

CAMBRIA COUNTY



2018-2019 Human Services Block Grant County Plan

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

Vision Statement

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

Mission Statement

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

Table of Contents

Appendix B		<u>Page</u>
Part I	County Planning Process	5
Part II	Public Hearing Notice	8
Part III	Cross-Collaboration of Services	9
Part IV	Human Services Narrative	12
	• Mental Health Services	12
	• Intellectual Disabilities Services	37
	• Homeless Assistance Program	47
	• Drug and Alcohol Services	51
	• Human Services Development Fund	55

Attachments

1.	Fact Sheet Handout at Hearings	59
2.	Public Hearing Notice	61
3.	Proof of Newspaper Publication	62
4.	Sign in Sheets from Public Hearings	64
5.	Summary of Public Hearing Feedback	66

Budget --- Appendix C-1

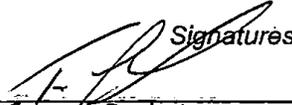
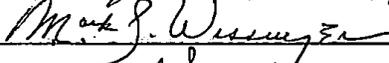
Appendix A
Fiscal Year 2018-2019

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: CAMBRIA

- A. The county assures that services will be managed and delivered in accordance with the county Human Services Plan submitted herewith.
- B. The county assures, in compliance with Act 80, that the county Human Services Plan submitted herewith has been developed based upon the county officials' determination of county need, formulated after an opportunity for public comment in the county.
- C. The county and/or its providers assures that it will maintain the 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>	
	THOMAS C. Chernisky	Date: 5/21/18
	MARK WISSINGER	Date: 5/21/18
	William J. Smith	Date: 5/21/18

Part 1 : County Planning Process

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

In all, the development of this plan has continually expanded beyond the traditional method of each agency/categorical funded program formulating its own plan specific to each one's unique purpose and needs to include a much broader spectrum of providers and stakeholders. It included increased cross-system coordination with the Area Agency on Aging, Drug and Alcohol, Behavioral Health and Intellectual Disabilities, Human Services, and the Homeless Assistance Program in an effort to make plans for improved services across continuums of care. And although the Children and Youth Special Grant is no longer a part of the HSBG funding structure, Cambria County is committed to working across all Human Services areas of need to monitor the needs of children and youth along with both the juvenile and adult criminal justice populations as well.

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

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

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

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

The various Human Services Administrators in Cambria County continue to meet bi-weekly with the county commissioners to present updates, discuss issues, concerns, and potential challenges that may arise. In doing so, we continue to maintain a natural environment for conversations, suggestions, and

collaboration. The human service agency administrators continue to “treatment team” particular cases that present as utilizing more intensive levels of services at higher than average rates and across two or more systems. During these discussions, we have found the Human Services Block Grant beneficial offering our agencies the ability to be creative in meeting the needs of these individuals and the higher costs associated with them that have historically not been able to be met under the previous categorical funding structure. Any decisions and/or potential plans or solutions that are developed for high cost/complex cases are done so with the intention of least restrictive means of living as the focal point of the final outcome.

Please note that there are not any substantial programmatic and/or funding changes different from FY 17/18 plan. The cross system funding is minimal and are as follows:

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

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

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

Another resource that continues to be beneficial in the development of our Human Services Block Grant Plan has been the availability of the Community Needs Based Assessment developed and subsequently completed again by the United Way of the Laurel Highlands in partnership with Memorial Medical Center, Duke LifePoint. The committee continues to utilize the results of that survey to identify areas of need identified by the community as areas where focused efforts need to be applied. Substance Abuse is identified as an area of great concern. Also of note, Cambria County’s Drug and Alcohol Program continues to partner with the United Way on several occasions in addressing and meeting the needs identified in the needs based assessment as well as stakeholder and advisory board input. Additionally, due to the opioid epidemic that continues to plague the country and having a significant impact on Cambria County communities, community stakeholders, including the United Way of the Laurel Highlands and with support from the Cambria County Commissioners, the Cambria County Drug Coalition moves forward with its mission of bringing together agencies and organizations to promote a targeted approach to eradicating substance use in Cambria County.

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

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

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

For FY 18/19, Cambria County's Human Services Programs will not eliminate any categorical area completely and will in fact once again utilizing less than 25% of available funds in areas other than their traditional funded areas.

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

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

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

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

So, we welcome the challenge and move forward with excitement and enthusiasm with our vision of a comprehensive Human Services Plan for the 2018-2019 Fiscal Year.

Part II : Public Hearing Notice

Two Public Hearings were held:

Thursday, May 17, 2018 at 4:00 PM

*Central Park Complex
110 Franklin St, Johnstown, PA
2nd Floor Auditorium*

Wednesday, May 23, 2018 at 8:00 AM

*Central Park Complex
110 Franklin St, Johnstown, PA
2nd Floor D&A Conference Room
(In conjunction with the Cambria County Drug and Alcohol Planning Counsel Meeting)*

(See Attachments 2 and 3)

In addition to the Public Hearing Notices being placed in the newspaper directed discussions occurred with the following groups in an effort to gather pertinent information necessary in the development of the HSBG Plan:

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

Feedback from the Public Hearings regarding the Cambria County 2018-2019 Human Services Block Grant Plan are reflected in ***Attachment 5***.

Part III : Cross-Collaboration of Service

Employment

Cambria County is committed to empowering individuals in realizing their full potential, to include permanent, gainful employment. Cambria County works with participants by linking them with the Office of Vocational Rehabilitation, to include providing office space weekly at our Human Services buildings, both in Johnstown and Ebensburg, to meet with individuals seeking opportunities to develop vocational skills and abilities to achieve their goals of gainful employment. Case management, to include administrative, blended, supports coordination, substance abuse, and human services maintain regular communications with the vocation specialist to link individuals served by their individual programs to vocational supports.

In addition, the human services agencies work with agencies such as Goodwill, Pennsylvania Association for the Blind and Handicapped, Skills of Central Pennsylvania, who provide traditional sheltered and supported employment opportunities to promote increased independence and self-sufficiency in the individuals that are mutually served working away from traditional “supported” employment opportunities and rather promoting “supportive” opportunities that get individuals out into the mainstream workforce through supportive services such as job coaching that afford individuals to earn competitive wages for a day’s work. In addition, Goodwill also offers, Transitional Employment Services, which offered individuals with intellectual disabilities with individualized person centered plans that capitalize on the individual’s goals, interests and abilities, pre-vocational paid work experiences and community opportunities that incorporates individual choice in the process.

Also, with the development and growth of services such as certified peer support and certified recovery specialists, the County Human Service Programs educate, encourage and link individuals who have achieved their own recovery and success with providers of peer and recovery specialist services, promoting opportunities for gainful employment and in doing so strengthening the numbers of individuals in recovery who utilize their knowledge, skill, and personal experience to aid and assist peers who are in the beginning or earlier stages of their recovery. In doing so, we are empowering individuals and reducing the stigma that is all too often associated with mental illness, substance abuse, intellectual disabilities, homelessness, etc. by demonstrating through example that recovery and success is possible and does happen every day.

A barrier that has been encountered in recent years is the lack of funding to support individuals in securing the necessary funding to acquire the initial training and certifications to become a peer and/or recovery specialist. Previously, at the outset of peer services, there was a great deal of grant and specialized funding opportunities to assist providers in offsetting the substantial costs associated with having individuals trained, but the trend in the past year or two has been to defer the initial costs of training to the individual interested in becoming a peer or recovery specialist, opting to only want to hire individuals who are already trained and certified. This is not to say all providers of peer services participate in this practice but rather a generalized observation of the increased observation and trend. As a result of the interest and need for certified peer and recovery specialists, Cambria County continues to explore funding opportunities to alleviate the effect of this potential barrier.

Transition age youth are provided vocational training and employment support through programs such as the Goodwill YouthBuild Johnstown program and the Youth2Work program which provide

education and job training for 6-11 months to youth in Johnstown from ages 17-24, as well as other youth training and employment services.

Additionally, the Alternative Community Resource Program offers the YES (Youth Employment Service Program) which educates youth in a job skills as well as practical, hands on, work experience in areas such as general laborer skills, landscaping, yard work, etc. By aiding youth in job skill development it empowers you to become and remain self-sufficient, skills that will serve these youth for a lifetime.

Career Link is another employment link in Cambria County that is promoted as a resource to individuals who are served via the human services agencies that provides support and opportunities to individuals considering or expressing an interest in meaningful, gainful employment opportunities to provide supportive employment resources that will assist them in identifying employable strengths and skills that will improve the likelihood of success and sustained employment.

For many of our individuals, Social Security Income benefits are a necessary means of financial support to survive, but they are also encouraged to attempt entry or return to the workforce when their symptoms and/or condition permits. Regular contact with the Social Security Administration's employment representative is maintained as a means to engage individuals in the Ticket to Work program, where Social Security Benefits can be properly monitored and managed and to avoid the risk of premature loss of benefits as a result of attempts to return to the workforce and gainful employment.

Housing

Safe, secure, affordable, permanent housing is an ongoing work in progress. Due to past criminal records, evictions, landlord/tenant conflicts, failure to pay rent, as well as limited or no consistent income, many individuals who are involved in one or more human services categorical silos find homelessness or the risk of homelessness as a routine reality in their lives. Over the past several years, Cambria County has made Housing a priority across the human services disciplines. Aside from the currently funded programs supported via the Housing Assistance Program funded under the HSBG funds the following are additional programs currently available to assist individuals experiencing homelessness or at risk for homelessness.

Supportive Housing Program – Cambria County successfully secured HealthChoices Reinvestment Dollars in FY 10/11 as part of a Reinvestment Plan for Supportive Housing and was again successful in FY 15/16 in securing additional Reinvestment Dollars to continue the Supportive Housing Program. We requested subsequent extensions for FY 16/17 and FY17/18 in order to exhaust all funding. Recipients of the funding must have a behavioral health diagnosis and although active involvement in treatment is not a requirement for program eligibility, participants are made aware of available services, supports and resources and encouraged to give consideration to engaging in those services and supports. Funding available includes up to six months of Rent assistance (up to 12 months for individuals with a section 8 housing voucher), utility assistance, back rent, security deposits, and moving assistance. In addition it will provide housing information to individuals regardless of eligibility for the program. This program is a partnership between BHoCC, Cambria County BH/ID/EI, the Peer Empowerment Network, one of our County peer run, peer directed drop in centers, which holds the contract for the management of the Supportive Housing Program, and the Greater Johnstown Landlord's Association, which serves as the Clearinghouse and completes pre-rental inspections as well as maintains regular contact with the landlords to address concerns or issues as they arise

to avoid possible evictions, etc. For individuals who are homeless or at risk for homelessness and are not eligible for subsidized housing due to past conflicts with the housing authority or

criminal histories that preclude eligibility for subsidized housing, this program has been instrumental in assisting behavioral health individuals get a fresh start at securing safe, secure, affordable housing. It should be noted that to date the program has demonstrated a 62% success rate for individuals originally assisted through the program who have maintained that permanent housing once the assistance through Supportive Housing has ended. Also, of note, the program was able to assist an individual who was discharged from Torrance State Hospital in establishing independent housing in the community upon discharge until her government entitlements were reinstated. Because of the ongoing success of this reinvestment initiative, Cambria County has submitted another Supportive Housing continuation plan in February 2018 and is going through the reinvestment process in hopes of continuing this valuable resource in Cambria County.

Targeted Age Group: Adults, Age 18 and older

Projected Number of Individuals to be served: approximately 212 individuals

Projected Timeline: Beginning FY18/19 and Ongoing until funding is exhausted

Resources: Funding as a result of HealthChoices Reinvestment Funds (\$299,878)

Shelter Plus Care - In partnership with the Cambria County Grant Writer, the Cambria County Redevelopment Authority and the Greater Johnstown Landlord's Association, Cambria County BH/ID/EI had secured a three year grant opportunity to provide funding to support individuals who are identified as an at risk population under the umbrella of behavioral health issues for up to three years with rental assistance to acquire safe, secure, permanent housing. Cambria County only recently learned we have been approved for a second three year cycle of funding which will allow this program to continue for another three years. This program has been beneficial to individuals in the community who are faced with significant barriers to securing housing due to limited income, previous failed attempts at independent subsidized housing, as well as frequently being criminal justice involved, which can be a barrier with some landlords. Active involvement in treatment is not a requirement of acceptance to the program although participants are educated about available services, supports, and resources available to them in maintaining their behavioral health stability and community tenure. The Greater Johnstown Landlord's Association's role in the program is vital to the program's success as they have done an exceptional job in creating inroads with community landlords and helped foster and promote positive relationships between the landlords and the behavioral health community.

