substance user/abuser and/or their families moving toward recovery by entering into an agreement with at least one provider for each service activity in the full continuum of substance abuse service delivery:
  - Medically Monitored Detoxification - adult
  - Medically Managed Detoxification - adult
  - Medically Monitored Residential Rehabilitation - adult, adolescent, and women with children
  - Medically Managed Residential Rehabilitation - adult
  - Halfway House - adult
  - Partial Hospitalization - adult
  - Outpatient to include Intensive Outpatient - adult and adolescent
- Screen all clients to ascertain if emergent care is needed in the following areas:
  - Detoxification
  - Prenatal Care
  - Perinatal Care
  - Psychiatric Care
- Conduct Level of Care Assessments of clients to ascertain treatment needs based on the degree and severity of alcohol and other drug use/abuse through the development of a comprehensive confidential personal history, including significant medical, social, occupational, educational, and family information.
- Ensure that providers, which serve an injection drug using population, shall give preference to treatment as follows:
  - Pregnant injection drug users

- Pregnant substance users
  - Injection drug users
  - Overdose survivors
  - Veterans
  - All others
- Increase community recognition of alcohol and tobacco as drugs.
  - Coordinate with other state and local agencies to improve cross-system collaboration, whenever possible.
  - Work within Beaver County Behavioral Health (BCBH) and the Beaver County service system to develop one infrastructure to identify and treat co-occurring substance use and mental health disorders.
  - Improve coordination with other systems of care, i.e. physical health, mental health, aging, schools, criminal justice, Children and Youth Services, etc.
  - Maintain a management information system capable of generating accurate and timely reports, demographic data, and information to assess emerging trends within the county.
  - Assess and evaluate the impact of the delivery of services.
  - Promote ongoing training and credentialing of drug and alcohol field staff.
  - Identify risk factors in the community in an effort to build resiliency among youth and reduce risks associated with substance abuse through awareness, education, recognition and knowledge.
  - Partner with higher educational institutions to bring research to practice and to promote workforce development.
  - Assist in building youth-led advocacy and other grassroots advocacy efforts to promote drug and alcohol program and tobacco program awareness, assistance, and leadership.

Please provide the following information:

**1. Waiting List Information:**

	<b># of Individuals</b>	<b>Wait Time (days)**</b>
Detoxification Services	0	N/A
Non-Hospital Rehab Services	0	N/A
Medication Assisted Treatment	0	N/A
Halfway House Services	0	N/A
Partial Hospitalization	0	N/A
Outpatient	0	N/A

There were no wait times based on availability of beds. Client's entry into treatment may have been delayed on occasion due to client choice.

\*\*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
1400	1	3	2016 – 102 2017 - 82

In 2017, first responders saved over 1400 lives, which includes over 100 by police and fire departments. The SCA has been in partnership with our in-county hospital emergency room since October 2017 to provide services to overdose survivors who present at the emergency department. A case manager is stationed at the emergency department to assess those individual who agree to a drug and alcohol assessment. This is a work in process. The case manager has been able to see/assess individuals on other units of the hospital who may not be opioid addicted. Recently, there has been after hour's referral to the SCA Case management unit for individuals presenting at the emergency department in need of a drug and alcohol assessment.

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	N/A
Inpatient Hospital Rehab	1	0	N/A
Inpatient Non-Hospital Detox	8	0	N/A
Inpatient Non-Hospital Rehab	11	0	Women With Children
Partial Hospitalization	1	0	N/A
Intensive Outpatient	2	1	N/A
Outpatient	5	3	N/A
Halfway House	5	0	Women with Children

*\*\* 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.

In November of 2016, Beaver County was the first County in Southwest Pennsylvania to have an overdose death, as a result of Carfentanyl – the medication intended to tranquilize elephants – but lethal if consumed/touched by humans. The emergence of this drug, in addition to dealers now providing/supplying those addicted with pure Fentanyl, is potentially lethal for them, as well as Officers, First Responders, EMT's who may come in contact with it as well as family members, children and in general the unsuspecting individuals in the lives of the abuser or dealer.

The SCA, with the support the Drug Abuse Coalition, is dedicated to providing education, research, support, etc. to help combat this issue.

This overview should not include the DHS-issued guidelines for the use of Act 152 or BHSI funds. The focus should be a comprehensive overview of the substance use services and supports provided by the SCA and any challenges to providing services.

### **Target Populations**

Please identify the county resources to meet the service needs for the following populations:

- **Adults (including older adults, transition age youth, ages 18 and above)**
- **Adolescents (under 18)**
- **Individuals with Co-Occurring Psychiatric and Substance Use Disorders**
- **Women with Children**
- **Overdose survivors**
- **County's identified priority populations**

### **Target Populations**

Provide an overview of the specific services provided and any service gaps/unmet needs for the following populations:

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

##### ***Treatment Services:***

- Detox (Hospital and Non-Hospital)
- Inpatient Rehabilitation (Hospital and Non-Hospital)
- Halfway House
- Methadone
- Partial
- Intensive Outpatient
- Outpatient Group
- Outpatient Individual

##### ***Prevention Services:***

- Drug & Alcohol awareness education through speaking engagements and dissemination of educational materials on topics, such as prescription drug abuse, harmful effects of other drugs and alcohol, etc.

##### ***Needs:***

- Continued education regarding prescription drugs and potential abuse.

## **Adults (ages 18 and above)**

### ***Treatment Services:***

- Detox (Hospital and Non-Hospital)
- Inpatient Rehabilitation (Hospital and Non-Hospital)
- Halfway House
- Methadone
- Partial
- Intensive Outpatient
- Outpatient Group
- Outpatient Individual

### ***Prevention Services:***

- Drug & Alcohol awareness education through speaking engagements and dissemination of educational materials on topics, such as prescription drug abuse, harmful effects of other drugs and alcohol, etc.

### ***Needs:***

- Continued education regarding current drug trends and dangers of use.

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

### ***Treatment Services:***

- Detox (Hospital and Non-Hospital)
- Inpatient Rehabilitation (Hospital and Non-Hospital)
- Halfway House
- Methadone
- Partial
- Intensive Outpatient
- Outpatient Group
- Outpatient Individual

### ***Prevention Services:***

- Drug & Alcohol awareness education through speaking engagements and dissemination of educational materials on topics, such as prescription drug abuse, harmful effects of other drugs and alcohol, etc.

### ***Needs:***

- Continued education regarding current drug trends and dangers of use.

## **Adolescents (under age 18)**

### ***Treatment Services:***

- Inpatient Rehabilitation (Hospital and Non-Hospital)
- Halfway House
- Partial
- Intensive Outpatient

- Outpatient Group
- Outpatient Individual
- In-school Drug Treatment

In addition to the services above, the SCA has partnered with a new Residential Treatment provider who is setting up services in Beaver County. The provider will offer Detox and Inpatient Treatment. This will add 39 new treatment beds for Beaver County.

***Prevention Services:***

- Drug & Alcohol awareness education through Evidence-Based Curriculum, such as All Stars, Too Good for Drugs, Too Good for Violence, Peacemakers, Positive Action, etc. Student Assistance Programs are available in all school districts.
- Programs are provided to reach both teens and parents/guardians: Reality Tour® – an innovative parent and child drug prevention program. It consists of an evening for children age 10+, who must be accompanied by a parent/guardian. This 3 hour interactive program gives families the tools needed to reduce the risk of substance abuse. This award winning program has been recognized locally, nationally, and internationally.
- Community Forum – The Community Form began in 2017 to reach parents and professionals regarding current drug trends in Beaver County, as well as listen to their ideas and concerns regarding the face of drug abuse in Beaver County.

***Needs:***

- Continued education regarding current drug trends and dangers of use.

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

***Treatment Services:***

- Detox (Hospital and Non-Hospital)
- Inpatient Rehabilitation (Hospital and Non-Hospital)
- Halfway House
- Methadone
- Partial
- Intensive Outpatient
- Outpatient Group
- Outpatient Individual

***Prevention Services:***

- Drug & Alcohol awareness education through speaking engagements and dissemination of educational materials on topics, such as prescription drug abuse, harmful effects of other drugs and alcohol, etc.

**Criminal Justice Involved Individuals**

The SCA works with our local probation office on the Drug and Alcohol Treatment-Based Restrictive Intermediate Punishment (RIP) grant, which includes Levels 3 and 4 offenders, who are statutorily eligible for RIP.

Offenses, which would preclude the offender from RIP, include: 3 prior revocations; assaultive behaviors; and failure to reside at an approved address.

This project allows more offenders to receive a full continuum of drug and alcohol treatment, including: Medically Monitored Detoxification, Outpatient services, and random drug and alcohol testing, in order to reduce offender re-involvement with drug and alcohol use and crime. The restrictive component for the majority of these offenders is house arrest with electronic monitoring. Case management services expanded to this population to include a site-based drug and alcohol case manager, located at the courthouse. This case manager offers drug and alcohol assessments – prior to sentencing – and facilitates earlier identification of chemically dependent offenders, closer interaction with the criminal justice staff, and improved tracking of compliance and client outcomes. The SCA and the Criminal Justice System work collaboratively in an effort to support the treatment needs of the individual. The project expansion allows for closer interaction and reduced fragmentation between the criminal justice community and the treatment community, fostering a full range of treatment options.

### **Women with Children**

#### ***Treatment Services:***

- Inpatient Rehabilitation (Non-Hospital)
- Halfway House
- Methadone
- Partial
- Intensive Outpatient
- Outpatient Group
- Outpatient Individual

#### ***Prevention Services:***

- Drug & Alcohol awareness education through speaking engagements and dissemination of educational materials on topics, such as prescription drug abuse, harmful effects of other drugs and alcohol, etc.