Targeted Age Group: Adults, Age 18 and older

Projected Number of Individuals to be served: 20 Households per year

Projected Timeline: Ongoing (Recent notification of renewal of another 3 year cycle)

Resources: Shelter Plus Care HUD Grant Funding

Part IV : Human Services Narrative

Mental Health Services

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

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

a.) Program Highlights:

Hospitalization and re-hospitalization rates, including those to State Hospitals, continue to be an area of focus, noting 14 *State Hospitalizations*, over the past year which was a slight increase from the previous FY 16/17 which was 11. Also of note, there were 9 State Hospital discharges during FY 17/18. It should be noted that the number of actual requests for possible admission to a State Hospital level continues to occur but Cambria County remains committed to diverting individuals to lower levels of care in the community whenever possible. Although, progress has occurred over the past year in finding appropriate step down options for individuals from the State Hospital (*Long Term Structured Residence and Community Residential Rehabilitation as well as increased utilization of Peer Support, and Targeted Case Management*) Cambria County Behavioral Health continues to identify the need for improvement. During FY17/18, Cambria County has had the opportunity to be a resource to neighboring Counties who found themselves in need of a State Hospital bed and agreements were entered into with three separate Counties to lend a bed during the year.

Also, in an ongoing effort to improve communications between inpatient and residential facilities, Cambria County Behavioral Health continues to facilitate regular Community Residential Provider meetings to create a venue for communication, problem solving, and brainstorming to develop creative solutions for those high utilization individuals. One such creative solution being actively explored and pursued is a Crisis Diversion Unit.

Crisis Diversion – Although there had been a previous attempt to create and support a Crisis Diversion Unit in Cambria County in 2010, that endeavor was unfortunately unsuccessful. The issue that arose was that instead of being a diversion from inpatient hospitalization, many of the individuals who utilized the diversion unit ultimately wound up requiring acute inpatient treatment. Additionally, the community inpatient unit began to heavily rely on the diversion unit as a step down from inpatient, which was in contrast to its intended purpose. Also, there

was not enough inclusive services part of the diversion unit, such as peer support, case management, etc. because they were already established services in the community and payment for services became confusing and problematic.

Because of a belief that crisis diversion is a needed and lacking resource in the County, Cambria County in partnership with our community acute inpatient unit and Value Behavioral Health, our Managed Care Organization, has reviewed data regarding individuals who have presented to the local emergency room seeking voluntary admission to the inpatient psychiatric unit due to a situational stressor that has exacerbated their psychiatric symptoms. The finding indicated that approximately 45% of individuals self-presenting to the emergency room and then subsequently admitted to the inpatient psychiatric unit are signing a 72 hour notice within hours of reaching the inpatient unit and after further review of details, many of those admissions were the result of a situational stressor, that if provided the opportunity to de-escalate/decompress, an inpatient admission could have potentially been avoided. As a result, it was identified that Cambria County could benefit from some sort of diversionary unit/program that could offer a short term level of increased support and afford the individual the opportunity to utilize community based resources to resolve stressors, eliminating the need for a voluntary inpatient admission.

Representation from Cambria County BH/ID/EI, Behavioral Health of Cambria County (BHoCC), Cambria County's HealthChoices oversight entity, Magellan Behavioral Health of Pennsylvania, and Universal Behavioral Health (The Meadows, Cambria County's Crisis Intervention Services Provider) worked collaboratively to develop a Reinvestment Plan through HealthChoices for submission for the creation of a Crisis Diversion program that would best serve the needs of Cambria County, promoting community supports and diversions as an alternative to more restrictive inpatient admissions. The reinvestment plan is currently with the State for review and pending approval.

The plan that was submitted is a walk-in crisis, 23 hour crisis diversion program, where individuals can be referred or self-refer when experiencing a crisis episode that does not necessarily rise to level of need of an inpatient admission but cannot be otherwise resolved without intervention. By creating a 23 hour program without a residential component Cambria County would avoid the issues that arose with the original crisis diversion program of 2010. Individuals will meet with a mental health professional (crisis personnel) to assess for safety or need for alternate level of care or intervention. They will then be linked with a trained peer who will offer them lived experience guidance and support to help them transition back to independence in the community. The facility will be based on a living room model and will include access to referrals, a recovery library, computer stations, etc.

The hope is to have a program up and running by the early spring of 2019. The reinvestment plan will utilize HealthChoices reinvestment dollars for start-up and then moving forward after start-up the program will be funded via medical assistance and county base dollars.

Targeted Age Group: Adults, Age 18 and older

Projected Number of Individuals to be Served: 150 per year

Projected Timeline: Start up by the Spring of 2019

Resources: HealthChoices Reinvestment Dollars

During FY 2017-2018, Cambria County continued to operate a Day Reporting Center in Cambria County via the criminal justice system. Through concentrated efforts by all parties involved increased collaboration between the criminal justice system and the other human services programs have resulted in ongoing positive outcomes for individuals living with mental illness and substance abuse issues who have historically experienced little success when encountering the criminal justice system. The full benefits of this program continue to be realized including an improved relationship between mental health and drug and alcohol programs and the criminal justice system as a result of a coming together on the Criminal Justice Advisory Board has proven invaluable.

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

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

The **Community Based Intensive Treatment (CBIT)** Program was created in partnership between Cambria County BH/ID/EI and Nulton Diagnostic and Treatment Center, a Cambria County Outpatient treatment provider, in response to an identified need in the Cambria County community. The program was initially developed to support individuals being discharged from the State Hospital as a means of additional community support in the initial days and months post-discharge from the highly structured support of the State hospital setting.

Participants are offered choice to participate and the whole premise of the model is to have all providers of services involved with the individual to commit to a weekly treatment team meeting to discuss what is going on with the individual, to identify issues/barriers and then collaborate as a group to problem solve solutions in order to promote the individual's success and community tenure. Many program participants are involved with an array of outpatient services including but not limited to Blended Case Management, Peer Support, Outpatient psychiatric services, partial hospitalization program, psychiatric rehabilitation, etc. The program continues to demonstrate measurable success in regards to reducing re-admission rates and community tenure that the service has been extended to individuals who demonstrate a utilization of high cost levels of care such as acute

inpatient treatment in an attempt to afford these individuals increased community support and reducing the need for inpatient admissions. In the coming year, CBIT will be partnering with Magellan Behavioral Health of Pennsylvania in identifying those individuals utilizing high levels of care and connecting those individuals on an voluntary basis with the CBIT program to add extra support as a means of promoting greater community tenure and increased self-reliance and independence.

Cambria County continues to offer an array of traditional and non-traditional outpatient treatment options to include Mobile Mental Health Treatment and is also looking to implement tele-psychiatry in schools as part of a reinvestment plan to help address the geographical barriers faced by families living in a rural Pennsylvania County. Cambria County received final approval of the reinvestment plan and will plan to work with the Alternative Community Resource Program, a Cambria County Provider to have the service available during the Fall 2018 School term.

Perhaps the most noteworthy highlight in Mental Health for Cambria County was the decision to re-evaluate our HealthChoices Program and to issue Request for Proposal to garner responses from interested Managed Care Companies who might have an interest in becoming Cambria County's partner MCO. After an intensive RFP process that included both written submissions as well as an interview process, Cambria County selected Magellan Health to be Cambria County's Behavioral Health Managed Care Partner, beginning July 1, 2017. As we near the end of our first year of partnering with Magellan Behavioral Health of Pennsylvania, we are pleased to report our first year has been a successful one. Provider and member satisfaction remains positive and we look forward to the next year of our relationship in FY18/19.

Finally, Cambria County had developed a specialized Mental Health Court in 2015. The program has been well received by the community with very little of the anticipated push back that was feared. Although there are some limitations on who can be accepted into the program (degree of criminal offense) many individuals have already benefited from having Mental Health Court as a viable option.

b.) Strengths and Unmet Needs:

Older Adults (ages 60 and above)

Strengths:

Cambria County maintains a very strong working relationship between the Behavioral Health Program and the Area Agency on Aging. Every effort is made to implement appropriate interventions to support the aging population in their natural living environment and to avoid unnecessary inpatient hospitalizations and more significantly, admissions to the State Hospital. Cambria County offers a wide array of aging services and the agency will reach out to Behavioral Health when needed to coordinate/link individuals in need of behavioral health interventions when needed. Older Adults in Cambria County are supported in independent living as long as possible through supports and services offered through the Area Agency on Aging such as home maker services, home nursing services, meals on wheels, etc. As a last resort, Personal Care or Nursing Homes are

utilized if the individual cannot be safely supported in an independent setting. Ancillary support services such as outpatient behavioral health services and to include but not limited to partial hospitalization program, psychiatric rehabilitation services, peer support and blended case management are offered to support the individual in the community and promote stability and community tenure. Linkage to any identified services to include health coverage, establishment and/or reinstatement of Social Security benefits, substance abuse services, linkage to community resources. The targeted age group for this special population is age 60 and older. Services are funded through State and Federal Aging Dollars at this time.

Needs:

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

Adults (age 18 and above)

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

Strengths:

- Three Outpatient Psychiatric Service Providers with locations in both the southern and northern parts of Cambria County
- Tele-Psychiatry
- Adult Partial Hospitalization Program
- Psychiatric Rehabilitation Services
- Residential Services
- Long Term Structured Residence
- Three Community Residential Rehabilitation Homes for State Hospital Discharges as well as Community Diversion
- Two Consumer Drop In Centers
- Peer Specialists
- Administrative Case Management
- Blended Case Management offered by three providers
- Mental Health Court
- Supportive Employment Opportunities
- Ticket to Work Program

Needs:

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

Cambria County provided the above listed supports:

Administrative Case Management: 11,788

Residential: 95

Blended Case Management: 278

Transition Age Youth (ages 18 through 26)

Strengths:

Cambria County continues to explore opportunities to better serve the emerging adults in our Community. This age group continues to be served but under the current Psych Rehabilitation Program through Goodwill Industries. An identified variable that may be impacting this age group from engaging in possible support programs and services may be that many of the youth that are identified have been involved in several human service systems prior to age 18 and upon turning 18 they view this as an

opportunity to live independent of the often times mandated supervision and structure of their youth. (ie.Children and Youth, Juvenile Probation, RTF, BHRS, etc.)

Needs:

Ongoing efforts need to occur to engage this population and promote these next levels of service as positive and beneficial to them and to encourage them not to view involvement as punitive.

Additionally, Certified Peer Specialist Services for Transition Age Youth continues to be a topic of discussion and exploration amongst community providers as an identified area of potential need.

Barriers include liability concerns and securing a pool of candidates to serve in such a capacity.

Children (under 18)

Total CASSP Caseload for FY 17/18: 672

Strengths:

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

:

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

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

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

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

Needs:

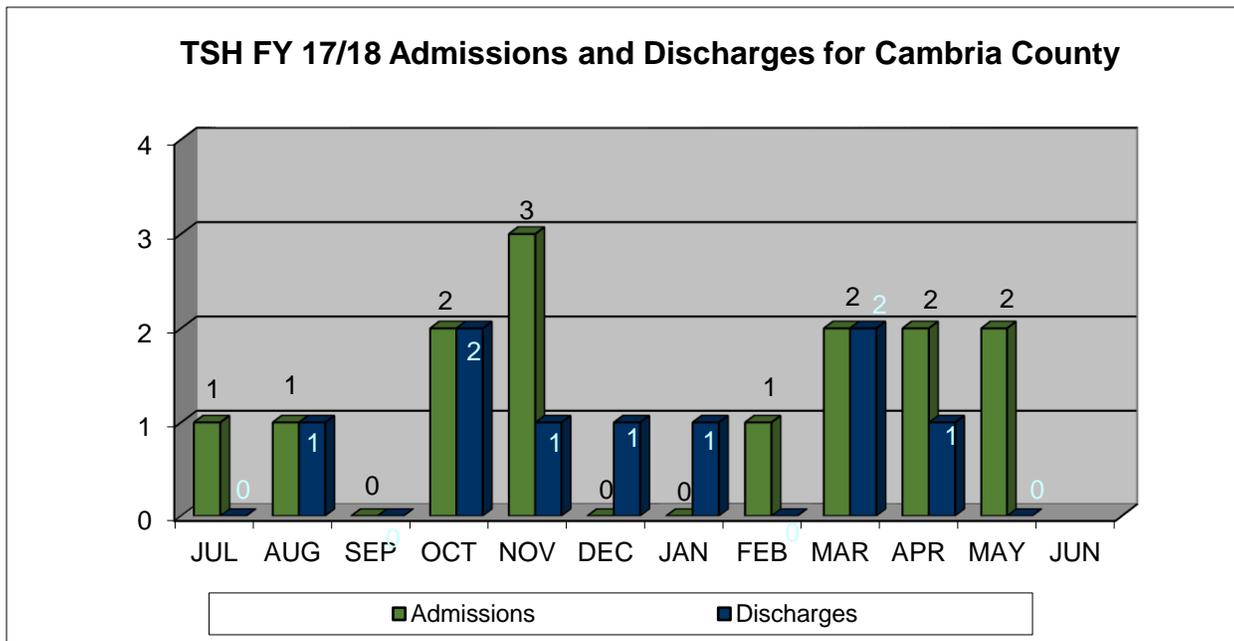
Ongoing collaboration/coordination between Behavioral Health and Drug and Alcohol Services.
Ongoing active participation in the Yellow Ribbon Campaign. Additionally, ongoing exploration and conversations regarding the potential implementation of Certified Peer Specialists for the Emerging Adult population.

Individuals transitioning out of state hospitals

Strengths:

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

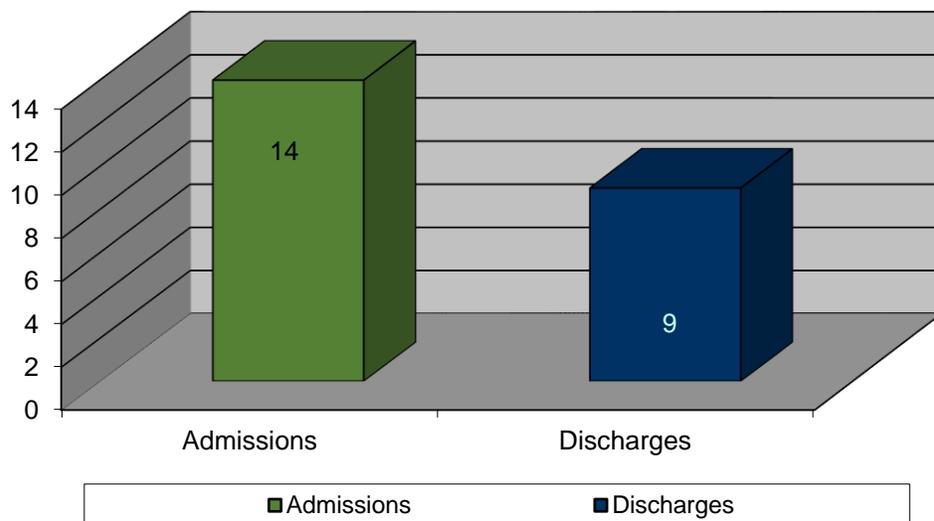
Torrance Statistics FY 17-18



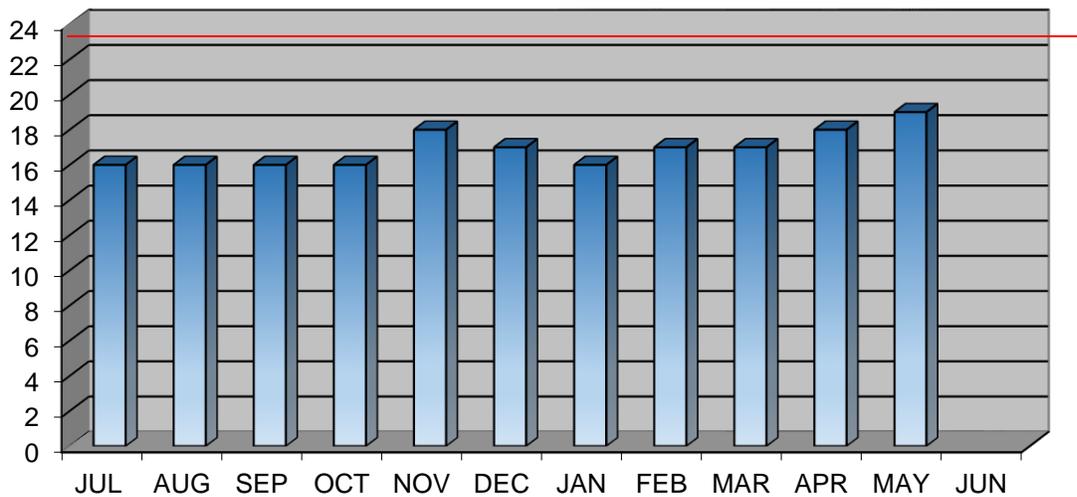
Note:

- *October--Blair County individual admitted under Cambria bedcap
- **Nov--Fayette County individual admitted under Cambria bedcap
- **Dec--Fayette individual moved to Fayette bed
- *Jan--Blair individual moved to Blair bed
- ***May--Somerset individual admitted under Cambria bedcap

Total FY 17/18 Admission and Discharges



Ending Monthly Census FY 17-18



Red Line Denotes Current Bed Cap for Cambria

Needs:

Available and appropriate living situations when transitioning back into the community continues to be a need for individuals transitioning from the state hospitals. Whenever possible independent living with supports is the option of choice and Cambria County was able to utilize the Supported Housing Reinvestment Program to assist individuals transitioning back to the community (the initial reinvestment program dollars have been expended and Cambria County was approved for a continuation of that original plan. In many instances, individuals being discharged from State hospital settings are not ready for independent living and often require LTSR and/or CRR level of care. With the ongoing census in the State hospital, Cambria County remains strong in the belief that more LTSR and/or CRR beds would be beneficial in the community and a better alternative to State Hospital level of care. At this time, Cambria County does not have any proposed plans in process for the conversion of Community Residential Rehabilitation residences. During FY 18/19 the County Administration will continue to meet with CRR as well as other County adult residential providers on a monthly basis to discuss the current residential status and needs of the community and to promote and spearhead discussions around the development of more recovery focused independent living opportunities. We continue to have one provider exploring the development of a small three person site that affords individuals the experience of more independent living with a “landlord” who is knowledgeable and informed as it relates to individuals living with severe, persistent mental illness. The current provider is funded through County Base dollars for their current service and so has now begun the process to enroll in PROMISE to be billable and reimbursable through PROMISE for ancillary support services. The projected timeline for the development and implementation of this resource is late 2018.

During FY 15/16 and FY 16/17 Cambria County has explored and investigated the potential development of a crisis diversion program along the lines of a walk in crisis model with a living room model with Peers as a integral part of the program and no residential component. Data supports that in nearly 45% of all voluntary admissions to the inpatient unit, individuals sign a 72 hour notice when reaching the psychiatric floor, resulting in a stay of three days or less, suggesting that the circumstances that resulted in the admission were situational, and if given an alternative option or resource to de-escalate such as crisis diversion, it would result in a significant reduction in the need for inpatient treatment. Cambria County is currently awaiting approval of a HealthChoices Reinvestemtn Plan for the creation of a crisis diversion program during the 18/19 fiscal year.

Co-occurring Mental Health/Substance Use Disorder

Strengths:

The Peer Empowerment Network, a consumer driven drop in center continues to offer a Drug and Alcohol Peer Support Group for individuals living with Mental Illness and Substance Abuse issues. The Group has been well received and well attended and participation continues to grow. The Group is facilitated by a Peer in recovery and is supervised and mentored by employed staff of the Peer Empowerment Network. Given the positive response to this Peer driven initiative, ongoing efforts to support and expand this resource will continue to be explored.

As a result of discussions during Community Provider meetings, Cambria County in partnership with our MCO, MBH issued an RFP to identify providers interested in developing a D&A Recovery Specialist Program to be included in the County's comprehensive array of available supports and services. Twin Lakes, a community substance abuse provider has received approval for the service description and continues to work with the MCO to develop an acceptable rate of reimbursement rate as well as recruit individuals for the position(s). The Alternative Community Resource Program has also taken the steps to have individuals trained to be Certified Recovery Specialists and is pursuing the opportunity to be an in network provider of CRS services in Cambria County.

Cambria County has also partnered with other Human Services Community providers in the establishment and participation in the Cambria County Drug Coalition, born out of the significant opioid epidemic paralyzing our County. Acknowledging the need for co-occurring treatment interventions has been imperative in ensuring the best possible outcome for our members.

Needs:

Due to the growing heroin epidemic that seems to exist in Cambria County, the BH/ID/EI Administrator, the D&A Administrator, and key personnel from the MCO supported the implementation of a Center for Excellence being awarded in Cambria County and have supported and participated in its development and implementation. Breaking down barriers between providers and promoting collaboration and a willingness to work together continues to be a barrier, as there continues to be pre-conceived notions that individual providers will only refer to their own programs and not promote choice in provider and services. The County Behavioral Health agencies continue to promote the principles of healthchoices which includes member choice and mediates conflicts whenever possible to improve communication and the timely access to services for individuals.

Justice involved individuals

Strengths:

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

1. Cambria County has a very active CJAB
2. Ongoing operation of a Day Reporting Center
3. Behavioral Health now has 2.5 forensic case managers who makes regular visits to the Day Reporting Center as well as the County Jail and assists participants and inmates pending release in linking to needed behavioral health interventions.
4. Forensic Peer Specialists continue to provide services to individuals transitioning back into the community from the jail system.
5. The implementation of a of a Mental Health Court that continues to have the support of the County Commissioners as well as the full support of the Judicial system of the County.

Needs:

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

Veterans

Strengths:

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

Needs:

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

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

Strengths:

Cambria County currently has a community provider, Alternative Community Resource Program, which has implemented support groups for the LGBTQI populations. These groups have been well received and well attended and have grown in their participant numbers. Note this priority group remains one of interest to the county and one that we hope to continue to make ongoing inroads with in the future.

Needs:

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

Racial/Ethnic/Linguistic minorities (including Limited English Proficiency)

Strengths:

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

Needs:

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

From a linguistics perspective, with a growing number of individuals whose primary language is not English, effort to explore and engage individuals in the community who can be of assistance for translation support when necessary. Cambria County currently executes several provider contracts with individuals in the community to assist in language translation ie. Spanish, Mandarin, American Sign Language.

Other (specify), if any (including Tribal Groups, people living with HIV/AIDS or other chronic diseases/impairments, Traumatic Brain Injury)

There are no current activities or initiatives occurring or planned at this time. Note: the TBI population has been raised at a previous public hearing.

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

YES NO

Does the county currently have any suicide prevention initiatives?

YES NO

During the FY 17/18 Cambria County in partnership with our HealthChoices Oversight Entity and our MCO, Magellan Behavioral Health of Pennsylvania, great strides have been made in regards to proactive steps being taken in regards to suicide prevention. There has been the development of a formal Suicide Prevention Task Force which is made up of a partnership between various community providers from an array of disciplines. As part of the Task Force, Cambria County held its first Suicide Prevention Summit in December 2017. We were fortunate to host Kevin Hines as our Keynote speaker, during which time he shared his story of living with bipolar disorder and his attempt to take his own life by jumping from the Golden Gate Bridge and surviving. Mr. Hines has also recently finished his documentary Suicide: The Ripple Effect and Cambria County is hosting a private screening of the movie right here in Cambria County on June 2, 2018. During the upcoming fiscal year, Cambria County will continue to provide educational and outreach opportunities to promote suicide prevention.

c) Supportive Housing:

The 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 16-17 that is in the implementation process. Please use one row for each funding source and add rows as necessary.***

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

2. Bridge Rental Subsidy Program for Behavioral			<input checked="" type="checkbox"/> Check if available in the county and complete the section.						
Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started	
HC Reinvestment	0	\$116,561	0	30	30	\$550	0	16/17	

3. Master Leasing (ML) Program for Behavioral			<input type="checkbox"/> Check if available in the county and complete the section.						
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17 – 18	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	

4. Housing Clearinghouse for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
	Base Dollars	\$50,000	\$50,000	175	220			1	16/17
	HC Reinvestment	\$20,000	\$0	28	20			1	16/17

5. Housing Support Services for Behavioral Health				<input 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 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started

6. Housing Contingency Funds for Behavioral Health					<input checked="" type="checkbox"/> Check if available in the county and complete the section.			
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.								
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19		Average Contingency Amount per person	Year Project first started
	HC Reinvestment	\$261,286.67	\$126,385	150	85		\$4500	16/17

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

Recovery-Oriented Systems Transformation

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

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

- Housing Initiatives
- Supported Employment as opposed to Sheltered Employment
- Development of a Crisis Diversion Program/Resource

1. Housing Initiatives

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

Timeline: Ongoing Initiation of the Supportive Housing Continuation to continue through FY 18/19.

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

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

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

2. Supported Employment vs Sheltered Employment

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

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

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

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

3. Development of a Crisis Diversion Program/Resource

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

Timeline: Due to the transition from VBH to Magellan as Cambria's MCO partner, which occurred July 1, 2017, and finally a finished reinvestment plan for a Crisis Diversion Program has been developed and sent to the State for approval. Once a final reinvestment plan is approved, Cambria County will work with Magellan to developed a fee schedule that enables long term sustainability via HealthChoices.