Case management staff works diligently to connect identified women with children to appropriate services identified during the assessment. Every effort is made to meet both treatment and non-treatment needs.

#### ***Needs:***

- Treatment specific to the needs and the nuances of the woman with children.
- Support groups specific to the woman with children.
- Housing for displaced the woman with children.

### **Overdose Survivors**

***Treatment Services:***

- Detox (Hospital and Non-Hospital)
- Inpatient Rehabilitation (Hospital and Non-Hospital)
- Halfway House
- Methadone
- Partial
- Intensive Outpatient
- Outpatient Group/Outpatient Individual

***Drug Diversion Program (If applicable)***

- In lieu of jail time, client may enter and must complete the jail diversion program.

***Prevention Services:***

- Drug & Alcohol awareness education through speaking engagements and dissemination of educational materials on topics, such as prescription drug abuse, harmful effects of other drugs and alcohol, etc.

***Needs:***

- Continued education regarding current drug trends and dangers of use.

**Veterans**

***Treatment Services:***

- Detox (Hospital and Non-Hospital)
- Inpatient Rehabilitation (Hospital and Non-Hospital)
- Halfway House
- Methadone
- Partial
- Intensive Outpatient
- Outpatient Group
- Outpatient Individual

***Prevention Services:***

- Drug & Alcohol awareness education through speaking engagements and dissemination of educational materials on topics, such as prescription drug abuse, harmful effects of other drugs and alcohol, etc.

Case management staff works diligently to connect identified veterans to appropriate services identified during the assessment. Every effort is made to meet both treatment and non-treatment needs.

***Needs:***

- Treatment specific to the needs and the nuances of the veteran.
- Support groups specific to veterans.
- Housing for displaced veterans.

**Racial/Ethnic/Linguistic minorities**

Provider organizations make an effort to hire staff from the local community, who have personal experience with the race, ethnicity, gender, age, and socioeconomic composition of the population of focus. Providers, families, and peers across the County have access to Cultural and Linguistic Competency (CLC) training. Beaver County has established a countywide CLC committee. Membership includes the Board of Commissioners and leaders in local business, as well as behavioral health providers. BCBH recently sponsored a training on the culture of poverty.

**Needs:**

- Continue to develop a CLC Initiative that brings together the manager-level staff from provider organizations of the Beaver County System of Care (SOC) for training in “operationalizing” diversity.
- Develop a section on the System of Care (SOC) website that highlights current CLC trainings and activities, and gives tips on how organizations involved in the SOC can communicate and interact across cultures.

**Recovery-Oriented Services**

Describe the current recovery support services including CRS services available in the county, including any proposed recovery support services being developed to enhance the existing system. Do not include information on independently affiliated 12 step programs (AA,NA,etc.).

BCBH has been working for the past several years to develop a recovery-oriented system of services and supports that will make it possible for all individuals to live a safe and successful life in the community. Some agency-wide initiatives are key to this endeavor:

- A commitment to Permanent Supported Housing.
- A commitment to supporting all individuals, who have behavioral health needs in their own community.
- A commitment to Evidence-Based Practices (EBP).
- COD competence across the service system.
- Collaboration with the Criminal Justice System.

Presently, the SCA has obtained funding through the BCBH HealthChoices Re-investment specialist to develop a reinvestment plan for a Certified Recovery Specialist.

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 Beaver County SCA and the Beaver County District Attorney are the local Centralized Coordinating Entities (CCEs) purchasing, tracking and distributing Naloxone throughout the county since May 2016.

The SCA holds a standing order and purchases and distributes Naloxone to social service organizations, local EMS and first responders, and the community at large. The

SCA has trained staff at: the Beaver County Jail, Beaver County Adult and Juvenile Probation offices, The Beaver County Coroner’s Office, Children and Youth Services, Presley Ridge, Beaver County Career Link, and family members of Beaver County SCA clients who are at risk of opioid overdose and death. The SCA has distributed Narcan to the social service organizations that have participated in trainings, and to three County QRS/Fire Department Teams, and three police departments. In addition, the SCA has agreed to supply all school nurses with Narcan for the 2018-19 school year. The SCA and District Attorney work very closely together to track the inventory and meet the demands of those in need of Narcan. To date, the SCA has purchased over 500 units of Narcan and has distributed approximately 300 of those units.

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.

	<b># of Professionals to be Trained</b>	<b># of Professionals Already Trained</b>
SCA	10	2
Provider Network	32	0

Six of the remaining eight staff for the SCA have been scheduled. None of the provider network has been scheduled. Professionals are placed into slots as they become available through DDAP.

**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).

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: Transportation

Description of Services: Provides public transportation to low income adults to and from employment and social services

Service Category: Transportation - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living. The service is provided only if there are no other appropriate resources.

**Adult Services:** Please provide the following:

Program Name: Counseling

Description of Services: Provides psychotherapy to persons experiencing stressors related to marital or family dysfunctions

Service Category: Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functioning.

**Adult Services:** Please provide the following:

Program Name: Home Delivered Meals

Description of Services: Provides delivery of nutrition services to consumers to reduce the risk of malnutrition

Service Category: Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes. Each client is served a minimum of one but no more than two meals daily, up to 7 days a week.

**Aging Services:** Please provide the following:

Program Name: Home Support

Description of Services: Home Support services includes, but are not limited to: laundry, housekeeping, prepare meals, grocery shopping and errands in order for individuals to remain independent and in their own home

Service Category: Home Support - Services include basic housekeeping activities necessary to ensure safe and sanitary conditions. This service may also include the activities of shopping assistance, laundry, etc.

**Children and Youth Services:** Please provide the following:

Program Name: Case Management

Description of Services: This service provides mentors who provide a positive influence in order to reduce the incidence of and/or prevent a host of counterproductive risky behaviors. These activities include: interviews and child safety training with child and parent, STEM programming, recreational activities, surveys, monthly contacts with parents and child.

Service Category: Counseling/Intervention - Activities directed at preventing or alleviating conditions which present a risk to the safety or well-being of the child, by improving problem-solving and coping skills, interpersonal functioning, and the stability of the family.

**Generic Services:** Please provide the following:

Program Name: Homemaker

Description of Services: Provides basic activities of daily living for severely disabled individuals and semi-skilled home maintenance tasks with the goal to avoid institutional care of living a sub-standard lifestyle. This service involves light housekeeping to keep the client's environment clean and safe.

Activities include: vacuuming, mopping floors, sweeping floors, dusting, sanitizing toilet, sinks, tub and shower, emptying trash, taking recycling to curbside, linen changes, laundry, shopping and errands, meal preparation, washing dishes for clients who cannot do so.

**Service Category:** Homemaker - Activities provided in the person's own home by a trained, supervised homemaker if there is no family member or other responsible person available and willing to provide the services, or relief for the regular caretaker.

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

Adult  Aging  CYS  SUD  MH  ID  HAP

**Program Name:** Chore

**Description of Services:** This service provides short-term heavy home maintenance such as removing debris and clutter, organizing and improving hoarding situations and removing trash to collection points on the home site. It also includes deep cleaning, emergency shopping for clients with severe disabilities when the individual is unable to perform the tasks or has no one available, capable or willing to provide help.

**Service Category:** Chore - Provides for the performance of unskilled or semi-skilled home maintenance tasks, normally done by family members, and needed to enable a person to remain in his own home, if the person or family member is unable to perform the tasks.

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

Adult  Aging  CYS  SUD  MH  ID  HAP

**Program Name:**

**Description of Services:**

**Service Category:** Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.

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 of 1 paragraph per service description)

**Program Name:** Community Wellness Advocate

**Description of Services:** This program will provide education and organize groups to help consumers deal with physical and mental wellness problems in their communities, such as weight management programs, physical problems related to the side effects of psychotropic drugs, housing issues, medical problems, legal difficulties, securing entitlements, welfare benefits, patient rights and employment problems. Consumers will be taught skills that will help them understand that they can empower themselves to deal with their own problems.

**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 coordination provides for the enhancement of the mobility and enhancement of the accessibility of services from all categorical programs in high poverty and population center areas. This service provides coordination, outreach and referral, and delivery of services through a variety of in-house programs and partnerships. The in-house programs include: job readiness assistance, resume development, career path and job placement, income tax assistance, energy assistance and career links. Funds are used to pay a portion of the coordinator’s salary and payroll taxes and not direct service expenses. Those served in the in Interagency Coordination are from the Adult, Aging, Mental Health, Intellectual Disabilities and Homeless populations.

**Other HSDF Expenditures – Non-Block Grant Counties Only**

If you plan to utilize HSDF for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder, please provide a brief description of the use and complete the chart below.

Only HSDF-allowable cost centers are included in the dropdowns.