Fiscal and Other Resources: Start up dollars will come from Reinvestment, with the ultimate goal of the program being Healthchoices and county base dollars funded.

Tracking Mechanism:

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

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

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

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

e) Existing County Mental Health Services:

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

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization		
Adult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Child/Youth	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
ACT or CTT	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence Based Practices	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

Facility Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input 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 type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input 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 type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

f) **Evidence Based Practices Survey:**

Evidenced Based Practice	Is the service available in the County/ Joinder ? (Y/N)	Number served in the County / Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional information and Comments
Assertive Community Treatment	No	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Supportive Housing	Yes	100	HUD Guidelines	County	monthly	no	no	n/a
Supported Employment	Yes	20	none	County	Monthly	no	no	n/a
Integrated Treatment for Co-occurring Disorders (MH/SA)	No	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Illness Management/ Recovery	No	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Medication Management (MedTEAM)	No	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Therapeutic Foster Care	Yes	unknown	unknown	CYS		n/a	n/a	n/a
Multisystemic Therapy	Yes	6	unknown	MCO		n/a	n/a	n/a
Functional Family Therapy	Yes	12	unknown	MCO		n/a	n/a	n/a
Family Psycho-Education	No	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	yes	450	Peer Empowerment Network
Compeer	No	0	n/a
Fairweather Lodge	No	0	n/a
MA Funded Certified Peer Specialist- Total**	Yes	46	3 Providers
CPS Services for Transition Age Youth	no	0	Provider exploring
CPS Services for Older Adults	yes	5	none
Other Funded Certified Peer Specialist- Total**	no	0	none
CPS Services for Transition Age Youth	no	0	none
CPS Services for Older Adults	No	0	none
Dialectical Behavioral Therapy	Yes	100	Various providers
Mobile Meds	No	0	none
Wellness Recovery Action Plan (WRAP)	yes	10000	All levels of care
High Fidelity Wrap Around/Joint Planning Team	yes	100	Community provider
Shared Decision Making	no	0	none
Psychiatric Rehabilitation Services (including	yes	20	Site based and mobile
Self-Directed Care	no	0	none
Supported Education			Through Education
Treatment of Depression in Older Adults	no	0	none
Consumer Operated Services	no		Not at this time
Parent Child Interaction Therapy	yes	12	Two Provider
Sanctuary	No	0	None at this time
Trauma Focused Cognitive Behavioral Therapy	yes	2	Communitdy Providers
Eye Movement Desensitization And Reprocessing	yes	5	Community providers
First Episode Psychosis Coordinated Specialty Care	No	0	Not at this time
Other (Specify)	no	0	None at this time

h.) Certified Peer Specialist Employment Survey:

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

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

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

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

Total Number of CPSs Employed	46
Number Full Time (30 hours or more)	18
Number Part Time (Under 30 hours)	28

Intellectual Disabilities Services:

Please note that the following list of services is not only based on eligibility, but also funding resources. Each individual is evaluated for services and given consideration based upon meeting eligibility criteria as well as availability of funds.

If an individual is not already active with our agency, they must contact our Intake office at 814-535-8531 and schedule an Intake appointment to start the process. No services can be provided unless the individual has an open/active case with our agency.

- ◆ **ASSISTIVE TECHNOLOGY** – An item, piece of equipment, or product system that is used to increase, maintain, or improve an individual’s functioning. An independent evaluation of an individual’s assistive technology needs is required to determine the most effective way to meet those needs.
- ◆ **BEHAVIOR SUPPORT** – Provides assistance to individuals who may be dealing with aggression, self-injurious behaviors, law offending behaviors, etc. This service includes functional assessment, development of strategies to support the individual, and intervention and training to individuals, staff, parents and caregivers.
- ◆ **COMPANION SERVICES** – Provides individuals living in private homes with supervision and assistance that is focused solely on the health and safety of the individual. This can include grooming, health care, household care, meal preparation and planning, and socialization.
- ◆ **EMPLOYMENT SERVICES** – This includes Supported Employment, Transitional Work Services and Prevocational Services all of which are designed to help individuals obtain and/or sustain competitive integrated employment, prepare for competitive employment, or develop competitive worker traits through the use of work.
- ◆ **HOME AND COMMUNITY HABILITATION** – Provides assistance to individuals in acquiring, maintaining, and improving the skills necessary to live in the community, to live more independently, and to participate meaningfully in community life.
- ◆ **HOME ACCESSIBILITY ADAPTATIONS** – Consists of certain modifications to the private home of the individual which are necessary due to the individual’s disability, to ensure the health, security of, and accessibility for the individual, or which enable the individual to function with greater independence within the home. This does not include modifications that the family would typically be expected to provide, or that is part of the general maintenance of the home.

- ◆ **HOMEMAKER/CHORE SERVICE** – This consists of services to enable the individual or the family members with whom the individual resides to maintain their primary private home. This services can only be provided when a household member is temporarily absent or unable to manage the home, or when no landlord or provider agency staff is responsible to perform the homemaker activities.
- ◆ **LICENSED DAY HABILITATION** – This consists of supervision, training, and support in general areas of self-care, communication, community participation, and socialization. Areas of emphasis include therapeutic activities, fine and gross motor development, mobility, personal adjustment, use of community resources, and relationship development. (This is often referred to as Adult Training Facilities/Adult Day Care.)
- ◆ **RESIDENTIAL HABILITATION SERVICES** – These are direct and indirect services provided to individuals who live in licensed and unlicensed provider owned, rented/leased, or operated residential settings. These services are provided to protect the health and welfare of individuals who reside at the residential setting by assisting them in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.
- ◆ **RESPIRE SERVICES** – Provides supervision and support to individuals living in private homes on a short term basis due to the absence or need for relief of those persons normally providing care. There is short-term and long-term respite depending on the situation. There are yearly limits for the amount of respite that can be provided.
- ◆ **SUPPORTS COORDINATION** – Helps with locating, coordinating, and monitoring needed services and supports for individuals enrolled in a waiver. Supports coordination also maintains contact and provides information to those individuals on the waiting list to receive services/be enrolled in a waiver.
- ◆ **THERAPY SERVICES** – Provides assistance to the individual in the acquisition, retention, or improvement of skills necessary for the individual to live and work in the community. This includes Occupational Therapy, Physical Therapy, Speech and Language Therapy, and Orientation, Mobility and Vision Therapy.
- ◆ **OTHER SERVICES** – Advocacy services, Educational support services, Nursing services, Specialized supplies, Transportation services, and Vehicle accessibility adaptations.

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	3	16%	3	16%
Pre-Vocational				
Community participation	27	8%	27	8%
Base Funded Supports Coordination	160	30%	200	36%
Residential (6400)/unlicensed	8	5%	7	5%
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	0	0	0	0
PDS/VF	0	0	0	0
Family Driven Family Support Services	12	1%	6	1%

Supported Employment

Supported Employment Services are direct and indirect services that are provided in a variety of community settings for the purposes of supporting participants in obtaining and sustaining competitive integrated employment (CIE). CIE refers to full or part-time work at minimum wage or higher, with wages and benefits similar to workers without disabilities performing the same work and fully integrated with coworkers without disabilities.

Supported Employment services include activities such as training and additional supports including worksite orientation, job aide development, and coordination of accommodations and ensuring assistive technology that may be needed by the participant to obtain and sustain CIE. It consists of career assessment, job finding or development and job coaching and support. Cambria County individuals can receive supported employment through three local providers – Goodwill Industries of the Southern Alleghenies, Crossroads to Independence and Skills of Central PA. These providers are qualified to

provide employment services. Crossroads to Independence also has staff trained in discovery and customized employment. Other agencies offering supported employment to Cambria County individuals can be found in the Services and Supports Directory of the Home and Community Services Information System (HCSIS).

Employment is a focus area of the Quality Management Plan. Information regarding the number of individuals receiving supported employment and the number of individuals in competitive integrated employment is reviewed on a monthly basis. Tracking of individuals requesting competitive employment or supportive employment services is completed by the employment point person via a PUNS report and is recorded quarterly on the AE's Quality Management Plan. The QM plan is presented to Cambria County's Advisory Board which meets quarterly. IM4Q considerations for employment are also tracked on the County's QM plan.

All graduates and all individuals under the age of 24 are referred to OVR for an employment assessment. This assessment will determine if the individual has the skills necessary to obtain and sustain competitive integrated employment.

Cambria County promotes employment as an option for all ID and Autistic individuals through the Supports Coordinators. The SCs discuss an individual's interest in obtaining community employment at the annual review ISP meeting or anytime the individual expresses an interest in working in the community. As mentioned earlier, all graduates and anyone requesting employment services is referred to the Office of Vocational Rehabilitation for an assessment. If the individual does not meet OVR criteria, they will be given a choice of supported employment providers. If waiver funding is available, the service will be approved and authorized by the AE. If waiver funding is not available, a PUNS (Prioritization of Urgency of Need for Services) will be completed. When waiver funding is not available, base funds would need to be utilized to provide employment services. Additional base dollars would enable the county to provide employment services to more individuals with a diagnosis of intellectual disabilities and/or autism. For fiscal year 18/19, it is our plan to provide employment services to at least two base consumers.

Cambria County SCs are participating in Employment webinars/trainings offered through ODP and SELN. These webinars provide useful information and discussion topics for the SCs. Cambria County's AE and SCO Employment Point persons recently attended a Regional Forum on Employment. All information gathered at various forums is forwarded to the Supports Coordinators. Cambria/Somerset Transitional Council is in the process of reconvening. Cambria County's AE and SCO Employment point persons will be members of that Council along with Transition Coordinators, OVR staff and provider agencies.

Assistance is needed to find ways to explore work opportunities for individuals with moderate and/or severe/profound diagnosis of ID. . Families need to be educated as to all the options that are available for their son or daughter. They are hesitant to place their loved ones in community employment settings where they will not have the support/structure of a prevocational setting or day program. Businesses in the area have to gain an understanding of hiring an individuals with a disability.

Goodwill Industries of the Conemaugh Valley has developed a program that is available 2 days a week; free of charge for anyone interested in exploring careers and apply for jobs, create/update resumes.

Supports Coordination

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

Cambria County's SCs have participated in webinars regarding the communities of practice/supporting families using the life course tools to link individuals to natural resources. This information is to be discussed and reviewed with the families. Cambria County SCO is aware of the need for the families to have this information. Each SC to pick one or more individuals on their caseload and directly work with that family on the life course tools and provide an update to their supervisor regarding the progress that has occurred.

For fiscal year, 17/18, 161 consumers received base funded supports coordination. For fiscal year, 18/19 it is projected, 200 consumers will be in need of base funded supports coordination. Approximately, four (4) new consumers with an intellectual disability or autism register for services on a monthly basis. This number may increase since individuals with the diagnosis of Autism can be open to our agency for Supports Coordination. At this time, we have identified four (4) 2018 graduates and informed ODP of their need for services. As the SCO/Base consumers are enrolled in the waiver programs, new consumers are open to Cambria County BH/ID Programs. The number of waiver slots allocated to Cambria County per fiscal year rarely meets the demand for services. Therefore, the number of consumers utilizing base funded supports coordination continues to grow. Currently, Cambria County has ten (10) Supports Coordinators with an average caseload of 50 consumers. Every individual who is in need of services has a PUNS Prioritization of Urgency of Needs for Services completed. The Program Specialist for the AE runs a PUNS report monthly to ensure all PUNS have been updated at least annually. The PUNS report is forwarded to the SCO and assists with planning for services.

Cambria County has increased their number of individuals who are self-directing their services. Last fiscal only one person in Cambria County was participating in self-directed services. This fiscal year, 17/18, Cambria County has three (3) individuals utilizing the Agency with Choice Model (AWC) and one (1) family enrolled with the Public Partnership. Two (2) other families are currently exploring the PPL option for the provision of services. The SCO has gained more knowledge of both of these programs and has passed this information to the individual and their families. Families realize cost savings can occur and additional services can possibly be provided when trying to remain under the PFDS cap. All individuals using these models are enrolled in the PFDS waiver.

Lifesharing

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

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

For fiscal year 18/19, it is our plan to maintain and/or increase the number of individuals residing in a lifesharing placement by two (2) individuals. ODP has expanded Lifesharing options. With the increase of who can become a lifesharing provider, more consumers may be interested in this residential option. It is noted that the families of Cambria County continue to be hesitant to place their family member in a lifesharing home. They prefer to keep their family member home or seek residential placement in a group home with trained staff. Family members voice a concern regarding the stability of the life sharing provider. If something would happen to the family living provider; what would happen to their loved one. Cambria County continues to try to increase interest in lifesharing opportunities; however, as stated before, the families are very reluctant to pursue this option. It is uncertain that any assistance from ODP would increase interest in lifesharing in Cambria County.