Category	Allowable Cost Center Utilized
Mental Health	
Intellectual Disabilities	
Homeless Assistance	
Substance Use Disorder	

**Note:** Please refer to Appendix C-2, Planned Expenditures for reporting instructions.

## **Appendix C-1**

### **Proposed Budget and Service Recipients**

**(For a clearer review with larger numbers,  
please see separate attachment of original 8-1/2 x 14 size**

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

County:	1.	2.	3.	4.	5.	6.
	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b><i>MENTAL HEALTH SERVICES</i></b>						
ACT and CTT	15		\$ 178,583		\$ 5,347	
Administrative Management	2,300		\$ 357,062		\$ 11,983	
Administrator's Office			\$ 892,047	\$ 153,000	\$ 44,624	
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	90		\$ 176,472		\$ 23,528	
Community Residential Services	230		\$ 1,648,001		\$ 54,509	
Community Services	750		\$ 427,561		\$ 16,918	
Consumer-Driven Services						
Emergency Services	500		\$ 92,497	\$ 34,500	\$ 5,503	
Facility Based Vocational Rehabilitation	20		\$ 400,864		\$ 17,767	
Family Based Mental Health Services	100		\$ 24,459		\$ 541	
Family Support Services	40		\$ 232,157		\$ 10,959	
Housing Support Services	170		\$ 1,263,582		\$ 60,582	
Mental Health Crisis Intervention	440		\$ 348,628		\$ 17,572	
Other						
Outpatient	380		\$ 368,935	\$ 60,100	\$ 17,353	
Partial Hospitalization						
Peer Support Services	10		\$ 4,981		\$ 19	
Psychiatric Inpatient Hospitalization	30		\$ 36,817		\$ 3,183	
Psychiatric Rehabilitation	10		\$ 57,999		\$ 2,001	
Social Rehabilitation Services	70		\$ 386,083		\$ 17,682	
Targeted Case Management	750		\$ 438,208	\$ 6,000	\$ 18,914	
Transitional and Community Integration						
<b>TOTAL MENTAL HEALTH SERVICES</b>	<b>5,905</b>		<b>\$ 7,334,936</b>	<b>\$ 253,600</b>	<b>\$ 328,985</b>	<b>\$ -</b>
<b><i>INTELLECTUAL DISABILITIES SERVICES</i></b>						
Administrator's Office			\$ 651,631	\$ 8,000	\$ 27,848	
Case Management	300		\$ 455,013	\$ 1,410,000	\$ 24,987	
Community-Based Services	100		\$ 968,217		\$ 34,403	
Community Residential Services	25		\$ 1,127,309		\$ 53,098	
Other						
<b>TOTAL INTELLECTUAL DISABILITIES SER</b>	<b>425</b>		<b>\$ 3,202,170</b>	<b>\$ 1,418,000</b>	<b>\$ 140,336</b>	<b>\$ -</b>

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
<b><i>HOMELESS ASSISTANCE SERVICES</i></b>						
Bridge Housing						
Case Management	1,750		\$ 75,080			
Rental Assistance	280		\$ 33,019			
Emergency Shelter	250		\$ 3,950			
Other Housing Supports	125		\$ 2,500			
Administration			\$ 2,000			
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	<b>2,405</b>		<b>\$ 116,549</b>		<b>\$ -</b>	<b>\$ -</b>
<b><i>SUBSTANCE USE DISORDER SERVICES</i></b>						
Case/Care Management	94		\$ 186,583			
Inpatient Hospital						
Inpatient Non-Hospital						
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention	1,378		\$ 53,935			
Recovery Support Services						
Administration			\$ 60,130			
<b>TOTAL SUBSTANCE USE DISORDER SERVICES</b>	<b>1,472</b>		<b>\$ 300,648</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b><i>HUMAN SERVICES DEVELOPMENT FUND</i></b>						
Adult Services	400		\$ 140,500			
Aging Services	100		\$ 6,000			
Children and Youth Services						
Generic Services	60		\$ 119,900			
Specialized Services	130		\$ 11,900			
Interagency Coordination			\$ 8,000			
Administration			\$ 1,142			
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	<b>690</b>		<b>\$ 287,442</b>		<b>\$ -</b>	<b>\$ -</b>
<b>GRAND TOTAL</b>	<b>10,897</b>	<b>\$ -</b>	<b>\$ 11,241,745</b>	<b>\$ 1,671,600</b>	<b>\$ 469,321</b>	<b>\$ -</b>

## Appendix D

### Stakeholder Outreach

## HSBG Stakeholder Outreach 18/19

- 80 responses were received
- The survey was both online via [www.BC-systemofcare.com](http://www.BC-systemofcare.com) website, survey link and in hard copy
- Shared with as many stakeholder groups as possible
- Provided assistance to anyone who needed help

Stakeholder Groups	
MHA: Phoenix Center	Faith-Based Communities: ROOTS
Warmline	TRAILS
Speakers' Bureau	Tiger Pause
MHA Board	UnCommon Ground
MHA Staff	Aliquippa Impact
Beaver County Children & Youth Services	Direct Service Unit staff and consumers
Beaver County Office on Aging	SOC Steering Committee
Senior Center at the Mall	SOC Change Agents
CRS residential staff and residents	The Cornerstone
Public Housing/Housing Authority	The Women's Center
Youth Ambassadors & Schools	The Prevention Network
ARC Human Services	Human Services Forum
BCBH Staff	Certified Peer Specialist Group
MH/MR Advisory Board	Gateway
SCORES Coalition	Salvation Army
BCRC/Aurora	Adult MH Providers
NAMI	Children Providers
C/FST staff and Advisory Board	ID Providers
MH Provider Meeting	Early Intervention
Family/Youth Voice Coalition	D&A Providers
Natural Supports	Community Development
D&A Advisory Council	Local Businesses
Community Supports	Forensic Partners
Consumers/Parents	Housing Providers
Family Members	Legislators
LGBTQ Support Group - PRISM	Housing & Homeless Coalition
Friendship Ridge LTSR	Franklin Center
Family Group Decision Making Advisory Board	Single Point of Accountability Workgroup
Local colleges	15 School Districts (personnel, students, & families)

This is what was said:

<u>What are we doing well?</u>	
SOC website Collaboration Increased awareness Youth Mentors Youth Ambassadors Family Group Decision Making PRISM – LGBTQ support Maintaining a person- natural setting Sr. Center at the Mall BC Office on Aging Meals on Wheels Famers Market Vouchers Rent Rebate MHA programs Case Management Choices Cornerstone Recovery & Supports BCRC/Aurora The Cornerstone Careerlink/OVR BC CYS Family, Youth, Consumer Voice Crisis	Early Intervention/Early Headstart/Headstart D&A programs AA/NA Meetings Collaboration with Jail and Courts Reduced Fair bus passes Access to probation and court house NHS MH supports in the jail Veteran’s Court VA Center in Monaca PERSAD PGH Aids Task Force Project HOPE Cultural & Linguistic Competency BHRs/FBMHS Education Advocate Project Star/Roots Utility Assistance Trainings/MHFA Recovery Coordinators/Peer Support
<u>What can we improve upon?</u>	
Housing/Placement based on need(s)/ Shelters/safe & affordable housing Respite/24/7 Peer Respite Transportation ID supports for Seniors Insurance/Medicare education Accessibility of services/wait times COD capable DBT Therapy D&A Services Mobile Meds More training for direct care staff More Representative Payees Enforcement of OP Commitments Simplify Referral process Discharge planning/transition	Community Centers/Social Outlets/Camp Prevention/crisis response Continuity of Care Childcare Outreach/linkage Funding Collaboration/communication Employment/training/apprenticeships School based services Support transition from treatment to life Recovery/Peer Navigator Recidivism Consumer Run Programs VA peers LGBTQ training/awareness/peer More ESL classes/Bi-lingual providers

Transition from child to adult system More Psychiatrists Transition Age services More support groups	Leadership & staff reflect the population served PTSD support/trauma sensitive providers Long term care
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**Appendix E**  
**Public Hearing Notice**

# GateHouse Media Pennsylvania Holdings, Inc.

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

**PUBLIC NOTICE ADVERTISING INVOICE**

Account Number: 7248476225  
Invoice Date: 5/10/2018  
Invoice Number: 107210280-05072018  
Balance: \$ 218.12

BEAVER COUNTY BEHAVIORAL HEALTH  
1040 EIGHTH AVE  
BEAVER FALLS, PA 15010

PROOF CHARGE IS \$5.00 FOR AFFIDAVIT, \$13.00 FOR CLERICAL FEE

----- REMITTANCE - DETACH & RETURN THIS PORTION WITH PAYMENT -----

ACCOUNT #	INVOICE DATE	DESCRIPTION	LINES	TIMES	PROOF	TOTAL CHARGES
7248476225	5/10/2018	PUBLIC HEARING Two Stakeholder :	1.00 x 14Lines	1	\$ 18.00	<b>\$ 218.12</b>
5/4/2018, 5/6/2018, 5/7/2018						
<b>DATES APPEARED</b>						

**PROOF OF PUBLICATION**

**The Beaver County Times, Ellwood City Ledger**

a daily newspaper of general circulation, published by GateHouse Media Pennsylvania Holdings, Inc. a Pennsylvania corporation, 400 Fair Avenue, West Bridgewater, Beaver County, Pennsylvania, was established in 1946, and has been issued regularly, except legal holidays since said date.

The attached advertisement, which is exactly as printed and published, appeared in the regular issue on  
5/4/2018, 5/6/2018, 5/7/2018

**PUBLIC HEARING**  
Two Stakeholder's meetings will be held as follows:  
May 19th from 1:30-3:30 at the Mental Health Association in Rochester, PA  
And  
May 22nd from 1:30-3:30 at the Center at the Mall, Beaver Valley Mall  
All interested consumers, families and providers are encouraged to attend.  
5/4, 5/6, 5/7/18

**BEAVER COUNTY TIMES**

By *Lori L. Holtz*

STATE OF PENNSYLVANIA, }  
COUNTY OF BEAVER, } **SS:**

Before me, a Notary Public in and for such county and state, personally appeared **LORI L. HOLTZ**, who being duly sworn according to law says that she is **CONTROLLER** of GateHouse Media Pennsylvania Holdings, Inc.; that neither affiant nor said corporation is interested in the subject matter of the attached advertisement; and that all of the allegations of the foregoing statement including those as to the time, place and character of publication are true.

Sworn to and subscribed before me  
this 10th day of May 2018

The costs of advertising and proof,  
has been paid. **\$ 218.12**  
GateHouse Media Pennsylvania Holdings, Inc.

*Debra L. Hays*  
\_\_\_\_\_  
**COMMONWEALTH OF PENNSYLVANIA**  
NOTARIAL SEAL  
Debra L. Hays, Notary Public  
Bridgewater Boro, Beaver County  
My Commission Expires June 15, 2018  
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES  
GateHouse Media Pennsylvania Holdings, Inc.

By \_\_\_\_\_

400 FAIR AVE. BEAVER, PA. 15009

## Stakeholder's Meetings

Two Stakeholder's Meetings will be held as follows:

- May 15, 2018 from 1:30-3:30 at the Mental Health Association in Rochester, PA
- May 22, 2018 from 1:30-3:30 at the Center at the Mall, Beaver Valley Mall

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

**Appendix F**  
**Summary of Public Hearing**

**Beaver County Human Service Block Grant Annual Plan  
Stakeholder / Public Hearing  
MENTAL HEALTH ASSOCIATION OF BEAVER COUNTY  
MAY 15, 2018 1:30pm – 3:30pm**

**NOTES**

- Marie Krechowski, (Mental Health Association), opened the meeting, welcoming all attendees.
- Christine Albaugh, (Mental Health Association), detailed her position as a specialized representative payee, chronicling various successful case stories to date.
- Selena Moreland,(ROOTS), spoke about her program services and how they assist in fighting homelessness while collaborating with the MHA representative payee program. Recovery supports services were explained and how they assist individuals in maintaining their sobriety.
- Mardell Brand presented her recovery story detailing her association with the ROOTS and Mental Health Representative Payee programs, crediting them for her stability and sobriety in her life.
- Gerard Mike, (Beaver County Behavioral Health Administrator), explained the Human Services Block Grant and its significance to past and present. Mr. Mike described the various funding streams and encouraged feedback from the audience to direct future spending.
- Lisa McCoy, (Beaver County Behavioral Health Deputy Administrator), chronicled the current plan priorities, referencing a slide presentation.
- Gerard Mike, (Beaver County Behavioral Health Administrator), characterized BCBH highlights as reported by the various respondent populations served. Mr. Mike credited the Youth Ambassador Program for its effectiveness in continuing to break down the stigma of mental illness in the many Beaver County school districts. He also described the new Intellectual Disability Community Living Waiver which will serve to expand services between the existing two waivers (PFDS and Consolidated).
- Audience question: “Where does the system of care provide for consumer respite services?”
- Response: “The Beaver County System currently does provide consumer respite services through contracts with personal care homes and through the use of other base funds, but feedback is encouraged because the services can always be expanded.”
- Dayna Revay (Children And Youth Services Director) provided her agency’s highlights and approach to services while referring to a power point presentation. Agency collaboration and data were chronicled. Maintaining children in their homes is the ultimate goal.
- Audience question: “Does Beaver County anticipate any increase in CYS funding as a direct result of its participation in pilot program efforts?”
- Response: “No additional money is anticipated, just positive benefits with regard to children / family in county and the positive benefits that other counties will experience by adopting the model”.
- Audience question: “How does the basic CYS process work?”

- Response: “CYS must receive a referral from a source entity. CYS then explores the situation and provides recommendations. Crisis can be called and / or another referral to an appropriate service agency can be made.”
- Angela Gentile, (Beaver County Office on Aging), presented her agencies priorities.
- Lisa Signore (Beaver County Community Development Director), **detailed how her agency utilizes HUD funding and many of the program beneficiaries were identified.** She stated that homelessness is a constant challenge. Ms. Signore chronicled a past visit by Dr. Ben Carson (United States Secretary of the Department of Housing and Urban Development) to the county.
- Audience question: “Any next steps coming out of Dr. Carson’s visit to the county?”
- Response: “Funding decreases are not anticipated in the very near future”.
- Stephanie Santoro,(Allegheny Health Choices), explained how to provide feedback to Beaver County Behavioral Health through electronic survey or hard copy. Ms. Santoro advertised the next public meeting that is to take place on 5-22-18, 1:30pm – 3:30pm @ The Center at the Mall.
- Bonnie Palmieri, (Allegheny Health Choices), advertised the Annual MHA Walk and Ice Cream Social to take place at the Gazebo in Beaver , PA on 5-23-18 , 11am to 2pm.
- Marie Krechowski, (Mental Health Association), concluded the meeting with closing remarks, citing collaborative efforts regarding the MHA and other agencies.

**Sign-In Sheet**  
**05/15/18**  
**Stakeholder's Meeting**

NAME	
Jack Wallace	BCBH
Jeanne Koehler	MHA
Laura Probst	Not One More
Jeanette Finch	Not One More
Christine Albayn	MHA
Marie Kreczowski	MHA
<del>Camryn Tatum</del>	
<del>Sharon Torres</del>	
Drew Quintana	
Jim E. Ryoh	MHA
Jim White	
Julie Bogdan	MHA
Dayna Kevay	CYS
Jamie Minnard	MHA
Amy Fent	Pressley Ridge
Shawn Alexander	MHA
David Clark	JESD
Mary Jo Belland	H/H - HHA Service
Beanie Palmieri	AHCI
Krista Borina	MHA
Angela Gentile	Beaver Co. Office on Aging
Aspkey McLoughlin	The Cornerstone of Beaver County
Melissa Steiner + STAFF	
Lisa Signore	CDP
Galena Knecht - McKeown	Consumer Family Satisfaction Team
Diana Dengel	Consumer Family Satisfaction Team
Jill Valentine	Penn State Beaver
Jennifer Bentz	MHA
Mardell Brand	Coat
Selenna Moreland	Rout 5

NAME	
Maurice Hawk	BCRC
Rodney Brown	BCRC
Frederick Nardei	US Dept Veterans Affairs
Michelle Babs	Brighton LTSE
Andre West	Brighton LTSE
Lisa McG	BCBH
Dina Ciabottoni	Beverly County CoC
Stephanie Santoro	AHC / BCBH
DANIELE PLOMBACH	BCBH
Richard Orta	Pressley
ANNAMARIE PERAZZITA ROSENK	CFST
Gerard Milk	BCBH

**Beaver County Human Service Block Grant Annual Plan  
Stakeholder / Public Hearing  
SENIOR CENTER AT THE MALL  
MAY 22, 2018 1:30pm – 3:30pm**

**NOTES**

- Amanda Wyant, (Staunton Clinic), opened the meeting welcoming all attendees, detailing the meeting agenda.
- Selena Moreland (ROOTS) / Christine Albaugh (Mental Health Association). Ms. Albaugh explained her functions as a representative payee at the Mental Health Association. She chronicled special cases within her case load. Ms. Moreland explained recovery supports within her agency and how they approach the many barriers to addiction and sobriety. The goal is to sustain a healthy community presence through supports connection that of which includes the representative payee program. The programs are peer driven.
- Mardell Brand provided her personal story, describing the many ways ROOTS and the representative payee program helped her along her recovery journey.
- Gerard Mike, (Beaver County Behavioral Health Administrator), profiled the Block Grant concept and detailed the flexibility of the different funding streams. Mr. Mike explained the changes to the Block Grant since its inception, as it pertains to beaver County. Mr. Mike also discussed the highlights of the Beaver County System of Care. He identified the Youth Ambassador Program as a stand out program that exists in most of our school districts that has been effective in fighting the stigma of mental illness.
- Lisa McCoy, (Beaver County Behavioral Health Deputy Administrator), profiled the priorities that are currently being initiated within the System of Care. Grant funding was identified as an integral reason for priority effectiveness. New priorities continue to be developed.
- Dayna Revay, (Children And Youth Services Director), was unable to attend. Lisa McCoy (Beaver County Behavioral Health Deputy Administrator), stood in, providing commentary to the services provided by the CYS agency. Some of the more effective programs were referenced with the assistance of the power point presentation.
- Gerard Mike, (Beaver County Behavioral Health Administrator), discussed a new drug and alcohol residential treatment program that is coming to Beaver County. Jeff Disantis, (Program Director / Residential Resources), briefly described the facility / program that will be located in Hopewell Twp. Residential and detox beds will be provided, approved by Beacon Health Insurance.
- Angela Gentile, (Beaver County Office on Aging), stood in for Linda Hall (BCOA Director), and presented the services funded by their agency. Current priorities were discussed.
- Lisa Signore, (Beaver County Community Development Director), explained the homeless assistance program and the various agencies that are funded through it. She noted that residential rents are on the rise due to the entrance of the Shell Cracker Plant Development, making it increasingly difficult for low income individuals to find affordable housing.
- Stephanie Santoro (Allegheny Health Choices), explained how to provide feedback to Beaver County Behavioral Health through electronic survey or hard copy. The meeting was concluded.