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

Cross Systems Communications and Training

Funding support for Increased Provider Capacity to fully support individuals with multiple needs

Through regular stakeholder, advisory, and HealthChoices related meetings, Cambria County is regularly working with Behavioral Health of Cambria County (BHoCC) and the Managed Care Organization to identify and offer ongoing educational opportunities that improve current provider skills and competencies as they relate to working with multi-system involved individuals with complex needs to ensure comprehensive interventions are being utilized. Additionally, County Administration meets regularly with various providers who approach the County about new and innovative programs and approaches to working with complex individuals.

Local School Districts

Cambria County works closely with the transition coordinators from the local schools. Cambria/Somerset Transitional Council is in the process of reconvening and the County's Employment point persons are participating on that Council.

BH/ID staff attends IEP meetings at the request of the school to determine the support that will be needed upon graduation. Transition activities are to begin at the age of 14. With the use of the life course tools, plans are developed for post graduation. However, if funding is not available the process can be very frustrating for the individual and families.

C&Y and AAA

Cambria County BH/ID/EI Programs works closely with the Behavioral Health Unit, Children and Youth and Area Agency on Aging agencies. When an individual is dually diagnosed or involved with the other agencies, meetings are held to determine the best support necessary for the individual. Administrative and ID staff work with C&Y and AAA to discuss available and viable options. Over the years, there have been individual cases involving individuals receiving services from multiple Human Services Agencies and creative solutions to include sharing costs across systems to ensure the level of care and necessary supports are in place through base funding until permanent funds such as a waiver slot are secured to provide long term support for the individual.

Emergency Supports

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

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

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

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

Crisis Services in Cambria County have a mobile crisis component as well. The approach to crisis in Cambria County is to meet the individual where they are at whenever possible and provide supports, resources, etc. not only to the individual but to their supports as well.

Crisis Services are a contracted service in Cambria County, the current provider is Universal Behavioral Health (The Meadows) and monitors and maintains its own training curriculum for their crisis staff as it relates to working with individuals who have Intellectual Disabilities and Autism.

24 hour Emergency Response Plan

To be submitted as an attachment to this Plan

Administrative Funding

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

As stated previously, Cambria County utilizes the HealthChoices Oversight Entity, BHoCC as well as the Managed Care Organization as both an educational as well as funding source to provide ongoing education, outreach and support to our local community as it relates to individuals and their families. Peer Support is strongly supported and encouraged in Cambria County and with three local providers of Peer Services Cambria County is able to offer several alternatives to individuals and their families to match individuals with individuals with similar lived experiences. Additionally, under HealthChoices there is also a concerted effort to provide family advisory and support in navigating the complex human services system.

ODP can support these efforts by partnering with the Behavioral Health (Mental Health and Substance Abuse) departments and collaborate on training opportunities provide a comprehensive array of information and guidance to individuals and their families.

HCQU

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

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

IM4Q

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

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

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

When ODP notices any trends with our consumers, they share that information with the County. The county is responsible to reach out to the SC and/or the provider agency to gather additional information and report back to ODP. It would be better if ODP would inform all parties involved with the consumer (SC, provider agency) at the same time.

RMT

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

Describe how the county will interact with individuals, families providers advocates and the community at large in relation to risk management activities

The County holds management review meetings with all the providers and stakeholder meetings are held on a quarterly basis. At these meetings the County has the opportunity to inform all the providers of changes that may be occurring. Problems and concerns are also discussed.

The County Administrator makes themselves and respective Staff available to members, advocates, family members, and the community

ODP can assist the County in interactions with stakeholders in relation to risk management activities by being available for consultation and suggestions and to participate in higher level reviews.

In addition ODP can offer training opportunities that speak at the individual and family member level that provides commonsense material and information that aids them in better understanding the risk management process.

County Housing Coordinator

Cambria County funds a Housing Coordinator position through Mental Health dollars. This individual is available to any individual in Cambria County experiencing issues with homelessness or are at risk for homelessness, this includes individuals with a diagnosis of Intellectual Disability. The Housing Coordinator works with individuals to link them with the Greater Johnstown Landlord's Association, the County's contracted Clearinghouse entity to independently or with case management/supports coordinator assistance identify available independent living opportunities in the community.

Development of an Emergency Preparedness Plan

The county will engage providers of service in the development of an emergency preparedness plan through the County Department of Emergency Services which is the agency tasked with coordinating emergency preparedness in Cambria County. The County has developed a system of shelter in place as well as temporary shelter locations if the need arises and has a defined plan for how to link with emergency services in the event of a natural or man-made disaster.

Participant Directed Services (PDS)

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

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

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

Community for All

Cambria County has ten (10) individuals listed on the “Community for All” report.

Two (2) of those individuals are residing in a nursing home due to their physical health conditions. The remaining eight (8) are residing in private ICF/MRs. When the Supports Coordinator meets with the individual, they discuss residential options with the individual/family. If they express a desire to change their residential placement, alternatives will be explored. A synopsis of the individual’s needs will be developed and sent to residential providers in order for them to determine their ability to provide an appropriate and successful placement. When a provider is located, funding options will be determined. Transition activities will occur.

Homeless Assistance Services

Cambria County’s continuum of services includes preventive services to help individuals and families from all demographics avoid homelessness, and financial and support services to assist persons who have become homeless to attain and maintain permanent housing. Programs are designed to strongly encourage those receiving assistance to take a proactive role in development and implementation of an effective service plan. Clients often receive assistance from more than one HAP component as well as several agencies.

Over the course of the last few funding cycles Cambria County has made several improvements to our HAP service delivery. The opening of the Martha & Mary House emergency shelter has greatly improved the chances that county residents who experience homelessness and are willing to truly engage in the case management process will establish and maintain permanent housing. The revisions in rental assistance, such as the 75% of household income for essential living expenses and case management requirements, have helped increase peoples’ awareness of how better to manage limited resources. And the change to a new provider for bridge housing services has increased the number of participants and has provided them more choice in where they live instead of limiting them to Housing Authority communities.

	ated/Actual Individuals served in -18	ted Individuals to be served 18-19
Housing	10	13
Management	134	134
Assistance	325	325
ency Shelter	245	245
Housing Supports	0	0

HAP Program Descriptions

Bridge Housing Program (BHP) – In the 2016-2017 fiscal year we initiated a new partnership with the Greater Johnstown Landlord Association for bridge housing services, utilizing the private landlord, scattered site option. We will continue to maintain that partnership for the FY118/19. There are currently four households, with a total number of nine persons enrolled in the BHP. All clients are required to receive a mental health assessment by Cambria County Behavioral Health (CCBH) before official entry into the program and must follow through with counseling if it is advised by CCBH. The BHP will pay the client’s rent for up to 12 months. Client contribution will remain the established sliding fee scale based on clients’ income but not greater than 30% of income for adult only households, 20% for families with children.

Based on the increase in the number of clients served by bridge housing in fiscal year 2015-2016 as compared to fiscal year 2016-2017, from three to 10 respectively, we felt the change that was made to the program had been validated as a successful improvement. We do not plan any further changes to bridge housing in fiscal year 2018-2019, but will continue to closely monitor the service and make adjustments as may be necessary.

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

In the past two fiscal year a lower percentage of rental assistance clients attended case management than in the previous years. We attribute that to the increased number of first time rental assistance recipients who have not yet experienced the denial for further rental assistance within 24 months as a result of having not attended case management. We have no changes planned for this service in fiscal year 2018-2019.

Rental Assistance - Provides rent/mortgage or security deposit on the client's behalf for those who qualify according to the HAP Instructions and Requirements. Eviction/foreclosure notice is required, and a signed statement from the landlord that they will continue/begin to rent to the person if the agreed upon amount is paid to the landlord on the client's behalf, or a signed statement from the mortgage holder that foreclosure activities will cease upon receipt of payment on the client's behalf. All persons requesting rental assistance are referred to the County Assistance Office (CAO) to apply for the emergency shelter payment and must present the signed CAO approval/denial paperwork prior to receiving rental assistance from the HAP.

Not more than 75% of total household income can be required for essential housing expenses in order for a household to receive rental assistance. In fiscal year 2016-2017, due to the increased number of requests for services, we set a limit of \$400.00 per assistance occurrence. This enabled us to help more households and to stretch the funding throughout the fiscal year.

For fiscal year 2017-2018 we increased that to \$450.00 per assistance occurrence. The change was due to rent amounts rising because more municipalities are assessing water/sewage/garbage to the property owners now instead of to the renters. Landlords passed those increases onto renters. This will continue for FY18/19.

Emergency Shelter – Provides refuge and care to persons who are in immediate need and are homeless. Emergency Shelter includes \$13,195.00 of Cambria County's HSDF allocation.

Emergency Shelter providers are:

1. The Women's Help Center - The Women's Help Center serves victims of domestic violence and can house a maximum of 35 people. Clients are required to participate in case management while at the facility and may continue with case management services voluntarily after leaving shelter.

2. Catholic Charities, Diocese of Altoona-Johnstown – Opened and operates The Martha & Mary House, which serves any persons who are homeless in Cambria County. Maximum capacity is 16. Clients must actively participate in case management while in shelter and may continue case management services voluntarily after leaving shelter.

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

We have no changes planned for emergency shelter provision in fiscal year 2018-2019.

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

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

All but one of our HAP providers are utilizing Pa-HMIS to track HAP client data. The Women’s Help Center, as a domestic violence shelter, does not participate in the Pa-HMIS. There is not follow-up contact after discharge for clients unless the former client contacts the agency or returns for additional services.

Administration – Planned Expenditures: \$17,645

Homeless Assistance Program funds will be utilized for administrative activities relating to the HAP-specific portion of the block grant. Administration costs will not exceed the allowable 10% of the HAP allocation. For FY 18/19 Cambria County will no longer have a dedicated individual employed via HAP but rather the duties will be absorbed by the Mental Health program and staff of that agency will provide the daily oversight of the HAP including provider contract administration and monitoring, fiscal operations and plan/report preparation. The BH/ID Program has a dedicated housing liaison caseworker who reports directly to the agency administrator and works daily with all the providers contracted with via HAP. The housing liaison provides initial intake and assessment of individuals presenting as homeless or at risk for homelessness, reviews all cases with the agency administrator for final determination of appropriate housing options/supports and then coordinates and facilitates necessary referrals, linkage, and follow up with those recommended supports. The BH/ID Administrator serves on the executive committee for the County’s Homelessness workgroup in Cambria County and provides monitoring, evaluation and feedback to the bridge housing, case management, rental assistance, and emergency shelter to each respective agency as they each have representation on the committee as well. BH/ID agency fiscal department staff also monitor invoice submissions and contractual compliance as well. Additionally, operating costs including audit costs and county indirect costs for the HAP portion of the block grant are charged under administration.

Homeless Management Information Systems

Cambria County participates with our regional Continuum of Care (COC) as the single point of entry for individuals experiencing homelessness. The United Way of the Laurel Highlands 211 System is the identified call in number where staff is trained to complete the initial assessment of need and will enter the individual into the que. Cambria County has developed a Task Force to address homelessness which brings together all pertinent stakeholders to discuss issues, problem solve potential solutions, and more

recently to educate and update housing resources on the 211 process when coming in contact with an individual who is identifying as homeless.

Drug and Alcohol Services

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.

Please provide the following information:

1. Waiting List Information:

- Detoxification Services
- Non-Hospital Rehab Services
- Medication Assisted Treatment
- Halfway House Services
- Partial Hospitalization
- Outpatient

# of Individuals	Wait Time (days)**
Not applicable.	

**Use average weekly wait time

It has not been necessary for the SCA to maintain waiting lists for any levels of care. Situations in which SCA clients do not receive the recommended service are limited to client choice or the client’s unavailability for treatment due to incarceration. The SCA has been able to ensure the availability of admissions to residential levels of care from a capacity standpoint by maintaining a large number of provider contracts for providers in the local region and throughout the state. At the outset of FY 2017-18, the SCA had contracts for 20 facilities providing medically-monitored detox and 40 facilities providing medically-monitored rehabilitation. In addition, the SCA maintains contracts with nine outpatient treatment providers offering drug-free treatment and two offering methadone maintenance. Alliance Medical Services, a Center of Excellence located in Cambria County, remains under capacity for methadone maintenance services and is able to accept new referrals. Also in FY 2017-18, the SCA initiated a fee-for-service contract with Twin Lakes Center for the provision of Vivitrol injections for non-MA eligible clients. From a fiscal perspective, the SCA has been able to offer funding to clinically appropriate levels of care throughout the treatment episode due to the ultimate eligibility of most SCA clients for HealthChoices, made possible through Medicaid expansion in Pennsylvania. In collaboration with its treatment providers, the SCA has ensured that clients complete the Medical Assistance application process and has monitored client eligibility and case dispositions through the establishment of a drug and alcohol liaison at the Cambria County Assistance Office.

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
Unknown	Unknown	Unknown	82

With the designation of Cambria County's Alliance Medical Services as a Center of Excellence (COE), Alliance has established a 24/7 Overdose Helpline capable of 24 hour response to local emergency departments for the facilitation of the warm handoff process for overdose survivors. In collaboration with the COE, which also serves as an SCA-contracted provider, the SCA has adopted the Overdose Helpline as its response mechanism to the emergency department for the facilitation of warm handoffs.

As of this writing, the Conemaugh Health System, which operates both emergency departments in Cambria County, has not integrated the Overdose Helpline into its protocols for the processing of overdose survivors in the emergency department. Therefore, the SCA does not have access to information documenting the number of overdose survivors seen at the emergency department or their treatment dispositions. Conemaugh has forwarded a proposed legal agreement regarding implementation of the warm handoff to Pinnacle Treatment Centers, parent company of the COE, for legal department review. This agreement remains under review at this time. Should Conemaugh begin to utilize the Overdose Helpline for patients in the emergency department, patients will have access to 24/7 in-person intervention, assessment, and referral services. Assessments completed by the COE for uninsured patients will be accepted by the SCA as a basis to access SCA funding. The SCA has further reinforced the accessibility of SCA-funded non-hospital detox admissions by issuing a policy memorandum to contracted inpatient treatment providers. This memorandum guarantees contingent SCA funding for all uninsured patients referred from the Conemaugh Memorial Medical Center.

Three separate DEA reports have ranked Cambria County 1st, 3rd and 2nd in the state for overdose deaths per capita. In 2015 there were 58 deaths, in 2016 there were 94 deaths and in 2017 there were 82 reported deaths. These numbers were reported by the Cambria County coroner's office and it should be noted the 2017 total is not a final total. In 2016 and 2017 Fentanyl was the number one drug present in overdose deaths. In 2016 fentanyl was present in almost 50 out of the 94 overdose deaths and in 2017 fentanyl was present in over 60 of the 82 reported overdose deaths. There was a 62% increase in overdose deaths from 2015 to 2016.

- a. **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	0	0	-
Inpatient Hospital	0	0	-
Inpatient Non-Hospital Detox	20	0	Adolescent (1), Co-occurring (6)
Inpatient Non-Hospital Rehab	37	1	Adolescent (2), Women children (3), Co-Occurring
Partial Hospitalization	13	3	Adolescent (1), Co-occurring (11)
Intensive Outpatient	8	5	Adolescent (4), Co-occurring (3)
Outpatient	10	7	Adolescent (8), Co-occurring (4)
Halfway House	16	2	Adolescent (1), Women children (3)

*** 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.*

3. **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.

Though continued collaboration with the Alliance Medical Services COE and discussions with interested medical and treatment providers, in conjunction with regulatory guidance provided by DDAP and other state agencies, the SCA will seek to increase withdrawal management options for prospective clients as the American Society of Addiction Medicine 3rd Edition patient placement criteria are implemented in Pennsylvania on or around July 1, 2018. Potential beneficial services could include the dispensing of buprenorphine to overdose survivors at the emergency department, development and facilitation of an outpatient detox protocol between the emergency department and the COE, or the provision of outpatient detox exclusively by an outpatient treatment provider.

The SCA will also actively work with the local MCO, Magellan Healthcare, to develop a Request for Information to recruit further interested and capable providers for inclusion in the Magellan network for the provision of billable CRS services. In addition, the SCA will continue in discussions with involved parties, through membership in the Cambria County Criminal Justice Advisory Board Re-Entry Subcommittee, to bring CRS services on-site at the Cambria County Prison. Through prison-based CRS orientation, the SCA will provide each inmate with substance use disorder the opportunity to become acquainted with CRS services and to consent to subsequent referral to CRS services upon re-entry into the community. This connection to CRS services will improve retention in substance use disorder treatment by providing support in navigating barriers and advance the process of integrating the client into the recovery community.

The current opioid epidemic has brought to light the need for medically-managed detox and rehab services in Cambria. Warm hand-off issues would be alleviated with the start-up of these services. While the SCA holds contracts with several non-hospital providers for medically-monitored detox and rehab services in the immediate surrounding counties, none exists in Cambria. At a minimum one hospital-based detox and rehab and one nonhospital-based detox and rehab are needed within the county.

4. **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.

As of October, 2017, the SCA has been designated as the Centralized Coordinating Entity (CCE) for PCCD-funded Narcan distribution to first responders in Cambria County. Planning to execute this task has led to newly-established communication and coordination with the medical director of the regional EMS Council as well as Cambria County 911. The SCA is now able to communicate directly with all EMS Commanders, Fire Chiefs, and Police Chiefs/Officers via the Cambria 911 e-mail chain. During Narcan distribution events, the SCA was able to establish face-to-face contact with many EMS Commanders for the first time and provide an overview of the services available via the SCA and the Alliance Medical Services Center of Excellence 24/7 Overdose Helpline. Its designation as the CCE provides the SCA with the opportunity to educate first responders on the system in process for patients to access treatment following overdose and to obtain first responder input as enhancements are made to this process.

To date, the SCA has distributed 190 doses of Narcan to EMS, QRS-certified fire departments, and school districts under the PCCD project. Two uses of these doses have been reported, with one successful reversal and one death. At present, all except two Cambria County police departments are carrying Narcan supplied by the District Attorney's office through Pennsylvania District Attorneys Association. The expiration date of this Narcan is September, 2018. The SCA, through discussions with the District Attorney's office, is currently preparing to expand the scope of its distribution to the law enforcement community as warranted. The SCA anticipates receiving a second shipment of approximately 480 Narcan doses, via the second installment of the PCCD project, for distribution to first responders in late May, 2018.

At present, two entities in Cambria County are active in facilitating in-person Narcan training demonstrations. Twin Lakes Center, a licensed drug and alcohol treatment provider, has

facilitated trainings via its We Will Recover project. The Cambria County Drug Coalition has similarly facilitated trainings at various community venues. First responders receiving Narcan via the SCA’s PCCD project are required to certify completion of one of several approved online trainings before receiving Narcan for use on overdose victims.

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

	# of Professionals to be Trained	# of Professionals Already Trained
SCA	0	5
Provider Network	2	111

The SCA, in collaboration with Magellan Healthcare, hosted three two-day sessions of the ASAM training in Johnstown in Cambria County on February 28-March 1, March 5-6, and March 7-8, 2018. Prior to scheduling of the training, all licensed providers were surveyed to assess an actual number of staff requiring the training, and an appropriate number of sessions to meet demand were scheduled. In total, 116 of 118 individuals requesting the training successfully completed the training. Two individuals were unable to attend due to unforeseen personal circumstances at that time and will individually pursue training arrangements in other nearby counties. All individuals attending the training were provided with a copy of the ASAM textbook at no cost. Training was completed utilizing the official training provider of ASAM, *Train for Change*. All training costs were absorbed by the SCA and Magellan Healthcare.

At this time, the SCA and its contracted providers have fulfilled the training requirements to begin implementation of the ASAM criteria.

Human Services and Supports/Human Services Development Fund

A considerable portion of HSDF money is planned for provision of services to low income adults, aged 18 to 59, who do not meet the criteria for categorical services and/or when no other funding is available. These individuals are reviewed for eligibility at least every six (6) months and must qualify for services as defined and outlined in Chapter 2050, Adult Services Manual. We also plan to provide limited Aging and Children and Youth Services in service categories that may be otherwise underfunded or unfunded.

Program Name: Adult Day Dare

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

Service Category: Adult Services

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

Program Name: Homemaker

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

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

Service Category: Adult Services

Planned expenditures: \$42,000; estimated clients: 27

Program Name: Home Delivered Meals

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

Service Category: Adult Services

Planned expenditures: \$40,000; estimated clients: 75

Program Name: Adult Day Care

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

Service Category: Aging Services

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

Program Name: Counseling and Intervention

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

Service Category: Children and Youth Services

Planned expenditures: \$50,000 (Behavioral Health funding); estimated clients: 57

Interagency Coordination – Planned expenditures: \$44,085

Funds utilized in Interagency Coordination are primarily for staff salary and benefit costs. The Mental Health Agency will now manage both the HSDF and HAP and maintain a close working relationship with all county departments. The CSC is actively involved with several committees that are comprised of representatives from numerous social service agencies, county categorical agencies, county commissioners, county criminal justice system and community boards and authorities, and includes representation from the faith-based community. The CSC reports directly to the Human Services Administrator. The Human Services Administrator, who also serves as the Chief Fiscal Officer for Cambria County Behavioral Health/Intellectual Disabilities/Early Intervention, meets regularly with the county categorical administrators to discuss service priorities and funding issues. Additionally, numerous contacts are made throughout the year among Cambria County Human Services staff, our providers, other agencies and the general public. Based on information gathered from all of these sources the Human Services Administrator makes funding recommendations to the Cambria County Commissioners. A small portion of Interagency Coordination dollars will be utilized to support community education and awareness activities such as the Kids-a-Fair. Kids-A-Fair is an annual event hosted by The Cambria County Health & Welfare Council for which many agencies and organizations come together to provide educational, instructional and fun activities focusing on

health, nutrition, education and general information directed at strengthening the well-being of individuals, families and the community. Examples of activities in support of block grant funded programs are dissemination of information about services for Early Intervention and Community Based Services by local provider agencies, screening information for Early Intervention services, and Drug Prevention literature.

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

Human Services Development Funds will be utilized for administrative activities relating to the HSDF-specific portion of the block grant. Administration costs will not exceed the allowable 10% of the HSDF allocation. Once again the role of the Community Services Coordinator will be eliminated in Fy18/19 and those duties and responsibilities will be absorbed by the Mental Health Agency to include the daily oversight of the HSDF including provider contract administration and monitoring, fiscal operations and plan/report preparation. Additionally, operating costs including audit costs and county indirect costs for the HSDF portion of the grant are charged under administration.

- During FY 17/18 Cambria County BH/ID/EI has employed a full-time housing liaison caseworker position to work directly with individuals living with Behavioral Health issues in locating, securing, and maintaining safe, affordable, permanent housing in partnership with the Greater Johnstown Landlords Association and the Peer Empowerment Network.

Proposed Plans for 2018-2019

- Expenditures across systems is not limited this year and can be shared across funding streams at 100% without a waiver from the State.
- That being said, Cambria County has made an ongoing commitment to no service reduction in one cost center in order to realize services within another cost center.
- The County remains committed to no job loss- savings continue to be realized as a result of employee attrition.
- Ongoing inclusion of stakeholder input in system/service transformation.
- At the present time, Cambria County intends to utilize funding across systems at the same rates and approximate amounts as 2017/2018 and will make adjustments as needed from any individual categorical funding silo as deemed necessary.

Proposed cross system funding FY 18/19

1. Behavioral Health to Intellectual Disabilities ---	\$332,420
2. Behavioral Health to Human Services Development Fund --- <i>(to maintain the Child Advocacy Center)</i>	\$50,000

Total: \$382,420

Cambria County 24 Hour Crisis Response Plan

CURRENT PROVIDER: The Meadows/Universal Community Behavioral Health
SERVICE: Licensed Crisis Intervention Services

The Cambria County Mental Health Crisis Intervention Services is based out of Crisis Intervention Services at the Meadows Psychiatric Center, 132 The Meadows Drive, Centre Hall, PA 16828. An additional office located at Cambria County BHNID\EI, 110 Franklin Street, Suite 300, Johnstown PA 15901 is established to provide Mobile Crisis Services in Cambria County or supervision and coordination of program, community outreach and collaboration.

The Meadows Psychiatric Center/UCBH assures prompt response and service availability for Cambria county residents requiring immediate mental health telephone crisis intervention services. Access to services may be obtained 24 hours per day, seven days per week through the hotline, at 1-877-268-9463.

The services to be provided include crisis intervention, mental health assessment, supportive counseling, resolution, referral and follow-up for continuing care and treatment. The provision of services shall be provided in an age appropriate, recovery orientated and culturally competent manner in accordance with CASSP and CSP principles with an assurance of confidentiality.