**Sign-In Sheet  
Stakeholder's Meeting  
05/22/18**

NAME	
Jack Wallace	BCBH
Selenna Moreland	Roots
MARDELL BRAND	ROOTS
Darlene S Whitehead	ROOTS
DAVE AITKEN	NAMI & AARP
Barbara Wlo	Army Service of Green County
Christine Albaugh	MHA
Mandy Wycant	Stewarton Clinic
Stephanie Santoro	AMCI
Herta Madder	BCBH
Chris Riniker	CRS
JEFF DEJANTIS	RHD
Kate Lowery	BCBA
USA Simpson	CDP
Marcelle Scott	CRS
DANIELA P. BORBACH	BCBH
Eliza Meyers	UPMP. Beaver Clinic
KAL POBIELEK	BCRC
Susan Smith	BCAC
CAMYN DAVIS	BCRC
Kia Hall	ETC
Beverly Sullivan	ETC
Angela Gentile	Beaver Co. Office ongoing
Lisa Mer	BCSP
Kevin Koetz	RHO
Gerard Mike	BCBH

## Appendix G

Transformation Priorities  
Measures and Timeline  
(PowerPoint attached)

**Appendix H**  
**Adult Mental Health Existing Services**

**FY 2018 BEAVER COUNTY PLAN  
ESSENTIAL SERVICES IN A RECOVERY-ORIENTED SYSTEM - CROSSWALK**

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Treatment	Adult Adult SMI COD Adult	<p align="center"><b><u>Outpatient Psychiatric</u></b></p> <p>(Limited/7)</p> <ul style="list-style-type: none"> <li>▪ Primary Health Network: Beaver Falls – Aliquippa, Rochester</li> <li>▪ Glade Run Lutheran Services</li> <li>▪ BCBH: Direct Service Unit - Courthouse - Beaver County Jail</li> <li>▪ Catholic Charities</li> <li>▪ Community Alternatives</li> </ul>	Human Services Block Grant Client fees HealthChoices
	SMI Adult Adult SMI	<p align="center"><b><u>Inpatient Psychiatric-(32/1)</u></b></p> <ul style="list-style-type: none"> <li>▪ Heritage Valley Health Systems-Beaver 1000 Dutch Ridge Road, Beaver (UPMC Western Psychiatric Institute / Clinic)</li> </ul>	Health Choices MA FFS MH FFS
	Adult SMI	<p align="center"><b><u>Assertive Community Treatment (64/1)</u></b></p> <ul style="list-style-type: none"> <li>▪ F/ACT - Merakey</li> </ul>	Health Choices
	Adult SMI / ID	<p align="center"><b><u>Dual Diagnosis Treatment Team</u></b> (Limited / 1)</p> <ul style="list-style-type: none"> <li>▪ Merakey</li> </ul>	Re-investment
	Adult SMI	<p><b>MH/MR Scripts...</b>(Limited/1)</p> <ul style="list-style-type: none"> <li>▪ Primary Health Network, Rochester</li> </ul> <p><b>Pharmacy Program...</b>(UL/1)</p> <ul style="list-style-type: none"> <li>▪ Primary Health Network , Rochester</li> </ul>	Human Services Block Grant Human Services Block Grant
	Adult SMI	<p><b>Regional LTSR ....</b>(16/1)</p> <ul style="list-style-type: none"> <li>▪ Brighton Rehabilitation and Wellness Center LTSR 246 Friendship Circle, Beaver, 15009</li> </ul>	Health Choices Human Services Block Grant
	Adult SMI	<p><b>Merakey LTSR...</b>(14/1)</p> <ul style="list-style-type: none"> <li>▪ 148 Theodore Drive Chippewa Twp. 15010</li> </ul>	Health Choices Human Services Block Grant
		<p><b>Mobile Medications</b> (None)</p>	

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Crisis Intervention	<p><b>Adult Adult SMI</b></p> <p><b>Adult Adult SMI</b></p>	<p><b><u>Crisis Intervention</u></b> (phone , walk-in, mobile) (UL/1)</p> <ul style="list-style-type: none"> <li>▪ UPMC / WPIC, 176 Rochester, PA 15074.</li> </ul> <p><b>Crisis Residential</b> ( None)</p>	<p>Health Choices Human Services Block Grant</p>
Case Management	<p><b>Adult SMI or COD</b></p> <p><b>D&amp;A Adult</b></p> <p><b>Adult</b></p>	<p><b>Blended Case Management (Limited/5)</b></p> <ul style="list-style-type: none"> <li>▪ Beaver County Behavioral Health Direct Services Unit ( BCBH DSU)</li> <li>▪ Glade Run</li> <li>▪ Staunton Clinic – ICM/BCM</li> <li>▪ Merakey</li> <li>▪ Cornerstone Recovery and Supports, Inc. – BCM / Housing Supports</li> </ul> <p><b>D&amp;A Case Coordination ... (Limited)</b></p> <ul style="list-style-type: none"> <li>▪ BCBH-Single County Authority (SCA)</li> <li>▪ D&amp;A Resource Coordination</li> <li>▪ Merakey</li> </ul> <p><b>Admin. Case Management.....UL/2)</b></p> <ul style="list-style-type: none"> <li>▪ BCBH-DSU</li> <li>▪ Primary Health Network</li> </ul>	<p>Health Choices Human Services Block Grant Grants</p> <p>Health Choices Human Services Block Grant</p> <p>Human Services Block Grant</p>
Rehabilitation	<p><b>Adult SMI Adult</b></p> <p><b>Adult</b></p>	<p><b><u>Community Employment &amp; Employment Related Services</u></b></p> <p><b>Vocational Evaluation (UL/1)</b> <b>Vocational Training.....(74/1)</b></p> <ul style="list-style-type: none"> <li>▪ Beaver County Rehabilitation Center (BCRC)</li> </ul> <p><b>Supportive Employment (33/1)</b></p> <ul style="list-style-type: none"> <li>▪ Beaver County Rehabilitation Center</li> </ul>	<p>Human Services Block Grant Client Fees</p> <p>Human Services Block Grant Client Fees Grants</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Enrichment	Adult SMI Adult	<p align="center"><b><u>Housing Supports</u></b></p> <p align="center"><b><u>Community Residential Rehabilitation</u></b></p> <ul style="list-style-type: none"> <li>▪ Cornerstone Recovery and Supports</li> </ul> <p>Full Care CRR (12/1) 1300 9<sup>th</sup> Avenue , Beaver Falls, PA 15010</p> <p>Partial Care CRR (8/1) 1120 5<sup>th</sup> Avenue, Beaver Falls, PA 15010</p> <p>Partial Care CRR (8/1) 101 Brighton Avenue, Rochester, PA 15074</p>	Human Services Block Grant Client Fees
	Adults Adult SMI	<p><b>Personal Care Respite Services (2/1)</b></p> <ul style="list-style-type: none"> <li>▪ Smith's Personal Care Home 300 Pine St., Beaver Falls</li> </ul> <p><b>Respite (Limited)</b></p> <ul style="list-style-type: none"> <li>▪ BCBH authorized</li> </ul>	Human Services Block Grant  Human Services Block Grant
	Adult SMI Adult	<p><b><u>Psychiatric Rehabilitation</u></b></p> <ul style="list-style-type: none"> <li>▪ BCRC-Aurora Site-based...(30/1) Mobile.....(Limited/1) *Includes deaf/hard of hearing services</li> </ul>	Health Choices Human Services Block Grant
	Adult SMI	<p><b><u>Certified Peer Specialist (Limited/2)</u></b></p> <ul style="list-style-type: none"> <li>▪ BCRC-Aurora</li> <li>▪ MHA</li> </ul>	Health Choices Grants
	All Adults Older Adults	<p align="center"><b><u>Social Rehabilitation</u></b></p> <p><b>Personal Care Home Re-socialization .....</b> (UL/1)</p> <ul style="list-style-type: none"> <li>▪ Mental Health Association (MHA)</li> </ul> <p><b>Drop-In Center Enhancement - Friendship Room.....</b>(UL/1)</p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul> <p><b>Clubhouse</b></p>	Human Services Block Grant  Human Services Block Grant

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
		(None)	
Rights Protection	<p>All Adults</p> <p>All Adults</p> <p>All Adults</p> <p>Families</p>	<p>Ombudsman.....(UL/1)</p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul> <p>Community Advocate.....(UL/1)</p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul> <p>Consumer/Family Satisfaction Team.....(UL/1)</p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul> <p>Parent/Child Advocate ( 400/1)</p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul>	<p>Health Choices</p> <p>Human Services Block Grant</p> <p>Health Choices Human Services Block Grant</p> <p>Human Services Block Grant</p>
Basic Supports	<p>Families</p> <p>Adult</p>	<p style="text-align: center;"><u>Housing Supports</u></p> <p><b>Family/Caregiver Respite</b> (Limited/1)</p> <ul style="list-style-type: none"> <li>▪ BCRC</li> </ul> <p><b>Supportive Housing</b></p> <ul style="list-style-type: none"> <li>▪ Cornerstone Recovery and Supports</li> </ul> <p>285 Merchant Street, Apartment 1D, Ambridge, PA 15003 (3/1)</p> <p>1201 Beaver Road , Ambridge, PA , 15003 (3/1)</p> <p>1001 Fourth Street, Freedom, PA 15042 (4/1)</p> <p>101 Brighton Ave., Rochester, PA 15074 (6/1)</p> <p>528 4<sup>th</sup> Ave., New Brighton, PA 15066 (2/1)</p> <ul style="list-style-type: none"> <li>▪ ARC Human Services, Inc.</li> </ul>	<p>Human Services Block Grant</p> <p>Client Fees Human Services Block Grant</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
	<p><b>SMI Adults</b></p> <p><b>Adult Co-occurring</b></p> <p><b>Adult</b></p> <p><b>Adult SMI</b></p> <p><b>MH Adults</b></p> <p><b>MH/COD Adults</b></p> <p><b>MH Adults</b></p>	<p>403 Morado Dwellings, Beaver Falls, PA 15010 (3/1)</p> <p>1113 6<sup>th</sup> Ave , Beaver Falls, PA, 15010 Apt A Minimal supervision (3/1) Apt B Full supervision (3/1)</p> <p><b>Permanent Supported Housing Coordinator</b> (Limited/1)</p> <ul style="list-style-type: none"> <li>▪ Cornerstone Recovery and Supports</li> </ul> <p><b>Released Offenders Housing / Homeless</b></p> <ul style="list-style-type: none"> <li>▪ Cornerstone Recovery and Supports Stone Harbour (12/1) 1001 4<sup>th</sup> St Freedom , PA 15042</li> </ul> <p><b>In-Home Support Services....(Limited/1)</b></p> <ul style="list-style-type: none"> <li>▪ Crossroads-Homemaker/Home Health</li> </ul> <p style="text-align: center;"><u>Financial Assistance</u></p> <p><b>Representative Payee....(180/1)</b></p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul> <p><b>Diversion / Contingency Fund...(UL/1)</b></p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul> <p><b>Guardianship</b> None</p> <p style="text-align: center;"><u>Transportation</u> (Limited/2)</p> <ul style="list-style-type: none"> <li>▪ Beaver County Transit Authority</li> <li>▪ JB Taxi Service</li> </ul> <p style="text-align: center;"><u>Meals on Wheels</u> (Limited/1)</p> <ul style="list-style-type: none"> <li>▪ Lutheran Services</li> </ul>	<p>Client Fees Human Services Block Grant</p> <p>Client Fees Human Services Block Grant</p> <p>Human Services Block Grant</p> <p>Human Services Block Grant HUD</p> <p>Human Services Block Grant</p>
Self-Help	All Adults	<p><b>Phoenix Drop-In Center...</b> (UL/1)</p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul>	Human Services Block Grant