- Telephone/Mobile Crisis Intervention is operational 24 hours per day, 365 days each year.
- Telephone Crisis Intervention Services are located at The Meadows Psychiatric Center and are adequately staffed according to incident volume.
- Mobile Crisis Intervention Services are adequately staff according to incident volume.
- Mobile Crisis Intervention Services constitute a community response and occur within the home community at the location of the consumer such as residence, emergency room, police station, jail, group home/CRR, Primary Care Physician, school, etc.
- Telephone/Mobile Crisis Intervention Services promote response to the consumer by a mental health worker or professional rather than reliance on emergency services such police and emergency room personnel to provide mental health crisis intervention and/or evaluation.
- Telephone/Mobile Crisis Intervention services are staffed by Crisis Counselors who meet the Department of Public Welfare Crisis Intervention Bulletin – draft regulations dated March 16, 1993 description of mental health crisis counselor.
- Supervision of the Crisis Counselors is provided by a Mental Health Professional who meets the Department of Public Welfare Crisis Intervention

Bulletin – draft regulations dated March 6, 1993 description of a Mental Health Professional.

- Crisis Counselors make all reasonable efforts to respond within 10 minutes to page by The Call Center. Dispatch response is monitored by Director of Crisis Intervention Services, Crisis Coordinator and Team Lead (s).
- Crisis Counselors make all reasonable efforts to respond to the location of the crisis incident within 60 minutes.
- Mobile Crisis Intervention requests are documented on *UCBH Crisis Database* and safety of location is screened by Crisis Counselors.
- Mobile Crisis Intervention is coordinated by Crisis Counselors Coordination involves:
 - Mobile safety screening
 - Directions
 - Police escort and/or medical emergency services if warranted
 - Consumer demographics
 - Collaboration with on call services such as case management, ID Supports Coordinators, Aging, CYS or Probation, etc.
 - Consumer follow up with estimated time of Mobile Crisis Intervention arrival and offer telephone support until mobile arrives on scene.
 - Provide presenting crisis problem as well as crisis contact history.

Crisis Counselors may access telephone crisis services and The Meadows Psychiatric Center/UCBH as additional support including but not limited to consumer contact history with crisis services, nursing support and psychiatric consultation. Nursing and psychiatric services are qualified as advisory only in the event additional consultation is required during a mental health crisis intervention.

Service provision includes crisis intervention, assessment, supportive counseling, conflict resolution, referrals, crisis engagement as well as follow-up for continuing care and treatment.

Mobile Crisis Intervention contact and assessment is documented on an *Assessment and Referral Database and Integrated Assessment* forms.

- *Assessment and Referral Database and Integrated Assessment* are stored as a medical record.
- *Assessment and Referral Database and Integrated Assessment* shall record identifying data, which includes but not limited to the date and times of the service, reason for the contact, staff persons involved in providing the service, service provided, interventions and techniques utilized, precipitating factors and clinical observations, suicide/homicide risk assessment, MISA screening, identified stressors, abuse history, written consent to update current providers and disposition. Staff signatures are required and records are kept on file in accordance with mental health record keeping regulations.

Crisis Counselors make efforts to obtain date of birth and/or social security number of consumers in order to confirm Managed Care eligibility and appropriately request reimbursement from the County Managed Care Partner for

crisis intervention services. Additionally, communication with Cambria County BHNID\EI via county log serves the purpose of obtaining date of birth and/or social security of known individuals from Cambria County BHNID\EI database to facilitate appropriate billing to eligible HealthChoices members. It is the expectation of The Meadows Psychiatric Center/Universal Community Behavioral Health to actively pursue Managed Care eligibility and meet the standards of reimbursement for crisis intervention services.

Universal Community Behavioral Health uses the CASSP and CSP Principles as core concepts in system design. These aspects are evident in our service delivery. Crisis Intervention services are consumer-centered, strength based that is responsive to the caller's needs rather than the system's needs. Crisis Counselors are trained to empower consumers and encourage self-help approaches so consumers can retain the greatest control over their lives; to encourage consumers that there is freedom to choose service providers and they are committed to the creation of a culturally competent system of care. Crisis Counselors focus on consumer's strengths and believe that all people have inherent worth and are entitled to respect, dignity and valued roles in their community. In addition, CASSP principles are a training requirement and staff focus on the core principles of Child-Centered, Family-Focused, Community- Based, Multi System, Culturally Competent and Least Restrictive values. Crisis is committed to consumers and families participating in the process and developing close relations with community based service providers as well as encouraging natural supports available from family, neighbors, friends, church, etc...as integral parts of a consumer's support system. Problems affect all domains of life and the consumer may require services from multiple systems. Crisis pursues coordination and referral in an integrated manner. It is expected that all Crisis Counselors be respectful or, sensitive to and knowledgeable about the community diversity.

Mobile Crisis Intervention shall be responsive to the needs of emergency services such as 911, police and emergency departments. Response must be immediate as contact with emergency services indicates crisis escalation. The Call Center provides follow up to individuals in the community as per request of human service agencies, emergency services, mental health providers and practice the philosophy of active engagement to prevent potential escalation of a crisis situation as well as provide crisis support and resolution by offering Mobile Crisis Intervention services.

Triaging initial calls being received by the crisis line requires the staff to thoroughly complete the call utilizing all potential avenues to determine the nature and severity of the call and to decide the level of intervention necessary. An Intervention Priority Scale seems not applicable, as all callers shall have immediate access to a Crisis Counselor if requested; mobile crisis services are provided regardless of frequency of contact and without minimization of perceived need by the individual. However if situations occur where available staff are engaged and additional requests are received, Crisis Counselors triage according to high risk and emergent need. Crisis Counselors contact all staff on current roster as well as supervisors in order to secure a prompt response. Situations deemed life threatening involve immediate access to the police, medical emergency services, mobile crisis and/or delegate.

The goal of Crisis Intervention Services is to meet the needs of the person where the need exists. Services are designed to meet the special needs of consumers and their families, including those with special needs to include both mental health and physical impairments.

Crisis services are not limited to any particular population. All residents of Cambria County have the right to access crisis intervention services and it is the county's expectation of the crisis provider to be responsive and provide specific education and training to the crisis counselors to ensure the services provided are quality and competent.

Specific populations served include but are not limited to:

- Early Intervention
- Childhood Trauma
- Post suicide intervention and trauma debriefing
- IDD/DD
- Hearing Impaired
- Specific local cultures such as Amish
- English as a second language
- Geriatric
- University/College Students
- Incarcerated Individuals
- Faith Based Communities
- Individuals with specialized medical needs
- Drug and Alcohol Abuse and Recovery
- Veterans
- Individuals with an SMI
- State Hospital Diversion
- Adults of varying levels of functioning
- Traumatic Brain Injury

In addition, the crisis provider is expected to provide comprehensive training to their crisis counselors to prepare them for the highly changing field of crisis intervention services. All Supervisors and crisis counselors are provided the same training and education. The following is a sample of the training and education provided to crisis workers to improve their clinical skills and better serve the needs of specific populations:

- Attention Deficit Disorder and Interventions
- Autism-Crisis Intervention for autistic children
- Traumatic Brain Injury Risk for Suicide
- Veterans Administration and Resources
- Post-Traumatic Stress Disorder
- Active Shooter
- Motivational Interviewing
- Recognizing Bath Salts and Symptoms of Abuse
- Outreach to Ministerium and Faith Based Referrals

- LGBTQI Sensitivity
- Developmental Disorders and Community Services
- GIN Conferences
- Promoting Resiliency and Positive Psychology
- Military Mental Health
- Self-injurious Behavior-Risk Assessment
- Suicide Risk and Prevention in the School Setting
- Review of Emergency Room Protocols and Labs
- Use of Droid Language Apps for Interpretation
- CIT
- Collaboration with Blended Case Management
- Drexel Mental Health Law
- Suicide Risk Assessment-child, adolescent, adult, college student and geriatric

For individuals with IDD/DD diagnosis, crisis will initiate and participate in Behavior Modification Plans, Crisis Plans, Treatment Teams of mental health and/or co-occurring mental health and developmental disabilities. To address the needs of these special populations crisis will coordinate monthly and quarterly case management meetings, provide specialized training on crisis services to Nursing Homes, Personal Care Homes, IDD/DD Group Homes and welcome reciprocal training opportunities from providers of service to these specialized populations.

The Meadows/Universal Community Behavioral Health maintains appropriate licensure and participate in annual DPW OMHSAS license review.

To insure prompt, courteous, professional and recovery oriented crisis intervention services to the residents of Cambria county, quality monitors are completed to ensure continued quality performance as well as address specific deficiencies. Quality measures include but are not limited to:

- Consumer survey
- CFST
- Response time monitor
- Chart audit
- Call audit
- Billing compliance

Persons contacting the crisis line with a specific concern shall be given special attention. Documentation is placed on a *UCBH Concern* form with efforts made to establish an acceptable outcome for the consumer, the crisis line and Cambria County BHNID\EI. The Director of Crisis Intervention Services, Coordinators and Team Leads is responsible for addressing concerns. Crisis Intervention Services participate in The Meadows Psychiatric Center/UCBH Performance Improvement Committee and Grievance/Concern Committee Meetings. Performance Improvement and Concern Resolution are monitored by the Office of Mental Health during annual license review.

The service provider is responsible for providing Cambria County BH\ID\EI monthly statistical data on the total number of calls, mobile dispatch and emergency services. Information in the report shall include though is not limited to:

- Total Calls
- Time Spent
- Call/Mobile Dispositions
- Call/Mobile Locations
- Mobile Dispatch response time
- Crisis follow up within twenty four hours

1. Cambria Crisis Intervention Services also holds quarterly quality meetings with Conemaugh Hospital Emergency Room and Behavioral Health staff.

2. Cambria Crisis Intervention Services has established quarterly quality meetings with Cambria County BH/ID/EI.

Emergency Services - Delegate

CURRENT PROVIDER: The Meadows/Universal Community Behavioral Health
SERVICE: Emergency Services - Delegate

The Cambria County Mental Health Crisis Intervention Services are based out of Crisis Intervention Services at the Meadows Psychiatric Center, 132 The Meadows Drive, Centre Hall, PA 16828. A local, Cambria specific, office is located at Cambria County BH\ID\EI, 110 Franklin Street, Suite 300, Johnstown PA 15901 to provide Mobile Crisis Services in Cambria County or supervision and coordination of program, community outreach and collaboration.

Emergency Services – Delegate are available 24 hours a day/365 days per year

The Meadows/Universal Community Behavioral Health provides delegate Services to the Cambria County area. The goal of these services is to apply Mental Health Procedures Act by collecting petitioning statements, issuing Interpretation and application of Mental Health Procedures involuntary Commitment procedure which include but not limited to reading rights and securing the client's belongings; accurate record completion, and securing Psychiatric hospitalization when an individual has been committed. Emergency Services are responsible for completion of ACT 77 (firearms notification).

Delegate Services are available to any party requesting pursuit of an Involuntary Commitment as it applies to the Mental Health Procedures Act in which the consumer is physically located in Cambria County.

- CIS Emergency Services is operational 24 hours per day, 365 days each year.
- Telephone Crisis Intervention Services located at The Meadows Psychiatric Center is adequately staffed according to incident volume.
- CIS Emergency Services is adequately staffed according to incident volume. Tertiary Crisis Counselors may share and/or be designated as Crisis Counselor – Mental Health Delegate.
- Primary Crisis Counselor – Mental Health Delegate may share mobile crisis intervention response.
- Mobile Crisis Intervention Services constitute a community response and will occur within the home community at the location of the consumer such as residence, emergency room, police station, jail, group home/CRR, Primary Care Physician, school, etc. Crisis Intervention Services will be engaged prior to pursuant of involuntary commitment according to the CIS Plan of Service.
- CIS Emergency Services will be staffed by Crisis Counselors who meet the Department of Public Welfare Counselors who meet the Department of Public Welfare Crisis Intervention Bulletin – draft regulations dated March 16, 1993 description of mental health crisis counselor.
- Supervision of the Crisis Counselors is provided by a Mental Health Professional who meets the Department of Public Welfare Crisis Intervention Bulletin – draft regulations dated March 6, 1993 description of a Mental Health Professional.
- CIS Emergency Services Crisis Counselor – Mental Health Delegate will receive education and training as outlined in Cambria County Crisis Intervention Service Plan of Service.
- Crisis Counselors must respond within 10 minutes to page by The Call Center. Dispatch response is monitored by Director of Crisis Intervention Services, Crisis Coordinator of Crisis Intervention Services, Crisis Coordinator and Team Lead (s).
- CIS Emergency Services request is documented on UCBH Crisis Data Base and safety of location will be screened by Crisis Counselors.