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
	<p><b>Families</b></p> <p><b>All Adult</b></p> <p><b>Families</b></p> <p><b>All Adults</b></p> <p><b>All Adults</b></p> <p><b>All Adults</b></p>	<p><b>NAMI Southwest (UL/1)</b></p> <p><b>CSP Committee (UL/1)</b></p> <p><b>Beaver Co. NAMI (UL/1)</b></p> <p><b>WARMLINE (UL/1)</b></p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul> <p><b>COMPEER (Limited/1)</b></p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul> <p><b>Peer Mentors (UL/1)</b></p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul>	<p>Human Services Block Grant</p>
<p><b>Wellness/ Prevention</b></p>	<p><b>All Adults</b></p> <p><b>All Adults Families</b></p>	<p><b>Wellness/Recovery Program (100/1)</b></p> <ul style="list-style-type: none"> <li>▪ MHA</li> </ul> <p><b>Recovery Coordinators (2)</b></p> <ul style="list-style-type: none"> <li>▪ AHCI, Inc</li> </ul>	<p>Human Services Block Grant</p> <p>Human Services Block Grant</p>

## Appendix I

### Child/Adolescent Mental Health Existing Services

**Child / Adolescent / Early Intervention Services**

**FY 2018 BEAVER COUNTY PLAN  
ESSENTIAL SERVICES IN A RECOVERY-ORIENTED SYSTEM - CROSSWALK**

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Family Based Services	Child / Adolescent	<p><b>Glade Run Lutheran Services</b> 1008 7<sup>th</sup> Avenue, Suite 210 Beaver Falls, PA 15010 (724) 843-0816 Fax (724) 843-0818 (20/1)</p> <p><b>Southwood Family Based Mental Health Services</b> 342 Creek Road Canonsburg, PA 15317 (724) 338-4080 Fax (724) 514-7942 (50/1)</p> <p><b>Wesley Spectrum Services</b> 221 Penn Avenue Pittsburgh, PA 15221 (412) 342-2300 Fax (412) 247-6399 (12/1)</p> <p><b>Pressley Ridge</b> 530 Marshal Avenue Pittsburgh, PA 15214 (412) 442-2080 (724) 843-5320 FAX (412) 321-5281 (32/1)</p>	<p>Health Choices</p> <p>Health Choices</p> <p>Health Choices</p> <p>Base Health Choices Human Services Block Grant</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
<p><b>Behavioral Health Rehabilitation Services</b></p>	<p><b>Child / Adolescent</b></p>	<p><b>Family Behavioral Resources</b> 150 Pleasant Drive, Suite 10 Aliquippa, PA 15001 (724) 775-1362 FAX (724) 775-3793 ( Prescription driven... unlimited)</p> <p><b>Glade Run Lutheran Services</b> 1008 7<sup>th</sup> Avenue, Ste. 210 Beaver Falls, PA 15010 (724) 843-0816 FAX (724) 843-0818 ( Prescription driven... unlimited)</p> <p><b>Family &amp; Child Development Center Wesley Spectrum Services</b> 221 Penn Avenue Gibsonia, PA 15044 (724) 443-4888 FAX (412) 347-3227 (Prescription driven ...unlimited)</p> <p><b>Western PA Psych. Care</b> 1607 3<sup>rd</sup> Street, Beaver, PA 15009 (724) 728-8400 FAX (724) 728-7666 (Prescription driven ... unlimited)</p> <p><b>Cranberry Psychiatric Services Mental Health Solutions</b> 2671 Darlington Road Beaver Falls, PA 15010 (724) 843-4647 FAX (724) 843-8033 (Prescription driven ...unlimited)</p>	<p>Health Choices MA MH FFS</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Psychiatric Services	Child / Adolescent	<p><b>Beaver County Behavioral Health</b> 1070 Eighth Avenue Beaver Falls, PA 15010 (724) 891-2827 or 1-800-318-8138 www.bcbh.org (Unlimited)</p> <p><b>BCBH Satellite Site:</b> <b>Merakey (formally known as NHS)</b> <b>Beaver County Court House</b> 810 3<sup>rd</sup> Street, Beaver, PA 15009</p> <p><b>Primary Health Network</b> 176 Virginia Avenue Rochester, PA 15074 724-775-5208</p> <p><b>HV-Sewickley Staunton Clinic</b> 720 Blackburn Road Sewickley, PA 15143</p> <p><b>Glade Run</b> 1008 Seventh Ave., Suite 210 Beaver Falls, PA 15010 724-843-0816</p> <p><b>Primary Health Network, Beaver Falls</b> 1302 7<sup>th</sup> Avenue Beaver Falls, PA 15010 724-843-0314</p> <p><b>Primary Health Network, Aliquippa</b> 99 Autumn Street Aliquippa, PA 15001 724-857-3570</p> <p><b>Community Alternatives</b> 500 Market Street Suite 300 Bridgewater, PA 15009 724-728-0535 (Unlimited)</p> <p><b>Human Services Center</b> 130 West North Street New Castle, PA 16101 724-658-7874 (Unlimited)</p> <p><b>Western PA Psych. Care</b> 1607 3<sup>rd</sup> Street</p>	<p>Health Choices MA Human Services Block Grant</p> <p>Health Choices MA Human Services Block Grant</p> <p>Health Choices MA Human Services Block Grant</p> <p>Health Choices MA Human Services Block Grant</p> <p>Health Choices MA</p> <p>Health Choices MA</p> <p>Health Choices MA</p> <p>Health Choices MA</p> <p>Health Choices</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Psychiatric Hospitals	Child / Adolescent	<p>Beaver, PA 15009 724-728-8411 (Unlimited)</p> <p><b>Belmont Pines Hospital</b> 615 Churchill – Hubbard Road Youngstown, Ohio 44505 Phone: 330-759-2700 (102/1)</p> <p><b>Western Psychiatric Institute and Clinic</b> 3811 O'Hara Street Pittsburgh, PA 2593 412-624-2100 1-877-624-4100</p> <ul style="list-style-type: none"> <li>▪ Child / Adolescent unit (29)</li> <li>▪ John Merck unit (10)</li> <li>▪ Bipolar unit (9)</li> </ul> <p><b>Southwood Psychiatric Hospital</b> (412) 257- 2290 or (888) 907-5437 Fax (412) 257-0374 2575 Boyce Plaza Road Pittsburgh, PA 15241 (50/1)</p> <p><b>Clarion Psychiatric Hospital</b> 2 Hospital Drive, Clarion, PA 16214 (814) 226-5232 (32/1)</p> <p><b>Sharon Regional Health System</b> 740 East State Street Sharon, PA 16146 Phone 724-983-3911 (12/1)</p> <p><b>Heritage Valley Health System</b> 1000 Dutch Ridge Road Beaver , PA 15009 (724) 773-4525 (32/1) age 18 and above</p>	<p>MA 3<sup>rd</sup> party Insurance</p> <p>Health Choices MA 3<sup>rd</sup> party Insurance</p> <p>Health Choices MA 3<sup>rd</sup> party Insurance</p> <p>Health Choices MA 3<sup>rd</sup> party Insurance</p> <p>MA 3<sup>rd</sup> party Insurance</p> <p>Health Choices MA 3<sup>rd</sup> party Insurance</p> <p>Health Choices MA 3<sup>rd</sup> party Insurance</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Early Intervention - Multi-Disciplinary Evaluation	0-3 years of age	<p><b>Achieva /COMPRO</b> 4007 Gibsonia Road Gibsonia, PA 15044 724-443-1141</p> <p><b>Rehab Links</b> P.O. Box 343 Delmont, PA 15626 888-546-5751</p> <p><b>TEIS</b> Three Parkway Center East 2020 Ardmore Blvd., Suite 295, Forest Hills, PA 15221 (412) 271-8347</p>	<p>MA ITF Waiver EI Base</p> <p>MA ITF Waiver EI Base</p> <p>MA ITF Waiver EI Base</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Early Intervention Services	0-3 years of age	<p><b>Beaver County Behavioral Health Direct Service Unit Case Management</b> 1070 Eighth Avenue, Beaver Falls, PA 15010 (724) 891-2827 (TTY capability) or 1-800-318-8138 (150/1)</p> <p><b>Integrated Care Corporation</b> 371 Bethel Church Road, Ligonier, PA 15658 1-888-645-5683 (Unlimited)</p> <p><b>Pediatric Therapy Professionals</b> 3023 Wilmington Rd., New Castle, Pa 16105 (724) 656-8814 (Unlimited)</p> <p><b>Positive Steps</b> 5465 Route 8 Gibsonia, PA 15044; (724) 444-5333</p> <p><b>Tiny Tots Child Development</b> 393 Adams Street Rochester, PA 15061. (724) 774-2677</p> <p><b>Western PA School for the Deaf (Hearing Services Only)</b> 300 East Swissvale Avenue, Pittsburgh, PA 15218 (412) 244-4261</p> <p><b>Community Care Connection</b> 114 Skyline Drive Butler, PA 16004 (724) 283-3198</p> <p><b>MHY Family Services</b> 521 Route 228 Mars, PA 16046 Phone: 724-625-3141 Fax: 724-625-2226</p> <ul style="list-style-type: none"> <li>▪ Male unit (12/1)</li> <li>▪ Diversion and Acute Stabilization unit (24/1)</li> </ul>	<p>MA ITF Waiver EI Base</p> <p>Health Choices MA</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Residential Treatment Facilities	Child / Adolescent	<p><b>Southwood Hospital: Treatment Facility</b> 311 Station Street Bridgeville, PA 15017 (412) 257-2290</p> <ul style="list-style-type: none"> <li>▪ I.D. Dually Diagnosed RTF (40/1)</li> <li>▪ Sexually Maladaptive Behavior RTF (27/1)</li> </ul> <p><b>The Bradley Center</b> 5180 Campbells Run Road Pittsburgh, PA 15205 (412) 788-8219 (104/1)</p> <p><b>Belmont Pines Hospital</b> 615 Churchill-Hubbard Road Youngstown, OH 44505 Phone: 800 423- 5666 or 330 759-2700 (56/1)</p> <p><b>Kids Count Inc. Community Based Residential Treatment Facility</b> 317 W Jefferson Street, Butler PA 16001 724 284-0076</p> <ul style="list-style-type: none"> <li>▪ 317 W Jefferson Street, Butler, PA 16001 (male 8/1)</li> <li>▪ 564 W New Castle, Pa 16001 (male / female 8/1)</li> </ul> <p><b>Harborcreek Youth Services (78/1)</b> 5712 Iroquois Avenue, Harborcreek, PA 16421 (814) 899-7664</p> <ul style="list-style-type: none"> <li>▪ St Joseph House (10/1)</li> <li>▪ Conway House (16/1)</li> <li>▪ Wagner House (16/1)</li> <li>▪ Columbus House(16/1)</li> <li>▪ Liberty House (10/1)</li> <li>▪ 26<sup>th</sup> Street House (10/1)</li> </ul> <p><b>Beacon Light-Bradford</b></p>	<p>Health Choices MA</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
		<p>800 East Main St., Bradford, PA 16701</p> <p><b>Fox Run Center</b>  67670 Traco Drive  St. Clairsville, OH 43950  Phone: 740-695-2131  Toll Free: 800-245-2131</p> <p><b>Sara Reed Children's Center</b>  Main Campus  2445 West 34<sup>th</sup> Street  Erie, PA 16506  814-838-1954 (Phone)  814-835-2196 (Fax)</p>	<p>Health Choices  MA FFS</p> <p>Health Choices  MA FFS</p>