- CIS Emergency Services complete UCBH Emergency Services Consultation as part of required record keeping in addition to DPW standard forms.
- CIS Emergency Services are coordinated by Crisis Counselors. Coordination involves:
 - Mobile safety screening
 - Directions
 - Police escort and/or medical emergency services if warranted
 - Consumer demographics
 - Collaboration with on call services such as case management, aging, CYS or Probation
 - Consumer follow up with estimated time of CIS Emergency Services arrival and offer telephone support until crisis services arrives on scene.
 - Provide presenting crisis problem as well as crisis contact history.

Quality Assurance

To insure prompt, courteous, professional and recovery oriented crisis intervention services to the residents of Cambria county, quality monitors are completed to ensure continued quality performance as well as address specific deficiencies. Quality measures include but are not limited to:

- Consumer survey
- CFST
- Response time monitor
- Chart audit
- Call audit
- Billing compliance

Persons contacting the crisis line with a specific concern are given prompt attention. Documentation is placed on a *UCBH Concern* form with efforts made to establish an acceptable outcome for the consumer, the crisis line and Cambria County BH\ID\EI. The Director of Crisis Intervention Services, Coordinators and Team Leads are responsible for addressing concerns. Crisis Intervention Services participate in The Meadows Psychiatric Center/UCBH Performance Improvement Committee and Grievance/Concern Committee Meetings.

Cambria County Crisis Intervention Services have an established bi-monthly 302 review committee in order to provide standard clinical direction and interpretation of the Mental Health Procedures Act. Cambria County BH/ID/EI is invited to all meetings and a report is provided during quarterly quality meetings with Cambria County BH/ID/EI.

NOTICE OF

PUBLIC HEARING

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

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

Thursday, May 17, 2018 at 4:00 PM

*Central Park Complex
110 Franklin St, Johnstown, PA
2nd Floor Auditorium*

Wednesday, May 23, 2018 at 8:00 AM

*Central Park Complex
110 Franklin St, Johnstown, PA
2nd Floor D&A Conference Room
(In conjunction with the Cambria County Drug and Alcohol
Advisory Board Meeting)*

Please call 534-2553 if you require special accommodations to attend one of these meetings.

COMMONWEALTH OF PENNSYLVANIA }
 County of Cambria } SS

✓

Mark Your Calendar

The Cambria County Human Services Agencies will hold two Public Hearings to promote awareness of Cambria County's ongoing participation in the Human Services Block Grant Plan. These hearings will serve as a means to gather public input/comments regarding the plan's development and implementation.

<p>Thursday, May 17, 2018 at 4:00 PM</p> <p>Central Park Complex 110 Franklin St, Johnstown, PA 2nd Floor Auditorium</p>	<p>Wednesday, May 23, 2018 at 8:00 AM</p> <p>Central Park Complex 110 Franklin St, Johnstown, PA 2nd Floor D&A Conference Room <small>(In conjunction with the Cambria County Drug and Alcohol Advisory Board Meeting)</small></p>
---	--

Please call 534-2553 if you require special accommodations to attend one of these meetings.

Signed and sworn to before me on
 16th day of May, 2018,
 by Christine Marhefka making the statement


 (Notary Public)

Commonwealth of Pennsylvania - Notary Seal
 Vivian Ohs, Notary Public
 Cambria County
 My commission expires December 6, 2020
 Commission number 1123017
 Member, Pennsylvania Association of Notaries

16 inches	\$ 277.00
Find N Save	5.00
Oath	5.00
Clerical Fee	2.50
Total Cost	\$ 289.50

To The Tribune-Democrat, Johnstown, PA
 For publishing the notice or publication
 attached hereto on the above stated dates.

PUBLISHER'S RECEIPT FOR ADVERTISING COSTS

_____ for publisher of _____
 a newspaper of general circulation, hereby acknowledges receipt of the aforesaid
 and publication costs and certifies that the same has been duly paid.

 (Name of Newspaper)

By _____

Thursday 5/10/18
Published Mountaineer-Herald

LEGAL NOTICE

NOTICE OF PUBLIC HEARING
 The Cambria County Human Services Agencies will hold two Public Hearings to promote awareness of Cambria County's ongoing participation in the Human Services Block Grant Plan.

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

Thursday, May 17, 2018 at 4:00 p.m.
 Central Park Complex
 110 Franklin St., Johnstown, PA
 2nd Floor Auditorium

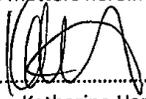
Wednesday, May 23, 2018
 at 8:00 a.m.
 Central Park Complex
 110 Franklin St., Johnstown, PA
 2nd Floor D&A Conference Room
 (In conjunction with the Cambria County Drug and Alcohol Advisory Board Meeting)

Please call 814-534-2553 if you require special accommodations for attend one of these meetings.
 (5/10/18)

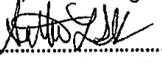
Proof of Publication

County of Cambria. }
State of Pennsylvania } SS:

Katherine Hanlon, being by me, the undersigned authority, duly sworn according to law, deposes and says that she is the Publisher of the Journal, established 1921, Mountaineer-Herald, established 1853, Mainliner, established 1898, Dispatch, established 1904, Star-Courier, established 1893, a newspaper or general circulation in the County of Cambria, Pennsylvania, published at Ebensburg, Pennsylvania, and that the notice, exactly printed and published, a copy of which is hereto attached, was printed in said Journal, Mountaineer-Herald, Mainliner, Dispatch, and Star-Courier in the issues of 5/10/18.....that affiant is not interested in the subject matter of said notice or advertising and that all of the matters herein set forth as to the time, place and character of said publication.


.....
Katherine Hanlon

Sworn to and subscribed before me this 15 day of May, 2018.


.....
Notary Public

Commonwealth of Pennsylvania - Notary Seal
 SAMANTHA L SHANK - Notary Public
 Cambria County
 My Commission Expires Dec 3, 2021
 Commission Number 1280588

**Public Hearing –
Human Services Block Grant Plan**

**May 17, 2018
4:00 p.m.**

Sign-In Sheet

NAME	TITLE - ORGANIZATION
1. Tracy Sebark	BH/ID/RI Administrator
2. Jim Beakler	SLOV Administrator
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	
26.	
27.	

Revised September 2017

DRUG & ALCOHOL PLANNING COUNCIL
MEETING ATTENDANCE LIST
DATE: May 23, 2018

Council Members:

Annette Comiskey
Michael Dadey
Jeff Dick
Melissa Komar
John Kriak
Chad Miller
Breanna McCann

Jeff Dick

John Kriak, MD

County Officials:
Commissioners

[Signature]

SCA Staff:

Jim Bracken, Administrator
Frederick R. Oliveros, Case Mgmt. Supervisor
Sue Hershberger, Clerk Typist

Jim Bracken
Frederick R. Oliveros
Sue Hershberger

Providers:

Alliance Medical Services, Inc.
Community Action Partnership
Conemaugh (New Visions)
Firetree, Ltd. - Conewago
Independent Family Services
Pyramid Healthcare, Inc.
Remembering ADAM, Inc.
The Family Resource Initiative
Twin Lakes Center
Skills

[Signature]

Shirley
Tyler Frederick
Nancy Brooks / Deborah Paul

[Signature]

[Signature]
Robby Swall / Brandon Martuzzi @ TLL

Darrin J. Mikula
[Signature]
[Signature]
Sue Mann

Community Guidance Center
Community Guidance Center
CCDC
Tony [Signature]

Summary of Public Hearings Input/Feedback

There were two Public Hearings regarding the Cambria County 2018-2019 Human Services County Plan held this year. Attendance at the Hearing held in conjunction with the County Drug & Alcohol Planning Council Meeting was better attended than the one held independent of any other regularly scheduled meeting.. Cambria County Human Service Agencies remained mindful of the potential for community concern as it relates to the funding of Human Services Programs and utilized regular advisory board meetings, stakeholder meetings, provider meetings, etc. to keep concerned parties informed of the ongoing human services block grant plan implementation and execution. The overall observations and experience of those concerned entities remains positive and any initial concerns or misgivings surrounding the Human Services Block Grant have not come to fruition.

Overall, the Human Services County Plan was well received and supported by the Hearings participants. It seems that concerted efforts over the years on the part of the Human Services Administration to assuage provider and participant concerns that services would be reduced or eliminated, which was not the agencies intentions, has been helpful in reducing concerns.. Following the Hearings those in attendance verbalized positive remarks regarding a Block Grant Structure and expressed optimism regarding the ongoing benefits of the block grant structure for Cambria County moving forward.

All Hearing participants were encouraged to giving consideration to participating in future planning and development of the Human Services Plan and were given the opportunity to provide contact information.

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

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

County:	1.	2.	3.	4.	5.	6.
Cambria	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	-		\$ -			
Administrative Management	-		\$ 475,000		\$ 53,000	
Administrator's Office	11,788		\$ 807,000		\$ 76,240	
Adult Developmental Training	22		\$ 47,575		\$ 5,286	
Children's Evidence-Based Practices	-		\$ -		\$ -	
Children's Psychosocial Rehabilitation	-		\$ -		\$ -	
Community Employment	23		\$ 102,703		\$ 11,411	
Community Residential Services	75		\$ 3,095,897		\$ 43,457	
Community Services	168		\$ 180,444		\$ 18,803	
Consumer-Driven Services	-		\$ -		\$ -	
Emergency Services	-		\$ 241,375		\$ -	
Facility Based Vocational Rehabilitation	-		\$ 113,351		\$ 12,584	
Family Based Mental Health Services	22		\$ 207,258		\$ 23,029	
Family Support Services	10		\$ 10,000		\$ -	
Housing Support Services	-		\$ -		\$ -	
Mental Health Crisis Intervention	-		\$ -		\$ -	
Other	-		\$ -		\$ -	
Outpatient	75		\$ 25,000		\$ -	
Partial Hospitalization	3		\$ 5,000		\$ -	
Peer Support Services	-		\$ -		\$ -	
Psychiatric Inpatient Hospitalization	5		\$ 15,000		\$ -	
Psychiatric Rehabilitation	-		\$ -		\$ -	
Social Rehabilitation Services	-		\$ -		\$ -	
Targeted Case Management	278		\$ 510,090		\$ -	
Transitional and Community Integration	-		\$ -		\$ -	
TOTAL MENTAL HEALTH SERVICES	12,469	\$ 5,885,693	\$ 5,835,693	\$ -	\$ 243,810	\$ -

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			\$ 520,000		\$ 21,000	
Case Management	305		\$ 80,000		\$ 8,000	
Community-Based Services	6		\$ 426,610		\$ -	
Community Residential Services	70		\$ 661,140		\$ 40,000	\$ 332,420
Other	20		\$ -			
TOTAL INTELLECTUAL DISABILITIES SERVICES	401	\$ 1,687,750	\$ 1,687,750	\$ -	\$ 69,000	\$ 332,420

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

County:	1.	2.	3.	4.	5.	6.
Cambria	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	13		\$ 30,000			
Case Management	134		\$ 12,000			
Rental Assistance	325		\$ 66,000			
Emergency Shelter	245		\$ 64,000			
Other Housing Supports	-					
Administration			\$ 17,645			
TOTAL HOMELESS ASSISTANCE SERVICES	717	\$ 176,450	\$ 189,645		\$ -	\$ -

SUBSTANCE USE DISORDER SERVICES

Case/Care Management	980		\$ 35,000	\$ 211,000	\$ 34,000	
Inpatient Hospital						
Inpatient Non-Hospital	225		\$ 336,742	\$ 332,105		
Medication Assisted Therapy	45		\$ 14,035	\$ 65,282		
Other Intervention	85		\$ -	\$ 46,650		
Outpatient/Intensive Outpatient	205		\$ 52,000	\$ 85,014		
Partial Hospitalization	11		\$ 3,500	\$ 13,150		
Prevention	31,120		\$ -	\$ 265,461		
Recovery Support Services	60		\$ 5,200	\$ 50,000		
Administration			\$ 25,000	\$ 187,772		
TOTAL SUBSTANCE USE DISORDER SERVICES	32,731	\$ 471,477	\$ 471,477	\$ 1,256,434	\$ 34,000	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	104		\$ 89,000			
Aging Services	2		\$ 2,000			
Children and Youth Services	57		\$ 50,000			
Generic Services	-		\$ -			
Specialized Services	-		\$ -			
Interagency Coordination			\$ 44,186			
Administration			\$ 16,486			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	163	\$ 164,867	\$ 201,672		\$ -	\$ -

GRAND TOTAL	46,481	\$ 8,386,237	\$ 8,386,237	\$ 1,256,434	\$ 346,810	\$ 332,420
--------------------	---------------	---------------------	---------------------	---------------------	-------------------	-------------------