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
School Based Outpatient	Child / Adolescent	<b>Ambridge 4 buildings - WPPC</b> 901 Duss Ave Ambridge, PA 15003 724-266-2833	Health Choices
		<b>Aliquippa High School – WPPC</b> 100 Harding Ave Aliquippa, PA 15001 724-857-7515	Health Choices
		<b>Aliquippa Elementary – WPPC</b> 800 21 <sup>st</sup> Street Aliquippa, PA 15001 724-857-7500	Health Choices
		<b>Big Beaver Falls Middle School – Glade Run</b> 1601 8 <sup>th</sup> Ave Beaver Falls, PA 15010 724-846-5470	Health Choices
		<b>Big Beaver Falls High School – Glade Run</b> 1701 8 <sup>th</sup> Ave Beaver Falls, PA 15010 724-843-7470	Health Choices
		<b>Blackhawk High School – Glade Run</b> 500 Blackhawk Rd Beaver Falls, PA 15010 724-846-9600	Health Choices
		<b>Blackhawk Middle School – Glade Run</b> 402 Shenango Rd Beaver Falls, PA 15010 724-843-1700	Health Choices
		<b>Blackhawk Intermediate School – Glade Run</b> <b>Northwestern Primary School</b> 635 Shenango Rd Beaver Falls, PA 15010 724-843-5050	Health Choices
<b>Patterson Primary School – Glade Run</b> 701 Darlington Rd Beaver Falls, PA 15010 724-843-1268	Health Choices		

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
		<b>Beaver School District – Private Practitioner</b> Gypsy Glen Road Beaver, PA 15009 724-774-0250	Health Choices
		<b>Central Valley Todd Lane Elementary – Glade Run</b> 113 Todd Lane Monaca, PA 15061 724775-1050	Health Choices
		<b>Central Valley Center Grange Primary School – Glade Run</b> 225 Center Grange Rd Aliquippa, PA 15001 724-775-8201	Health Choices
		<b>Freedom School District – Family Behavioral Resources</b> 1702 School Street Freedom, PA 15042 724-775-5464	Health Choices
		<b>Midland School District –</b> 173 7 <sup>th</sup> Street Midland, PA 15059 724-643-8650	Health Choices
		<b>New Brighton High School – WPPC</b> 3202 43 <sup>rd</sup> Street New Brighton, PA 15066 724-846-1050	Health Choices
		<b>New Brighton Elementary School – WPPC</b> 3200 43 <sup>rd</sup> St New Brighton, PA 15066 724-846-1050	Health Choices
		<b>Riverside School District – WPPC</b> 318 Country Club Drive Ellwood City, PA 16117 724-758-7512	Health Choices
		<b>Rochester School District – WPPC</b> 540 Reno Street Rochester, PA 15074 724-775-7500	Health Choices

Service Category	Target Population	Service Availability (# slots/providers)	Current Funding Source
Blended Case Management		<b>South Side School District - WPPC</b> 4949 State Route 151 Hookstown, PA 15050 724-573-9581	Health Choices
	Age 3+	<b>Western Beaver School District – Family Behavioral Resources</b> 343 Ridgemont Drive Midland, PA 15059 724-643-9310	Health Choices
	Age 16+		
	Child/Adolescent	<b>Beaver County Behavioral Health</b> 1070 8 <sup>th</sup> Ave Beaver Falls, PA 15010 724-891-2827	Health Choices Base
	Age 5+	<b>Merakey (formally known as NHS)</b> 260 Ohio River Blvd, PA 15005 724-869-2023	Health Choices Base
		<b>Glade Rune Luther Services</b> 1008 7 <sup>th</sup> Ave #210 Beaver Falls, PA 15010 724-843-0816  <b>Staunton Clinic</b> 111 Hazel Lane #300 Sewickley, PA 15143 412-749-7330	Health Choices Base  Health Choices Base

# Priority 1 – Increase Integration of Physical & Behavioral Health

Measures	Measurement Timeline	Tracking Mechanism
Number of People with a PCP	<u>Baseline</u> : January 2015 94.8% (N=191) <u>Measure 1</u> : Fall 2017 91.5% (N=282*) <u>Measure 2</u> : Fall 2018	<u>Baseline</u> : On-site chart audits by SPA supervisors <u>Measure 1</u> : On-site chart audits by county monitor
Number & Percent of People with a PCP – Have Seen Provider in Last Year	<u>Baseline</u> : January 2015 82.7% (N=191) <u>Measure 1</u> : Fall 2017 64.4% (N=283*) <u>Measure 2</u> : Fall 2018	<u>Baseline</u> : On-site chart audits by SPA supervisors <u>Measure 1</u> : On-site chart audit by county monitor
Number & Percent of People with Physical Health Diagnosis/Documentation Person Does Not Have Diagnosis	<u>Baseline</u> : January 2015 74.9% (N=191) <u>Measure 1</u> : Fall 2017 62.2% (N=283*) <u>Measure 3</u> : Fall 2018	<u>Baseline</u> : On-site chart audits by SPA supervisors <u>Measure 1</u> : On-site chart audit by county monitor
Number & Percent of People with Release for Communication among Providers	<u>Baseline</u> : January 2015 41.1% (N=191) <u>Measure 1</u> : Fall 2017 72.2% (N=281*) <u>Measure 2</u> : Fall 2018	<u>Baseline</u> : On-site chart audits by SPA supervisors <u>Measure 1</u> : On-site chart audit by county monitor
Agency Privacy Documents & Consents – Certain Elements to Allow for Communication among Providers	TBD	TBD
Number & Percent of Charts – Documented Medication Reconciliation List (Phy and Behav)	<u>Baseline</u> : CY2016 100% (N=62)	VBH/Beacon QI <u>Baseline</u> : Self-audit by PHN

*Note: Available data indicated in red  
\*not all data was available for GRLS*

## Priority 2 – Increase Safe & Affordable Housing Options & Supports

Measures	Measurement Timeline	Tracking Mechanism
<ul style="list-style-type: none"> <li>• Capacity of Housing Supports</li> <li>• Capacity of Housing Options</li> <li>• Number of People Who Used Affordable Housing Options by FY</li> <li>• Number of People Who Used Housing Supports by FY</li> </ul>	<p><u>Baseline:</u> FY 2013  <u>Capacity</u>  Supports: 347   Options: 82  <u>Used</u>  Supports: 272   Options: 66  <u>Measure 1:</u> FY2015  <u>Capacity</u>  Supports: *   Options: 124*  <u>Used</u>  Supports: 268   Options: 128  <u>Measure 2:</u> FY 2016–17  <u>Capacity</u>  Supports: * / Options: 47*  <u>Used</u>  Supports: 282 / Options: 111  <u>Measure 3:</u> TBD</p>	<p>Beaver County Mental Health/Human Services Plan–FY 2016–17  BEAVER COUNTY PLAN ESSENTIAL SERVICES IN A RECOVERY–ORIENTED SYSTEM</p>
<p>Satisfaction in Housing: Stability, by Type of Housing (ex: LTSR v. Homes, etc.)</p>	<p><u>Baseline:</u> 2017  <u>Measure 1:</u> 2018  <u>Measure 2:</u> 2019</p>	<p>CFST survey of individuals in housing programs</p>

*Note: Available data indicated in red*

*\*No available data*

*Note: CRK and conditional options are included*

## Priority 3 – Advance Behavioral Health & Criminal Justice Collaboration Through Implementation of County Sequential Intercept Model

Measures	Measurement Timeline	Tracking Mechanism																																				
Programs/Services by Intercept: 1. Law Enforcement/ER Services 2. Initial Detention or Court Hearings 3. Jail/Courts 4. Re-Entry 5. Community Corrections/Community Supports	<p><u>Baseline</u>: 2010 <u>Measure 1</u>: 2015</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="color: red;"><u>Intercept</u></th> <th style="color: red;"><u>2010</u></th> <th style="color: red;"><u>2015</u></th> <th style="color: red;"><u>Change (10-15)</u></th> <th style="color: red;"><u>2017</u></th> <th style="color: red;"><u>Change (15-17)</u></th> </tr> </thead> <tbody> <tr> <td style="color: red;">1</td> <td style="color: red;">2</td> <td style="color: red;">5</td> <td style="color: red;">+3</td> <td style="color: red;">6</td> <td style="color: red;">+1</td> </tr> <tr> <td style="color: red;">2</td> <td style="color: red;">2</td> <td style="color: red;">5</td> <td style="color: red;">+3</td> <td style="color: red;">6</td> <td style="color: red;">+1</td> </tr> <tr> <td style="color: red;">3</td> <td style="color: red;">5</td> <td style="color: red;">4</td> <td style="color: red;">-1</td> <td style="color: red;">5</td> <td style="color: red;">+1</td> </tr> <tr> <td style="color: red;">4</td> <td style="color: red;">4</td> <td style="color: red;">6</td> <td style="color: red;">+2</td> <td style="color: red;">8</td> <td style="color: red;">+2</td> </tr> <tr> <td style="color: red;">5</td> <td style="color: red;">4</td> <td style="color: red;">8</td> <td style="color: red;">+4</td> <td style="color: red;">9</td> <td style="color: red;">+1</td> </tr> </tbody> </table> <p style="color: red; text-align: center;"><i>Greatest change observed from years 2010-2015</i></p>	<u>Intercept</u>	<u>2010</u>	<u>2015</u>	<u>Change (10-15)</u>	<u>2017</u>	<u>Change (15-17)</u>	1	2	5	+3	6	+1	2	2	5	+3	6	+1	3	5	4	-1	5	+1	4	4	6	+2	8	+2	5	4	8	+4	9	+1	Change in the number of programs and services from implementation to present time
<u>Intercept</u>	<u>2010</u>	<u>2015</u>	<u>Change (10-15)</u>	<u>2017</u>	<u>Change (15-17)</u>																																	
1	2	5	+3	6	+1																																	
2	2	5	+3	6	+1																																	
3	5	4	-1	5	+1																																	
4	4	6	+2	8	+2																																	
5	4	8	+4	9	+1																																	
Services Available & Use of Services at Each Intercept	<p><u>Baseline</u>: TBD</p>																																					

*Note: Available data indicated in red*

## Priority 4 – Implement a countywide framework of trauma–informed care

Measures	Measurement Timeline	Tracking Mechanism
<ul style="list-style-type: none"> <li>Assess prevalence of trauma in youth</li> </ul>	<p><u>Baseline:</u> (N=178) 175 experienced trauma within the past 30 days  <u>Measure 1:</u> (at 6 months after enrollment 57 reported experiencing trauma within the past 30 days</p>	<p>Survey completion of youth and caregivers in Helping BC SCORES upon initial enrollment, 6 months, and 1 year benchmarks</p>
<ul style="list-style-type: none"> <li>Assess prevalence of trauma in caregivers</li> </ul>	<p><u>Baseline:</u> (N=114) 104 experienced trauma within the past 30 days  <u>Measure 1:</u> 35 reported experiencing trauma within the past 90</p>	<p>Survey completion of youth and caregivers in Helping BC SCORES upon initial enrollment, 6 months, and 1 year benchmarks</p>
<p>Develop a provider list of clinicians certified in a trauma informed EBP</p>	<p>TBD</p>	<p>Self-report survey of providers</p>

## Priority 5 – Develop and Sustain a Countywide Response to the National Opioid Epidemic

Measures	Measurement Timeline	Tracking Mechanism
Increase the availability and use of prescription drug take back boxes	<u>Baseline</u> : July 2016; N=9 <u>Measure 1</u> : July 2017; N=17 <u>Measure 2</u> : April 2018; N=20	DA's office. As of the end of 2017, the DA's office had collected 2,777 lbs. of medications from the drug take back boxes
Compare number of overdose deaths to other counties in the region	<u>Baseline</u> : 2015; N=37 <u>Measure 1</u> : 2016; N=102 <u>Measure 2</u> : 2017; N=82 <u>Measure 3</u> : 2018	Data is available on <a href="http://www.overdosefreepa.pitt.edu">www.overdosefreepa.pitt.edu</a> There was a 20% reduction in deaths from 2016–2017.
Develop a protocol for Vivitrol injections to be administered at Beaver County Jail (approved October 2017)	<u>Baseline</u> : 2018	Number of distinct members who received Vivitrol injections at BCJ.
Offer a minimum of 3 Narcan trainings (1 community and 2 for professionals) by 09/30/18	Measure to occur 9/30/18	The first training has already been scheduled for July.

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

County:	1.	2.	3.	4.	5.	6.
<b>Beaver</b>	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	15		\$ 178,583		\$ 5,347	
Administrative Management	2,300		\$ 357,062		\$ 11,983	
Administrator's Office			\$ 892,047	\$ 153,000	\$ 44,624	
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	90		\$ 176,472		\$ 23,528	
Community Residential Services	230		\$ 1,648,001		\$ 54,509	
Community Services	750		\$ 427,561		\$ 16,918	
Consumer-Driven Services						
Emergency Services	500		\$ 92,497	\$ 34,500	\$ 5,503	
Facility Based Vocational Rehabilitation	20		\$ 400,864		\$ 17,767	
Family Based Mental Health Services	100		\$ 24,459		\$ 541	
Family Support Services	40		\$ 232,157		\$ 10,959	
Housing Support Services	170		\$ 1,263,582		\$ 60,582	
Mental Health Crisis Intervention	440		\$ 348,628		\$ 17,572	
Other						
Outpatient	380		\$ 368,935	\$ 60,100	\$ 17,353	
Partial Hospitalization						
Peer Support Services	10		\$ 4,981		\$ 19	
Psychiatric Inpatient Hospitalization	30		\$ 36,817		\$ 3,183	
Psychiatric Rehabilitation	10		\$ 57,999		\$ 2,001	
Social Rehabilitation Services	70		\$ 386,083		\$ 17,682	
Targeted Case Management	750		\$ 438,208	\$ 6,000	\$ 18,914	
Transitional and Community Integration						
<b>TOTAL MENTAL HEALTH SERVICES</b>	<b>5,905</b>		<b>\$ 7,334,936</b>	<b>\$ 253,600</b>	<b>\$ 328,985</b>	<b>\$ -</b>
<b>INTELLECTUAL DISABILITIES SERVICES</b>						
Administrator's Office			\$ 651,631	\$ 8,000	\$ 27,848	
Case Management	300		\$ 455,013	\$ 1,410,000	\$ 24,987	
Community-Based Services	100		\$ 968,217		\$ 34,403	
Community Residential Services	25		\$ 1,127,309		\$ 53,098	
Other						
<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	<b>425</b>		<b>\$ 3,202,170</b>	<b>\$ 1,418,000</b>	<b>\$ 140,336</b>	<b>\$ -</b>

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

County:	1.	2.	3.	4.	5.	6.
<b>Beaver</b>	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						
Case Management	1,750		\$ 75,080			
Rental Assistance	280		\$ 33,019			
Emergency Shelter	250		\$ 3,950			
Other Housing Supports	125		\$ 2,500			
Administration			\$ 2,000			
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	<b>2,405</b>		<b>\$ 116,549</b>		<b>\$ -</b>	<b>\$ -</b>

**SUBSTANCE USE DISORDER SERVICES**

Case/Care Management	94		\$ 186,583			
Inpatient Hospital						
Inpatient Non-Hospital						
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention	1,378		\$ 53,935			
Recovery Support Services						
Administration			\$ 60,130			
<b>TOTAL SUBSTANCE USE DISORDER SERVICES</b>	<b>1,472</b>		<b>\$ 300,648</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**HUMAN SERVICES DEVELOPMENT FUND**

Adult Services	400		\$ 140,500			
Aging Services	100		\$ 6,000			
Children and Youth Services						
Generic Services	60		\$ 119,900			
Specialized Services	130		\$ 11,900			
Interagency Coordination			\$ 8,000			
Administration			\$ 1,142			
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	<b>690</b>		<b>\$ 287,442</b>		<b>\$ -</b>	<b>\$ -</b>

<b>GRAND TOTAL</b>	<b>10,897</b>	<b>\$ -</b>	<b>\$ 11,241,745</b>	<b>\$ 1,671,600</b>	<b>\$ 469,321</b>	<b>\$ -</b>
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